LETTERS, NOTES, ETC.

Problem for Bibliophils

Lieut.-Gen. Sir W. P. MACARTHUR writes: I shall be grateful if any reader can help me by identifying a book from the following scanty details. It deals in part with plague in the past, and the illustrations include one of an ancient Roman design which shows a rat identified in the text as *Rattus norvegicus*—convincingly so to my recollection. The picture might possibly be a reproduction of the rat shown on the first-century Roman altar discovered in Rheims, but my hazy recollection is that it appears on an independent medallion. The point does not affect the value of the clue. I have tried in vain to find the book in a number of libraries, which is not surprising, as I can recall neither the title nor the author's name.

Some Suggestions and Suggestive Questions

Dr. E. W. MORGAN (London, W.11) in the course of a letter suggests that in order to avoid being confined to the restricting and restricted service of the State, which has been threatened so long, the British medical profession should join, or allow itself to be joined with, the other medical professions of the world. He goes on to show how mankind could benefit from the co-operation of medical workers among all peoples. It might, he says, even be a check against future war. Should doctors, for health or other good reasons, leave their native lands they could practise wherever they went; lack of knowledge of languages would not obstruct successful surgical manipulations, since there are enough interpreters to deal with medical history-taking. Continuing with some other suggestions, he says that every part of the British medical profession should examine itself to see where improvements are needed. Are the most suitable often enough appointed to teaching hospital staffs? Should the motives of prospective students be inquired into? Is it good that every practising doctor should be moved mostly by compassion for the sick? If so, let this be recognized, and if there are any who are not thus moved let them be guided to the laboratories, the libraries, the museums, the post-mortem rooms, etc. Is it also good for at least one or two general practitioners to serve on a hospital staff? Should hospital appointments be permanent, or should there be opportunity for change of staff if efficiency is not maintained? Is teaching of the most valuable facts, for practical purposes, sacrificed for the sake of knowledge of the whole subject, however superficial? Should the medical student's course be less intensive and exhaustive? Can anything be done to see that students find the most suitable work? He considers that some minds are built for psychological work; some arms and hands are made for orthopaedic work; some fingers are delicate enough for gynaecology; some personalities make excellent children's specialists; some all-round men make good family doctors; etc.

Car Without Foot Pedals?

Dr. C. T. NORRIS (Calne, Wilts) writes: The vehicle Dr. J. Rammell (Sept. 29, p. 450) requires for his patient was seen by me in or about 1930 in a garage I had occasion to patronize in Battersea. Soon after I found this place I was attracted by the unusual appearance of an Austin 7 of the old "bath-tub" type, now obsolete, which appeared to have a stirrup fixed upside down on either side of the steering column below the steering wheel. Inquiry from the garage staff elicited that this car was the property of a man without legs, who, as I myself saw later, appeared to be in quite humble circumstances, and I could well believe that possession of this car made all the difference to his life. The car had been adapted to his needs by the controls from each foot pedal being led from the slots in the floor, after removal of the pedal, up the side of the steering column casing to stirrup-shaped grips, where the fingers of each hand could grasp them while the wheel was still held by the thumbs and palms: thus the stirrup-shaped grip operated the clutch or the foot-brake. If I remember rightly, in order to avoid undue downward pressure on the steering wheel, and to enable one control to be operated firmly while the other hand steered, the movable grip was placed below, and fitting into, a fixed stirrup-shaped fitting; each fitting, therefore, looked like a stirrup with a bar across the opening. In order to enable the gear lever to be used with the clutch out I believe the controls were crossed, the right hand thus operating the clutch and the left the foot-brake. The throttle was operated by a separate lever, such as at that time was often seen on cars for adjustment of the mixture. I seem to remember that the Austin 7 had two such little levers on the wheel—one to adjust the spark and the other the throttle opening—so no special fitting was necessary for that work. But in a similar adaptation of a car to-day no doubt a lever of this kind would be necessary, and could be led up the steering column to below the wheel, or put, like a motor-cycle control, on a cable on one of the fixed stirrup grips. I have gone into the description of this car in some detail as it exactly answered the requirements of Dr. Rammell's patient; and I would suggest his advising a similar adaptation of a suitable vehicle, which any interested garage should be able to carry out. The requirements would appear to be: (1) The car itself must be "light" with light springing on the clutch and foot-brake, otherwise the much smaller force than usual available for operation of these controls will not act, with disastrous results sooner or later. (2) The actual fittings must be adjusted accurately to the hands of the individual who is to drive the car. My inquiries in 1930 elicited that there was then no police or other objection to the car I saw; and I think even in these days of driving tests no reasonable examiner would object to such controls once their use had been learned. I consider the present Austin 8 or any similar car could be equally well adapted in the manner I have tried to describe.

