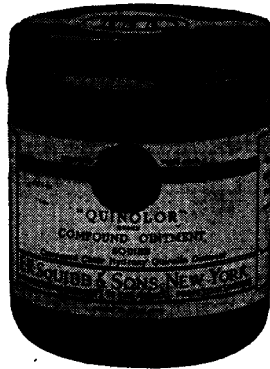


in Staphylococcal Infection

QUINOLOR SQUIBB



*A unique
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In jars of 1 oz. and 16 oz.
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request.

An ointment of proved value in staphylococcal infection, particularly good results are to be obtained in sycosis barbae, sycosis vulgaris and tinea sycosis. "Quinolol" possesses noteworthy qualities for promoting tissue repair and affords an excellent dressing for cutaneous affections and superficial lesions. The antiseptic action continues over a considerable period of time, although the advantages associated with frequent dressings should not be overlooked. "Quinolol" Compound Ointment is applied to the affected area following a thorough cleansing of the wound. Impetigo Contagiosa is among other dermatological conditions which have frequently responded very favourably to "Quinolol" therapy.

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Vitamin E in the Menopause

IN the *British Medical Journal* (July 3, 1943) four cases were reviewed in connection with the control of menopausal flushes by Vitamin E. The facts given suggested that Vitamin E may be an alternative to oestrogens and at the same time a safer method for combating menopausal flushes.

In a letter to the Editor (*B.M.J.*, October 23, 1943) a well-known authority on Vitamin E, in referring to the above-mentioned article, stated that, believing this vitamin to be a potent anti-oestrogen, he administered 'Ephynal' in large doses to menopausal women and he believed his results would compare favourably with those of physicians prescribing oestrogens.

A further report has just been published (*Amer. Journ. Obst. & Gyn.*, July, 1945). The investigation covered a period of six months and 25 patients ranging in age from 22 to 55 years.

"First reports of experimental use of this drug were astonishing. The entire group of cases responded to the treatment and showed either complete relief or very marked improvement with less frequency and less severity of the hot flushes and drenching perspiration, and a definite change for the better in their mood and outlook . . . Of these 25 patients seven reported complete relief of

symptoms on dosages of 10 to 20 mg. daily over periods of from one to three weeks. Sixteen patients reported very marked relief on 10 to 20 mg. daily over periods of from two to six weeks. A great reduction in the number of hot flushes per day was evident promptly upon taking the prescribed medication, and the patient's general condition greatly improved."

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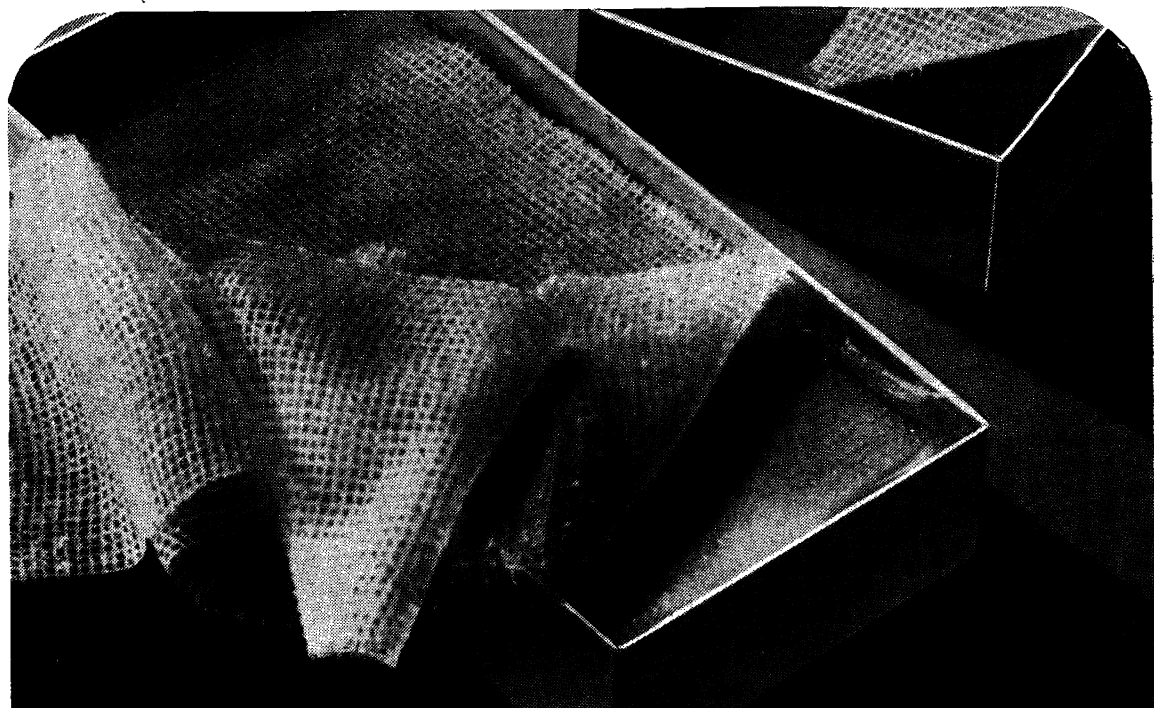
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The open mesh and even impregnation encourage free discharge, and there is minimum trauma to the granulations.

'Jelonet' *Strip*, zig-zag fold, price to the medical profession 6/3d. per tin OR in cut pieces, 36 in a tin, price to the medical profession 4/-.

