Letters, Notes, and Answers

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QUERIES AND ANSWERS

Artificial Breast

"G.P." (London, N.W.) wishes to know of a really satisfactory form of artificial breast for the use of a young woman after amputation, and where it can be obtained.

Hystero-Epilepsy?

Dr. R. MACDONALD LADELL (Birmingham) writes: Dr. Crabtree describes in the *Journal* of January 24th (p. 163) a case in which psychological treatment is indicated. His patient apparently suffers from a self-induced hynotic trance, and treatment by analysis under hypnosis is possibly the correct One could then ascertain the real meaning of the manifestations, which are somewhat unusual and extremely interesting from a psychological standpoint.

Treatment of Obesity

Dr. B. A. M. Henderson (West Hartlepool) writes: In reply to "A. S.," I would suggest the treatment of a famous medical man recently commemorated in the British Medical Journal and make the patient literally "walk it off." She should take steady long walks of two hours or so without a pause, and at other times be kept "on the run," contently hypering about "No. 1816 stantly hurrying about. This was probably her mode of life when she was quite slender, and there should be very little sitting about. She should take no sweets of any kind, no alcohol, no confectionery or puddings, and hardly any bread. Dry wheat or rye biscuits should take the place of bread. Meals should be as small as possible, and only three in the twenty-four hours. A fast day once or twice a week, with only tea and dry toast, would be a good plan.

Income Tax

Assessment on Partnership

"PARTNERSHIP" inquires how one member in a two-handed practice should return his earnings for super-tax purposes. For example, should he return his fraction (one-half) of the firm's assessment? The housing, car expenses, etc., are not identical for the two partners.

** In such cases the income tax assessment is really the aggregate of the partners' liabilities, calculated by deducting their own expenses from their shares of the amounts credited to them out of the partnership account. The best method is to ask the inspector of taxes—assuming that he has been supplied with the detailed figures—to divide the assessment, and to check his division to see that due regard has been paid to the difference in car expenses, etc. If some such steps are not taken the result may, of course, be that too much surtax will be assessed on any partner liable to that tax.

LETTERS, NOTES, ETC.

Snake-bite in India

Mr. H. HARCOURT, I.C.S. (ret.), writes: In the second com-mission of the recent Assembly of the League of Nations the Indian delegate asked for the study of serums for use against snake-bite. The request was a very proper one. Between nineteen and twenty thousand persons die yearly in British India of snake-bite. How many are bitten and recover no one can say. Available statistics of fatal cases only are based on reports made to district magistrates through the police. These fatalities are unevenly distributed throughout India; Bihar, with a population of 34,000,000, having the highest yearly average of rather over 4,500. It is curious that the subject has never excited much interest either here or even in India. Our Indian brethren are disposed to accept the casualties in a needless spirit of submission. And the mischief occurs almost wholly in the hot weather, when visitors have disappeared from the scene, and Governments have departed to the hills. Moreover, high though the total figure is, it is scattered among half a million villages. And to a large extent the concentration of sufferers in centres of treatment is quite impossible. Time is the essence of any treatment that can hope to be successful, and travel along village paths in India is a slow business, especially at night, and it is at night that these cases mostly occur. I am aware that good work has been done in India by Lamb and others along the lines desired by the Indian delegate; but the fact that the mortality figures remain fairly constant suggests that much remains to be done. It is interesting to note how much more successfully the problem has been tackled in Brazil. In June, 1927, the *Times* published a special Brazil number in which it devoted over two columns to the work of the Butantan snake farm and to the serum there produced, and from there distributed throughout It was noted that, whereas in the State of Sao Paulo snake-bite was formerly responsible for 3 out of every 1,000 deaths, it is now responsible for less than 1 per 1,000. No doubt India's problem is more difficult than that of Brazil. There is a greater variety of snakes in India, and many of them, unlike those in Brazil, are of the colubrine type, which kill more rapidly than the viperine. To get a single serum applicable to all types of snake poison is likely to prove very difficult, and yet, without that, efficient treatment is hardly practicable. might be possible through existing dispensaries and perhaps through village notables of intelligence to bring a single serum within prompt reach of victims in selected areas at least; but more than that is too much to expect. More often than not the particular type of snake that has offended is not known, and for any but experts to make a selection among different serums is out of the question.

The Umbilicus as a Source of Infection
Dr. G. G. Cooper (London, W.C.) writes: In the report of
the Department of Health for Scotland on Purperal Fever (British Medical Journal, January 31st, p. 191) I notice no reference is made to the cleansing and disinfection of the umbilicus as prophylactic treatment. I give two examples in my experience: (1) In 1923 I acted as locumtenent in a county hospital, and, in the case of a woman who had had an obderival appropriate the wound become who had had an abdominal operation, the wound became septic. I had the umbilicus, which was deep and unclean, septic. I had the umbilicus, which was deep and unclean, properly cleaned out and disinfected with tincture of iodine, and the operation wound soon cleared up. (2) I treated (while acting as medical officer in the French Foreign Legion) an officer who had developed an inflamed oedematous swelling round the umbilicus. I applied hot fomentations at regular intervals. A plug (1/2 in. to 3/4 in. long) of evil-smelling concretion came away from the umbilicus, and the condition returned to normal in a few days. I asked the officer if he had ever cleaned out the umbilicus, and he said he had never thought of it. This umbilical "plug" no doubt contained bacteria of various kinds, and perhaps had been developing during his whole lifetime. The inference seems obvious. Surgical technique is essential in conducting a confinement. We must not forget to clean out thoroughly and disinfect, at intervals during the pregnancy, the umbilicus, be it deep or shallow.

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, 56, and 57 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 43.