

Peptic Ulcer and Chilblain

Lieut.-Colonel H. H. KING (Beaconsfield) writes: The letter of Dr. F. A. Hort in your issue of December 12th (p. 1228) reminds us all of our ignorance of the essential causes of peptic ulcer. To help elucidate the same I should like to ask your readers what is the proportion of cases of peptic ulcer that suffer from a tendency to chilblains? I am not in practice, so myself have no means of answering, except for one case I know of, in which the association of the two conditions is marked, since living in England. I am hoping that the regulation of her calcium metabolism will prevent attacks of peptic ulcer. That remains to be seen. If there be any general association of the two conditions then possibly the bromide resistance to acid of the gastric or duodenal mucous membrane may be due to a calcium deficiency, in which case the remedy for this distressing and surprisingly common complaint will be obvious.

LETTERS, NOTES, ETC.**Twice Perforated**

"GAMMA" writes: Two years ago a patient came to me complaining of indigestion and a cough, and with a history either of definite tuberculosis or of being a suspect. I saw him at my surgery two or three times within a week, on the last occasion at 8.30 p.m. He was getting a certain amount of ease from a bismuth mixture. An hour later his wife telephoned me to say his pain was "rather bad," and revealed, incidentally, that he had moved several miles away: although not specifically asked to do so I promised to call the next day, and rang off. Ten minutes later I set out to see him, as I was not quite happy about him. On getting details from him and examining him I came to the conclusion that he might possibly have perforated a peptic ulcer. I went to a local telephone box, and after some delay got a provisional promise of a bed from one of the teaching hospitals. When I returned to his house he was almost symptomless and had little pain, tenderness, or rigidity, a pulse rate of about 70, and wanted to get up. However, I let my arrangements stand, and at about 2 a.m. a perforated ulcer of first part of duodenum was duly sutured.

A few days ago the same patient attended his father-in-law's funeral: the latter had had a gastro-jejunostomy many years ago—probably for gastric ulcer—and had died of carcinoma ventricula. These facts were known to my patient. On returning from the funeral he was seized with abdominal pain, and sent for me. The onset was not very sudden, and when I saw him about an hour later he was not shocked, had normal abdominal breathing, and had little rigidity, but marked right-sided tenderness. On visiting him again two hours later it was obvious that he had again perforated a peptic ulcer. I sent him in once more, and followed him a couple of hours later to hospital: I was just in time to watch the suture of a perforated duodenal ulcer and a gastro-jejunostomy.

Seldom can intelligently considered histories have been more misleading: his first attack of dyspepsia, even apart from the chest history, did not suggest ulceration, and with the chest history almost conclusively gave that as the cause. His second illness, knowing the man fairly well, I had confidently diagnosed as functional neurosis before I saw him! And I cannot think of any sign or symptom which was present at my first examination that really justified me in going back so soon! Thus the taking of what seemed at the time an unnecessary amount of care and caution has probably twice saved this patient's life.

Moscow Conference on Influenza

This year the Medical Council of the Commissariat of Health of the R.S.F.S.R. (Russian Socialist Federal Soviet Republic) appointed an anti-influenza committee whose duty it was to aid, systematize, and co-ordinate the research in the causes, prevention, and treatment of influenza. The results of the work of this committee were given in a series of reports at a conference held in Moscow on November 14th, 15th, and 16th. Dr. A. A. Smorodintsev described how during the last epidemic of influenza in Leningrad the Pasteur Institute obtained from patients a filterable virus capable of inducing diseases resembling human influenza by

infecting finches and pigs through the respiratory tracts. Clinical, haematological, and immunological observations on eighty volunteers infected at the clinic of Professor M. D. Tushinsky by inhaling the pulverized virus yielded facts which seemed to confirm the role of the virus in the aetiology of epidemic influenza. The results of the laboratory experiments on animals, on the one hand, and the observations on artificially infected volunteers, on the other, afforded a basis for the study of the efficacy of inoculation with the virus. Experimental and clinical data on the use of small doses of chlorine by inhalation as a preventive and therapeutic remedy had yielded encouraging results in the majority of cases. Research in the use of the quartz lamp, electro-ionization, electro-ultra-violet ionization, and combinations of these methods pointed to the efficacy of such physiotherapeutic methods both in the prevention and treatment of influenza. Observations made by S. S. Friedland and A. M. Bessonova on 6,000 cases of influenza indicated that the duration of the disease was shortened by as much as one-half through quartz lamp treatment. Of 120 mice which were infected with influenza bacteria and then treated with the quartz lamp not one died, whereas in control mice not treated with the quartz lamp half of them died and in the other half the disease was of much longer duration. As a result of observations made over a course of three years on different groups of workers, it was found that those treated with the quartz lamp became ill much less often than others under control. A comparison of morbidity during the period of quartz treatment with a similar period before treatment showed a reduction of morbidity in the quartz-treated group of 46 to 62 per cent. Electro-ionization with ultra-violet rays produced favourable results in regard to general conditions, reduced temperature, pulse and respiration, and shortened the duration of the influenza. The view was expressed at the conference that the observations so far made in the use of physiotherapeutic methods in the prevention and treatment of influenza—namely, quartz lamp treatment, electro-aero-ionization, and electro-ultra-violet ionization, which increase the defensive powers of the organism, warranted the recommendation of these methods in the fight against influenza. Physical culture in the non-epidemic periods to increase the resistance of the organism was also much recommended.

N.S.P.C.C.

The annual report of the National Society for the Prevention of Cruelty to Children covers the fifty-second year in the history of this organization. The review of the year's work shows a small increase in the number of cases investigated and the number of supervision visits paid. Cases of neglect, exposure, and corruption of morals all show a slight decrease, but the number of cases of ill treatment and assault compares unfavourably with the previous year. On the whole, however, the society considers that parents are becoming increasingly mindful of their children's welfare, and that wilful cruelty is definitely diminishing. The number of prosecutions, 466, during the year under review is the lowest in the history of the N.S.P.C.C. This is to some extent attributable to the wise provisions of the Children and Young Persons Act, 1933, which enables the society to take children before the Juvenile Courts. The report states that overcrowding is now on the downward grade, and, although the society's cases during the year, where the families concerned were housed in one room, numbered 3,717, this large figure is less by one-third than that of five years before. The medical officer's report includes a differential table of the cases visited by him, a large proportion of which were mental defectives, cases of tonsils and adenoids, congenital deformities, and talipes valgum. Maps of England and Ireland indicate the number of children dealt with by the N.S.P.C.C. in each county during the year. Lancashire shows the greatest number, followed by Yorkshire, London County, and Durham. The maps are provided, however, rather as evidence of the widespread extent of the society's work than as a means of statistical comparison.

Vacancies

Notifications of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 33, 34, 35, 36, 37, and 38 of our advertisement columns, and advertisements as to partnerships, assistantships, and locumtenancies at page 36.

A short summary of vacant posts notified in the advertisement columns appears in the *Supplement* at page 344.