

Remission of Symptoms in Pyloric Cancer

"T. L. P." writes in reply to "Wicklow" (September 13th, 1930, p. 455): The remission may be due to the cod-liver oil acting beneficially on the septic condition, to which the cachexia of malignant disease is due in great part. It is the vitamin A content of the oil that is the influencing factor. It may be that the disease is even arrested temporarily by the improving of the patient's general resistance. In Gerson's diet, which has been recommended for lupus and cases of surgical tuberculosis, a specially high vitamin content cod-liver oil has been advocated, together with exclusion of chlorides from the food. Further, meat is allowed only twice a week, and fresh fruit, salads with raw turnips, carrots, beet, and tomato, with eggs, milk, and farinaceous foods in small quantity, and wholemeal bread. This diet has resulted in great improvement of the condition for which it has been tried. There may be the mechanical factor here, which has a tonic and vitalizing effect on the mucous membrane of the alimentary tract; and the bulk of food may act similarly on the musculature of the system; thus a too rapid absorption of the stomach contents or those of the duodenum into the blood stream is avoided. In this case septic and toxic products on the surface of chronic or malignant ulcers will be excluded from the blood stream to a certain extent.

Income Tax**Oversea Officer on Leave**

"LIEUT.-COL. I.M.S. (RET.)" has a house in England. In 1927 he was on six months' leave from India, and spent just over four months of the year 1927-28 in England. He was assessed to tax on the amount of the salary drawn in England, plus £300 brought to England for the purchase of a car and outfit, plus the amount of his overseas pay from October, 1927, to March, 1928, though he was back in India by the end of October, 1927. Was that assessment correct?

** A cardinal fact is that, as our correspondent has a residence in this country, he has to be regarded as a British resident for purposes of taxation. It is therefore clear that he was correctly charged to British income tax on the amount of pay received in this country, and also on the £300, if that sum was remitted (or rather brought) to this country out of income. But we are not clear with regard to the taxation of the pay for the period November to March. If, as we gather, the pay was received abroad in respect of an appointment held from an authority abroad, we should have expected it to be outside the scope of British taxation, and we advise our correspondent to raise the question accordingly with the authorities.

LETTERS, NOTES, ETC.**Varicose Ulceration**

Dr. G. A. MOULDEN (Bebington, Cheshire) writes: I have been much interested in the papers on the treatment of varicose ulceration after the method of Dickson Wright, and also in the ensuing correspondence. Dr. Adamson's detailed description of Hunt's method still further confirms the fact that the most important element of treatment is adequate support of the leg. Dr. J. Byrne contributed a paper to the *American Journal of Medical Sciences* (October, 1926), and I have used his method with success since then. Stated briefly, after protection of the surrounding skin by vaseline or a bland ointment, the ulcer is covered by overlapping strips of gutta-percha tissue. Any excess of discharge is allowed exit between the strips. A ring of non-absorbent wool is then formed around the edges of the ulcer, and the space inside the ring is lightly packed with absorbent gauze; this ring of wool serves to protect the ulcer itself from bandage pressure, and also gives a little extra pressure to the oedematous edge and surrounding tissues. The whole of the leg, from toes to knee, is now encased in a fairly thick layer of non-absorbent wool, as evenly as possible. Two bandages of unbleached calico, 3 inches wide and 6 yards long, are now fixed firmly to the limb, one after the other. The patient is instructed to remove the top bandage when she gets into bed at night, and to replace it firmly before she gets out of bed in the morning. Any slackening of bandage pressure due to diminution of the oedema is in this way taken up, and firm pressure is thereby maintained. The dressings are changed as little as possible—for example, fortnightly. This

method has the advantages of Hunt's bandaging, giving equality of pressure with simplicity. It protects the ulcer from trauma, and leaves it in contact with the discharge. Excess of discharge is taken up by the gauze, and the unpleasantness of a foul bandage is avoided. The pressure of the ring of wool on the edge also helps to expedite healing. Dr. Byrne suggests that the beneficial action of the discharge on the ulcer lies in the tryptic action of the serum, which digests the hard, callous edge of the ulcer, and therefore allows the epithelium to grow inwards.

Bromide Poisoning in a Monkey

Dr. JAMES R. SALMOND (Appleby Magna, Burton-on-Trent) writes: Our young pet drill monkey, weighing 7 lb., last week managed to secure a sample packet of sedobrol which had just been unpacked from the post, and devoured 5½ tablets before dropping the box. Treatment to recover them having failed, he was put outside under observation. At the end of three hours he developed vertigo, staggering gait, and finally spasmodic muscular movements somewhat like chorea, accompanied by threatened syncope. He was kept awake for an hour by massage, handling, and flicking with wet towels, and the collapse was met by amyl nitrite capsules and heat. Finally he became comatose, and could only be revived and the heart's action maintained by hypodermic injections of 1/200 grain of digitaline and strychnine, ½ c.cm. of pituitrin, 15 minim doses of ether, and brandy when he could swallow. On the third day the cortical irritation grew less, and he showed only a few jerky movements of the head, but the constipation became absolute, and tympanitis developed, accompanied by anuria. The heart's action became very feeble, and artificial respiration was resorted to as well as the hypodermic injections, while turpentine stupes were applied all that day, and three enemas (which were retained); he was also given a gastric lavage with potassium permanganate solution. Treatment was continued during the night, but the distension was tremendous, and a 2 grain dose of calomel had no effect. As he was still alive on the fourth day we administered ½ grain of calomel hourly, and a total of 5½ grains was taken before an action took place. This gave relief, and an hour later, although very thin and weak, the patient had recovered sufficiently to steal a banana left near his box. Since then he has made rapid progress, and save for loss of flesh seems little the worse. I understand that the amount of sodium bromide in each sedobrol tablet is about 17 grains, making the total dose taken about 90 grains.

Insurance against Incapacity

"SAFEGUARDED" writes: In a letter which appeared in your issue of January 3rd, appealing for the medical charities, the writer asks: "What is the financial result of an 'accident' or 'sickness' policy to a man suddenly and permanently struck down by trauma, encephalitis, or cerebral lesion?" and he puts the further question, "What proportion of our members can face with equanimity disasters such as these?" I should like, from personal experience, to answer these questions. I was suddenly struck down by such an illness early in 1930, from which, after eleven months, I have happily recovered. During this period the Medical Sickness, Annuity, and Life Assurance Society, Ltd., have paid me £478. Had my incapacity been permanent I would have been entitled to over £300 a year, free of tax, to age 65. Such financial backing is an excellent sedative for any sick and seriously disabled man.

An Index of Proprietary Drugs

Messrs. ROBERTS AND CO. (76, New Bond Street, W.1) have published a third edition of their *Prescriber's List*. This gives concise particulars about the chief medical preparations of their own manufacture and those of foreign origin which are in most frequent demand. The arrangement is alphabetical. A copy will be sent free of charge to any member of the medical profession who has not already received one.

Vacancies

NOTIFICATIONS of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 58, 59, 60, 61, 65, and 66 of our advertisement columns, and advertisements as to partnerships, assistantships, and locumtenencies at pages 62, 63, and 64.

A short summary of vacant posts notified in the advertisement columns appears in the *Supplement* at page 15.