

EFFECTS OF THE PROLONGED ADMINISTRATION OF
LIQUID PARAFFIN.

"P. C. F." asks whether the continued administration of liquid paraffin in large doses over a period of years to young children for the treatment of chronic constipation is likely to inhibit growth. He suggests the likelihood that a bowel perpetually coated with a fine film of paraffin may be hampered in its work of assimilation.

HOT FEET.

"W. M." writes: I should be grateful if anyone could suggest some remedy for hot feet. An old lady, who all her life suffered from cold feet, now has the opposite, necessitating getting out of bed at night and walking about to cool them. Various things have been tried, but with little effect.

RHEUMATIC MANIFESTATIONS AFTER DICK IMMUNIZATION.

DR. C. FRASER BROCKINGTON (Bromsgrove) asks whether there is any record of the occurrence of rheumatic symptoms after the injection of scarlet fever toxin. A man, aged 26, who was very strongly Dick-positive, received his first inoculation of 500 skin doses on May 21st, 1929; a moderate local reaction followed, but no general reaction. One week later he had a second inoculation of 1,000 skin doses, which was followed by a rise of temperature to 100°, severe local and general reactions, intensive headache, muscular aches and pains, and a furred tongue. On June 1st, eleven days after the first injection, the first interphalangeal joints of the fifth and middle fingers of the left hand were swollen, red, and painful for one day. On June 4th he had a third inoculation of 2,500 skin doses, which gave rise to severe local and general reactions, intensive headache, pains and aches, and a temperature of 100°. On June 15th the first interphalangeal joint of the index finger of the right hand became swollen, red, and painful, the condition lasting for one day. On June 18th he had a fourth inoculation of 3,000 skin doses, which caused very little reaction, but thirteen days later there was a temporary swelling of the first interphalangeal joint of the fifth finger of the right hand, lasting twenty-four hours. The Dick reaction was negative on July 3rd, 4th, and 5th, and no further inoculations were given.

BUCCAL ULCER.

"W. G." writes: In reply to the inquiry of "R. D." in the *Journal* of February 8th (p. 267) about the treatment of intermittent crops of buccal ulcers, I found far the best treatment was to apply a small pointed piece of copper sulphate as soon as a spot was felt or seen, and repeat for one or two days if necessary. My patient usually noticed that the ulcers were worse when salads, tomatoes, and such-like were eaten.

BROKEN SLEEP.

"E." writes in reply to the inquiry by "D. S." (February 22nd, p. 371): For wakefulness in the early hours of the morning I suggest a cup of hot tea with an unsweetened biscuit. I find this very useful.

GLASS PERMEABLE TO ULTRA-VIOLET RAYS.

MR. G. L. PILKINGTON, on behalf of the Vita Glass Marketing Board, writes: Dr. Dyson says (February 22nd, p. 372) that even when the sun is shining in winter the minute particles of water in our damp atmosphere effectively cut off all the ultra-violet rays. The National Physical Laboratory has been taking direct photographs during this last winter at Teddington, and in no instance has it found that the spectrum did not extend as far as wave length 3,100 A.U., a point well within the health band of the ultra-violet rays in sunshine. Experiments we have done ourselves in North-country manufacturing towns give similar results, and photographs taken in a room glazed with Vita glass in our works at St. Helens on dull winter days with no direct sunshine show the spectrum ending below 3,100 A.U., whereas in a similar room glazed with ordinary glass the spectrum always ends at 3,200 A.U. The statement that "ultra-violet rays cannot pass through even the very thinnest piece of clothing" is against the weight of evidence, as many materials transmit these rays in a high percentage, notably artificial silk. The question of clothing, however, is not of very great importance, as the work of Eldinow, Colebrook, and Hill has shown that an area of skin represented by face and hands is quite sufficient to give a beneficial result from prolonged insolation. The fact that the face of the average person in this country is much paler in winter than it is in summer shows that the skin is sensitive to the seasonal variations in the intensity of the ultra-violet light.

INCOME TAX.

Purchase of New Car.

"H. W." explains that A and B are in partnership, each supplying his own car. Depreciation has not been claimed, it being agreed that the cost of renewal should be allowed when incurred. A has recently bought a new car for £400, but wishes to retain the old one (worth about £30) for occasional professional use. If this is done can he claim cost of renewal, and, if not, would it affect the matter if the old car were sold by A to the firm for £30.

