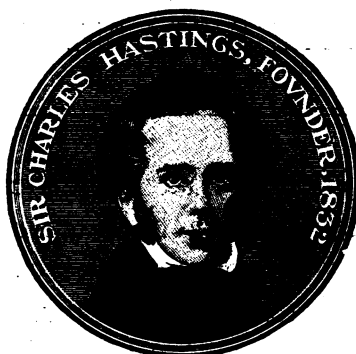


The MAY 5 1927

British Medical Journal

THE JOURNAL OF THE BRITISH MEDICAL ASSOCIATION.



*Including an Epitome of Current Medical Literature
WITH SUPPLEMENT.*

No. 3459.

SATURDAY, APRIL 23, 1927.

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Vide LANCET, March 26th, 1927, pp. 674-5 and April 9th, 1927, p. 764.

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THE Ministry of Health has amended the regulations in connexion with the use of preservatives in food, which came into operation on January 1st. The manufacture for sale of an article of food containing any preservative introduced by the use of preserved bacon, ham, or margarine is now prohibited, and the restriction on the use of sulphur dioxide is slightly modified. In a circular (732) attention is called to the Sale of Food and Drugs Act, 1927, which gives effect to the recommendation of the Departmental Committee on Preservatives and Colouring Matters in Food that any prohibitions or limitations imposed by the regulations should bind the Courts in proceedings taken under the Sale of Food and Drugs Acts. Previous references to the regulations dealing with preservatives in food appeared in our issues of August 22nd, 1925 (p. 349), and January 8th, 1927 (p. 70).

APPLICATIONS for the Moorfields Research Scholarship of the value of £50 a year must be sent to the Dean of the Royal London Ophthalmic Hospital, City Road, E.C.1, by May 15th. The successful candidate will conduct clinical research at the hospital.

THE date of opening of the eighth Salon des Médecins at Paris has been postponed to May 22nd.

BOOTS PURE DRUG COMPANY, LTD., are extending their research work at Nottingham, and have appointed as head of the research laboratories Dr. F. L. Pyman, F.R.S., professor of technological chemistry in the University of Manchester and in the College of Technology. A primary object of this new development is the prosecution of fundamental research in the domain of chemotherapy. Professor Pyman is well known for his investigations into the chemistry of the alkaloids and of synthetic compounds closely related to them; recently he has devoted much attention to the glyoxaline group, and has effected a synthesis of one of the most important members of the series—namely histidine, a structural unit of certain protein molecules.

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.**

ORIGINAL ARTICLES and LETTERS forwarded for publication are understood to be offered to the BRITISH MEDICAL JOURNAL alone unless the contrary be stated. Correspondents who wish notice to be taken of their communications should authenticate them with their names, not necessarily for publication.

Authors desiring REPRINTS of their articles published in the BRITISH MEDICAL JOURNAL must communicate with the Financial Secretary and Business Manager, British Medical Association House, Tavistock Square, W.C.1, on receipt of proofs.

All communications with reference to ADVERTISEMENTS, as well as orders for copies of the JOURNAL, should be addressed to the Financial Secretary and Business Manager.

The TELEPHONE NUMBERS of the British Medical Association and the BRITISH MEDICAL JOURNAL are MUSEUM 9861, 9862, 9863, and 9864 (internal exchange, four lines).

The TELEGRAPHIC ADDRESSES are:

EDITOR of the BRITISH MEDICAL JOURNAL, Aitiology Westcent, London.

FINANCIAL SECRETARY AND BUSINESS MANAGER (Advertisements, etc.), Articulate Westcent, London.

MEDICAL SECRETARY, Mediscera Westcent, London.

The address of the Irish Office of the British Medical Association is 16, South Frederick Street, Dublin (telegrams: *Bacillus, Dublin*; telephone: 4737 Dublin), and of the Scottish Office, 6, Drumsheugh Gardens, Edinburgh (telegrams: *Associate, Edinburgh*; telephone: 4361 Central).

QUERIES AND ANSWERS.

DELIVERY IN CONTRACTED PELVIS.

"A. K." asks for advice in the conduct of the following case: A woman, then aged 25, had her first child three years ago. The presentation was a breech; each hand had to be brought down and forceps applied to the after-coming head. The child, though small, was dead. The next year she had an abortion at two and a half months, when it was found quite impossible to get an ordinary-sized hand through the pelvic brim to evacuate the ovum from the uterus. Now she is six months pregnant again. She does not like the idea of waiting for a possible Caesarean section, but has no objection to induction of premature labour. What would be the period at which to act and by what method? The use of bougies is rather risky in the circumstances.

