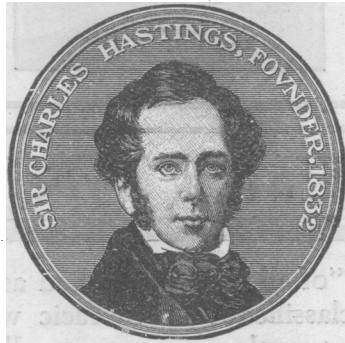


The

MAR 25 1929

British Medical Journal

THE JOURNAL OF THE BRITISH MEDICAL ASSOCIATION.



Medical

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No. 3557.

SATURDAY, MARCH 9, 1929.

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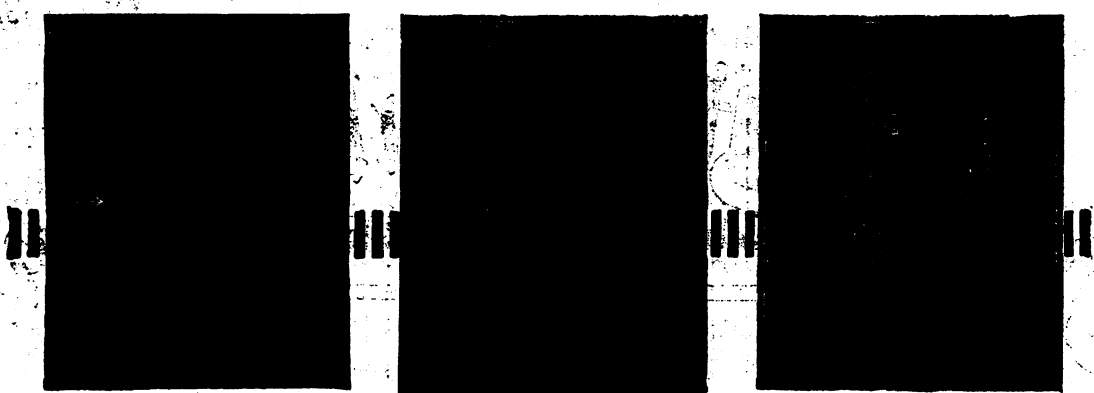
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Which Type?

PREBLE points out that "of all the diseases which may be classified as typical, none is truer to its type than the pneumococcus pneumonia".

The treatment of pneumonia, *whatever the type*, is essentially symptomatic. And symptomatic therapy is *necessary* in pneumonia, first, because it is not always possible to combat the *cause* of the disease effectively, and, second, because it is necessary to correct functional faults and to stimulate functional deficiency, both of which determine the course of the infectious process to a large extent.

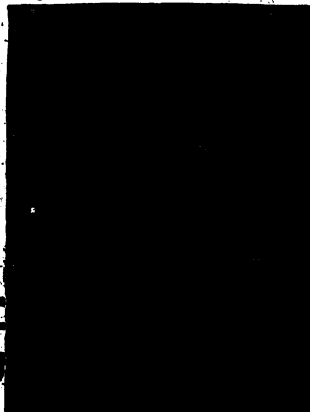
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Applied as a jacket over the entire thoracic wall, Antiphlogistine will serve to allay the painful pneumonic process, facilitate expectoration and ease the efforts of coughing. By virtue of its marked decongesting action,

it sustains the vasomotors and the circulation, decreases toxemia and, being thermogenetic, assures a maximum of comfort with a minimum of disturbance to the suffering patient.

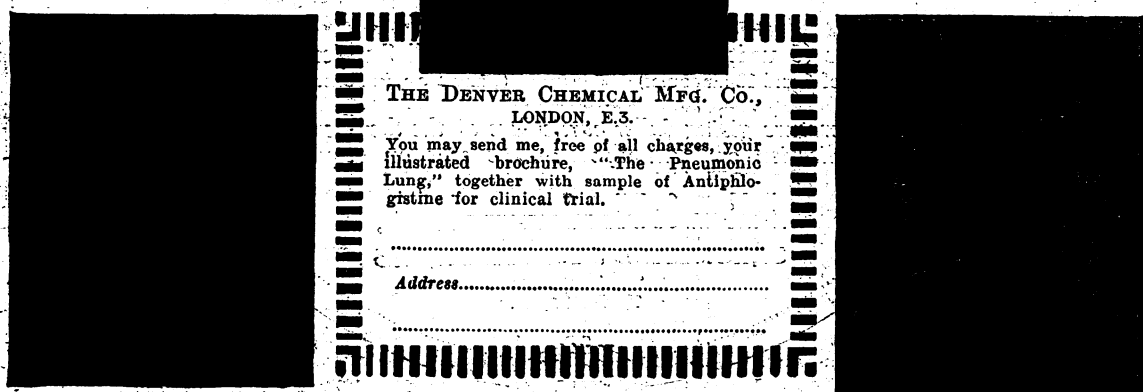
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SOUND-PROOF DOORS.

