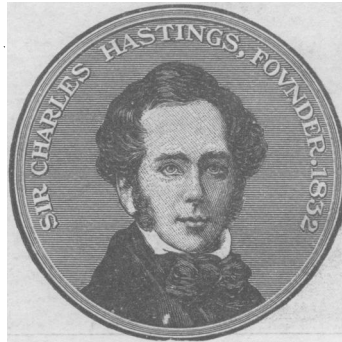


Medica

The British Medical Journal

THE JOURNAL OF THE BRITISH MEDICAL ASSOCIATION.



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No. 3550.

SATURDAY, JANUARY 19, 1929.

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QUERIES AND ANSWERS.

TREATMENT OF A MOLE.

"BETA" writes: Two years ago I removed from the neck of a girl, aged 18, a small mole, present from childhood, but which had recently grown slightly larger. Later, I noticed in the edge of the scar a minute pigmented speck, showing removal to have been incomplete. This speck remains stationary, of pin-point size. I should be glad of advice as to whether to do anything further or to leave it alone.

PAIN IN VARICOSE VEINS.

DR. DUNCAN GREIG (London, S.W.1) asks for advice as to the treatment of pain in varicose veins, especially as to the value of ultra-violet therapy in this condition. He states that one of his patients, a very tall man of gonty diathesis, has suffered more than twenty years from extensive and bilateral varicose veins, in which severe pains occur after slight exertion.

MUSCULAR CRAMPS IN ARTHRITIS.

DR. F. W. STANSFIELD (Reading) writes: In reply to "Alpha" (January 5th, p. 52), I would suggest that the patient may have a temperature which is habitually subnormal; this causes a deposition of sarcolactic acid in the muscles and nerve trunks. The remedy is to raise the body temperature either by physical means (hot baths, warm clothing, etc.) or by chemical means, or by both. I have found iodo-thiosinamin (iodo-tylin of Messrs. Allen and Hanburys, m. xv after breakfast a convenient drug for this purpose. I raised my own temperature to 99°, or a little over, every evening for two months and cured the sciatica from which I suffered, as well as the secondary cramps. It is advisable, however, to begin with a smaller dose, since in patients who are saturated with rheumatism this amount given as an initial dose may cause a rigor. In some cases I have found even milder sufficient to begin with, this being gradually and cautiously increased. It is significant that "Alpha's" patient was free from cramps during an attack of lobar pneumonia, and for some weeks afterwards. The explanation may be that the pyrexia of pneumonia dissolved out the rheumatic poison for the time being.

INCOME TAX.

A Question of Assessment.

"P. Q." bought a practice last August and has been assessed on his earnings as assistant in another practice up to then plus a sum representing the amount at which his predecessor would have been assessed for the period August to April, 1929. Is this correct?

*** The assessment in respect of the assistant's remuneration is correct. As regards the practice it is not strictly correct to base the assessment on the predecessor's earnings; the proper basis of liability is "P. Q.'s" actual earnings for the period. But that amount must be calculated on a book debt basis and not on cash receipts, so that if the change has not adversely affected the practice "P. Q." may not feel that it is worth his while to dispute the existing assessment.

Expenses incurred by Assistant.

"C. F. K." inquires what will be the position with regard to his claim to deduct motor expenses incurred by him as assistant if his principal gives him an allowance in respect of petrol.

*** The claim will remain valid, but will be reduced by the amount of the petrol allowance.

LETTERS, NOTES, ETC.

3 AND 3.

DR. JAMES FANNING (London, E.C.) writes: The report of a recent inquest draws attention to the close similarity of the signs in use for the fluid ounce and fluid drachm of the imperial measure of capacity, a similarity which I have always felt to be undesirable. I suggest that it is time to consider altering the sign of the fluid ounce so that it shall be quite distinctive, and the risk of further such fatalities may be lessened. On several occasions it has been my experience to find the two confused (fortunately never with serious results), and I have no doubt that this has also been the experience of others. This confusion is not necessarily the result of ignorance, but may very easily occur as a result of temporary aberration while writing or copying prescriptions, or, on the other hand, a prescription need be only moderately illegible to be read mistakenly.

CREOSOTE IN PNEUMONIA.

