

## 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, Medisecra Westcent, London.

The address of the Irish Office of the British Medical Association is 16, South Frederick Street, Dublin (telegrams: *Racillus, Dublin*; telephone: 4737 Dublin), and of the Scottish Office, 6, Drumsheugh Gardens, Edinburgh (telegrams: *Associate, Edinburgh*; telephone: 24361 Edinburgh).

### QUERIES AND ANSWERS.

#### PHYSIOLOGY OF DEFAECATION.

DR. A. C. JORDAN (London, W.) writes: In reply to numerous inquiries regarding the w.c. foot-rest referred to in my letter of February 18th (p. 292), the address of the makers is the P.A.F.R. Company, 36, North Gate, Newark, Notts.

#### FIREMEN'S CRAMP.

DR. F. G. GARDNER (Oxford) writes: I believe the view now held is that cramp occurring in firemen and others working in great heat is due to a deficiency of sodium chloride in the system, as the result of excessive sweating. If this is so, prevention should be a simple matter. A large quantity of cold water quickly swallowed will induce "cramp" in anyone—as many of us know from experience. A safer drink, and one more satisfying to the thirsty, is oatmeal water. A contributory cause of cramp is exposure of the abdomen, either at work or at rest; the rapid evaporation of the sweat causes "absorption of heat," and so the blood is "chilled" over a large and somewhat superficial area. Those who "go down to the sea in ships"—naval surgeons and others—have opportunities of testing the theories I allude to in a very simple manner, and their experiences would be useful and interesting.

#### INCOME TAX.

##### Motor Car Renewals.

"H. C. M." bought an "H" saloon (11.4 h.p.) in 1922 for £750 and has now replaced that car by a "V" saloon (16 h.p.) for £495-£140=£355. He asks what claim he can make, "taking into consideration the increased horse-power." He has not made any annual claim for wear and tear.

\* \* \* Nominal horse-power is only one consideration among several indicating the capital value of a car, and seeing that the list price of the second car is £155 below that of the former car, we are of opinion that "H. C. M." may fairly claim the whole of the out-of-pocket expense—£355—as an expense of renewal.

##### Sale of Practice.

"R. A. M. C." was in partnership from October, 1922, to September 30th, 1926, and on his own account to September 30th, 1927, as from which date he sold his practice and has been unemployed. He has received applications for payment of tax "from the inspector's office, £34 odd, and from the collector's, £6 plus £27."

\* \* \* His liability will be represented by the tax applicable to (1) a half-share of the practice profits to September 30th, 1926; (2) the whole of the profits (as calculated on the usual average) for the half-year to March 31st (or April 5th), 1927; and (3) the half-year to September 30th, 1927, based on half the amount of the profits of the year to September 30th, 1926, or to whatever may have been the usual date taken for income tax purposes. If the whole of the cash received for practice debts is brought into the computation of the practice profits after the dissolution of partnership at September 30th, 1926, then the £100 received since September 30th, 1927, should be ignored. "R. A. M. C." will probably find that the applications by the inspector and collector refer to the same amounts of tax, and should not be regarded as independent.

## LETTERS, NOTES, ETC.

### RAPID FIRST LABOUR.

SURGEON COMMANDER G. V. HOBBS, R.N., writes: The accounts of two cases of painless natural labour (JOURNAL, January 21st, p. 120, and 28th, p. 164) prompt me to mention the following case I attended some years ago, which I think must be equally rare. I was called one night to see a young married woman said to be suffering from acute abdominal pain. It was obvious she was in labour, and after examination I expressed the opinion that the child would not be born for some hours; I then found that she was unaware of her condition. I was also surprised when a perfectly healthy child of 7½ lb. was born only two hours later, three and a half hours after the first pain. It appeared that seven months previously she attended her own doctor for the amenorrhoea, who, finding she was suffering from anaemia, gave that as a probable cause and prescribed for it. The patient thought this treatment beneficial, causing her to put on weight. There was no evidence of quickening, and she felt perfectly fit during the whole of her pregnancy, playing tennis, and even going for a twelve-mile walk with her husband the day before the child was born. The points of interest in the case are: (1) The short period of labour for a primipara—namely, three and a half hours. (2) The lack of distress of the patient: she was most anxious to get up the next day, as she felt so well. (3) The absence of any reason for concealment of her condition. (4) The fact that she was staying at the time with her mother-in-law, who evidently noticed nothing. (5) This case also illustrates the advantage of a pregnant woman leading a normal life, instead of pander to false modesty by staying indoors and taking very little exercise, a proceeding all too common at the present day.

DR. M. M. RUSSELL (Sutton) writes: At the risk of arousing incredulity I am prompted by recent letters in the JOURNAL to mention a case which I attended while on extern duty at the Rotunda Hospital, Dublin, in 1915. I was called to see a statwart young primipara in labour who, after I arrived, had three uterine contractions without any discomfort, with the head on the perineum. She then declared that the "baby was coming," and on the next contraction the head was born with the membranes intact, and was then completely withdrawn within the vulva again. I ruptured the membranes and the child was born forthwith, without any apparent discomfort to the mother throughout. It was a healthy normal child, 8 lb. in weight, and there was no perineal laceration.

### A SCARLET RED DRY DRESSING.

DR. J. M. BARBOUR (Douglas, Isle of Man) writes: I should like to recommend a dry preparation of scarlet red incorporated into hospital lint for the treatment of indolent ulcers. It is prepared as follows: A solution is made of 20 grains of a Biebrich red (chemically known as m. xylene-azo-betanaphthol-36 disulphonic acid) in a pint of cold water with 2 per cent. powdered allantoin. The lint is immersed in this solution for two days, during which period it should be occasionally compressed, so that the solution may thoroughly permeate the material. Without wringing or the use of artificial heat it is allowed to dry, and is then ironed at a low temperature. These details, even if only roughly followed, will furnish a satisfactory dressing, which should be applied at least twice a day, the piece of material employed being cut exactly to the size and shape of the ulcer.

### HAEMOPTYSIS IN INFANTS.

DR. C. J. BATTLE (Klerksdorp, Transvaal) records the case of a male European infant, aged about 3 months, who was found one morning with a little red blood running out of his mouth. He then commenced coughing and coughed up a bluish clot. Later he again coughed, went blue in the face, and coughed up blood mixed with slime. The same night he passed black stools. The child looked ill and the face was rather leaden. In the left lung were many crepitations, chiefly in the upper lobe; there was no pyrexia and the heart was normal. In the afternoon fresh blood and a small clot or two were found in his mouth. It was stated that these had been coughed up; there had been no epistaxis, and there appeared to be nothing in the mouth or throat to account for the blood. The infant was given an injection of about 2 c.cm. haemostatic serum, which was repeated next day; calcium was administered by the mouth. Two days later the temperature was 100° F. in the rectum, and on the fourth day it was normal again. There was no more haemorrhage after the first injection. On the second day of illness there were signs of bronchial catarrh in both lungs, and this lasted for a week or two. Since then, with the exception of some stomach trouble, due to errors of diet, he has been well. Dr. Battle adds: The interest of the case appears to me to lie in the fact that haemorrhage from the lungs appearing at the mouth in infants is exceedingly rare, and, according to Porter and Carter of San Francisco in their book *Management of the Sick Infant*, is practically unknown.

### VACANCIES.

NOTIFICATIONS of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 43, 44, 45, 46, 47, and 50 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 75.