# Letters, Notes, and Answers

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## QUERIES AND ANSWERS

### Nail Biting

"M.B." asks if any reader can indicate a satisfactory method of preventing children from biting their nails.

# Iridocyclitis after Actinotherapy

Dr. I. Flack (Radcliffe, nr. Manchester) writes: I should much like to hear if any of your readers interested in actinotherapy are aware of cases where exposure of the cyes to the light from a mercury vapour lamp has resulted in an attack of acute iridocyclitis. Conjunctivitis is, I know, common enough; but I know of one case where the more serious effect followed careless exposure. At least, that was the only cause which could be suggested after a careful elimination of all other sources—infective or otherwise.

### **Diabetes in Coal Miners**

Dr. Leon Collins (Sunderland) writes: I have been in practice in a colliery district for seven years. In this period I have had numerous cases of diabetes mellitus in miners' wives, but not one in a miner. I should be interested to hear of other colliery practitioners' experiences, as it would appear from my experience that working among coal dust seems to give immunity from this condition.

# **Pruritus with Jaundice**

Mr. Alex. E. Roche (London, W.1) writes: "W. F. T. A." asks for suggestions which would help him to alleviate an intolerable pruritus arising from a progressive jaundice due to carcinoma of the head of the pancreas in a woman, aged 60. He says that "all the usual methods have been tried, but without success." What are these methods? I know of only one—cholecysto-gastrostomy or duodenostomy—invariably successful, whatever the issue, in alleviating such pruritus, and, in the event of survival, in remedying the causative jaundice. Apart from operation, is not morphine the landmaid of euthanasia? Sometimes, of course, the "carcinoma" turns out to be a chronic pancreatitis.

# Income Tax

Assessment of Army Officer's Pay, etc.

- "B. L. E. D." has been serving as an officer in the Army for three or four years. In 1928-29 and 1929-30 he was serving abroad, and received a "colonial allowance" in addition to his pay. For 1930-31 he is assessable as a resident in the United Kingdom, and has been assessed on the basis of the previous year's income, to include the colonial allowance, which he no longer receives.
  - \*\* By the Finance Act of 1927, Section 45, the current year's basis, up to then applicable to earnings assessable

under Schedule E, was displaced by that of "the year preceding the year of assessment." But there were three provisos, the second of which was to exclude from the change "the case of any office or employment held occasionally or intermittently in the United Kingdom by a person who is not continuously resident there." We understand that our correspondent was unmarried until his return to this country, and presume that he did not maintain a residence here during his absence. If so, it seems to us that he can fairly claim to bring his case within the proviso quoted, and therefore be charged for 1930-31 on the basis of the current year. We suggest that he puts this point to the authorities, and asks them to state on what ground he is excluded from the relief afforded by that proviso.

### LETTERS, NOTES, ETC.

#### Quinine and Malaria in England

Dr. F. William Cock (Appledore, Kent) writes: I notice the various communications on the history of the cinchona tree. I was largely brought up in this once most malarious district of Romney Marsh. In fact, I had the benign form of tertian off and on till I was over 30. In my young days there was hardly a house where there wasn't a case to be found at some time of the year. The local practitioners attribute the absence of the disease to the use of quinine. Be that as it may, you will have to search very closely to find a case of ague nowadays. Quinine was introduced into this district about 1850. First Pelletier's, the brownish-coloured drug, and then Howard's. When first introduced the price was a guine a drachm or \$8 first introduced the price was a guinea a drachm, or £8 an ounce, very much on the same lines as that of cocaine, an ounce, very much on the same lines as that of cocaine, of which I took a 2-grain tube into Jersey in 1884 or 1885, the price being 15s. Reverting to ague, it was well known that here and there was a person who was immune, and that also there were people for whom quinine was no good, though bark was. The method was to infuse an ounce of bark in a pint of hot old and hardish ale, and then drink the whole at a drawth and lie quite in and then drink the whole at a draught and lie quiet in bed between the blankets. Of course, port wine and bark in my young days was still taken in this neighbourhood by those who could afford to pay for the menstruum. A good deal of opium was also consumed by malarious people. I remember the old ladies coming into the local grocers' and asking for "fourpennyworth of gum lodly"—that is, gum opium, the lodly being the local pronunciation of laudanum. They would get a piece about as big as a hazel nut, and they kept a thumbnail the right length which, when filled from the lump, was the right dose. Liquor arsenicalis was always tried when quinine failed to cure. In my time, from about 1868 to 1880 or later, quinine cost 13s. to 15s. an ounce. Since then I have bought it at 1s. 1d. In reading old medical histories one sees that sinchons was almost leader to the sinchons. that cinchona was almost looked upon as a panacea, and to "throw in the bark" in desperate cases, and in cases of slow convalescence, was the common custom. Need I say I am old enough to have been brought up in that tradition, and still have a fair amount of faith in its application?

### Nocturnal Incontinence in Children

Dr. T. W. Rothwell (Sedbergh) writes: A boy at a preparatory school was brought to my notice as suffering from nocturnal incontinence. The boy seemed otherwise healthy. With small doses of bromide the trouble improved, but not completely. Discussing the boy's appetite with the matron one day, I found that he took large quantities of mustard with his midday meal, even to putting two teaspoonfuls in his soup. We decided to stop the medicine and see what happened. The bed-wetting began again at once. Then we stopped the mustard. The nocturnal incontinence stopped immediately. After fourteen days the boy was allowed the free run of the mustard pot for one day. The same night his bed was soaked. I have since traced two other cases to similar causes, in one case excess of pepper.

# Vacancies

Notifications of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 48, 49, 50, 51, 55, and 56 of our advertisement columns, and advertisements as to partnerships, assistantships, and locumtenencies at pages 52, 53, and 54.

A short summary of vacant posts notified in the advertisement columns appears in the Supplement at page 7.