DR. W. H. LEWIS (Llansantffraid) writes: The case of rapid recovery from pneumonia recorded by Dr. S. M. Wells on January 5th (p. 15) prompts me to give my experience of the creosote treatment. During the influenza epidemic of 1918 I had lost two cases of pneumonia in young adults, when I read a letter in the *British Medical Journal* giving an account of the value of creosote in pneumonia. I tried the drug in my next case with most gratifying results, the signs and symptoms subsiding after thirty hours. I subsequently recorded forty cases without a death. I have had no fatal pneumonia cases since where treatment with creosote has commenced within the first twelve hours, and my confidence in it is so profound that, if I see a patient within the first twelve hours, I promise a normal temperature after thirty hours. It may be that the type of pneumococcus I have had to deal with is particularly susceptible to creosote, but certainly the last ten years of my practice have been free from anxiety as regards treatment for this dread disease, which so frequently terminates young and promising lives.

SUDDEN DEATH ASCRIBED TO SCARLET FEVER.

DR. A. GORDON WILSON (Thurstone, near Sheffield) writes: May I suggest that the cause of the sudden death attributed to scarlet fever by Dr. F. Stanley Rose of Sunderland in your issue of January 12th (p. 88) was due to von Jaksch's anaemia. The enlarged spleen, the sex, the fact that the boy was a twin, the pallor of the intestines, are all in favour of the boy having a disease which is known to terminate fatally when the patient is attacked by diarrhoea and gastric disturbance.

PAINLESS LABOURS.

DR. S. M. WELLS (Valparaiso, Chile) writes: Following the cases of painless labours reported on October 27th, 1928 (p. 745), by Dr. Mary DeGaris, I would like to record a case in my practice some three years ago. A primipara, who had had a normal pregnancy in every respect, went to bed one night feeling perfectly well and slept until the early hours of the morning. She awoke with a desire to go the lavatory, and while there a lot of water came away. This alarmed her, and although she had no pain, I was called to see her. On my arrival she was perfectly comfortable in bed; I found the bag of waters had ruptured and the head was bulging the perineum. She had no pain at all, only an intermittent desire to go to stool. On being told to bear down when this desire came, a full-term child was born, without even a perineal tear, within half an hour of my arrival at the house. The puerperium was normal.

BRITISH INDUSTRIES FAIR.

THE British Industries Fair has been arranged for the second fortnight of February at the White City, London, and at Birmingham. An advance catalogue of the London section which has reached us has about the same weight and measurements as an average brick, and contains particulars of the exhibits of more than 1,200 manufacturers, all of them British, and all of them showing goods only of their own manufacture. The Fair thus becomes an extended shop window of British industry. Any medical man who happens to be interested in the commercial production of the material and equipment used in his practice will find much to interest him in the large sections devoted to medical and surgical appliances and instruments, drugs and pharmaceutical preparations, x-ray and electro-medical apparatus, and laboratory and hospital fittings and ware. It is pleasant to learn to how small an extent we need depend upon the foreign manufacturer, and how versatile and enterprising are our own countrymen. An interesting feature of the catalogue is that all the goods are indexed in nine languages.

VACANCIES.

NOTIFICATIONS of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 46, 47, 48, 49, and 52 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 19.

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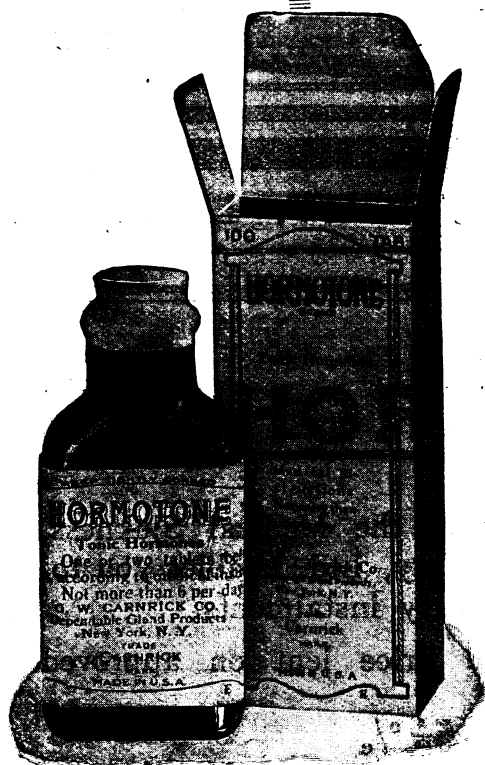
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