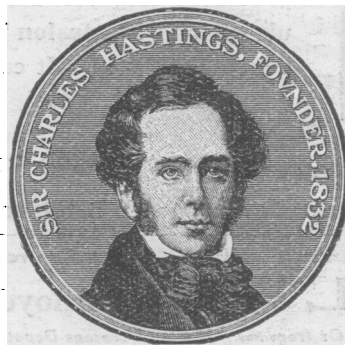


The British Medical Journal

THE JOURNAL OF THE BRITISH MEDICAL ASSOCIATION.



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No. 3565.

SATURDAY, MAY 4, 1929.

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TREATMENT OF PERICARDITIS.

"B." writes to ask for advice in the treatment of a case of pericarditis of long standing in an elderly but very active man.

NEO-NATAL INTRACRANIAL HAEMORRHAGE.

"M. D." asks whether any reader has noticed intracranial haemorrhage in the newborn child as a sequel to strong pressure applied to the fundus in order to expedite delivery in delay in the second stage of an otherwise normal confinement. He has used this procedure in a considerable number of cases. The full weight of the body was brought to bear through the two palms, and undoubtedly delivery was hastened and the use of forceps avoided in many cases. Three infants, however, showed signs of cerebral damage. One had convulsions, starting six weeks after birth, and continuing occasionally for some months. This child is now mentally deficient. Another had convulsions starting when four months old and lasting for five months. This child also is mentally deficient. The third child showed signs of slow mental development, had pneumonia when 1 year old, and died of meningitis. "M. D." thinks that there may be a connexion between the pressure and the abnormal brains. He has given up pressure entirely, and now uses forceps much more frequently. He believes that this procedure is probably much safer than pressure or unduly long delay.

AXILLARY HYPERIDROSIS.

DR. CATHERINE EVANS (Herne Bay) writes in answer to "D. G.": I have found small doses of π rays to be the most efficacious treatment. Eight or ten applications are usually enough, given at weekly intervals.

DR. BLANCHE A. M. HENDERSON (West Hartlepool) writes: "D. G." might find the following helpful. Axillary hyperidrosis is aggravated by constipation, and in women at certain times. It is also made worse by too much clothing; this should be loose, light, and frequently changed. Two outfits should be worn, on alternate days, no garment being worn on two consecutive days. For washing a hot soapy lather should be used, with household ammonia added; both feet and axillae should be washed as frequently as possible. Exposure of the whole skin to sun and air will help. Diet should be plain and light, with plenty of fruit and fresh vegetables. A hot bath at night is to be recommended and a hairwash every week or ten days. The underwear should not be of wool but cotton, which can be boiled.

INCOME TAX.

Purchase of House and Microscope.

"C. F. E." has recently purchased his house for £2,000; it is assessed to income tax Schedule A at £62 10s., and he borrowed £700 of the purchase price at 5½ per cent. What can he now deduct in respect of the house, and, also, of a microscope bought (not by way of replacement) for £70?

* * The only deduction he can make in respect of the house is the proportion—one-half or two-thirds—of the £62 10s. on which he pays the rental tax. No allowance is due for the microscope, unless he can persuade the local income tax authorities to regard it as an item of "plant and machinery" rather than as falling into the category of loose tools.

Renewal of Car.

"E. E. H." inquires whether he can claim for renewal of car on April 4th, 1928, although he was not liable for assessment for the year 1927-28.

* * The cost of renewing a car can be treated as an expense of the year in which it was incurred. If "E. E. H." makes up his accounts to December 31st or March 31st then the transaction on April 4th cannot affect his liability for 1928-29, but it may be otherwise if he makes his accounts up for the year ending April 5th each year. It is immaterial that he was not liable to assessment for 1927-28, provided that the wearing out of the car has been caused by his work as carried on in 1928-29.

Appointment: Car Depreciation.

"A. P." bought a car in April, 1925, for £225 and used it in connexion with work for which he received a salary and a mileage allowance adequate to cover running costs and depreciation. In April, 1927, he transferred to another authority, and then received a smaller mileage allowance and was granted a depreciation allowance for income tax purposes—£22 for 1927-28 and £18 for 1928-29. In March, 1929, he sold the car for £52 and bought a new car for £203. What can he claim for obsolescence?

* * He used the car for four years, in the first two of which the depreciation was covered by a non-assessable allowance, and consequently is entitled, in our view, to one-half of the full obsolescence allowance—that is, $\frac{1}{2} (£225 - £22 - £18 - £51) = \frac{1}{2} (£225 - £91) = \frac{1}{2} £134 = £67$.

