

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, Drumshough Gardens, Edinburgh (telegrams: *Associate, Edinburgh*; telephone: 24361 Edinburgh).

QUERIES AND ANSWERS.

CHRONIC BRONCHITIS AFTER GAS POISONING.

"D. M. M." asks for any suggestions in treating an obstinate case of bronchitis caused originally by gas poisoning in France. The secretion is both abundant and free. All the remedies indicated in chronic bronchitis, including tar, mineral acids, and belladonna, have been of no avail. The patient is aged 54 and otherwise healthy.

NEPHROSTOMY.

A CORRESPONDENT inquires as to the use of the word "nephrostomy" in Mr. J. F. Dobson's article on "The late results of operation for renal calculus," published in our issue of March 24th (p. 486).

* * We have referred the point to Mr. Dobson, who writes: "Nephrostomy" implies incision and drainage of the kidney, and is the term which ought to be used in preference to "nephrotomy," which merely means an incision into the kidney and does not imply drainage. The term "nephro-lithotomy" is used to describe the operation of incision of the kidney, extraction of the calculus, and suture of the kidney. If a surgeon incised the kidney with the intention of removing a calculus, could not find the calculus, and closed the incision by suture, that operation would be correctly described as a "nephrotomy." With our more precise methods of diagnosis the operation of exploratory nephrotomy is now rarely performed; but many surgeons will remember the period when such operations were rather common. When nothing was found the case was labelled "nephralgia," and confident assertions were made by the more optimistic operators that the patients were cured of their symptoms by the interference.

INCOME TAX.

Motor Car Allowance.

"W. G. S." bought a car in January, 1923, for £475 and sold it in 1927 for £60, when he bought a car of another make for £265. He has been allowed a total sum of £132 in respect of depreciation on the old car for the three years to 1927-28 inclusive.

* * The allowances to be claimed are: (1) Obsolescence allowance—as an expense of the year 1927—the actual sum expended, namely, £255—£60=£205. (Note.—This does not exceed the cost of the car replaced after deducting the total wear and tear allowances given thereon and the sum obtained for the old car.) (2) Depreciation allowance for 1923-29, £265 at 15 per cent.=£40.

Appointments and Post-Graduate Study.

"F. C. B. G." is in practice in the provinces as an ophthalmic surgeon, and holds an appointment as clinical assistant at a London hospital. Can he deduct as a professional expense (1) the expense of travelling to the hospital; (2) the cost of attending classes for further study; and (3) the expense of attending meetings of the Royal Society of Medicine, including the incidental hotel expenses?

* * (1) We understand that the authorities do not object to the inclusion of the fees in the general return and the deduction

of the travelling expenses, but this presumably proceeds on the assumption that the appointment is one of appreciable value—for example, we imagine they would object to the deduction of expenses to an amount in excess of the gross value of the appointment. From the point of view of strict law, and apart from any departmental concession, the deduction is not due. (2) and (3) There is neither law nor concession to support the claim.

LETTERS, NOTES, ETC.

MATERNAL MORTALITY AND PELVIC DEFORMITY.

DR. KATHLEEN O. VAUGHAN (London, W.2) writes to suggest that a factor which has been overlooked in discussing the causes of maternal mortality is maldevelopment of the female pelvis. No ante-natal care during pregnancy can remove a defect produced during growth of the pelvis, and therefore, she says, considerably more attention should be devoted to this part of the body in early life. The complex nature of the processes involved is indicated by the fact that sexual differences are present in the pelvis by the fourth month of intrauterine life, that twenty-one centres of ossification are concerned in the developing sacrum, twelve more in each innominate bone, and forty-five centres continue to grow actively until the age of 25, when the process is complete. Thus any failure in the factors necessary to proper development and ossification may have very serious consequences in later life. The head only doubles in size from birth to maturity, whereas the size of the pelvis at puberty is thrice that at birth, but the three bones composing the innominate are still only united by cartilage at the acetabulum. Dr. Vaughan suggests that the greater elasticity of the pelvis at puberty may explain the partiality for early marriage in the East, in view of the assistance given to childbirth by pelvic elasticity. She emphasizes the necessity for further investigation of the growth of the pelvis, particularly during the rapid stage from 8 to 15, and calls attention to the possibility of defective light and ventilation in houses and workshops giving rise to imperfect pelvic development in girls.

APPENDICECTOMY DURING HERNIOTOMY IN AN INFANT.

MR. H. C. CRAVEN VEITCH (Huntingdon) refers to Dr. D. MacKenzie's case (March 17th, p. 443) and writes: On March 22nd, 1927, a male infant, 7 weeks old, was admitted to Huntingdon County Hospital under my care with a strangulated right inguinal hernia. A general anaesthetic was given, and when I opened the sac I found the caecum nipped in its neck and the appendix lying free in the sac. I removed it, completed the operation in the usual way, and circumcised the baby. I believe that the appendix in a hernial sac is not a very rare find; I have seen it previously myself. I have, however, never seen another in a strangulated hernia or noticed one reported. This is the youngest age at which I have removed an appendix or encountered a strangulated hernia.

LIME-DEFICIENT FOOD AND CARDITIS.

DR. G. ARBOUR STEPHENS (Swansea) writes: While on a recent holiday to the West Indies I was agreeably surprised to find that there were no cases of heart disease or any deaf and dumb children on the islands. The children feed mainly on vegetables, fruit, and ground provisions—all grown on soil well impregnated with lime from the coral—together with milk from goats or cows or the condensed variety. I am inclined to ask to what extent this substantiates my theory that acute rheumatism and carditis occur only in that type of child whose food has been markedly deficient in lime, combined with a perverted appetite for acids, such as vinegar. My attention has been drawn to the interesting report by Dr. Orr (January 28th, p. 140), together with your comments thereon, and I wish to point out that whilst rate of growth is important, the direction of that growth is also very important. Cancer cells grow quickly, but in the wrong direction, and consequently it is all important that growth in children should be towards the development of that type of child which never falls a prey to heart disease—namely, the milk-fed one with no craving for vinegar. The curative value of calcium salts in acute ulcers, such as chilblains, of calcium iodide in chronic ulcers, of calcium permanganate in gastric ulcers, and of calcium in the colloidal form in cardiac ulcers, serves to suggest that these salts satisfy a physiological need.

ERRATUM.

DR. H. M. HANSCHERL has called attention to an obvious slip in his paper on the injection treatment of varicose veins, published in the *Journal* of March 31st. In page 543, line 21 from the foot of column 1, the word "methane" should, of course, be "urethane."

VACANCIES.

NOTIFICATIONS of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 47, 48, 49, 52, and 53 of our advertisement columns, and advertisements as to partnerships, assistantships, and locumtenencies at pages 50 and 51.

A short summary of vacant posts notified in the advertisement columns appears in the *Supplement* at page 120.