** A patient giving a history as outlined by our correspondent requires the most careful attention, preferably from an expert and in a hospital. The pelvic measurements must be accurately estimated to form an opinion as to whether a viable child is possible *per vias naturales*. Caesarean section at term seems the best—in fact, the only reasonable line of treatment for the safety of both mother and child, because the pelvic brim has been found too

small to allow the passage of a normal-sized hand. This treatment could be justifiably insisted upon by the patient's medical attendant. If a Caesarean section is absolutely refused, then the only alternative is the induction of premature labour at a time when the foetal head will only just enter the brim of the pelvis. If that time is reached earlier than the thirty-sixth week of pregnancy, then induction is contraindicated in the interests of the child. Should induction be insisted upon, then there is no serious objection to Krause's bougie method.

ATONY OF THE COLON.

"N. A. M." asks for suggestions for treatment for complete atony of the colon. Eserine gives rise to pain without evacuation, and no result is obtained from the usual purgatives; enemas give only indifferent results. Laparotomy was performed, but beyond general laxity and ballooning of the pelvic colon, nothing abnormal was found.

INCOME TAX.

Succession to Practice.

"A. B. C." sold his practice to F. as from May 1st, 1926, the arrangement providing for a six months' partnership, on a basis of equal shares, ending at that date. He has been assessed on a cash basis for many years and has supplied figures accordingly for the period expiring March 31st, 1926, but has since been asked for a separate statement of the partnership profits for the six months to April 30th, 1926.

** So far as the year 1925-26 is concerned, "A. B. C.'s" gross liability would be determined by (1) the "average" assessment for seven months *plus* (2) one-half of the average for five months—that is, it would be represented by $(\frac{7}{12} + \frac{5}{24}) = \frac{17}{24}$ of the assessment. His personal allowances, etc., would be deductible from that amount. For the month of April his liability would be fixed by one-half of one-twelfth of the "average" assessment, and the average would be affected to some extent by the earnings during the six months' partnership. It may be for that reason that the latter figures were required, but there is another possibility. If the profits of the partnership—which technically "succeeded" to the sole practice—fell short from some specific cause since or by reason of the succession, "A. B. C." and his partner would be entitled to have the assessment for that period reduced to the actual amount of their earnings. But it should be borne in mind that the cash basis would not be applicable unless the receipts from pre-partnership debts were brought into the partnership earnings.

Old Book Debts.

"FOGGED" sold his practice on April 1st, 1926, buying another as from January 1st, 1927, after a quarter's introduction on a half-share basis. Has he to include in his return any cash he is receiving in respect of his former practice?

** As for the year 1926-27, our correspondent has ceased to carry on his former practice and is not assessable in respect of any sums he may receive from it; they represent capital in the form of past book debts. The basis of computation of liability in respect of his new practice appears to be correct.

LETTERS, NOTES, ETC.

RHEUMATIC INFECTION IN CHILDREN.

DR. T. M. ALLISON (Newcastle-on-Tyne) writes: The second report on juvenile rheumatic infection is based upon and deals with the following aspects: (1) a micro-organism, (2) tonsillar infection, and (3) environment. There is, in my opinion, an unnamed fourth factor—namely, *mouth-breathing*. The mouth is to eat bread-and-butter with; the nose is to breathe through. I have rarely, if ever, seen rheumatism except in a mouth-breather, and one can almost always elicit a history of snoring. Mouth-breathing accounts for tonsillar infection; it dries and prepares the tonsils for the inhaled organism, and it accounts for the influence of dampness and the cold air of the bedroom making the arthritic pains worse, in spite of the rest and the warmth of the bed. In your leading article in the BRITISH MEDICAL JOURNAL it is stated that the second report "deals rather with treatment than with prevention." May I suggest that the prevention of rheumatism in childhood lies in the prevention of mouth-breathing, and that in adults (where operation may be futile) that it lies in the use, especially at night, of a carbolic mouth-wash?

CORRECTION.

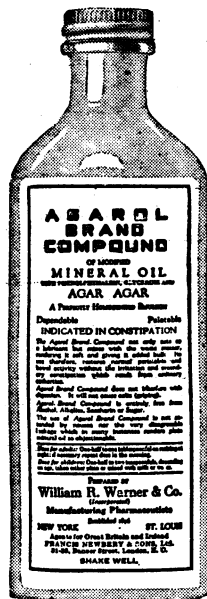
In the report of the meeting of the South Wales and Monmouthshire Branch in the issue of April 16th (p. 721), Dr. Emil Goetsch should have been described as "of Brooklyn," and in the last sentence "solid shadow" should have read "heart shadow."

VACANCIES.

NOTIFICATIONS of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 40, 41, 44, and 45 of our advertisement columns, and advertisements as to partnerships, assistantships, and locumtenencies at pages 42 and 43.

A short summary of vacant posts notified in the advertisement columns appears in the Supplement at page 164.

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