Depreciation of Car.

"F. W." bought a car in 1928 for £196; he had previously hired a car as occasion required. What depreciation allowance should he claim for 1929-30?

* * 15 per cent.—or if the local revenue authority agrees, 20 per cent.—of £196 will be the appropriate allowance for 1929-30.

For the following year it will be the same percentage of £196 less the amount of the 1929-30 allowance, and so on, the allowance growing less each year.

Depreciation of Motor Cycle.

"N. D. M." bought a motor bicycle in 1920 or 1921 for £110; it was used for a year, and was then put away until 1928, when it was brought into use by his assistant. Can he claim depreciation on this cycle?

* * Yes. The amount of the allowance will be small, because it must be calculated on the basis of annual writing down by, say, 15 or 20 per cent., but it is as well to claim the allowance and to make a point of putting in the (more remunerative) obsolescence allowance when the cycle is replaced—for example, by a small car or another cycle.

LETTERS, NOTES, ETC.

CANE SUGAR IN THERAPEUTICS.

DR. C. G. S. BARONSFLEATHER (Bournemouth) writes: For some ten years I have been studying the effect of cane sugar on lung diseases, more especially tuberculosis and "weak chests" in children. I was led to prescribe it frequently, with the best results. The late Dr. Arthur Goulston in his book, *Cane Sugar and Heart Disease*, points out the great value of this simple remedy in cases of weakness of the heart muscle. A sentence in which he sums his conclusions runs as follows: "It is obvious how urgent it is that something be done to lessen the alarming death rate from diseases of the circulatory system. . . . After careful thought I hazard the opinion that in the matter of diet, if more sugar derived from the sugar cane and less sugar derived from beetroot were consumed, we should soon find a satisfactory means of prophylaxis." It would seem that in pure Demerara cane sugar we have a valuable and cheap treatment for diseases of the heart and lungs, ailments which form a large proportion of the chronic troubles of the poor. If the Ministry of Health would issue a short printed form to panel doctors, suitable for handing to their panel patients, recommending them to take 3 oz. of cane sugar in hot water daily I think it would go far to settle the grave problem presented by the ever-increasing drug bill. Several simple formulae might be printed on the paper, and once the patient had formed the sugar habit he would not trouble the doctor much more, as I know from experience.

THE TRIANGULAR BANDAGE.

MISS M. L. SPACKMAN (Clitheroe, Lancs) writes: In further reply to "Inquirer" (New Zealand), the triangular bandage used in "first aid" is named after Johannes Friedrich August von Esmarch, the German military surgeon, who was the pioneer of first-aid teaching in Germany, initiating, in 1881, the English St. John Ambulance classes. He wrote a manual, *First Aid to the Injured*, which is based on his lectures, and has been translated into twenty-three languages.

TYPHUS FEVER IN EUROPE.

DURING the war typhus fever appeared first in those countries in which it was endemic, being favoured by famine, overcrowding, and poverty; it was then conveyed by troops, prisoners, and refugees into countries previously healthy. With the termination of the war and the progressive re-establishment of better economic conditions, the disease gradually returned to its former endemic state. J. Laussel has studied the incidence of typhus in Europe since 1914, and has embodied his conclusions in a thesis (*Thèse de Paris*, 1928, No. 427). He states that the incidence of typhus fever in the Balkans, and especially Rumania, is greater now than before the war, and that that country, with Poland and Russia, shows the highest incidence of this infection, though the Russian pandemic—due to the revolution—subsided as the condition of the country improved. Owing to the enforcement of sanitary measures, France remained free from typhus throughout the war, in spite of the arrival of soldiers from the East, the large number of prisoners, and the conditions of life in the trenches. The only epidemic which occurred after the war was at Marseilles in 1919, and here it was confined to the prisons. The outbreak—which was of external origin—was only rendered possible by the fact that the first cases were not recognized; it was soon stamped out by sanitary measures. Laussel adds that the identity with typhus of the recent outbreaks of exanthematous fever on the Mediterranean coast has not yet been established.

PRICE OF INSULIN.

THE British Drug Houses Ltd. and Allen and Hanburys Ltd. announce that the price of "A.B." insulin is to be reduced from 2s. 8d. to 2s., as from May 10th.

VACANCIES.

NOTIFICATIONS of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 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 183.



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