Undervalued Emoluments

"BEARING UP" writes: The position of the hospital M.O. who can, and does, live out must often be uncomfortable if not positively desperate. Before I married I enjoyed (if such a word can be used in this connexion) the "residential emoluments" (hateful phrase!) of my hospital. When I married there was no bar to my living out provided I kept a tame telephone at my own expense, so I blithely set up house and received £150 per annum added to my salary "in lieu of emoluments." I was only mildly dashed to find that this wilted to £75 under the searing hand of the Inland Revenue, but worse was to come. I found that to provide for myself the shelter, food, fuel, light, laundry, and telephone necessary for continued existence cost me £270 per annum. Obviously very heavy inroads had to be made into my salary, otherwise I could have paid the butcher and baker and candlestick-maker only 5s. in the pound. This illustrates the total inadequacy of the living-out allowance under present conditions, and the vicious system of taxing it at full rates. Hospitals which cannot offer adequate married accommodation should certainly be pressed to raise their living-out allowances to a more reasonable figure, but a more urgent demand is that taxation on allowances should be mitigated or abolished. While the present full tax is in force no recipient of a living-out allowance is being justly treated. To live out has non-material advantages, not to be assessed at cash valuation, which offset the debit balance, but I think it unfair that one should have to pay for them so dearly.

Pruritus and Glycosuria

"M.D." writes: Your answers to "Any Questions?" are always most interesting. In the *Journal* of Oct. 20 (p. 556) there is a question on pruritus and glycosuria, on which a note of personal experience may be of use. With most of the answer I agree, but not with the last suggestion to seek another cause. Some years ago I had renal glycosuria, and cut down starches and sugars for a year with good result but loss of weight. I did not, however, resort to insulin. I have had no sugar appreciable for several years now, but can renew my pruritus in a similar region any day by indulging a little in boiled sweets or "tray" chocolates. Ordinary starches—e.g., bread—do not bring it on. Surely it would be worth the lady's while cutting out sweets even if there is a craving. If she does this there may be no need to use insulin or restrict carbohydrates unduly.

Salivary Gland Tumour of Upper Lip

Mr. J. F. CURR, F.R.C.S.Ed., writes: In the *Journal* of Nov. 3 (p. 605) I published a short report on a salivary gland tumour of the upper lip, the condition being fairly uncommon according to previous records. Less than a fortnight later, and on successive days, I saw two more cases, in men aged 31 and 34, the tumours being situated near the lateral end of the lip. Using a local analgesic, each tumour shelled out easily through an incision in the mucous membrane of the lip. The typical appearances of simple, mixed parotid tumour were found on histological examination, for which I wish to thank Dr. R. F. Ogilvie and Dr. W. Forbes.

Wellcome Medical Diary, 1946

The regulations which govern the distribution of printed matter having been relaxed, Burroughs Wellcome and Co. can now issue the very limited edition of the 1946 Medical Diary free of charge. Those who have already sent remittances of 2s. may have them refunded on request. In the absence of such a request, any sum already received will be sent to the Royal Medical Benevolent Fund early in 1946, together with any further moneys received. The diary is being dispatched to all doctors who have asked for a copy. The publishers regret that few, if any, additional requests can be entertained.

Corrections

In Sir Arthur MacNalty's Vicary Lecture on "The Renaissance and its Influence on English Medicine, Surgery, and Public Health" (Dec. 1) "Sir John Elyot" should read "Sir Thomas Elyot," on pp. 757–8.

Dr. J. N. Davidson wishes to correct an error in our issue of Dec. 8 (p. 815). Under "Modern Methods" the third sentence should have read: "Heavy nitrogen (N^{15}), heavy sulphur (S^{34}), deuterium (D), and heavy carbon (C^{13}) had been used in this way."