GLASS PERMEABLE TO ULTRA-VIOLET RAYS.

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DR. J. N. DYSON writes: Mr. Pilkington's arguments (March 8th, p. 478) as to the relative wave-lengths of 3,100 Å.U. and 3,200 Å.U. are entirely beside the point. The question at issue concerns the amount of rays; if their amount is infinitesimal, their length does not matter. With regard to his statement that artificial silk is permeable to the rays, I agree that a thin layer of this silk does not cut off all ultra-violet rays, but I need hardly add that most people who instal vita glass do not spend the day clothed in one thin layer of artificial silk. Ordinary clothing certainly prevents any rays from reaching the skin. Eidinow and Hill proved by their researches not, as stated by Mr. Pilkington, "that an area represented by face and hands is sufficient to give a result beneficial," but that an area equal to one-sixth of the body (and therefore greater than that of the hands and face), must receive at least an erythema dose, in order to increase the bactericidal power of the blood. Less than this, they proved, not only did not increase this power, but actually decreased it. not only did not increase this power, but actually decreased it. Mr. Pilkington also seems to ignore the effect of the infra-red or heat rays on the skin of the face and hands. The only method of getting beneficial results from ultra-violet rays is by giving carefully measured and graduated doses to suit the individual

INCOME TAX.

Depreciation of Cars.

"Q. R. Q." asks for our views as to the proper rate of depreciation to be allowed for cars used professionally.

It is important to remember that the deduction allowed by the Income Tax Acts is for depreciation arising through wear and tear. For instance, there is no allowance for any loss which the practitioner may consider he has incurred through a reduction in value of his car through any other cause-for example, because a similar car may now cost less to buy than the one in use did originally. Further, the wear and tear allowed for is that of the car as a whole-replacements of parts. general overhaul, etc., can be charged as expenses provided that they do not destroy the identity of the car. Setting these questions aside, however, it is clear that the wear and tear to which a car is subjected shortens its life by bringing nearer the time when replacement becames economically desirable. It is. of course, obvious that the annual rate—on a "written-down" basis, as in the case of all such rates-depends in any particular instance on all sorts of factors-nature of the roads covered, degree of competence and care used in driving and looking after the car, whether the car is built to last, and so on. In such circumstances it is not surprising to find some variety in the rates allowed by the District Commissioners, who are the judges in the last resort on such questions. The two common rates are 15 per cent. and 20 per cent., and, in our opinion, the latter is usually more likely to be correct; on the written down basis the value of a car will be reduced by the 20 per cent. allowance to 40 per cent. of its cost after four years, a figure at which most practitioners would be only too glad to dispose of a four-year old car. Practitioners should always make a point of claiming "obsolescence" allowance when replacing a car. Briefly that allowance represents the cost of replacement less the amount already allowed in respect of the depreciation of the car replaced. Consequently that claim when made puts right any insufficient depreciation allowance by reducing what would otherwise have been a greater sum to be deducted in calculating that allowance.

LETTERS. NOTES, ETC.

PNEUMOCOCCAL CEREBRO-SPINAL MENINGITIS.

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DR. A. S. GUBB (Algiers) writes: A woman in her ordinary good health took the night train to Algiers (sleeping car) at 8 p.m.; at 4 a.m. she had an attack of nausea and sickness, and became very ill. On arrival at Algiers in the forenoon the right side of the face was paralysed, the features being drawn to the left; she was aphasic and unable to swallow. The right pupil was dilated and very sluggish, and the tongue was thickly coated. Her temperature was 103° F., and she was restless, but, as far as one could judge, not in pain. The bowels were confined, and were with great difficulty evacuated. As she had not micturated for several hours a catheter was passed, withdrawing 17 oz. of dark urine, which contained neither albumin nor sugar. There was no paralysis of the limbs, and the reflexes were normal. dark urine, which contained neither albumin nor sugar. There was no paralysis of the limbs, and the reflexes were normal. In the course of two or three hours she developed stiffness of the neck and Kernig's sign. Lumbar puncture gave exit to a turbid fluid obviously containing pus. As it appeared to be a case of ordinary cerebro-spinal meningitis, 60 c.cm. of antimeningo-coccal serum was forthwith injected into the spinal canal. Microscopical examination of the fluid (smear) showed a striking abundance of pueumococci; the field was paved with them. Antipueumococcal serum was then injected subcutaneously, but she became comatose and died on the second day after admission to hospital. The temperature remained high. As this inevitably fatal form of meningitis is by no means common, I thought it might be worth while to place these brief notes on record.

FREEDOM FROM RECURRENCE AFTER OPERATION FOR MALIGNANT DISEASE OF THE NOSE AND THROAT.