* * A cannot claim to deduct the cost of replacing the old car so long as it is retained and is available for use. If he sells it to A and B it is arguable that A could claim cost of renewal, but as the income tax liability has to be computed and assessed on the firm as a distinct entity and not on A and B separately, such a sale would savour of an artificial transaction for tax purposes only, and we think that the authorities would refuse it. A and B

would, of course, have the right of appeal to the District Commissioners or to the Special Commissioners, but in view of the above consideration we should not regard the prospects of appeal as very good. This case illustrates the disadvantage of not claiming the annual deduction for depreciation of cars.

LETTERS, NOTES, ETC.

TREATMENT OF ULCERATIVE COLITIS.

DR. R. BINDON BREW (Penarth) writes: In view of the recent articles in the *Journal* on ulcerative colitis it may be of interest to record the case of a widow, aged 35, who, at the end of April, 1929, suffered from diarrhoea, with blood in the motions. The haemorrhage increased and she was confined to bed about the middle of May. When I saw her on May 22nd the pulse was 120, the temperature 100° F.; there was tenderness and rigidity in both iliac fossae, with signs of perityphlitis and pericolicitis. The motions averaged twenty a day; they were offensive, bright red in colour, and contained about half a dozen green sloughs, the size of a shilling, in each motion. No pathogenic organisms or parasites were detected, and there was no serological reaction for typhoid or dysentery bacilli. No improvement followed the administration of tincture of opium, and she was admitted to hospital, which she left a month later without benefit. On July 28th she was still incontinent; the rigidity persisted in both iliac fossae, and the motions were dark brown in colour, containing pus and a material resembling red jelly. Her feet became swollen, and within four or five days dropsy spread to the whole of the body; the heart was dilated, and there was evidence of ascites. I attributed this dropsy to the profound secondary anaemia, since there was no albumin in the urine. Mental symptoms then developed, including forgetfulness and visual hallucinations. She was treated with tincture of digitalis, a bismuth mixture, and tincture of opium. The dropsy cleared up in about three weeks, and on September 5th she was given 25,000 units of antidyenteric serum. Two days later the pus and red jelly disappeared from the stools; she was able to get up on September 10th for a few hours, and rapidly regained health. Menstruation, which had been absent throughout her illness, started again. There has not been any suggestion of relapse.

ARTIFICIAL PNEUMOTHORAX.

"T. G. M." writes: At the meeting of the Medical Society of London on February 10th Mr. Morrison Davies, in his support of the treatment of pulmonary tuberculosis by artificial pneumothorax, states what is, of course, a commonplace when he says: "In pneumothorax the presence of activity in the opposite lung did not necessarily preclude it." Now that may be true as a mere matter of clinical observation, but such a view is almost always associated with an axiom, as it is in this case. "In many cases what was wanted was a partial collapse with immobilization and resting of the lung." The question has been asked why it is that immobilization of the one lung does not produce a flare-up in the partially affected lung. The partly affected lung is called upon to make up for the lack of ventilation in the collapsed lung, and seeing that there is no definite means of determining whether toxicity which may be present may not be due to the smaller lesion, such advocacy is surely contrary to all that is meant by demobilization and rest. The question of lung reserve does not meet the objection, since, except with absolute rest, it is not to be hoped that the reserve may not be fully called upon. The assumption is that the salutary operation depends upon some other principle than their demobilization.

LARGE CEREBRAL HAEMORRHAGE WITH FEW SYMPTOMS.

"E. A. C." writes: I was called to see a man whose wife sent an urgent message that he was suffering from a "terrible" headache. I found him semi-conscious; he vomited two or three times, and was very restless, throwing his arms about. In reply to my query as to a fall or blow, this was denied. There was no inequality of the pupils, and the pulse was regular, though rapid. I gave him 1/4 grain morphine with atropine 1/150 grain; a quarter of an hour later he appeared better, though he was unconscious. I was again sent for in less than an hour, and found him dead. At the inquest evidence was given that he had received an injury about six weeks before. First aid was administered at the place where he was working, and he did not think it necessary to consult a doctor. His wife said that after the accident she noticed that his hearing was not so good, and that he complained of pains in his head. On the surface of the left side of the brain I found a track of adhesions about an inch wide, between the dura and brain surface, extending the whole length, and, opening the left side of the brain substance, an extensive haemorrhage, occupying the whole length, was revealed. Since this man was in good health, not suffering from any specific disease, and his brain was otherwise healthy, it is difficult to dissociate the history of this apparent trivial injury, which did not give rise to any serious symptoms six weeks preceding his death. Perhaps some reader could quote a parallel case.

VACANCIES.

NOTIFICATIONS of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 42, 43, 44, 48, 49, 50, and 51 of our advertisement columns, and advertisements as to partnerships, assistantships, and locumtenencies at pages 46 and 47. A short summary of vacant posts notified in the advertisement columns appears in the *Supplement* at page 75.