

FACIAL NEURALGIA.

"R. B. M." asks for advice in treating a case of persistent neuralgia affecting the right side of the face in a man aged 70. The pain is shooting in character, and the corner of the mouth and upper lip are so sensitive that the patient cannot eat solid food. All the teeth are absent; there is no evidence of neoplasm, and an x-ray examination of the bony structures is negative.

TRAIN SICKNESS.

In reply to the inquiry of "J. T. M." in the *Journal* of December 21st, 1929 (p. 1184), Dr. LESLIE B. HARTLEY (London, W.) writes: I would advise "J. T. M." to have the child's eyes examined, if he has not already done so, since errors of refraction may cause nausea and vomiting when travelling. A girl, aged 8, came to me for re-examination to-day; I had prescribed spectacles for her fourteen months ago. At the time she was complaining of "eye-strain," and I found that she had one dioptre of astigmatism in each eye. I prescribed spectacles for this, and told her mother that the child should wear them for near work, at cinemas, and for motoring—in fact, when she was using her eyes. The mother had not mentioned that the child suffered from nausea, accompanied by vomiting, in trains and in the car, as she had not connected this with her eyes. But the mother told me to-day that, although in the past the child had suffered from nausea and often from vomiting in the car, this had been completely cured since she had worn her glasses. Furthermore, in corroboration of the fact that the spectacles had cured her, the child was violently sick on the only occasion when she went in the car without them; also she had the same symptoms on the only occasion when she watched the lawn tennis championships at Wimbledon without her glasses.

Dr. F. G. GARDNER (Oxford) writes: I have found that vomiting caused by long train or motor journeys may be warded off by giving for a few days beforehand a simple stomachic mixture, such as ordinary gentian and soda mixture, or rhubarb and soda mixture, to which small doses of potassium bromide have been added. This treatment might be of use when ordinary travel by bus or train brings on an attack. I think the eyes should be examined, if this has not already been done, since astigmatism may be present, and this may be the cause of the trouble.

Dr. J. W. HAUGHTON (Falmouth) writes: I have tried several things for train sickness. The following is the most useful combination for an adult:

R. Chloralamide...	...	...	...	15 grains
Pot. brom.	...	...	...	15 grains
Tr. aurant.	...	...	...	1 dr.
Aq. chloroformi	...	...	...	1 oz.

If this is given an hour before starting a journey, and repeated in one hour, a third dose can be taken in an hour's time. I have generally found two doses sufficient for the long journey to London from Falmouth. "J. T. M." could reduce the dose of chloralamide to suit the child's age.

TREATMENT OF PRURITUS VULVAE.

Dr. AGNES SAVILL (London, W.) writes: "R. S." in your issue of January 4th (p. 54), describes a severe case of the above. X-ray, high frequency, and ultra-violet light should be useful, but if any scratching or rubbing continues the condition cannot be cured. Luminal at night aids sleep; the hands must be bound till the irritation is yielding to treatment. Sometimes it is necessary to paint the area with a strong acid and keep the patient in bed till the raw surface heals. Full details are given in my article in the *Lancet* last spring on the treatment of eczema of the vulva and anus.

Dr. PERCY HALL (London, W.1), in reply to "R. S." writes: Probably local treatment with the Kromayer lamp would give relief. This might further be helped by diathermic fulguration of the "spot."

"F. H. H." suggests that as the application of hot water brings temporary relief, diathermy with a vaginal electrode applied daily will produce more lasting relief. This treatment, combined with the high-frequency vacuum tube excited from a static machine, has invariably produced excellent results in the writer's hands. Improvement is noticed from the first application, and continues in most cases to a successful cure.

Dr. J. R. WILLIAMS (Penmaenmawr) writes: I would suggest painting the parts with ol. menth. pip. Over thirty years ago I tried this treatment in a very obstinate case, and it gave immediate relief.

Dr. PAUL CAVE (London, W.1) writes: It is not unusual for cases which do not react to any of the usual remedies to respond well to treatment with small doses of x rays. I would suggest the local application of three 1/2 pastille doses through 1/2 mm. aluminium filter at intervals of ten days. This treatment should not be repeated, but, if relief is not obtained, a few local applications of ultra-violet rays with a tungsten or mercury vapour lamp might be tried.

