

Letters, Notes, and Answers.

All communications in regard to editorial business should be addressed to **The EDITOR, British Medical Journal, British Medical Association House, Tavistock Square, W.C.1.**

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QUERIES AND ANSWERS.

PAGET'S DISEASE.

"M.R.C.S." has the misfortune to suffer from Paget's disease, chiefly affecting the right leg; this has been troublesome for about six months and gets worse. His head is enlarged, but this became quiescent two to three years ago. He asks if there is any treatment likely to do him good. The leg gets very painful after exertion and again at night. He has tried iodides, salicylates, and endocrines, together with various forms of electricity, but without appreciable relief.

* * We are afraid that treatment of this affection can only be palliative. A late distinguished member of our profession found his symptoms alleviated by a protein or meat diet. The pains in the long bones appear to be due to tension, and relief has been experienced after osteotomy, performed to correct deformity and not with the intention of relieving pain. If the pains are severe there could, we think, be little risk in drilling into the bone in various situations, which could be done subcutaneously. Our correspondent appears to have tried the usual internal remedies except mercurials, which he does not mention. They might be given a trial.

PETROLEUM IN THROAT SPRAYS.

"J. M. G." asks whether there is any objection to the constant use of liquid petroleum as a basis for a nose and throat spray, particularly with regard to the possible danger of setting up cancer. He would like to know of a good formula for a spray with either a petroleum or an oil basis, for frequent use as a safeguard against influenza and common colds.

* * The experimental production of cancer by paraffin is believed to be due to impurities in the paraffin; there is no evidence that the Pharmacopoeial paraffinum liquidum produces cancer, and it is commonly used in the manner indicated. The following is a good oil spray: Chloretone, gr. xv; camphor, gr. xl; menthol, gr. xl; olei cinnamoni, m viij; liq. paraffin. ad 3iij.

LEAD SALTS IN CANCER.

DR. G. C. BELCHER (Birmingham) writes: I would remind Colonel Rowcroft (JOURNAL, February 6th, p. 263) that the dose of lead acetate he advocates is the average one. Each case is judged upon its merits; different individuals vary with this drug. Lead in particular affects the individual differently; boys as apprentices to the plumbing trade have a probation for a few weeks to see if they can without danger keep to the trade. So it is in all cases of lead workers. In some of my patients 1/2 grain daily could not be tolerated; in others as much as 5 grains, and in one case 7 grains, was required to produce the well known toxic effects of lead; but the dose I advise is one already stated by me—13 grains t.d.s., as an average dose.

INCOME TAX.

Allowance for Insurance Premium.

"R. A. D." is converting his life assurance into an endowment policy payable at the age of 65; does this affect his income tax allowance?

* * It is assumed that our correspondent is, in law, discontinuing one policy and entering into a new contract. On that basis he will be entitled to the relief in respect of the premiums paid, at half standard rate if his total income does not exceed

£1,000, three-quarters if not exceeding £2,000, and the full rate if it exceeds that figure—subject to the restriction that the amount of the premium allowed exceeds neither 7 per cent. of the capital sum payable at death or 65, nor one-sixth of his total income, and to the further restriction that the rate at which the allowance is made does not exceed 3s. It is on this last point that "R. A. D." may possibly lose, as that restriction applies only to policies taken out after June 22nd, 1916, and his first policy may have been prior to that date, in which case he may lose if his total income amounts to £2,000.

LETTERS, NOTES, ETC.

OPEN-AIR SHELTERS.

THE "Papworth Industries," Cambridge, which is part of the well known tuberculosis colony, to the work of which we have often referred, is prepared to supply shelters of various types for the home treatment of tuberculosis and other diseases in which sleeping in the air is required. To overcome the difficulty of introducing these shelters into gardens through narrow doors one type—the "County" shelter—can be supplied with a jointed roof and front. Another pattern is arranged to revolve, so as to avoid rain and wind blowing into it; and a third, more elaborate, type is constructed so that air can enter simultaneously through all four sides, any of which can be closed quickly if desired.

GOITRE IN NEW ZEALAND.

DR. E. H. WILKINS (Birmingham) writes: In the discussion on goitre reported in your issue of February 6th (p. 241) Dr. Cole is reported as saying that in New Zealand goitre is confined to narrow sunless valleys. Having lived in New Zealand ten years I am in a position to say that this is not so. One of the chief goitrous areas, for instance, is on the Canterbury plains. Goitre in New Zealand appears to have a definite relation to water or soil, but not to bacterial infection of the water (see two papers by Hercus and Baker in the *New Zealand Medical Journal* and reports of the Health Department during the last few years).

MEDICAL MISSIONS.

"EXPERIENCED" writes: The article on the needs of medical missions, in the JOURNAL of February 6th (p. 255), gave no indication as to the cause of the needs. One is, of course, money. I think only one mission committee has made any arrangement by which a doctor can serve for a period and have a certain sum to start him in practice after. This must affect many men and some women doctors who cannot undertake life service. Another cause is the precise opinion on theological points required by some societies. I believe the Anglicans are the worst offenders. Obviously it is difficult for a committee chiefly composed of good ladies and clergy to realize that points of importance to padres and perhaps teachers are meaningless for doctors and nurses. One could imagine a doctors' missionary society which would supply doctors where needed: theological agreement with the mission concerned being considered desirable but not essential. It would fail under the present system, because committees would rather have hospitals closed and sick people left uncared for than employ practitioners with unorthodox religious views. A possible solution would be that members of missionary committees should be bound to employ for themselves no doctor whom they could not recommend for their mission.

THE HEALTH OF THE JEWISH CHILD.

At a recent meeting organized by the Jewish Health Organization in Whitechapel an address was given by Dr. A. Eichholz, chief inspector of the Board of Education, on the health of the Jewish child. He said that in the Middle Ages, when the greater part of Europe was intellectually dark, Jewish practitioners of medicine in Northern Africa, Western Asia, and Southern Europe kept the traditions of science alive. He had recently found in a rare Italian medical work, published in 1487, copious marginal notes in Hebrew, the work of some ancient Jewish doctor, who had recorded his own observations and compared them with those in the text. The Jewish Health Organization was now actively concerned in investigating the hygienic and medical conditions of Jewish school children, with special reference to defects of vision; these were frequently associated with measles and scarlet fever, which caused weakening of the muscles. Insufficient attention was paid by Jews to the need of recuperation after measles in childhood. It was possible that care in this respect and avoidance of undue fatigue and overwork, especially at night, would protect the children from visual strain. In addition to their school work, Jewish children had to devote time in the evenings to the study of Hebrew and of their religion. On February 27th, under the auspices of the Jewish Health Organization, a lecture on social hygiene and the home will be delivered to women by Professor Winifred Cullis, and on March 6th by Dr. Israel Feldman to men on the perils of ignorance.

VACANCIES.

NOTIFICATIONS of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 39, 40, 41, 44, and 45 of our advertisement columns, and advertisements as to partnerships, assistantships, and locumtenencies at pages 42 and 44.

A short summary of vacant posts notified in the advertisement columns appears in the *Supplement* at page 63.