

**A Case of ? Trance**

"F. H. W." writes: I would suggest to "E. T." (November 30th, 1935, p. 1082) that possibly his patient is suffering from some endocrine deficiency, probably of the ovary or thyroid, or both, the administration of a preparation of which might help. A patient with somewhat similar unconscious spells, but with a tension of the muscles when awake, suggestive of a tetanic condition, was benefited by administration of calcium and parathyroid gland, a 10 c.cm. ampoule of calcium gluconate (Sandoz) being injected while still in the spell. Digitalis, but not strychnine, was sometimes required for the cardiac weakness.

**Shoe with Open Heel**

In answer to Dr. H. Grant McPherson's inquiry (*Journal*, December 28th, 1935, p. 1288), we are reminded that the special type of shoe which had an opening at the back of the heel was described in an article by Mr. Paul Bernard Roth, F.R.C.S., entitled "Prominent Heel," in the *British Medical Journal* of August 15th, 1931 (p. 298). The shoe depicted in the article was produced by Messrs. Lilley and Skinner, whose head office is at 192, Pentonville Road, London, N.1.

MESSRS. JAMES TAYLOR AND SONS (Great Portland Street, W.) write: In the course of some eighty years of shoemaking, mainly orthopaedic, under the direction of many of the most eminent of surgeons, we have never seen a ready-made shoe made with an open back as Dr. H. Grant McPherson of Stonehaven describes in your issue of December 28th, 1935. The difficulty can be got over, if his patient cannot get bespoke surgical shoes properly made, by cutting the back seam down to the seat, then cutting the stiffener away over the sore os calcis, and (if desired to cover the sore place) replacing the back seam by an inverted V of soft glacé kid unlined. This can be solutioned on to the sides of the shoe to avoid seams.

**Income Tax****Summons for Incorrect Amount—Costs**

"M.R.C.S." received a summons for additional income tax "but did not appear because after much argument the income tax authorities admitted a mistake on their part and withdrew the summons." A demand for payment of the costs of the summons has now been received.

\*\* If the amount in question was not legally due when the summons was granted the only ground on which payment can now be claimed from "M.R.C.S." would be non-appearance at the court from which it was issued—but that might be adequate. Further, the tax might be *legally* due though actually incorrect—for example, if "M.R.C.S." had not given due notice of objection to the assessment. We suggest that a statement of the facts be sent to the Board of Inland Revenue, Somerset House, W.C.2, asking for the costs to be waived.

**LETTERS, NOTES, ETC.****A Case for Pre-operative Blood Counts**

Dr. REGINALD COCK (London, E.2) writes: On November 8th, at 11 p.m., I was called to see a woman, aged 28; she had severe abdominal pain, and was pallid and collapsed. I diagnosed her as a case of perforated gastric ulcer, and took her in an ambulance to hospital. The house-surgeon who saw her agreed with my diagnosis, but thought she was too collapsed for operation. On November 15th the house-surgeon wrote me: "We have made a rather tardy, and, I think, surprising diagnosis . . . pernicious anaemia . . . !" This patient, no doubt would have died had an operation been performed; hence the importance of a blood count before operation.

**Pipe Smoking**

Dr. FREDERICK DILLON (London, W.1) writes: I have observed that pipe addicts adopt a superior attitude towards the mere smoker of cigarettes. There is no personal interest involved in the matter beyond an impartial curiosity as to whether the superiority is or is not justified. Some of your learned readers, no doubt, could apprise us of the rights and wrongs of the case. It does not seem to be a simple question of weighing a portion of pipe tobacco against an equal portion of cigarette tobacco and estimating the toxic effects on the organism of each. The paper of

the cigarette may be negligible, but of more importance will be the calculation of the effects of bygone smokes upon the pipe. From the evidence of the nose this must be considerable, and liable, one would imagine, to prove an alarming problem to the inquiring chemist. But not the least of the claims made for the pipe is that it helps a man to think. Sir, not marble nor the gilded monuments of princes could compare with it were this the case. But what edifices of pure thought, therefore, should we not expect to find created since Sir Walter Raleigh—a man apparently with a fine sense of recklessness—popularized the weed in this country. Plato, Aristotle, and other so-called giants of the pre-nicotine era would ere this have faded into insignificant shadows in the scale of historical phenomena! What of the other side of the problem? I hesitate to suggest the contrary hypothesis, that the pipe, like the cinema, is merely another form of "opium" and a refuge from real thought, but in the interests of accuracy and of the rising generation is it not a problem that should be brought to a head?

**Urine as a Remedy**

Dr. CHARLES V. MACKAY writes from Monaco: Dr. Parkes Weber will find interesting confirmation for his statement, in your issue of December 14th, 1935 (p. 1179), of the local application of fresh warm human urine to wounds in the late Colonel Lawrence's famous book *The Seven Pillars of Wisdom*.

**The World They Live In**

Dr. JOHN S. MEIGHAN writes from Glasgow: While "listening in" on board ship recently in mid-Atlantic, I heard an American voice advising hearers against prostate operations, and telling anyone contemplating the same to consult the local undertaker on his chances of survival. The speaker advertised his non-operative (medical, dietetic, etc.) treatment. This was followed a few nights later by a doctor speaking from a station in Texas, who testified to the safety of such operations done by *him* at *his* hospital, and who read letters from grateful patients. Shades of the G.M.C., the B.B.C., and professional etiquette generally!

**Migraine**

"M.R.C.S." writes: The case of migraine seen by Dr. Francis E. Preston (December 21st, 1935, p. 1233) resembles a case I have had under continual observation, in which the symptoms of gradually increasing headache till a maximum pitch is reached would also suggest increased intracranial pressure. This is followed by a period of retching and vomiting, after which the headache gradually subsides. I found, however, on one or two occasions that a 5-grain tablet of hexamine dissolved in half a pint of water taken before the vomiting stage is reached seems to initiate the waning phase. Would this suggest that the hepatic stimulant that hexamine provides could in any way cause a decrease in the intracranial pressure through the blood stream?

**Corrigenda****Treatment of Cataract**

In Mr. JOHN FOSTER's letter on this subject in the *Journal* for December 28th, 1935 (p. 1278), "Vitamin E" in line 12 should read "Vitamin C." Also the third paragraph of that letter should read as follows: "Injections of lens protein have been used in treatment for several years, and the method at first received much support, particularly in America, but is not used to any extent in this country. It is difficult to see why antibodies produced by the injection of lens protein should dissolve the lens opacities in preference to the remaining clear part of the lens. The treatment is still used, to a certain extent, particularly on the Continent, as a preliminary to lens extraction in order to reduce the chances of post-operative iritis."

**The Late Dr. Griffith Evans**

In the obituary notice of Dr. Griffith Evans, on December 14th, 1935 (p. 1183), it was erroneously stated that he had received the Gold Medal of the Hunterian Society. This medal was presented to his relative, Dr. Griffith Ifor Evans of Carnarvon.

**Vacancies**

Notifications of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 48, 49, 50, 51, 54, and 55 of our advertisement columns, and advertisements as to partnerships, assistantships, and locumtenencies at pages 52 and 53.

A short summary of vacant posts notified in the advertisement columns appears in the *Supplement* at page 12.