THE JOURNAL OF THE BRITISH MEDICAL ASSOCIATION.



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WITH SUPPLEMENT.

No. 3566.

SATURDAY, MAY 11, 1929.

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QUERIES AND ANSWERS.

PLATELETS IN CIRCULATING BLOOD.

DR. R. CRAIK (Ealing) writes: In your issue of November 17th, 1928 (p. 913) Dr. Leonard Hill reported an observation of the capillary circulation at the edge of the liver in mice. Dr. J. McQueen confirmed the observation. I should be greatly obliged if either of these observers would inform me whether blood platelets were seen in the circulating blood. It is easy to detect platelets in a blood film with 1/3 in. objective.

BULBAR PARALYSIS.

"WM. B." writes: Can any reader suggest treatment for progressive bulbar paralysis of recent origin?

INJECTION OF VARICOSE VEINS AFTER PREVIOUS THROMBOSIS.

- " MEDICO" asks for advice as to the length of time after a previous thrombosis which should elapse before varicose veins in the same leg can be treated by the quinine-trethane method, if, indeed, it is ever safe to do so. He has a patient who had thrombosis of the leg a year ago after an operation; also another patient with superficial thrombosis (localized) of recent PAINFUL HEEL.
- "GIZA" writes: A patient of mine complains of "painful heel," the pain being referred to the inner and lower aspect of the right heel. X-ray examination has revealed no abnormality of the os calcis, and no foreign body was detected. The pain persists even when the patient is resting in bed, and on getting out of bed in the morning it becomes acute on putting the heel to the ground. No physical signs are present in the heel, nothing can be felt in the fatty pad, and no swelling can be detected. I should be very grateful for advice as to treatment, as I am frankly puzzled. No symptoms of gout are present; the patient's age is 49, and there are no rheumatic tendencies.

AXILLARY HYPERIDROSIS.

DR. J. CURTIS WEBB (Cheltenham) writes: If " D. G." (April 27th, p. 796) will give his patient two or three full pastille doses of x rays with medium heavy filter (about 2 mm. Al), I think he will cure this distressing complaint. X rays have a specially effective action on glandular tissue, and the aim of the treatment is to destroy the sweat glands in this region.

INCOME TAX.

Car Renewals and Depreciation.

- "G. S. S." bought a four-senter car in 1924 for £210 and sold it in 1927 G. S. S. Bought a four-seater car in 1924 for £210 and sold it in 1927 for £50, when he bought a two-seater car for £170, being allowed as an expense £160-£50=£110. In March of this year he bought a four-seater car (apparently of a better grade than the first one) for £430, receiving £30 for the second of the three cars. What can he claim (1) as an expense, and (2) by way of depreciation of the new car.
- .* The lower capital value of the car equipment of the practice effected in 1927 was merely temporary, and in our opinion "G. S. S." is now entitled to claim by way of renewal cost—that is, as an expense of the year ending March 31st, 1929— £210-£80=£130. The question of the depreciation allowance is more difficult. It is a definite rule of law that "renewals" and "depreciation" cannot be claimed simultaneously, and we feel that "G. S. S." will meet with much difficulty if he should, in all

the circumstances, seek to establish that the £130 allowance is for "obsolescence" rather than for "renewal," We suggest, therefore, that he might drop any claim to depreciation on the new car for 1929-30, but claim it for 1930-31 and following years. There will be a temporary loss, but that will be put right automatically later on if "G. S. S." will make a point of claiming the obsolescence allowance when he replaces his present car.

Occasional Residence in this Country.

CERONS" inquires whiether he is liable for income tax on an annuity payable from Canada to France; he has a small income from investments in this country, is married, and lives in his wife's flat for about five months of the year.

** It is not possible to deal very fully with this matter here; much turns on whether or not "Cerons" is liable as a British resident, and that is determinable partly by reference to his habits of returning to this country, social and business ties, etc. But on the facts as stated we are of opinion that our correspondent is not liable to account for tax on the annuity, and that tax is not deductible by him therefrom unless the share income is charged by way of security in favour of the annuity.

