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No. 3551.

SATURDAY, JANUARY 26, 1929.

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QUERIES AND ANSWERS.

House and Surgery.

"D. X.," who is about to have a house built with surgery attached, would be glad of practical information on this matter from any doctor with recent similar experience.

TREATMENT OF DEAFNESS.

"W. D. H." invites suggestions for the treatment of a very deaf man, aged 50. The blood pressure ranges between 120/240 and man, aged 50. The blood pressure ranges between 120/240 and 140/300. The Wassermann reaction is positive, but there is no history of infection, which probably dates back at least six years. No improvement followed the administration for one month of potassium iodide gr. xlv, with fractional doses of calomel and lig. hydrarg. perchlor. daily, followed by six ten-daily injections of 914 intravenously and bismuth and thiosulphate intramuscularly. The deafuess is increasing. The patient is not very tolerant of arsenic, the doses of which ranged from 0.15 to 0.45 gram. He is now taking 60 grains of potassium iodide daily. The urine shows a slight but definite trace of albumin, and the blood pressure is 130/260.

PAIN IN VARICOSE VEINS.

Dr. Ada McLaren (London, W.1) writes: I think Dr. Duncan Greig would find the result satisfactory if he advises ultra-violet therapy in the case he writes about of pain in varicose veins. I have not had a failure during the four years I have used a tungsten lamp for that condition.

INCOME TAX.

Car Transaction.

- 4 T. B. E." a year or two ago purchased a second-hand R 12-h.p. car for £200. In March of last year he sold it for £40 and bought a 14-h.p. M car for £250. He is now on the point of selling the M car for £76 and buying a 16-h.p. A car for £315; both transactions fall in the same financial year. What should he be allowed?
 - *. * He cannot claim for the cost of improving his car equipment, but nominal horse-power is only one point for consideration out of several, and an increase in horse-power does not necessarily connote an increase in capital outlay. The allowances due are as follows:—First transaction: £200-£40=£160. There was some capital outlay here, as the first car was second-hand. Second transaction: £250-£76=£174. It is clear that there was capital improvement here. Taking the series of transactions as a whole "T. B. E." has expended £200+£250+£315=£765, and has received £40+£76=£116 — that is, his net expenditure has been £765-£116=£649. The two allowances to be made are £160+£174=£334, which sum deducted from £649 leaves £315, the price of the car on which no allowance has yet become due.

LETTERS, NOTES, ETC.

RISK OF INFECTION FROM WASHING APPLIANCES.

RISK OF INFECTION FROM WASHING APPLIANCES.

OR. LACHLAN GRANT (Ballachulish) informs us that he bas addressed to the chief medical officer of the Health Department of Scotland an "open letter" on some causes of the spread of infectious diseases and their prevention, in which he seeks to indicate the dangers to health associated with the use of the ordinary types of earthenware wash-hand basin (as commonly

placed in bedrooms) and of lavatory wash-basin. Dr. Grant points out that in both types deposits of dirt of many kinds are frequently to be detected; even the lavatory type of basin, fitted with het and cold water taps, is by no means satisfactory. A deposit is often left at the level of the water surface, which mixes with the clean water placed in the basin by the next user. Even the practice of allowing the water to run while washing does not, he considers, give much greater security from microorganismal infection, and ordinary cleansing measures are not sufficient to ensure sterilization. Dr. Grant has carried out exhaustive examinations of lavatory basins in common use; on microscopical examination, following the centrifuging of the on microscopical examination, following the centrifuging of the basin fluids, much filthy matter was detected, and bacteria of the cocci, bacilli, and spirilli classes were observed. In bacteriological tests, with culture media inoculated direct from the basins themselves, apart from the contaminating microorganisms, like the Bacillus subtilis and numerous moulds, the two predominating growths were the ordinary pusforming organisms—Staphylococcus pyogenes and albus—and the Bacillus coli. A Gram-negative coccus, resembling the Micrococcus catarrhalis, was found, and a bacillus of the diphtheroid type. Dr. Grant suggests that the present methods of washing make for infection by the pascopharyux—the channel by which make for infection by the nasopharyux—the channel by which most infectious diseases are spread. His remedy is the fitting of all wash-basins with a raised tap (having a rose, spray wave, or jet outlet) removed some distance from the side of the basin, so as to avoid the need for contact with this source of contamination: by means of this appliance the washing of the hands and face would be done by the continuous use of pure, uncontaminated water. In his letter he describes at length the ideal taminated water. In his letter he describes at length the ideal type of fitting and explains its advantages; he gives a list of infections likely to be disseminated by the present common type of basin, and indicates the dangers arising from their use by "carriers," finally emphasizing the importance of supplies of uncontaminated running water in maternity work. Dr. Grant urges the need for a publicity campaign to advocate the use of fittings of the new type, and suggests that a conference be summoned by the Minister of Health to consider the questions raised, and to arrange for further research in connexion with present-day sanitary appliances. present-day sanitary appliances.

