

Medical LBS

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The

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No. 3453.

SATURDAY, MARCH 12, 1927.

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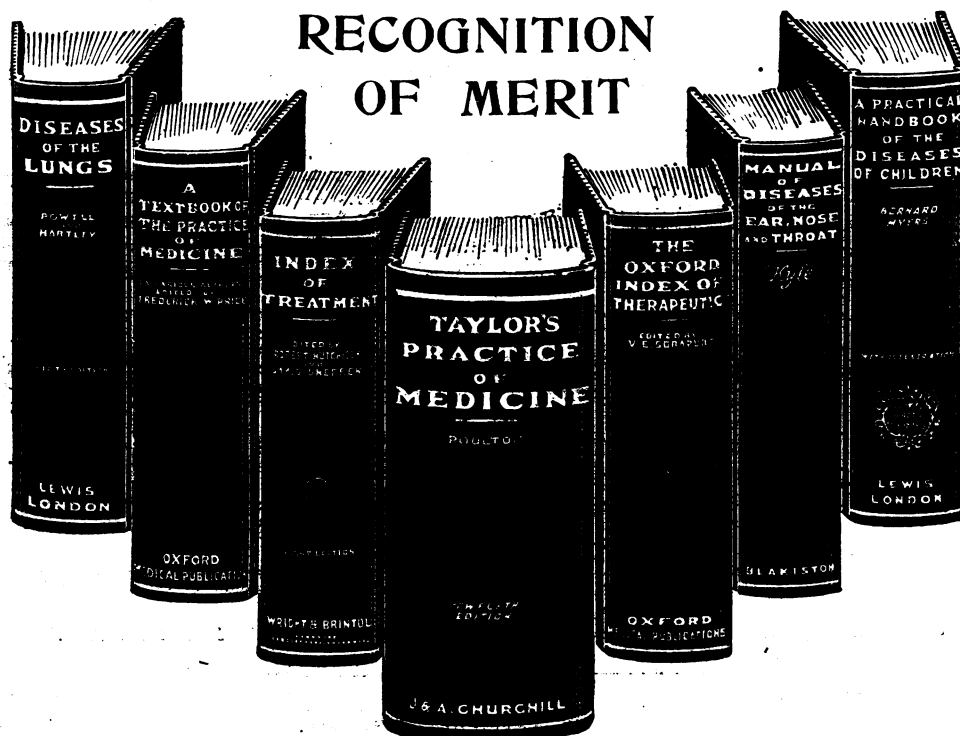
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These authorities recommend the use of Antiphlogistine in the treatment of respiratory diseases.

A PRACTICAL HANDBOOK ON THE DISEASES OF CHILDREN

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Letters, Notes, and Answers.

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QUERIES AND ANSWERS.

IONIZATION IN CATARACT.

"G. T. B." will find in this issue a review of a book by Dr. Cantonnet of Paris on the treatment of eye disorders by ionization. Cantonnet did not find that it had any effect in cataract, but reports have been published by others which suggest that the method may be of some value when the lens changes are in their very earliest state, but all are agreed that when there are actual lens striae present the treatment has no effect. But as good results can be obtained in the same class of case by much simpler methods—for example, the use of a solution of sodium iodide with calcium chloride (of each 1 per cent.) instilled within the conjunctiva night and morning, and (where the patient is willing to put up with a certain amount of discomfort) the additional measure of injecting under the conjunctiva of 10 minims of a 1 in 6,000 solution of mercury cyanide to which has been added 3 minims of 1 per cent. acolin solution. The whole amount is injected deeply. The reaction promotes vascular flow in the ciliary region and so improves the health of the lens. Cataract is essentially due to failure of nutrition due to age changes in the ciliary vessels.

INCOME TAX.

Colonial Investments.

"S. A. E. L." left England in 1911 and practised in a colony until 1921, since when he has been living in the Riviera for reasons of health, visiting England for one or two months only each year. The income of himself and his wife is derived from investments in the colony. His health has now improved, and he intends to return temporarily to the United Kingdom and will probably do duty as a ship surgeon while his wife visits a distant colony.

"* * In our opinion, as from the date of his return "S. A. E. L." will become resident, but not "ordinarily resident," in this country, and his maximum liability will be in respect of his (cash) earnings plus the amount of the colonial income which is remitted to him. He will, of course, be entitled to the usual personal allowance, in our opinion, as a married man living with his wife, and reduced rate relief. If, for example, his earnings are £300 and £300 is remitted to him, his liability for 1927-28 will be, assuming no change in the rate, etc., of the tax:

Earnings £300—£50 allowance...	...	...	...	...	£250
Income from abroad	...	...	...	...	300
					£550
Deduct personal allowance	...	...	...	...	225
					£325
Liability, £225 at 2s.	...	...	...	...	£22 10 0
£100 at 4s.	...	...	...	...	20 0 0
					£42 10 0

His liability for years prior to his return to England for something more than the mere temporary purposes of the past will not be affected.