"M. G." writes: I had a similar case in which the irritation originated in the anus, but spread to all the surrounding parts; there was a special focus of irritation in the vulva. The patient had a dry, thin skin, dry mucous membranes, and a tight, small sphincter ani. I have no doubt that these conditions, inducing as they did undue spasm of the sphincter, produced the fissures for which she was operated on two occasions. At the second

operation the knife was passed round the anal opening subcutaneously, severing the nerves. The irritation in the anus ceased, but the general irritation was no better. No local treatment was of any use until I thought of using menthol as an antispasmodic. She was given a lanoline ointment containing ammoniated mercury, cyllin, 5 grains of menthol, and a teaspoonful of camphor water to the ounce. This was applied to the anus only; it completely relaxed the spasm of the sphincter, and everything else got well forthwith. The patient has used this ointment for seven years and has remained perfectly well. She never allows the bowels to go for a day without acting, using a warm water injection when necessary. She wears, day and night, a linen handkerchief on a light elastic band, in order to keep the ointment from staining her clothing.

INCOME TAX.

Change in Nature of Appointment.

"NEMO'S" income during the year ended April 5th, 1929, was derived from a hospital house appointment, locumtenent work, and, as from January 21st, 1929, from a salary of £300 per annum, as indoor assistant to a general practitioner. The total amount of his earnings for that year was £141 16s. He has been assessed for the year ending April 5th, 1930, at £300. Is that correct?

* * Yes. The rule that income is calculated according to the amount of the previous year applies to each various source of income, but not to income as a whole. For instance, if "Nemo's" salary as general practitioner's assistant should be increased to £350 from April, 1930, he will still be assessable at £300 for 1930-31, but a change in the appointment starts a new basis, and he is chargeable for the first year on the amount of the income of that year.

Change in Partnership: Surtax.

SUPERTAX writes: A, B, and C were in partnership until June, 1928, when B died, and A and C carried on, claiming to be treated as a new business for income tax purposes. A's share of the profit in 1927-28 was £1,600 and in 1928-29 £1,900. On what basis should A render his surtax return for 1928-29 for the tax payable in 1930?

* * The surtax liability must follow the income tax assessment. If we understand the facts correctly, A and C are to be regarded as having started a new business at June, 1928, and will be chargeable to income tax for 1928-29 on their shares of the actual profit—£1,900 in A's case. That being so, the same figure must be adopted for surtax.

LETTERS, NOTES, ETC.

THE RUSTED HYPODERMIC NEEDLE EMERGENCY.

Dr. J. N. MORRIS (Plymouth) writes: The following "tip" may prove valuable should one's only available hypodermic needle be found inseparably rusted to the stilet. The rusting occurs near the point, and if the needle is gently snapped across about halfway down, the stilet can be extracted, and the necessary operation performed on the unlucky patient with the stump. This is prevented from ever happening again by seeing that all needles are in proper order.

HERPES AND VARICELLA.

Dr. C. EDWARDS (Andover) writes: I do not know if it is of sufficient interest to record another of these combinations which has occurred in my practice: Mrs. C. (mother), herpes of cervical plexus, first seen on December 12th, 1929; Betty C. (infant, aged 1 year), varicella; rash appeared on December 27th, 1929.

OESOPHAGEAL OBSTRUCTION IN CHILDREN.

THERE was an obvious slip in the annotation with this heading in last week's *Journal* at page 28. The sentence beginning at line 11 of the second column should run: "After describing these twelve cases, and emphasizing the practical point that in making an x-ray examination a solid rather than a liquid opaque meal should be employed, the authors discuss briefly the subject of cardiospasm or achalasia in childhood."

WINTER MOTORING.

IN connexion with our Motor Correspondent's recent article on "Winter Motoring" (December 7th, 1929, p. 1061), Lodge Pings, Ltd., Rugby, write to point out that difficult engine starting in the cold weather is frequently caused by the firing points of the sparking plugs having "grown apart," resulting in too wide a spark gap. It is quite an easy matter to close the points up again, but to ensure that they are re-set to the correct distance apart a gauge is necessary. The firm has produced a handy little key-ring gap gauge for this purpose, one of which it will be glad to forward to any of our readers who send a stamped addressed envelope.

VACANCIES.

NOTIFICATIONS of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 44, 45, 46, 47, 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 not filed in the advertisement columns appears in the *Supplement* at page 15.