

Letters, Notes, and Answers

All communications in regard to editorial business should be addressed to **The EDITOR, British Medical Journal, B.M.A. House, Tavistock Square, W.C.1.**

ORIGINAL ARTICLES and LETTERS forwarded for publication are understood to be offered to the *British Medical Journal* alone unless the contrary be stated. Correspondents who wish notice to be taken of their communications should authenticate them with their names, not necessarily for publication.

Authors desiring REPRINTS of their articles published in the *British Medical Journal* must communicate with the Financial Secretary and Business Manager, British Medical Association House, Tavistock Square, W.C.1, on receipt of proofs. Authors over-seas should indicate on MSS. if reprints are required, as proofs are not sent abroad.

All communications with reference to ADVERTISEMENTS, as well as orders for copies of the *Journal*, should be addressed to the Financial Secretary and Business Manager.

The TELEPHONE NUMBER of the British Medical Association and the *British Medical Journal* is EUSTON 2111 (internal exchange, four lines).

The TELEGRAPHIC ADDRESSES are:

EDITOR OF THE *BRITISH MEDICAL JOURNAL*, *Aitiology Westcent, London.*

FINANCIAL SECRETARY AND BUSINESS MANAGER (Advertisements, etc.), *Articulate Westcent, London.*

MEDICAL SECRETARY, *Medisecra Westcent, London.*

The address of the Irish Office of the British Medical Association is 18, Kildare Street, Dublin (telegrams: *Bacillus, Dublin*; telephone: 62550 Dublin), and of the Scottish Office, 7, Drumsheugh Gardens, Edinburgh (telegrams: *Associate, Edinburgh*; telephone: 24361 Edinburgh).

QUERIES AND ANSWERS

Thickened Skin after X Rays

"SUBURBAN G.P." writes: A young lady had several x-ray applications to the palm of her right hand, some twelve years ago, for "skin trouble." The skin exposed to this treatment has now become thickened and hardened (? hyperkeratosis) and roughened. Can any reader suggest a suitable application or treatment likely to counteract the condition?

Movement of Needles in the Tissues

"SCEPTIC" (Northampton) writes: Until quite recently I have believed that needles, unless actually deposited within a hollow viscus, such as a blood vessel, tendon sheath, or the gut, remain practically stationary. I have in the past ridiculed the anxiety of patients who present themselves with a needle in the hand, or foot, and a tourniquet placed proximally. I would be glad to know if needles so placed are able to "travel," and, if so, to what extent.

Artificial Menopause

"G. E. B." writes: The symptoms, subjective and objective, arising from the artificial menopause are, it is well known, very difficult to be dealt with by the doctor in charge of a patient after a hysterectomy and oöphorectomy. My case is that of a woman aged 49, who had, previous to this operation, performed in August, 1933, menstruated regularly—it was done as a last resource to clear up a prolonged psychoneurosis with anxiety state. Pathologically it proved to be most justifiable and necessary. Can any of your readers give me assistance in clearing up the outstanding physical symptoms—that is, profuse and regular night sweats, which drench the patient and wake her three or four times every night? She has had a long course of the various brands of ovarian extracts, given orally and intramuscularly up to 1,000 mouse units on alternate days. Also full doses of atropine and zinc oxide at bedtime. Any other possible cause of the sweating has been carefully excluded.

Disinfection of Room used by Cancer Patient

"A. W." writes: A lady who has had two operations for cancer of the breast, and has been apparently successfully treated for a third appearance, visits friends from time to time. Is it safe, after her departure, for others to occupy the room without disinfection, or should the mattress, at any rate, be fumigated? There are such conflicting opinions on the subject.

Income Tax

Retirement from Partnership—Cash Basis

"M.B." writes: The basis of our partnership income tax has been on the cash receipts each year up to the end of our financial year. If I retire at the end, say, of next September, what income tax would I be liable for in January and July, 1935?

