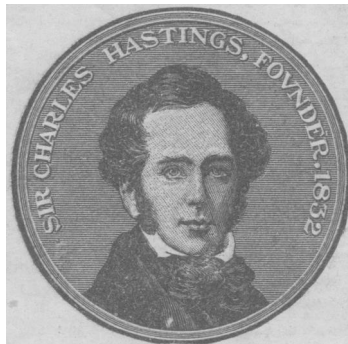


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### QUERIES AND ANSWERS.

#### DRY SKIN

DR. E. C. MUDIE (Glasgow) writes: In reply to "H. M. C." (December 15th, 1928, p. 1120) may I suggest that, in addition to the administration of thyroid extract (or a mixed gland preparation), he should prescribe general tonic treatment, together with local erythema doses of the quartz mercury vapour lamp? In my own practice the Jesioneck, with the quadrilateral reflector, is used for the body bath at three to five feet, while the Kronmayer is most useful for the localizing of treatment in which a third degree erythema should be produced. I generally give treatment thrice weekly at first, gradually diminishing the frequency to one a week.

#### PTYALISM IN PARALYSIS AGITANS.

DR. E. J. JENKINS (Hunstanton) writes: I should be grateful if any of your readers could suggest a way of relieving excessive salivation in a man of 60, who is suffering from paralysis agitans. The saliva runs down his chin continuously, and is a source of much irritation. It is possible that some kind of pastille, sucked in between his meals, might relieve this annoyance, but I should like to hear first if anyone else has successfully treated this local condition without interfering with the normal flow required for meals.

#### TREATMENT OF MEMBRANOUS COLITIS.

DR. G. WILLETT (Keynsham) writes: In answer to "Country Doctor's" query as to the treatment of membranous colitis (December 29th, 1928, p. 1202), may I quote my experience of a similar case. I was reading up its literature and was much struck by this sentence—"When in doubt use your microscope, and make certain you are not dealing with a dysentery." I took the hint, and, finding the *Amoeba histolytica*, was fortunate enough to bring about a rapid recovery by using emetine hypodermically, followed by a short course of pills (salol covered) of emetine-bismuth-iodide 3 grains daily for twelve days.

#### MUSCULAR CRAMPS IN ARTHRITIS.

"ALPHA" writes: A married woman, aged 76, who is a victim of arthritis, is much troubled by muscular cramps at night. She was quite free during an attack of lobar pneumonia and for some weeks after. Can anyone suggest a remedy, or report the results given by luminal in such a case?

#### INCOME TAX.

##### Appointment and Locumtenent Expenses.

"P. L." holds a public appointment on condition that absence from any cause other than her own illness or the statutory holidays shall be provided for by the engagement of a locumtenent at our correspondent's own expense. The inspector of taxes objects to the deduction of such expenses incurred during the serious illness of "P. L.'s" father.

\*\*\* The inspector appears to be technically correct. The expenses which can be deducted are those incurred wholly, exclusively, and necessarily in the performance of the duties of the office. The expenses in question were undeniably incurred in order that for the period concerned "P. L." might be free from the performance of her duties. The alternative contention is that the contract between "P. L." and the local authority was for the performance of certain work by herself or another, and that as it is open to her to do the work or find a substitute at her own option the expense incurred by the latter method is properly allowable. We fear, however, that the former view is

sounder. With regard to the subscriptions paid, the amounts can be deducted as expenses, provided that membership of the societies or associations concerned is a condition of employment under the agreement with the local authority.

### LETTERS, NOTES, ETC.

#### MIRROR-WRITING.

DR. A. A. E. NEWTH (Attenborough) writes: Referring to the subject of mirror-writing, your readers may be interested to know that a year or two ago I met an officer in the Royal Engineers who possessed the following accomplishments. With his right hand he wrote ordinary characteristic script; with his left hand he produced, equally easily, mirror-writing, which, on examination before a looking-glass, was found to resemble closely the forward writing of the right hand, so that one would have no hesitation in saying that the two were written by the same person. Writing backwards with the right hand, or forward with the left, was as laborious to him as it would be to a normal individual. He could read the mirror-writing of his left hand no more easily than a normal person, and so found difficulty in correcting what he had written, although he could feel in an instant when he made an obvious mistake. In sketching the human face he was accustomed to draw with his right hand when the subject was looking to the left, and with his left hand when he or she was looking to the right. He was right-handed in some games, left-handed in others. He had discovered his faculty for mirror-writing when, as a small boy, he had injured his right wrist, and so had to write temporarily with his left hand. He developed his newly discovered accomplishment in order to amuse his fellows. Later in life, having to sit for an examination, he had the misfortune to injure his right hand again, and he obtained permission to write his papers with his left hand—mirror-writing.