Return of Expenses.

"ANXIOUS" has been asked by the authorities to state his expenses in detail and encloses a list (amounts not shown) for comment.

"* * Some of the proportions seem rather high—for example, two-thirds for the electricity and gas accounts, whole cost of

telephone, two-thirds insurances (presumably fire and burglary)—and "Anxious" will be fortunate if they are passed. The rent of the house should be based on the amount of the net assessment to income tax. The cost of the servant (food, etc., to be allowed for, as well as wages) should be divided roughly in the ratio in which her time is divided between domestic and practice work. The motor car insurance should be separated from other insurances. We presume that no dispenser is kept.

LETTERS, NOTES, ETC.

PAROXYSMAL PERIPHRAZIA.

"N.3" sends us the following protest against what he terms the increasing spread of "paroxysmal periphrazia."

In the eighteenth century, he says, English people mostly used plain words when they had occasion to speak of bodily functions. These coarse expressions shocked polite Victorian ears, and indelicate facts like pregnancy or privies or bellyache came to be mentioned only by discreet circumlocutions. In course of time, as Charles Mercier once remarked, a nice word for a nasty thing would lose some of its niceness and drop out of fashion. Thus water-closet became w.c., and w.c. in turn became lavatory, scarcely recognizing itself as first cousin to the common soldier's latrine; and in refined America lavatory became toilet. All this verbal delicacy would rather surprise our rude great-grandfathers, who were not ashamed to speak of a woman with child or to write "lying-in hospital" over a public building and dedicate it to their Queen. I sometimes wonder what they would think of a generation which allows vaginal syringes and suchlike wares to be flaunted in shop windows for all who pass to see, but cannot have its eyes offended with the word urinal. And what would our great-grandmothers think of the "home newspapers" which print pages about sexual scandals, but draw the line at the word pregnant, replacing it with "in a certain condition?"

THE MACROPOLYCYTE.

DR. A. DEL CAMPO writes to us from the School of Hygiene and Public Health, Johns Hopkins University, Baltimore, to say that he has read with particular interest the paper by Dr. W. E. Cooke on the macropolycyte published in the first number of the JOURNAL for this year (p. 12). Dr. Cooke's results, Dr. del Campo says, confirm those stated in his article published in *Archivos de Cardiología y Hematología* (Madrid) in September, 1925. His researches, made in the laboratory of Professor Pittaluga in the School of Medicine, Madrid, afforded clinical confirmation of the observations as to the pleocaryocyte published by Pittaluga in the homage book presented to Ramon y Cajal in 1923. Dr. del Campo considers that the pleocaryocyte is a cell which occurs in cachectic diseases, as shown by his own observations in cancer and tuberculosis, in which diseases it is bigger than in pernicious anaemia.

STY TREATED BY ULTRA-VIOLET LIGHT.

DR. CHRISTINA BARROWMAN (Newcastle-on-Tyne) sends us two photographs to show the effect of treating the acute stage of a sty in the eye by application of compression doses with the air-cooled K.B.B. quartz lamp. The patient was a man, first seen on February 5th, when he presented, in addition to the sty, an oedematous area below it, and was suffering considerable pain. The applicator was applied for six seconds over the closed eye and for five seconds over the oedematous area. The treatment was repeated next day, and on the third day the local condition is shown by the photograph to have cleared away. The pain was immediately relieved after the first treatment, and this, Dr. Barrowman says, has been observed in the treatment of other inflammatory eye conditions, but the dose must be correct.

MIGRAINE.

DR. THOMAS LINDSAY (Tooting Bec Hospital, S.W.) writes: As an old victim of migraine I think the letter of Dr. Fraser-Harris (JOURNAL, February 5th, p. 260) calls for some comment. In my case the aura was a peculiar sensation on the tongue, along with all the classical visual symptoms. There was no headache for some time (one-half to three-quarters of an hour), and I was able to get home from school and into bed, then followed nausea and vomiting, and after that the terrible headache, which lasted about twelve hours. I knew when I would have the headache, but only after the aura had manifested itself, and the periodicity was most irregular, often months intervening between attacks. I had my second last attack in my first year of medicine at the age of 17, and my last attack at the age of 35. This last attack took me completely by surprise, but I knew at once what was going to happen, and got home from my tennis club to bed before the vomiting and subsequent headache. The sequence was exactly the same.

VACANCIES.

NOTIFICATIONS of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 45, 46, 47, 50, 51, and 52 of our advertisement columns, and advertisements as to partnerships, assistantships, and locumtenencies at pages 48 and 49.

A short summary of vacant posts notified in the advertisement columns appears in the Supplement at page 87.

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