LETTERS, NOTES, ETC.

PAROXYSMAL TACHYCARDIA.

DR. W. F. LLOYD (Windsor) writes: Paroxysmal tachycardia starts suddenly, and as suddenly ceases for no apparent reason; it is generally supposed that treatment has no effect on this condition. Yet there is a very easy method of treatment, which in less than a minute causes the heart to resume its natural rhythm. If the patient is told to take in a deep breath and retain it as long as possible, in a short time the heart will be found to have resumed its normal rate. Cases of ordinary palpitation may also be cured in this way, but not so certainly. The regular uniform pressure on the pericardium seems to produce this astonishing effect on the heart.

CANE SUGAR IN THERAPEUTICS.

DR. J. CAMERON (Beverley) writes: I observe that Dr. G. S. Baronsfeather (May 4th, p. 838) believes there is a special something in "cane" sugar not found in "beet" sugar. About a year ago I raised this question in respect of sweetness, etc., in a newspaper. I was answered by an expert chemist, who agreed with me that twenty years ago beet sugar was defective, but that to-day beet sugar could not be detected from cane sugar by any chemical or physical test. I queted the conjudent at the confidence of the second of the conjudent chemical or physical test. I quoted the scriptural allusion to salt and eavour; this was readily disposed of by the chemist, and I agreed with him. The colour of Demerara sugar is readily washed off; some say this colour is an added quality. Apparently the "cane" versus "beet" something is a delusion, or requires explanation.

PROLONGED EMETINE TREATMENT.

DR. F. G. CAWSTON (Durban) writes: A piece of lint moistened with a saturated solution of magnesium sulphate and covered with oiled silk is very gratifying where any local reaction has occurred from an intravenous injection, and may be used to lessen the tenderness which sometimes follows intranuscular injections. In the Indian quarters round Durban whole families injections. In the Indian quarters round Durban whole families of children are sometimes infested with the bilharzia parasites. Children of 8 years tolerate the required dose of intravenous antimonium potassium tartrate very well and are not so liable to cough or vomit as European children, but I am not convinced that any curative treatment can yet be recommended to a little girl, aged 3, whose urine contains the ova of Schistosoma haematobium and much blood, or even younger children who likewise suffer from chronic haematuria in the same district. The intrinsipal effects of prolonged administration of even price between suffer from chronic haematuria in the same district. The injurious effects of prolonged administration of emetine have not been fully appreciated. Though the early signs of the accumulative action of emetine are more readily detected in the child than they are in an adult, any line of treatment should aim at a complete cure within one month, and the oral administration of any drug would necessisate a longer course of treatment than would be required by injections. By repeating the course of intramuscular injections of emetine hydrochloride I have obtained a complete cure in a little European boy, aged 4, but the total dose required is ill defined and heroic at such an age. Although emetine periodide may be recommended as a relatively safe preparation of this drug, it sometimes causes vomiting, unless patients are confined to bed and kept on a strict diet, as is to be preferred in the treatment of dysentery, for which the drug is more suitable. Since bilharzia infection tends to die out of itself in many cases, it would seem best not to undertake the treatment of very young children who are continually take the treatment of very young children who are continually exposed to further infection, and may thus develop a relative immunity to the disease, until such a time as less toxic and more effective means of cure are at our disposal. But their presence in the neighbourhood emphasizes the need for more thorough prophylactic measures to avoid the dissemination of the three species of Schistosome worms which attack may in Natal. species of Schistosome worms which attack man in Natal.

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, 56, and 57 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 Symplement of the 101.

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DIET AND CONSTIPATION.

HOUGH in all cases of intestinal atony the diet should be carefully considered, it has recently been pointed out by a distinguished physician attached to our largest hospital that "in spite of the general belief, not very much can be done by diet in the treatment of constipation; and the patient's mind should be disabused of the idea that there is any particular harm in taking a regular aperient, provided it is of the right kind."

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