DR. EVA MCCALL (London, W.1) writes: Two cases of mirror-writing recently came under my notice in the infant department of a large L.C.C. elementary school. The children were between the ages of 5 and 6, and neither showed any evidence of mental deficiency. One case was obstinate, and all efforts on the part of the teacher to correct the mirror-writing (which was typical and extended to numerals) were in vain. The child, however, suffered from defective vision and squint. As soon as the parents could be prevailed upon to have this defect treated by suitable glasses she at once began to write normally, and has continued to do so since. The other case was one of a single aberration, due to excitement; neither before nor since has she written in this way.

#### EXAMINATION VAGOTONIA.

DR. C. FRASER BROCKINGTON (Leicester), in the course of a letter dealing with the mental paralysis which assails some candidates during the oral examination, writes: Vagotonia may not be the sole cause, but it is the cause of the worst degrees of "viva palsy." Such vagotonics normally exhibit sinus arrhythmia, have a pulse of 60, and in times of mental stress they sweat abnormally, experience inertia, and suffer from looseness of the bowel. There is a long latent period between the accession of the sensory stimulus and the resultant motor activity. As a result these candidates appear dull and stupid. When they are questioned they are seized with panic and feel they must answer something, even if it be the first available thought. Only too often they answer incorrectly. Perhaps these neurotics would be helped immensely by the knowledge that examiners were aware of their condition.

#### PHLEBITIS.

MR. A. P. BERTWISTLE, F.R.C.S. Ed. (Harrow), writes: I am much interested in the letter of "M.D." on December 15th, 1928 (p. 1112); a well-recorded personal case, as Paget showed so admirably, is of infinite value. His phlebitis bears many points in common to one I reported in the *British Journal of Surgery*, 1928 (p. 275). If, as appears not improbable, the lymphatics become infected, there is a grave danger of elephantiasis developing. I should like to know whether he has had his teeth x-rayed. If he has any dead ones I should recommend their extraction, as a radiogram may, at times, fail to reveal infection. I do not think that any staphylococcal vaccine or serum is of service in these cases, though antistreptococcal serum is of definite value for this and many other conditions.

#### A WARNING.

A CORRESPONDENT informs us that a person representing himself to be Dr. E. S. Duffy, of Oldbury Road, Smethwick, Birmingham (who died on September 11th, 1928), called upon a medical practitioner in London recently and obtained the loan of a sum of money, after stating that he had left his pocket-book at home. It is also stated that this person has been ordering goods at various London shops in the name of the late Dr. Duffy. We understand that the matter has been reported to the police, but medical practitioners will do well to be on their guard against persons who approach them in this manner.

#### VACANCIES.

NOTIFICATIONS of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 49, 50, 51, 52, 53, 56, 57, and 58 of our advertisement columns, and advertisements as to partnerships, assistantships, and locumtenencies at pages 54 and 55.

A short summary of vacant posts notified in the advertisement columns appears in the *Supplement* at page 7.

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The following tables are extracted from an article published in the *Schweizerische Medizinische Wochenschrift*, by Drs. Uhlmann and Burow:

## MEAT DIET (WITH PURINS)

In 24 hours	Without Treatment	Atoquinol	Phenylcinchoninic Acid
Urine	3990 c.c.	3345 c.c.	3450 c.c.
Uric Acid	2.03 grm.	3.01 grm.	2.63 grm.

## VEGETARIAN DIET (WITHOUT PURINS)

In 24 hours	Without Treatment	Atoquinol	Phenylcinchoninic Acid
Urine	3550 c.c.	3515 c.c.	3515 c.c.
Uric Acid	0.91 grm.	2.20 grm.	1.28 grm.

## COMPARATIVE TESTS

Daily Uric Acid Elimination	Atoquinol (oral)	Atoquinol (cutaneous)	Phenylcinchoninic acid (oral)	Piperazine (oral)
	11.92 grm.	10.08 grm.	10.92 grm.	7.68 grm.

It will be seen from the above tables that the daily elimination of uric acid is greater when Atoquinol is used than with the phenylcinchoninic acid. Also in the third table it will be noticed that the cutaneous administration of Atoquinol by means of the ointment is most effective in causing an active elimination of uric acid.

In an article in *The Lancet*, May 12th, 1928, on "The Treatment of Toxic Peri-Arthritis," the author refers particularly to the value of Atoquinol in fairly large doses (six tablets per diem) for a long period in such cases. It was given in periods of three days on and three days off with large draughts of water. The author states that in the course of four years in 87 cases treated he has never seen Atoquinol give rise to any untoward symptoms.

In the *British Medical Journal*, January 7th, 1928, a correspondent states that he has never found any trouble or discomfort to occur after the taking of allyl ester of phenylcinchoninic acid.

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