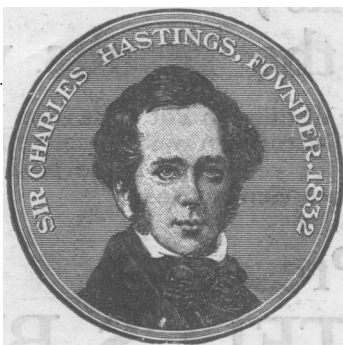


The
British Medical Journal

THE JOURNAL OF THE BRITISH MEDICAL ASSOCIATION.



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No. 3553.

SATURDAY, FEBRUARY 9, 1929.

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TREATMENT OF ABDOMINAL PAIN IN HEPATIC CIRRHOSIS.

"G. P." asks for advice on the treatment of severe abdominal pain (presumably due to perihepatitis) in alcoholic cirrhosis of the liver. The pain is made much worse by lying down; consequently the patient seldom goes to bed. He is an advanced case, but there is no ascites, and the Wassermann reaction is negative. Apart from the general treatment of his condition, counter-irritants, heat, and numerous analgesics have been tried; the only drugs found to give relief were the opium preparations in large doses, and even this relief was evanescent.

TREATMENT OF MYXOEDEMA.

"W. R." would be grateful for any suggestions for the treatment of a married woman, aged 40, who had hysterectomy performed seventeen years ago, and has had typical myxoedema for at least nine years. This has in the past responded well to thyroid extract, but now even small doses cause anginal pains which persist for some time after it is discontinued. The blood pressure and urine are normal. The heart also, so far as physical examination can determine, is normal.

INCOME TAX.

Travelling Expenses.

"R. R." inquires as to whether he can deduct the expense of travelling from his residence to the institute at which he holds an appointment.

"R. R." points out that this expense is similar to that incurred by a medical man in visiting his patients, but unfortunately the emoluments arising from the appointment are assessable under Schedule E and the rules relating to expenses under that schedule are in some respects more stringent than those relating to Schedule D, which deals with general professional earnings. According to the decided cases, the expense of travelling between residence and place of employment are not admissible deductions, inasmuch as they are incurred prior to, and not "in the performance of," the duties of the office.

Purchase of Practice.

"H. M.," who has a private income, purchased a small practice in June, 1928; how should his return be made for 1928-29?

The return made before the purchase of the practice is, of course, rendered obsolete by that transaction. "H. M.'s" liability in respect of the practice will be on three-quarters of the net earnings for his first year to June 30th, 1929—or, if he prefers, he can make up his accounts as at March 31st or April 5th, 1929, and reckon the amount so arrived at as the sum liable to tax for 1928-29. The cash basis is not acceptable for such an account, and "H. M." will have to bring into his statement of receipts and expenses the value of the debts due to him and the amount of outstanding unpaid expenses at the end of the period taken. In calculating expenditure on drugs a deduction will have to be made from the total payments to cover drugs purchased but still on hand.

LETTERS, NOTES, ETC.

EXAMINATIONS AND THE GROWING CHILD.

MR. H. C. DENT, B.A. (Chairman, English Section, New Education Fellowship), writes: My attention has been drawn to your leading article of January 19th (p. 116) commenting upon Sir Michael Sadler's address to the New Education Fellowship on "Examinations." This address marked the official opening of an exhaustive inquiry into the subject of examinations by the New Education Fellowship, which will attack the subject in the main from the point of view of modern psychology, and consider the effect of preparation for external examinations upon the physical, mental, and spiritual growth of the child. We feel that the medical profession can supply us with evidence available from no other source, and I therefore crave the indulgence of your columns to broadcast an appeal to members of your profession. Our English representative is Mrs. S. Platt, who will be pleased to receive at the headquarters of the Fellowship (11, Tavistock Square, W.C.1) any information bearing upon the subject. She is due to present a preliminary report in August, but, as much information is already to hand, would prefer to receive any communications before the middle of March.

POST-VACCINAL ENCEPHALITIS: VACCINAL IMMUNITY.

DR. R. W. JAMESON (West Wickham, Kent) writes: In your issue of February 2nd your reporter's condensation of my remarks at the Epidemiological Section of the Royal Society of Medicine somewhat misrepresents my views. I did not suggest that post-vaccinal encephalitis was not even uncommon in infants, but that we have not sufficient evidence to warrant the assertion that it is less common in infants than in older children. Another remark attributed to me should be inverted: vaccinal immunity is more lasting against the trivial variola minor than against the virulent variola major, as one would expect.

ANAESTHESIA FOR TONSILLECTOMY.

DR. HEYMANN LEVIT (Johannesburg), commenting on the recent discussions on anaesthesia for tonsillectomy, writes: During the past nine months I have used an apparatus for ether anaesthesia which consists of a 1/6-h.p. motor pumping air into a bottle containing ether. The vaporized ether is conducted from the bottle by means of a tube to a Boyle's bag with valves and face-piece, the latter being used in the same way as for the administration of nitrous oxide gas. I find in the case of children that on an average five minutes' total induction is sufficient for the removal of tonsils and adenoids, whatever may be the method of operation, and that this leaves ample time to attend to haemorrhage. In the case of an adult the anaesthetic may be continued via the nose or a small tube in the corner of the mouth.