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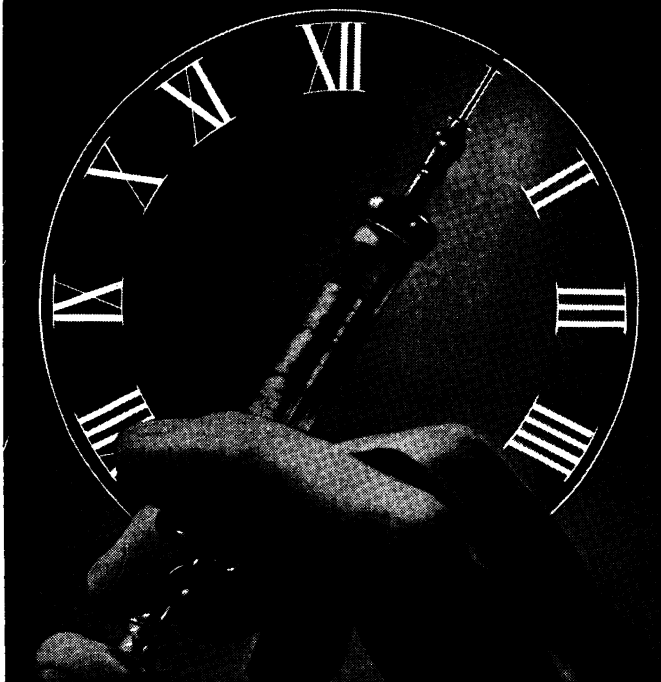
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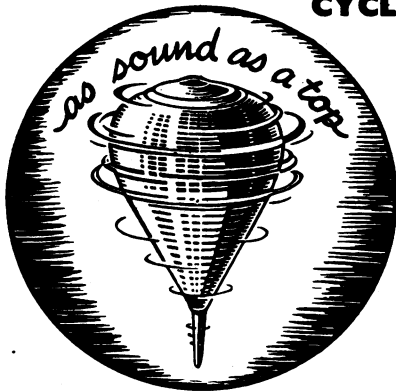
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and I fail to see why the same surgical principles should not be applied to pulmonary tuberculosis.

The results I have obtained from conservative methods of treatment of the tuberculous effusions, have certainly been much better than the figures recently published to show the necessity for early operation. If, however, as a result of aspirations and washouts the pleural cavity has become secondarily infected surgical measures are nearly always necessary, but the prognosis in these cases is not at all good.

In the care of pneumothorax cases, the most difficult decision to make is when to terminate the treatment, particularly in view of the fact that once a lung has been allowed to re-expand the two layers of pleura usually become adherent and it is not then possible to re-induce the pneumothorax if one finds that healing is not complete. My own practice is never to tell a patient that an artificial pneumothorax is required for any definite period, but it is obvious that a small area of disease requires a shorter period of rest than a large one. It has been my experience that the lightly infected lungs re-expand fairly quickly (2 years or so) and no efforts on the part of the physician will keep the

lung down. More gravely damaged lungs remain complacently collapsed for periods up to ten years, if an obliterative pleurisy has not occurred in the meantime. Those cases which obliterate by themselves usually seem to do well. However, if no obliteration has taken place, I take the view that it is little trouble to the patient or his attendant to have a dozen refills a year—the patient has a feeling of confidence and close supervision is maintained. As a general rule, I suggest that the greater the extent of pulmonary damage, the longer should the affected area be controlled by artificial pneumothorax. This applies particularly to cases of bilateral pneumothorax.

In conclusion, I would like to point out that though generalisations are necessary in a paper of this length, every artificial pneumothorax case should be regarded as an individual and fascinating problem. Furthermore, it must be emphasised again and again that routine fluoroscopic examination at the time of the refill and serial radiograms at frequent intervals are not only desirable adjuncts but imperative necessities in the adequate management of artificial pneumothorax therapy.

Peptic ulcer and hypovitaminosis C

It has been shown experimentally that there exists a relation between peptic ulcer and hypovitaminosis C. Clinically it has been found that a considerable proportion of patients with low vitamin C reserves suffered from gastric or duodenal ulcer. Whether lowered vitamin C intake due to restricted dietary is always the cause of hypovitaminosis, or whether the hypovitaminosis is an ætiological factor in ulcer formation, is not yet determined.

Tests at various hospitals, employing two to three fluid ounces of 'Ribena' Blackcurrant Syrup daily, clearly showed

that in acute cases of peptic ulcer, or cases of fairly recent standing, the supplement of blackcurrant juice accelerated disappearance of symptoms and of X-ray evidence of ulcer. Cases of hæmatemesis did particularly well on 'Ribena' therapy.

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(Joseph Rogers; administered by The Society of Apothecaries of London.)

This prize, representing the accumulated income from the investment of a legacy given by the will of Dr. Joseph Rogers, deceased (after payment of any expenses incurred in the administration), will be awarded by the Trustees, the President of the Royal College of Physicians and the Master of the Worshipful Society of Apothecaries of London, "to such person as in their opinion shall have written the best or only good essay on the treatment of the sick poor of this country and the preservation of the health of the poor in this country or either of such subjects," power being reserved to the Trustees to withhold the award of the prize if no essay shall have been submitted which in their opinion merits a prize.

The competition is an open one; the treatment of the subjects and the length of the essay are left to the discretion of the essayist.

The essay must be typewritten, and must not have been previously published. If subsequently published the essay must be described as the Joseph Rogers Prize Essay.

Persons desirous of competing for the prize, which it is estimated will amount to about £150, are invited to submit essays, which must be forwarded to the undersigned not later than the 1st May, 1946. Essays should be signed with a motto or other *nom de plume*.

The decision of the Trustees as to the award or withholding of the prize shall be final and conclusive, and will be duly notified in the Public Press.

There are no conditions beyond those stated above.

ERNEST BUSBY,
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November, 1945.

POST-GRADUATE MEDICAL JOURNAL

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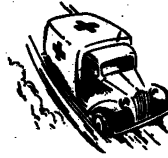
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