The majority of accepted methods of physical culture are devised on the principle of balanced muscle control. The diagrams are easy to understand. That the book gives sound advice as to a good and little fatiguing method of regaining muscle tone and consequently a feeling of well being, after a trying experience, and a return to the status quo ante, is an undoubted fact. It will be welcomed by many who have neither the time nor the inclination to indulge in an elaborate system of physical exercises. The system is equally useful for any one, man or woman, who is recuperating from an illness or disability which has necessitated a considerable period of inactivity.

J. D.

The following book has been received:—

---

Correspondence.

THE TREATMENT OF THE SOLDIER'S FOOT.

TO THE EDITOR OF THE "JOURNAL OF THE ROYAL ARMY MEDICAL CORPS."

Sir,—The communication on the above subject by Major Arthur J. Helfet, R.A.M.C., in your May issue is a very timely one but there are one or two comments I would like to make regarding his remarks on the treatment of hallux valgus.

Hallux valgus in civil life is most commonly seen in elderly people and I consider that, in the soldier, one is usually dealing with the adolescent type of hallux valgus which is so often the result of metatarsus primus varus, the treatment of which is by no means satisfactory.

Major Helfet, I venture to state, has been very lucky in his patients. The majority of soldiers with this deformity have suffered little, if any trouble, in civil life. Ordinary military training associated with the wearing of the Army boot, the leather of which is not always softened by the soldier prior to wearing, leads him to report sick with this pre-existing deformity which has only caused discomfort since joining the Army. The patient is not always co-operative; he blames the Army boot, and I question very much if we can “fit every soldier’s foot to the standard Army boot.”

The late Mr. W. H. Trethowan used to state that in a case of bilateral hallux valgus one should only operate on a foot which is giving trouble. If one advised and operated on both feet, the foot which had caused no trouble before would invariably give the poorer result.
Notices

Here we are dealing with a patient who is inclined to feel that his trouble is due to the Army boot and to Army life generally. On leave, he wears his civilian shoes, which, in all probability, cause him no trouble. Can we, therefore, expect him to co-operate to the extent required in this orthopaedic operation?

I think the results of operative treatment in these cases are too uncertain to justify the time expended and I agree with the authorities who discourage such methods in the case of soldiers.

Yours, etc.,

HERBERT J. GREEN,
Major, R.A.M.C.

Notices.

"BENERVA" VITAMIN $B_1$ TABLETS (ROCHE).

ROCHE PRODUCTS LIMITED have put out new "tablets" of triple strength which are now available at the prices formerly quoted for 1 mg. tablets.

"Benerva" ampoules, formerly containing 2 mg., will be replaced by ampoules of 5 mg., and "Benerva" Forte ampoules, formerly of 10 mg. will in future contain 25 mg.

ORGAKININE.

The Organon Laboratories, Ltd., send us the following account of their new preparation, Orgakinine.

Because quinine and vitamin C have both given good results in cases receiving no specific antiseptic therapy, we combined the two agents, as the quinine di-ascorbinate, Orgakinine; nearly 48 per cent of this is quinine and 52 per cent is ascorbic acid.

This quinine salt has the advantage of extreme solubility in water without the need to add any stabilizing substances.

Each 2 c.c. ampoule of Orgakinine contains 520 mg. of quinine di-ascorbinate: 250 mg. of quinine base, 270 mg. of vitamin C.

Each Orgakinine tablet contains 75 mg. of quinine di-ascorbinate: 36 mg. of quinine base, 39 mg. of vitamin C.

The use of a quinine-vitamin C therapy is particularly indicated where specific bactericidal therapy is withheld or has failed in lobar pneumonia, bronchopneumonia, influenza, colds.

In pneumonia: adults 2-3 ampoules daily by deep intramuscular injection. In a really early case it may be an advantage to give the injection intravenously.

In colds and influenza: 6 drages a day, as 2 three times a day. In children the dose may be reduced in proportion to the age.

The preparation costs 2s. 6d. for 20 tablets, 10s. for 100, and 45s. for 500. Samples can be supplied on application.