Letters, Notes, and Answers

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QUERIES AND ANSWERS

Cholecystectomy and Recurrent Duodenal Ulceration

Dr. G. BREBNER SCOTT (London, S.W.16) writes: I have lately been a victim of the latest fashionable complaint—namely, cholecystitis with gall-stones. This necessitated the removal of my gall-bladder. Picturing in my mind the fact that now, instead of intermittent gushes of bile, I have a persistent seepage of bile bathing my duodenum, leads me to the rather alarming suggestion that cholecystectomy of a normal gall-bladder might be the best treatment for recurrent duodenal ulceration with its attendant and dangerous haemorrhages. May I ask your readers: (1) Do you know of any cases of duodenal ulceration following a cholecystectomy? If so, this would be fatal to my suggestion? (2) Do you know of any cases of duodenal ulceration associated with cholecystitis and cured after cholecystectomy had been performed? If so, may not my suggestion of cholecystectomy as a cure for recurrent duodenal ulcer be a feasible one?

After-effects of Continued Doses of Adrenaline

"L. H." asks: Can any of your readers who have observed the results of repeated injections of therapeutic doses of adrenaline over long periods, in cases of asthma and other conditions, state whether any permanent effects on the health—for example, due to rise of blood pressure or any other condition—are produced? It is known that rabbits are liable to develop degenerative changes in the aorta as the result of repeated intravenous injections of adrenaline, but these animals are also prone to arterial changes from many other experimental procedures.

"Nail-biting"

Dr. RICHARD EAGER (The Mental Hospital, Exminster) writes: With due respect to the psychological aspect of this vice and the old idea that it was an indication of "bad temper," I must heartily support the advice given by Major H. Williamson of Dorchester (*Journal*, August 18th) as to the suggested treatment of this condition. I have for long been convinced that the intolerable irritation caused by too long nails, split nails, or "hang-nails" starts the habit of biting or tearing as the only form of relief in certain children. A pair of pocket scissors or even a file (but preferably both) which can be carried about easily will, I am sure, do much to stop the formation of this habit if appropriate instructions be given to children in whom nail-biting has commenced. It is at all events more rational than the old-fashioned application of bitter aloes and the threats of punishment previously used.

LETTERS, NOTES, ETC.

Transport of Invalids by Air

Dr. A. LANDALE CLARK (London, W.1) writes: I was recently faced with the problem of transporting a patient, aged 20 years, from London to Zurich. The patient was in a very weak condition, having had one thigh amputated for extensive osteomyelitis. It was decided that the only way in which the journey could be accomplished was by air. In co-operation with the parents I approached Imperial Airways regarding the journey. It was finally decided to reserve the forward cabin in one of their newest type of four-engined aircraft. This cabin ordinarily accommodates ten passengers. By removing the backs of four seats it was possible to erect a wooden bed, complete with special mattress. The bed was six feet long and about three feet wide, and was fitted in such a position that the patient, in a reclining attitude, had a perfect view through the windows. In addition to the patient, there were in the cabin his mother, a male nurse, and myself, and we could with comfort have had two other passengers as well. The journey started at 7 a.m., from a nursing home in the West End of London, by motor ambulance to Croydon, where the patient was lifted direct from the ambulance bed to that in the aeroplane, it being perfectly easy to run the ambulance alongside. The actual air journey started at 8.5 a.m. and we reached Zurich at 2.15 p.m., having had half an hour's stop at Paris and a quarter of an hour at Basle. The weather was, on the whole, good. At Zurich an ambulance was waiting, and again it was possible to bring it alongside the aeroplane. The patient was in bed in the clinic there at 3.15 p.m. precisely. The whole journey did not cause any unpleasant symptoms whatsoever, the only drug administered during the whole period of transit being 1/4 grain of morphine, given half an hour before arrival at Zurich. The patient ate quite a good lunch on board, and his temperature that evening was only one degree higher than on several previous evenings in London. The next day the temperature was practically normal, and there were neither signs nor symptoms to show that he had been subjected to any undue strain or fatigue. The total expense of the journey was, I understand, between £70 and £80. Its ease and comfort were mainly due to the interest and trouble taken by members of the staff of Imperial Airways, in particular the Special Charter Department. I was shown a smaller machine, fitted nevertheless with three engines, which contained a full-length bed, besides accommodation for two other people ; it can be hired as an aerial ambulance at the rate of 1s. 6d. a mile. I hope that this letter may be of service to some of my colleagues who may be faced with a similar problem.

Transport of Invalids by Railway

Dr. W. THOMSON WESTWOOD (Stretford, Manchester) writes: Dr. Maurice Campbell's experience (September 8th, p. 498) has been more fortunate than mine. I had recently occasion to have a patient moved from Manchester to Glasgow, where she was to undergo an operation immediately on arrival on account of acute cholecystitis. In spite of making every inquiry the railway company were only able to suggest taking two first-class tickets so that the invalid could ensure having one side of the compartment to herself, and as the train was expected to be busy they were unable to reserve a compartment. I should be glad to learn for future reference how these invalid coaches Dr. Campbell mentions are obtained.

Rectal Prolapse Complicated by Procidentia

Dr. D. J. CANNON (Kildare) wishes to correct a sentence in his letter under this title which appeared last week (p. 488). In paragraph 5 the fourth sentence should run: "In the female, then, if the lateral supports of the rectum are loose, complete prolapse of that organ will not occur provided the anal sphincter is intact. A high rectocele may occur instead."

Vacancies

Notifications of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 38, 39, 40, 41, 42, 43, 46, and 47 of our advertisement columns, and advertisements as to partnerships, assistantships, and locumtenencies at pages 44 and 45.

A short summary of vacant posts notified in the advertisement columns appears in the *Supplement* at page *168*.