** If £x is "M.B.'s" share of the partnership assessment for 1934-5, then if he retires as from September 30th,

1934, he will be liable to assessment on 1/2 of £x only, and he will not be liable to tax on the cash receipts which have not entered into the calculation of the assessments—that is, to those subsequent to September 30th, 1933. The "cash receipts" merely supply a convenient means of calculating the gross income of the practice, and tax payable for the year 1934-5 is in respect of the income of that year. The individuals concerned, including the incoming partner (if any), can, on a unanimous election, claim to have the practice regarded as ceasing and restarting at September 30th, 1934, but that seldom operates to the benefit of the outgoing partner.

LETTERS, NOTES, ETC.

Maternal Mortality Among Primitive People

Dr. KATHLEEN VAUGHAN writes: Both Dr. T. L. Paget (*Journal*, April 7th, p. 644), and Dr. R. B. Michener (*Journal*, November 18th, 1933, p. 944) tell us of native races in New Zealand and in Africa who have great trouble in childbirth. The Maoris are more or less civilized, and their teeth, as Dr. Paget tells us, are defective. The Africans live in a reserve; therefore they are presumably not under natural conditions, and one would like to know more about their teeth. If one reads the Carnegie Trust Report on Maternal Mortality, 1917, one notes that easy childbirth and perfect teeth seem to go together. Does not this mean absence of rickets, and, therefore, that the brim of the pelvis is round—not only fitting the child's sub-occipito bregmatic (which engages with it in full flexion), but also containing the largest area possible to the circumference. A pelvis with a brim whose circumference is 36 cm. loses a definite percentage of its area when bent into an oval, and this loss of area is progressive as the conjugate shortens. One has only to read the report of the Director-General of Health, New Zealand, for 1930 to see the state of present-day Maori health—tuberculosis, cancer, goitre, trachoma, dysentery, influenza, and carious teeth are common. The one "civilized disease" they do not seem to suffer from is appendicitis—doubtless because they still squat. Granted that the Maoris are deteriorated by civilization, one understands that those of them who do not adopt European obstetric methods would be liable to have a higher maternal mortality than Europeans who do. Surely our modern obstetric methods are rendered necessary by our civilization, which deforms the pelvis, converting the round brim into an oval, with the consequent loss of area. Eldon Best described the Maori of former days as having good teeth and no difficulty in childbirth. I think life indoors has more influence on teeth, and, later on, on difficult childbirth, than we give it credit for. In other words, the school is more to blame than the tuckshop. Open-air races, such as Maoris, Africans, Indians, and, nearer home, our own people in the Islands and Highlands of Scotland, are affected at once by the indoor life necessitated by going to school, and it shows first in the teeth and later in the pelvis, with consequent trouble in childbirth. Surely it would be impossible to find with a rickety pelvis a perfect set of teeth. We are told that in Czechoslovakia an essential in a bride is perfect teeth. Experience has taught that she will make a good mother.

A Refreshing Drink

Dr. W. H. ROWTHORN (Sheffield) writes: The following will be found useful in many cases of illness, or, in fact, at any other time. Place one pound of black-currant, damson, or any other jam in a quart jug. Slice a lemon and add it to the jam. Crush well and fill up with boiling water. When cold pass the quantity required through a tea-strainer into a glass, and add soda water. It will be found very good for quenching thirst, and also makes a fine drink in hot weather.

Disclaimer

Mr. LOUIS CARNAC RIVETT, F.R.C.S., writes: In view of the publicity given in the Press to my informal talk to the Ladies' Association of Queen Charlotte's Hospital, I should like to make it quite clear that I did not know that there were reporters present, nor did I know that the proceedings were to be published.

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, and 48 of our advertisement columns, and advertisements as to partnerships, assistantships, and locumtenencies at pages 46 and 47.

A short summary of vacant posts notified in the advertisement columns appears in the *Supplement* at page 252.