DR. H. M. SPEIRS (Diss, Norfolk) writes: An easy and practical method of overcoming this difficulty is to nail a sheet of "celotex" (which is a wood pulp sheeting, made from sugar-cane) over the door. I have done this with success.

TREATMENT OF UNCONTROLLABLE COUGH.

DR. A. J. COLBY TINGEY (Hastings) writes in reply to "D. H. A.": I have found chlorotone inhalant (Parke, Davis) effective in cases of incessant cough due to irritable conditions of the nose and throat. It should be used as a spray with a nebulizer.

INCOME TAX.

Allowances.

"D. P. H." has been assessed to pay £8 12s. in respect of £103 10s. received for temporary service as assistant medical officer of health; the amount appears to be excessive.

* * Evidently, although the earned income relief has been given, nothing has been deducted in respect of the personal allowance of £135 per annum. Unless that allowance has been received as a set-off against other income for the same year, it should be claimed promptly. The travelling expenses of 7s. 6d. per week were apparently incurred between the residence (temporary or permanent) and the place of employment; if so, they are not allowable, but if they were incurred in going about to do the work for which the remuneration was received the total amount is allowable.

Subletting Part of Premises.

"TAXPAYER" owns the premises containing his surgery and has let the upper part as an unfurnished flat. Must the rent received be returned for assessment to tax?

* * The point does not seem to be covered by direct judicial authority, but there appears to be no ground on which the authorities can claim that such a rent should be returned for assessment. We assume that "Taxpayer" pays the rates, but does not supply services such as lighting, cleaning, etc. On the other hand, the rent received is a material factor in deciding what proportion of the Schedule A assessment on the premises can be deducted in arriving at the profits of the practice. We do not mean that the appropriate deduction is necessarily the excess of that assessment over the net rent received, but the greater that amount the stronger is the authorities' argument for some restriction of the amount to be allocated to the "surgery."

Car Transaction.

"W. M. W." bought a new car in 1926 for £360. He has now sold it for £100, and bought a second-hand car for £250. What can he claim?

* * He cannot claim more than the out-of-pocket expenditure—that is, £250—£100=£150. He should, however, retain a note of the facts, because if the next car he buys should be a new car costing more than £250, these facts should assist him in resisting any suggestion that the second replacement involved an improvement of his car equipment.

Cash Receipts or Bookings.

"A. G. M." has been informed by his local inspector of taxes that "income tax is assessed now on the 'work done' basis and not on the actual payments received." Is this correct?

* * We are not aware of any general change in the attitude of the Inland Revenue Department on this matter. That attitude we have understood to be that, although the value of the year's bookings is strictly correct, the amount of the cash receipts is accepted as being reasonably equivalent taking one year with another, provided that there are no special circumstances which suggest that the amount of fees being booked is increasing—in that case the cash receipts tend to lag behind the value of the bookings, and do not afford a fair index to that value.

LETTERS, NOTES, ETC.

TREATMENT OF INFLUENZA.

DR. W. BASTIAN (Coventry) writes: I have read with interest the note by Dr. Garry Simpson on March 2nd (p. 430) concerning the treatment of influenza with the combination of drugs as first suggested by Sir Archdall Reid of Southsea some years ago. During the recent severe epidemic of influenza, and previously, I have had the same experience as Dr. Garry Simpson, and know of no better treatment, even in the case of quite young children. The sweating is so profuse that one can only suppose that therein lies the merit of the treatment, in that the toxins are excreted in the sweat. I am aware that this idea has been laughed at by some pathologists, but what alternative explanation is there? I have also found this compound powder (aspirin, phenacetin, and pulv. ipecac. co.) the most useful in the early stage of all acute specific diseases, and for measles it is the ideal treatment in suitable doses.

EPIGASTRIC PAIN IN INFLUENZA.

DR. C. MACKAY SEWARD (West Lothian) writes: During the last two epidemics of influenza I have noticed the fairly frequent incidence of the symptom of epigastric pain. This appears to arise from any of three causes: (1) Neuralgia of the nerves supplying the epigastrium may be present when there is hyperalgesia, unaccompanied by muscular tenderness or gastric symptoms. (2) The pain may be muscular, when the condition may be either an acute fibrositis, unaccompanied by hyperalgesia and preceding the onset of coughing or vomiting, or it may take the form of a muscular strain, as a result of frequent coughing or vomiting. My criteria for a muscular origin of the pain were: (a) pain and tenderness brought on or increased by use of the rectus, the upper segments of which seem most commonly to be involved, as in lifting the head from the pillow; and (b) tenderness elicited by grasping the muscles laterally, without backward pressure, as suggested by Hutchison. The third cause is acute gastritis, when vomiting is an early symptom, with deep epigastric tenderness and, sometimes, diarrhoea.

