

not appear essential to inform the husband, because if treatment is confined to two or three months, as it should be, the possible side-effects, other than those on the voice, are not permanent.

Splinting a Fractured Femur

Q.—What is the best way of immobilizing a fractured femur (a) for a short journey to hospital in an ambulance, (b) for evacuation to base under active service conditions?

A.—(a) A fractured femur is most commonly immobilized by a Thomas splint for a short journey. This requires a small range of splint sizes, flannel slings, and clips. Traction, if it can be applied, is useful, but for a short journey bandaging to the splint is quite adequate. However, it may often be impossible to obtain a Thomas splint and the necessary additional equipment. The best splintage under these circumstances is a board which can be bandaged to the side of the body and to the whole length of the leg, thus controlling angulation and rotation. The fracture itself can be rested on a small pillow.

(b) Under active service conditions, there is no doubt that the Thomas splint provides the best form of immobilization. "Evacuation to base" usually implies that the primary operation has been carried out. The accepted procedure in the last war for the evacuation of fractured femurs after their initial operation at the forward surgical centre was to apply a Tobruk plaster, which was really a Thomas splint bandaged by plaster-of-Paris.

Pimples Between the Breasts

Q.—A woman of 30 is greatly troubled by a continual rash of "pimples" on her chest, between the breasts and on their medial aspects. These have not succumbed to simple germicidal ointments, spirit washes, or to some of the proprietary ointments. What treatment is recommended? There is no evidence of hormonal imbalance.

A.—It seems probable that this is acne vulgaris, though the presence of comedones is not mentioned and it is unusual for acne to be limited to this site. Acne persisting after the age of 20 is often associated with some degree of immaturity, mental if not physical. Degreasing the skin of the affected area twice a day by swabbing with a solution of cetrimide (0.5 to 1%) followed by the application of calamine lotion containing precipitated sulphur (6%) should be tried. Erythema doses of ultra-violet radiation may help, but fractional doses of x rays are particularly effective. The general treatment of the patient should not be neglected. A diet low in fat and carbohydrate should be advised and chocolate avoided. Hormone therapy is disappointing.

Normal P-R Interval

Q.—Authorities vary in the figures given for the normal range of the P-R interval on the electrocardiograph record. What does your expert consider the normal range, and from which lead is it best read?

A.—The answer to this question can best be given in the words of Sir Thomas Lewis in *The Mechanism and Graphic Registration of the Heart Beat*, 1925, p. 47: "P stands in relation to auricular systole and its up-stroke precedes R by 0.13 to 0.21 of a second, this time interval constituting the P-R interval."

There does not seem to be any reason to depart from this statement, and it is generally considered that the upper limit of the interval is 0.2 second. The measurement should be made in the lead which shows the waves most clearly, particularly the P wave. This is generally standard lead II, or VF, VR, or VI. The measurement should be made from the beginning of the upstroke of P to the beginning of the ventricular complex: that, of course, may begin with a downstroke, Q, in which case the measurement will be the P-Q interval.

Ringworm from Cattle

Q.—A virulent type of tinea corporis occurs in my rural practice. Infection presumably occurs through contact with infected cattle. What would be the most effective form of treatment? It would seem that a paint would be most convenient. Would one containing benzoic acid, salicylic acid, and strong iodine be suitable? I shall be most grateful for your opinion.

A.—Cattle ringworm infection commonly provokes a severe vesicular and pustular reaction, and in hairy parts this takes the form of pustular folliculitis producing the kerion lesion. This reaction tends to throw off the infection and so cure the disease, and is generally to be promoted by the use of heat such as fomentations. Where hairs are involved it is an advantage to remove these manually: they come out with the greatest of ease. The use of fungicides helps and particularly tends to limit spread. Ung. dithranol. B.P. is valuable, or the following paint, or the alternation of these measures: Hydrarg. perchlor., 0.5%; brilliant green, 0.5%; industrial spirit to 100. A paint alone may cause scabbing and dam back secretion.

Humming in Occluded Ear

Q.—I have had a complete nerve deafness in my left ear since childhood and am now over 60. When I lie on my right side in bed I hear only sounds that are conducted through the pillows. If I clench my teeth in this position I get a continual hum in my right ear which increases the tighter I clench them. What is the mechanism and what nerve paths are involved?

A.—As the right ear is occluded so that outside sounds cannot easily be heard, this means that the masking effect of background noise is lost. Therefore, the hearing ear will be much more sensitive to any little sound which may occur within the ear. If, for instance, a person with normal hearing goes into a really soundproof room the result is eerie: often sounds in the ear, probably due to blood flow, will be heard, and I think that it is this mechanism which is causing the sound in this case. Clenching the teeth also causes contraction of the intratympanic muscles, and this would almost certainly produce a temporary change in the noises.

Correction.—The date of the Tenth International Congress of Urology in Athens is April 10-18, 1955, not in March as stated in our issue of October 23 (p. 1000).

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