THERAPEUTIC VOMITING IN INTESTINAL OBSTRUCTION.

DR. CHARLES J. HILL AITKEN (Kilnburst, nr. Rotherham) writes: The left inguinal hernia in an aged person became immovable and very tender. Obstruction was complete and vomiting constant. Operation was refused. I encouraged the patient to drink lots of water and to vomit (see "Therapeutic value of vomiting in intestinal obstruction," Sir Charles Symonds, *Practitioner*, March, 1923), controlling the vomiting very occasionally by morphine. For ten days her general condition remained good and then her heart failed and she died on the twelfth day.

CHEMICAL WARFARE.

At a meeting of the Royal Sanitary Institute, held on February 1st to discuss chemical warfare and anti-gas protection, Lord Halsbury, who presided, spoke of laboratories in ten or eleven countries all engaged in intensive research on the production of more devilish gases, and the possibility of liberating hundreds of tons of gas over London from a fleet of aeroplanes in such a way that the gas would be canalized by the valley of the Thames and waft destruction from the Wandale to Barking Creek. His idea was that it was better to have some degree of panic now, when it might result in organized measures for the public safety, than to have panic on the event, when it would add to the difficulty of the situation and assist the enemy's purpose. Major F. R. Humphreys, late R.A.M.C.(T.), and R.A.F., forecasted the possible nature of the attack and the means of safety. He classified war gases as vesicants (chiefly mustard gas and the American preparation, lewisite); lung irritants, of which phosgene is an example; sensory irritants, or smokes, mostly organic compounds of arsenic-arsines, considered by many to be the most dangerous of war gases, because of the severe injury to the bronchial tubes and lungs brought about by a very small dose; lacrymators, and, finally, direct poisons of the nervous system, of which hydrocyanic acid is the chief example. He considered that mustard gas was the most likely to be employed in an early attack on London. To meet a sudden and unpreventable attack preparations must be in existence and defence ready, and he proceeded to outline such an organization. It would consist of a band of persons physically fit, trained, and equipped with gas masks and special clothing and utensils, and capable of mobilization at the shortest notice. It would work in four sections. The duty of the first section would be to look after the safety of the people in the gassed zone, either by evacuating them, or, in less dangerous parts, supervising the preparation of gastight rooms, distributing printed instructions, and the like. The second section would consist of those who had the very important and dangerous duty of clearing gas from the poisoned area; the third would arrange for the decontamination of those who had been near the gas and were a danger to themselves and their neighbours, while the fourth, which would naturally fall to the voluntary aid societies, would carry out first aid to the gassed and wounded and transport them to hospital. With regard to the sealing up of rooms, Major Humphreys said that if the people in the room kept quiet and if naked lights were not burnt, a space of about 200 cubic feet per person in a room 10 ft. high would maintain life for twelve hours. This would allow time for clearing the streets from gas and for removal of persons to a safe locality. The clearing up of the gassed area would be effected in part by natural forces—wind, rain, and sun—but supplemented by the washing down of the streets and houses, and by covering up with earth or sawdust, mixed with effective chemicals, all places where poisonous liquids had soaked in. He suggested that the education of the public in these and other defensive measures must be the work of the local authorities, who must also provide special protection for vital points, such as water supplies, docks, and food stores, as well as hospitals and first-aid shelters. Major W. Rickards Galwey, R.A.M.C., reminded the audience that in France, in the areas soaked with mustard gas, with about three million men engaged, the total mustard gas casualties were 160,000, the average death rate was only 2 per cent., and the permanent invalidity rate about the same. He added that civilians living in the gassed zone in France who took the ordinary precautions of going into their houses and shutting tightly their doors and windows very largely escaped.

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, 54, 55, and 56 of our advertisement columns, and advertisements as to partnerships, assistantships, and locumtenencies at pages 52 and 53.

A short summary of vacant posts notified in the advertisement columns appears in the *Supplement* at page 35.

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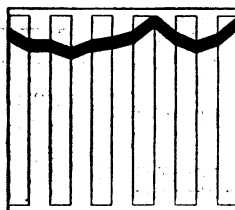
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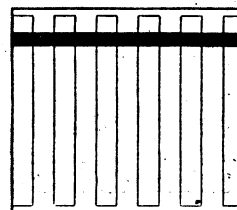
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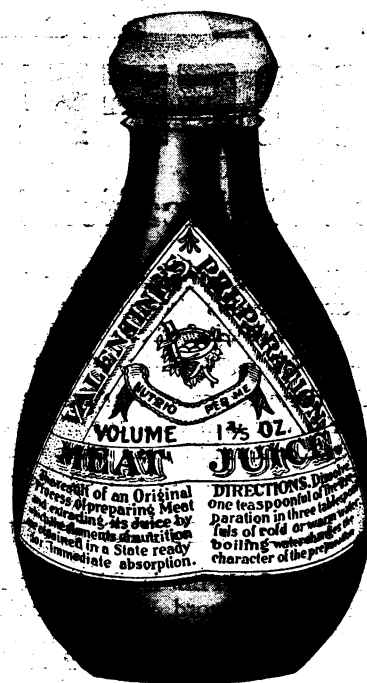


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