

lid by a constant and powerful spasm of the levator palpebrae superioris, which drew the lid so far upwards and backwards that much of the sclerotic above the cornea was visible. This spasm of the levator of the lid is not uncommon in nervous and hysterical females, and is frequently associated with other irregular muscular actions, such as chorea. The expression given to the countenance by this protrusion of the globes, and the unnaturally elevated lid, is very peculiar, and the aspect is that of the wildest terror." If one of your readers can quote Dalrymple's own description of what is now known as his sign, the writer of this note would be his debtor.

Nail Biting

"B. S." writes: In reply to "M.B." (January 3rd, p. 427), I would suggest persuasion, and education in the proper care of the hands. Without making any special mention of the subject, let the child see you cut your nails regularly, brush them, and wash the hands, and encourage him to do the same. Inspect his hands frequently to see if there is anything to cut, but without any word of reproach. I have often found that a child bites his nails on account of discomfort, and this is relieved by suggesting at once that he should wash his hands. He should be given free use of a soft nail brush. Children are usually ashamed of the habit, and will thankfully accept some help in overcoming it. It is a good plan, if they mention it, to say calmly, "Oh! I used to do it, but I don't now." Children are easily led if the leading is not too obvious.

Income Tax

Motor Car Expenses

"R. D." changes his car every year—as do a number of other practitioners—and the cost of replacement this year was £375—£260=£115. The inspector of taxes refuses to allow the deduction of that sum as "obsolescence" on the ground, apparently, that the car disposed of was not "obsolete."

** In such circumstances the simplest course is to claim neither "depreciation" nor "obsolescence," but that the cost of replacement of the car is a professional expense of the year in which the exchange was effected. If, however, depreciation has been claimed for the year of assessment in question then "cost of replacement" cannot be claimed as well, and the best course would be for the "depreciation" claim to be withdrawn or cancelled, and so clear the way for the more direct claim. So far as "obsolescence" is concerned the inspector of taxes has some legal authority for his objection, though the judicial decision on the point was given on somewhat special facts, and does not appear to be applicable—so far as our knowledge goes—to the circumstances of this case.

LETTERS, NOTES, ETC.

Medicine and Public Economy

Sir ERNEST GRAHAM-LITTLE, M.P. writes: It will be universally agreed that the most urgent need at the present moment is economy, both in national and local public expenditure. The medical profession played a nobly patriotic part in the great war, and the present crisis threatening our country is of nearly equal gravity; there can be no doubt that the profession will wish to take its share in promoting any campaign for enforcing public economy. A group of public men, drawn from all parties and calling themselves "The Friends of Economy," are about to inaugurate such a campaign by a public meeting to be held in the Great Hall, Cannon Street Hotel, London, E.C., on Tuesday, January 27th, at 3 p.m. The chairman will be Mr. Edward Charles Grenfell, M.P. for the City of London, and the meeting will be addressed by Viscount Grey of Fallodon, Sir Robert Horne, and Sir Ernest Benn. As the only medical man engaged in active practice included in this group (the list of which I enclose), I am entrusted with the duty of approaching medical journals in the hope of enlisting the support of the profession for this movement.

Removal of Adenoids

Dr. C. CONOR O'MALLEY (surgeon, ear, nose, and throat department, Central Hospital, Galway) writes: In his interesting article on removal of adenoids Mr. O. Popper draws attention to an important point—namely, sharpness of the curette blade. With the right pattern, trauma with stripping of the mucous membrane should occur only when the instrument is a blunt scraper. Since the removal of adenoids is a cutting operation I have always felt that the

curette is a more sensitive instrument when held as one holds a scalpel or dinner knife. One would think that skill in a surgical manipulation must be in some degree regulated by one's practice at similar manoeuvres in everyday life. Personally, I have rarely seen difficulty in making a clean sweep of the adenoid mass with the StClair Thomson curette. My only difficulties have been caused by using faulty instruments, unblushingly called "StClair Thomson pattern" by various makers, and supplied by hospital contractors. It would be a boon to the profession, and only fair to the original designers, if something could be done to make manufacturers realize the importance of correct design when marketing surgical instruments.

Mr. O. POPPER writes: I am afraid that a transposition of type, occurring in my paper in last week's issue, has rendered the affected portion unintelligible. On page 93 (second column) the stages of the operation are outlined. The printer's error affects (2) and (3) only, but as all the movements merge into one another I would be most obliged if you could reprint these stages *in toto*, as follows: (1) The post-nasal space is carefully examined with the finger to determine the size of the mass and extensions. Under good illumination the instrument is inserted behind the soft palate and pushed upwards until it touches the vault. (2) The handle is dropped towards the chest, so that the back of the cage rests against the posterior edge of the nasal septum and the blade engages the upper portion of the adenoid mass in the vault. (3) Applying moderate pressure, the blade is swept down the post-nasal wall by raising the handle towards the face. (4) When the cage appears from behind the palate it is swept out of the mouth. This detaches the adenoids, and the whole mass will be found in the cage. The movements are, of course, continuous.

Pathological Museum at the Eastbourne Meeting

In referring to the organization of a museum of scientific exhibits and pathological specimens in connexion with the ninety-ninth annual meeting of the British Medical Association, to be held at Eastbourne in July next, we mentioned in our issue of January 10th (p. 67), that a proposal had been made to gather together "a series of exhibits—x-ray and other photographs—relating to milk-borne human diseases." We have since been informed that this description should have been: "a series of exhibits relating to milk-borne diseases and a series of x-ray and other photographs."

Disputing the Bill

Many of our readers must have followed the interesting correspondence between Mrs. X and Dr. Y in last week's *Punch*, and we are prompted to offer to "Woon" the thanks of a much-exploited profession for his work in another Good Cause. Through the interlocutory extravaganzas of Great and Little Dithering, the nocturnal inculcations by telephone, and the irrelevant questions about the practitioner in attendance on a cousin, there runs that vein of agony which many doctors know so well but few express. If "Medical Details" were reprinted and sent out in leaflet form with every doctor's account it might act as a deterrent to the ungrateful and the demurring. And as a title, the advice of Mr. Punch himself might be adapted: To those about to query—Don't!

Medical Golf

The annual general meeting of the Sheffield Medical Golfing Society was held in December last. The society now has a membership of sixty-eight. Five matches have been played—three being won, one lost, and one drawn. The winner of the society's cup for 1930 was Dr. F. N. R. Price, and the runner-up Dr. A. B. F. Rodger.

Vitamin Deficiency

A pamphlet on *The A and B Avitaminosis Disease of Sierra Leone* has been privately printed for the author, Dr. E. Jenner Wright, who informs us that he will be pleased to supply copies to any reader particularly interested in the subject. His address is 11, Ridge Hill, Golder's Green, N.W.11.

Vacancies

NOTIFICATIONS of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 43, 44, 45, 46, 47, 50, and 51 of our advertisement columns, and advertisements as to partnerships, assistantships, and locumtenencies at pages 48, 49, and 50.

A short summary of vacant posts notified in the advertisement columns appears in the *Supplement* at page 23.