

## Letters, Notes, and Answers.

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### QUERIES AND ANSWERS.

#### CLEANING DENTURES.

"T. M." asks for advice about the cleaning of carbolyzed dentures. We have referred the inquiry to a dental surgeon, who recommends the following procedure: Brush the denture (metal or vulcaute) with a stiff brush, preferably on a lathe, using an abrasive such as fine pumice. If the denture is previously soaked in commercial hydrochloric acid the deposit will come off more easily, but even then it may require scraping as well as brushing. There is no solvent that I am aware of for removing this carbonized or tarry deposit.

#### TREATMENT OF VULVITIS.

"R." asks for suggestions for the treatment of a spinster, aged 60, who for the past six years has suffered from vulvitis, which is steadily growing worse. Both labia are swollen, inflamed, painful, and exceedingly tender. Lotions, ointments, powders, and oils have all failed to relieve the moist eczematous condition, which has now spread to the mons veneris. No abnormality has been found in the urine, nor is there any suggestion of venereal disease. A dermatologist has recently failed to give any relief.

#### PAINLESS NATURAL LABOUR.

DR. ALFRED A. MASSER (Penistone) writes: I was interested to read Dr. A. Burn's note on the above case in the **BRITISH MEDICAL JOURNAL** of January 21st (p. 120). I was called about eight days ago to a primipara, aged 24 years, who was on a visit to some relatives in this town. Four hours before my visit she had felt a gush of fluid, which she thought was urine, and the next thing she felt wrong was a downward straining. This was followed almost immediately by the birth of a full-term child weighing 8 lb. Even at the time the head passed over the perineum no actual pain was felt. On arrival a few minutes later I found the patient and child well, and the afterbirth came normally in fifteen minutes.

DR. A. PATTON (Widnes) writes: In reply to Dr. Burn's inquiry, I attended a patient in 1913 similar in every respect, except that she was not a primipara. This same patient had an almost painless labour at each confinement, and I think her first was reported in the **JOURNAL** about 1911 by Dr. Mann, Dunganon, co. Tyrone. The occurrence must be very rare.

#### TREATMENT OF ULCERS OF THE MOUTH.

DR. T. W. PRESTON (London) writes in reply to "X. Y. Z.": I believe these cases are often associated with hypochlorhydria, and I have treated them successfully by the exhibition, after meals, of 15 minims of dilute hydrochloric acid combined with half a drachm of pepsin glycerin in dilute solution. Locally, I recommend the application of pigmentum tinct. ferri perchlor. If there is any indication for arsenic I suggest the taking of tablets of arsenic, iron, and strychnine. The diet should be rich in vitamins, particularly B. If these measures fail, intramuscular injections of Witte's peptone are worth trying.

**SURGEON REAR-ADMIRAL V. G. THORPE** writes: "X. Y. Z." is probably the subject of parathyroid deficiency. A tablet of calcium lactate, gr. v, which is quite tasteless, allowed to dissolve slowly in the mouth, three or four times a day, would probably, by its local and general action, effect a cure.

### LETTERS, NOTES, ETC.

#### TRAUMATIC RUPTURE OF THE DUODENUM.

DR. J. M. STOBO (Douglas, Isle of Man) writes to record the following instance of recovery from traumatic rupture of the duodenum, in view of the unfavourable statistics quoted by Dr. C. J. A. Woodside on December 31st, 1927 (p. 1225). A deck hand, aged 17, while engaged in a trawler on the Irish Sea on November 12th, 1927, was pinned between two heavy masses of wood across the upper abdomen. He subsequently complained of severe epigastric pain, and vomited a watery fluid containing blood. On admission to Noble's Isle of Man Hospital, Douglas, seven and a half hours after the accident, he was in a state of shock, the temperature being 96.4° F., the pulse 1:8, and the respirations 40. He was suffering from severe epigastric pain, and the abdominal muscles were absolutely rigid. The abdomen was not markedly tender, distended, or tympanitic, except over an area corresponding to the fundus of the stomach; a rectal examination was negative. Dr. C. S. Pantin opened the abdomen and discovered that the duodenum had been completely severed, just distal to the pyloroduodenal junction. The severed extremities had retracted so far as to render apposition impossible. The ends of the duodenum were, therefore, sutured across and posterior gastro-jejunostomy was performed. Recovery was interrupted by the occurrence of a slight left pleural effusion and a small subphrenic abscess, which discharged spontaneously. The patient left the hospital in good health on December 28th.

#### THERAPEUTIC VALUE OF LUMBAR PUNCTURE.

DR. M. F. McELLIGOTT (Lodge, near Wrexham) reports a case of broncho-pneumonia in a child aged 6 years, in which remarkable benefit followed lumbar puncture. In addition to the usual pulmonary signs and symptoms, developing meningitis was suggested by well marked intolerance of light, cutaneous hyperaesthesia, apathy and mental dullness, a pronounced Kernig's sign, and an obvious backward drooping of the head when it was raised from the pillow. Lumbar puncture was performed for diagnostic purposes, and several drachms of cerebro-spinal fluid under pressure were removed. The fluid was approximately normal, but was consistent with acute pneumonia, with signs of cerebral irritation. The following morning the child was mentally alert with a normal temperature, and subsequent progress to recovery was rapid. Dr. McElligott adds: Meningismus without meningitis is a recognized complication of pneumonia, and the question whether lumbar puncture saved this patient from meningitis is debatable. I think, however, that there is absolutely no doubt about its favourable effect on the course of the primary affection, and would strongly advocate early withdrawal of cerebro-spinal fluid in cases of pneumonia with a suggestion of meningeal complication. A moderate respiratory rate and constipation persisted throughout the child's illness.

#### FAMILIAL CARCINOMA OF THE BREAST.

DR. H. M. MORAN (Sydney, Australia) records the history of a family in which four out of six sisters have or had cancer of the breast. An unmarried woman, aged 47, was referred to him in July, 1926, for inoperable cancer of the right breast, with a large foul-smelling ulcerating mass. She was treated with radium needles and deep x rays. The local condition in June, 1927, was entirely clear, but "rheumatic" pains of metastases in her spine persisted. She resumed her work in June, 1927. In August, 1926, a married sister, aged 58, consulted him for a very swollen brawny arm. She had advanced cancer of the left breast with "peau d'orange" extending down the back below the level of the left scapula. Treatment was out of the question, though at that time this patient had an air of robust health and had lost little or no weight. Since then it was reported that she was dying of generalized cancer. Another married sister died at the age of 36 of cancer of the breast without operation or radiation. A fourth married sister died, aged 47, about two years ago from recurrence of cancer of the breast, which had been operated on three years before. There are two remaining sisters, aged 54 and 51 years, who are alive and free from cancer. The father died at the age of 68, following an operation for "tumour of the abdomen"; the mother died from pneumonia at 62. Both the patients seen by Dr. Moran suspected the nature of their trouble, but refused to take medical advice until compelled—in the one case by the disagreeable odour, in the other by the enormously increasing size of her arm.

#### CANCER OF THE RECTUM.

##### A Correction.

THE opening sentence of our review on January 21st (p. 110) of the report issued by the Ministry of Health on cancer of the rectum contained an erroneous statement that the largest proportion of deaths due to cancer of the digestive system occurred within the rectum. It would appear from the statistics of deaths in England and Wales for 1925 that the total mortality figure for cancer of the stomach was 9,786, whereas cancer of the rectum was recorded in 4,267 cases.

#### VACANCIES.

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

A short summary of vacant posts notified in the advertisement columns appears in the *Supplement* at page 31.