TREATMENT OF EMPYEMA.

DR. STUART TIDEY (London, W.) writes: The treatment of empyema has always been a source of anxiety to the surgeon, owing to the persistence of the suppurating cavity after the pus has been first evacuated. This is due in part to the rigidity of the thoracic wall not allowing the outer wall of the abscess the thoracic wall not allowing the other wall of the abscess cavity to fall in, and in part to the absence at the seat of lesion of the physiological pull which would normally keep the lung in contact with the chest wall. To overcome the obstruction to falling in of the chest wall it is the practice to resect portions of one or more ribs, a measure which is frequently successful. Pending rib resection, however, and in the event of resection being contraindicated by the condition of the patient, there is a simple measure which I have often found to be attended with craftfulng results manually the constriction of the lower part of a simple measure which I have often found to be attended with gratifying results, namely: the constriction of the lower part of the chest wall by a bandage or binder passing directly over the lesion. The bandage may be kept from contact with the operation wound by means of a suitably adapted "surgical bridge," such as I described in the Medical Press and Circular, September 21st, 1927. The constriction compresses the lower thorax and its contents, thereby relaxing tension on the abscess cavity and allowing it to close. It must not be employed, however till a free opening has been made for the escape of ms. ever, till a free opening has been made for the escape of pus.

TREATMENT OF ASTHMA.

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Scott's article on the treatment of asthma by radiation (January 5th, p. 9), wishes to call attention to the value of such measures as the cautery, blisters, and irritants which promote the formation of pustules. He ascribes the benefit that follows in some cases to stimulation of the vagus or to local breaches in the skin, providing an outlet for toxins or leucocytes carrying micro-organisms.

MIXED HISTORY.

The confusion in the lay press between the General Medical Council and the British Medical Association is interminable, Council and the British Medical Association is interminable, so that it is perhaps no wonder that men of light and leading in other professions stumble at the same little stile. Not long ago a distinguished Cambridge professor referred in a public address to the "British Medical Council," but a new version (writes a correspondent) was forthcoming the other evening from a member of the council of the Royal Institute of British Architects, who was expounding to a general meeting a scheme of reform for that body. Drawing a parallel from the medical profession, he said that when doctors became registered "the two Royal Colleges were entirely swamped as an executive for voicing the views of the profession by the General Medical Council of the British Medical Association."

VACANCIES.

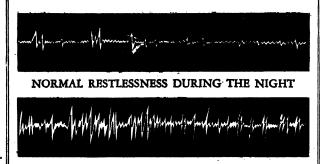
NOTIFICATIONS of offices vacant in universities, medical colleges. and of vacant resident and other appointments at hospitals, will be found at pages 48, 49, 52, 53, and 54 of our advertisement columns, and advertisements as to partnerships, assistantships, and locumtenencies at pages 50 and 51.

A short summary of vacant posts notified in the advertisement columns appears in the Supplement at page 27.

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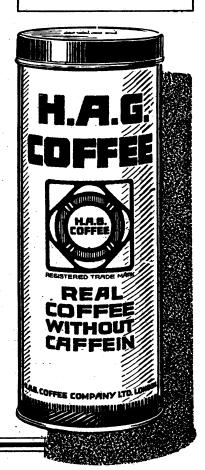
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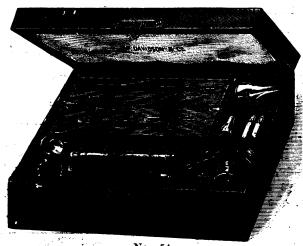
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