Dr. Alban Evans (Swansea) writes: The report of the meeting of the South Wales and Monmouthshire Branch in the Supplement of March 15th (p. 86) describes five cases shown by me of malignant disease of the nose and throat after operation. The interval of freedom from recurrence is not given in detail; as this is all-important, I shall be obliged by the publication of the operation dates of the cases in question.

E. E., epithelioma of left vocal cord; thyrotomy August 24th, 1928. Has a good voice.

S. B., epithelioma of right vocal cord; thyrotomy, December 7th, 1928. Has a good voice.

G. R., lymphosarcoma of right tonsil; operation, January 16th, 1929; radium a fortnight later.

A. T., epithelioma of right autrum and ethmoid; Mourc's operation November 26th, 1929.

H. R., epithelioma of soft palate, left tonsil, and tongue; ligature of external carotid and internal jugular, and gland dissection on January 21st, 1929; a week later the whole growth was destroyed by diathermy. On August 7th, 1929, a single gland was removed.

CHRONIC PLUMBISM.

DR. K. WATMAN (Worcester) writes: The case described briefly DR. K. WATMAN (Worcester) writes: The case described briefly below is interesting because the lead limited its toxic action to the peripheral nerves (neurotropic), and also because the white cells were affected before the red cells—that is, there was no punctate basophilia. The patient is aged 48, and has worked for the last thirty-four years as a plumber. Twelve months ago had attack of herpes zoster. He now complains of lancinating pain in left shoulder, radiating down the arm to the fingers. No constipation; no colic. On examination of left arm there is marked weakness in the extensors of the wrist, wasting of extensor muscles of forearm, and marked wasting of muscles in thenar and hypothenar eminences. Sensation normal. Right arm not affected. Examination of teeth shows blue line at junction of gums and teeth, in some places continuous, in others arm not affected. Examination of teeth shows blue line at junction of gums and teeth, in some places continuous, in others punctate. There is no anaemia, no arterio-sclerosis, and no headache. The blood was examined at the Shire Hall by Mr. Duncan, and showed no change in the red cells—that is, no anaemia, no punctate basophilia. The white cells were 12,187 per c.mm., and differential count showed polymorphs 49 per cent., lymphocytes 46 per cent., hyalines 4 per cent., eosinophils 1 per cent. The teeth were extracted and tested for lead at the Shire Hall. They were found to contain 0.3 per cent. of metallic lead. X-ray examination of left shoulder cent. of metallic lead. X-ray examination of left shoulder show osteo-arthritis.

POPULATION AND FOOD SUPPLY.

DR. BINNIE DUNLOP (London, S.W.7) writes: From your notice OR. BINNIE DUNLOP (Loudon, S.W.7) writes: From your notice (March 8th, p. 454) of the public health report for the Central Provinces of India one learns that strenuous efforts are being made to reduce the very high infant death rate. So I should like to point out that if these efforts be successful, there will follow a secondary result which, if observed, may cause surprise. As the birth rate is high and the food supply is increased very slowly, if at all, population is pressing heavily upon the food supply. Therefore only an improvement in the ratio between this and the number of mouths cau reduce the general death rate, and a reduction of the infant death rate will raise the mortality among the older individuals.

RETENTION OF URINE DUE TO FAECAL IMPACTION.

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DR. MARGARET G. JONES (Rammad, South India) writes: In the Journal of December 28th, 1929 (p. 1198), Dr. J. Myles Mitchell comments on the rarity in a male child of urinary obstruction caused by faecal impaction. In this part of India such cases are not rare. The fruit of the prickly pear, used for hedges, contains stony, hard, indigestible seeds. Children commonly eat the fruit and get rid of the seeds in the bulky soft stools resulting from their vegetable diet. But if there is constipation the whole mass of faeces and seeds may accumulate for four or five days, and in the state in which the children are brought to us can only be removed by breaking up the mass digitally. These children, as we see them, have always obstruction of urine, and we are unable to pass a catheter. One boy was so much distended that bladder puncture by trocar was necessary to avoid rupture during removal of the impacted mass. In the outpatient department of this hospital of thirty beds we see seven or eight cases in a year, and in one series of twelve there were five boys and seven girls.

DISCLAIMER.

DR. D. DRYSDALE ANDERSON wishes to disclaim any authority for the account in the Daily Chronicle of March 14th of certain work being carried out by him and other colleagues.

· 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, 45, 46, 47, 50, 51, and 52 of our advertisement columns, and advertisements as to partnerships, assistantships, and locumtenencies at pages 43 and 43.

A short summary of vacant posts notified in the advertisement columns appears in the Supplement at page 95.