

Letters, Notes, and Answers.

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QUERIES AND ANSWERS.

INFANTILE SEBORRHOIC ECZEMA.

"M.B., Ch.B." writes: I would be grateful for suggestions in the treatment of the intractable infantile seborrheic eczema sometimes found in otherwise healthy breast-fed babies. A baby, breast-fed nine months, has had it, more or less, since 5 weeks old; eight teeth; irritation intense.

HYPERIDROSIS AFTER HYSTERECTOMY.

"E. G." writes: A patient who had a panhysterectomy performed three months ago is suffering from almost continuous attacks of sweating. I have tried all the usual remedies, and would be grateful for any suggestions for treatment of this troublesome condition.

PRECIPITATE EJACULATION.

"B.M./J.D.L." writes: The "layman" treatment for this condition is a pint of draught ale half an hour before the act, and I have prescribed it several times with invariable success.

TINNITUS AURIUM.

DR. A. BETTS TAPLIN (Liverpool) writes in reply to Dr. W. A. M. Swan (March 8th, p. 477): I have treated a number of cases of tinnitus aurium of this kind purely by suggestion with marked success, and I recommend him to try this method in the case he mentions.

TURBINATE CAUTERIZATION FOR COLDS.

DR. C. DE W. GIBB (Torquay) writes: In reply to "Relieved" (March 1st, p. 428), I recommend a thorough investigation of the condition of the nasal accessory sinuses as being likely to indicate a treatment capable of eradicating the need of periodic cauterization of the turbinates. I have so often found chronic infection of one or more nasal sinuses in patients previously accustomed to cauterization of the turbinates.

PAIN FOLLOWING HERPES ZOSTER.

DR. CLAUDE WILSON (Tunbridge Wells), in reply to Dr. Norman Wilson's inquiry (March 1st, p. 427) writes: About two years ago I found, above the signature of Dr. F. Gardiner (Edinburgh), the paragraph quoted below (Latham and Crisp English's *System of Treatment* (1912), vol. iii, p. 1043). It has been of great help to me and to many of my patients, and is, I think, not widely known. "For the subsequent pain, which is most severe in elderly people, the use of analgesics, such as phenacetin, is often required, but sometimes it is only removed by injections of morphine. Much better, in my estimation, than these drugs is the use of the ethyl chloride spray. Various areas of the skin over the root ganglia and the cutaneous branches may be frozen by this plan on successive days with relief to the patient."

LEAD URINALYSIS.

DR. N. ASHERSON (London, W.1) writes: Your correspondent, "M. D." (*Journal*, March 1st, p. 428) will find that there is only one absolutely delicate test for the presence of minute traces of lead in any tissue or fluid, and that test is the spectroscopic one. Some years ago, in connexion with the lead treatment for malignant disease, I had the opportunity of putting this method to the test. A one-hundredth part of a milligram of lead can be thus detected. Broadly speaking, the test consists of: (1) a photograph of the spectrum of an arc is taken (control spectrum); (2) the tissue or fluid to be tested must be evaporated, dried, or incinerated (not necessarily completely). Urine must be evaporated down and the residue well dried and charred in a receptacle not lead glazed. A portion of the suspected tissue is put in the

arc and another spectrum photograph taken. (3) A portion of a salt of the metal whose presence is suspected—for example, lead—is placed in the arc and a third spectrum photograph obtained (known spectrum). Thus, as the three spectra are taken on one plate, and one below the other, a graphic record is obtained and the presence or absence of the similar lines in the spectrum of (2) and (3) will provide the test. The method is a very rapid one, and a whole series of tests can be rapidly determined. Chemists can also, by the spectroscopic test, give a shrewd guess as to the amount of lead present. By this method I was able on several occasions to detect the presence of lead in the feces of mechanics working with "lead petrol." I would suggest that "M. D." gets in touch with a chemist who is working with spectro-analysis. Any chemistry department of a big college would have the apparatus. I am not surprised that "M. D." found no lead in the urine. In a case of a man, aged 60, who died after eighteen hours as a result of the intravenous injection of 20 c.cm. of "choriotrope" (0.5 per cent. lead), though the urine was blood-stained, the spectroscope showed no trace of lead. There was no trace in the kidney or salivary glands, and only a trace of lead (spectroscopically) in the liver. One can only surmise that the lead had gone to the bones. I radiographed a series of gall-bladders after intravenous lead injection, but the results were negative. Colloidal lead is not opaque to x rays. I was unable by x-ray examinations to detect the deposit of lead in bones.

DR. W. E. COOKE (Wigan) writes in reply to "M. D.'s" question in the *Journal* of March 1st: Lead was found in considerable amounts in the urines of all the cases of lead poisoning from tap water coming under notice. I have no experience of the clinical test mentioned in "M. D.'s" query.

INCOME TAX.

Deductible Expenses.

"E. C. B." finds the income tax on his share in a partnership to be "very high," and desires information as to the basis of return and expenses deductible.

* * The strictly correct basis of stating the gross receipts of a practice is the amount of the gross bookings less a carefully—that is, item by item—calculated allowance for probable losses by bad debts. The Revenue authorities will normally accept the basis of cash receipts, provided that the work of the practice is not expanding and that such receipts include payments received for all practice work, even though handed over wholly or in part to a previous proprietor or partner. This is a practical difference between professional and trade profits which is mutually convenient, but no such difference is provided for by law. The only classes of allowable expense that occurs to us, in addition to those specified by "E. C. B.," are maintenance and repair of instruments, drugs if borne by him, cost of repair and decoration of waiting room and surgery, and depreciation of car.

LETTERS, NOTES, ETC.

BORROWED RADIUM.

DR. ARTHUR WHITFIELD (London, W.) writes: Some two to three years ago I lent my small amount of radium to a doctor to treat a patient of his. Unfortunately I forgot to make a note of his name, and I have no means of finding it. He has probably finished with it and forgotten to return it. If this letter should catch his eye will he kindly send it back to me?

EXHAUST GASES IN THE GARAGE.

As the danger of carbon monoxide in exhaust gases is not fully recognized by all motor car users, the Automobile Association has issued to garages holding the A.A. appointment a showcard giving hints for motorists when running their engines in a confined space. The advice includes the following maxims: "Never run an engine in this garage for longer than is absolutely necessary. Never run the engine for warming or tuning-up unless doors, windows, and other ventilators of the garage are open. Warm up the engine or tune it up in the open air rather than in the garage. Maintain the exhaust system in good condition and free from leakage." Copies can be obtained by members of the A.A. for use in their own garages on application to the secretary, Tanum House, New Coventry Street, W.1.

AN X-RAY REPORT BOOK.

MESSRS. H. K. LEWIS AND CO., LTD., medical publishers, 28, Gower Place, W.C.1, have prepared a report book for entering details about patients investigated by x rays, with columns for notes about the size and number of the films taken, the part of the body exposed to x rays, and a report of the conditions found. The size of the page is 13½ in. by 14 in., and the book is half bound in red sheepskin with cloth sides. The price ranges from £1 7s. 6d. for 50 openings to £1 17s. 6d. for 200.

VACANCIES.

NOTIFICATIONS of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 52, 53, 54, 55, 58, 59, 60, and 61 of our advertisement columns, and advertisements as to partnerships, assistantships, and locum tenencies at pages 56 and 57.

A short summary of vacant posts notified in the advertisement columns appears in the *Supplement* at page 87.