CALCIUM LACTATE AS A MUSCULAR TONIC.

DR. G. P. BARFF (Ash Vale) writes: Five years ago I noted for the first time some surprising results in the metabolism of the voluntary muscles during the administration of calcium lactate to middle-aged and elderly patients. In the case of one, aged 73, who had been an athlete and rowing man in his youth, the arm muscles before treatment were very flabby from old age and want of use, while the pectoral and back muscles could not be made out. No exercises were given for the muscles; he walked, as usual, about a mile a day. After taking the calcium lactate mixture for a week, after tea, the arm muscles became very much more prominent, the biceps bunched up well on contraction and hardened, and, moreover, old rowing muscles not seen by him for many years reappeared in the forearms, while the pectoralis major muscles filled out obviously, and later the back muscles reappeared. He was under treatment for about three weeks, and wrote twelve months later to say his arm muscles were still in evidence. He also experienced a feeling of fitness. Further investigations led me to the belief that a simple saline remedy of this kind will increase the tone of the muscles in conjunction with dieting.

ULTRA-VIOLET LIGHT TREATMENT OF BED-SORES.

DR. ELIZABETH C. MUDIE (Glasgow) writes: A patient suffering from paralysis of the right side was irradiated by me with the quartz mercury vapour lamp in order to control a very large bed-sore which covered the right ischial tuberosity. To my great surprise not only has the local condition cleared up, but the whole situation has vastly improved. The patient can now control the bladder, has a very large degree of movement in the arm and leg, can turn almost without assistance, and has markedly improved in mental acuity. She is 70 years old and weighs 16 st. I should be interested to hear if others have tried actino-therapy in these so-called hopeless cases.

THE NATURE OF DISEASE.

DR. GORDON WILSON (Thurlstone, near Sheffield) writes: May I add another to the definition of disease cited by Sir Humphry Rolleston in your issue of February 16th (p. 281)? So far as I am aware it is original, but I may be wrong. "Disease is an unsatisfactory reaction of a particular individual to his environment, and death is the absence of all reaction to his environment." The "unsatisfactoriness" of the reaction may be evident to the individual himself or to society only. It would take too long to write out the full implications of this definition, but personally I find it so useful that, like the pragmatist, I regard it as true.

ULCERATIVE ENDOCARDITIS.

DR. G. ARBOUR STEPHENS (Swansea) writes: Will you allow me to point out in connexion with the interesting case of ulcerative endocarditis reported by Drs. Macdonald and MacNab on February 23rd (p. 348), that, although three of the valves showed signs of inflammation, there were no murmurs heard. Further, the opening of the tricuspid valve was interfered with by a clot, and, according to all theories regarding the cause of the heart sounds, a very marked murmur ought to have been heard. The "gallop rhythm," as well as the "reduplication of the sound," can be accounted for by the modification of the pericardial fluid, which was increased in quantity, as well as altered in quality, and I venture to claim this case as one which supports my theory of the heart sounds.

THE INVENTOR OF ESPERANTO.

A CORRESPONDENT has drawn our attention to the fact that Dr. Zamenhof, the inventor of Esperanto, who was born in 1859, died in 1917, and therefore did not live to celebrate his seventieth birthday, as implied in our last issue.

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, and 57 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 59.



THE injurious action of caffein, to which the ailing, reconvalescents and those in good health become liable by the habitual or excessive consumption of coffee and tea, is causing an increased interest in the medical world. There is already a comprehensive literature dealing with this subject ; in many cases it absolutely bans the consumption of beverages containing caffein.

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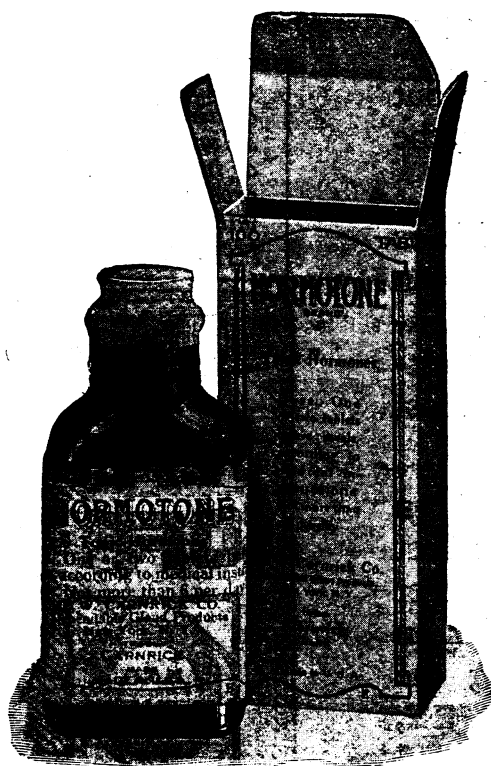
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