

Letters, Notes, and Answers

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QUERIES AND ANSWERS

Climate for Chronic Arthritis

"S. W." writes: Can anyone recommend the best localities in England for a middle aged, active lady suffering from rheumatic gout? It came on shortly after she and her husband went to Devonshire in the late autumn. She had never had anything but rare and minor indications of any rheumatic diathesis previously, and has exceptionally good health otherwise. They were obliged to leave Devonshire as she had great stiffness and pain in all the big joints, combined with some fibrositis. A double course of Vichy douche treatment has given very great relief, and the question now arises of the best place to live in, as they are not tied in any way.

** We have referred this query to Dr. R. Fortescue Fox, who suggests that "S. W.'s" case may possibly prove a form of climacteric arthritis, which is usually amenable to judicious treatment, including a periodical course of baths. Cold and exposed and humid districts should be avoided, especially in autumn and winter, but most parts of southern England are suitable, especially the hinterland (a mile or more from the coast) of Sussex and Hants.

Defective Development

Dr. L. ROWAN writes: I shall be grateful for suggestions as to treatment of a boy aged 17 years (child of an exceptionally tall and well-built father, and a mother who is also well over the average in size), who weighs only 4 st. 12 lb. and is 4 ft. 9 in. high, and yet normally built, with no deformity of limbs or other indication of rickets; nor is it a question of syphilis, either acquired or inherited. All the organs are sound, and the boy is of quite the average of intelligence for a lad of his years. Owing to the defective muscle development, however, the joints of the limbs, in contrast with the girth of the muscles above and below, stand out so markedly as to produce an appearance of deformity. The boy is anxious to be at work, and does do a certain amount of light work every day, but towards evening feels "done up," and often has to lie down. He was treated, until a couple of years ago, with cod-liver oil, extracts of malt, etc., but they did not appear to help, and he gave them up. Perhaps some reader might be able to suggest which (if any) of the modern methods in the endocrine line would be worth trying. The boy has not been long under my care, and I have not tried thyroid or other glandular extract, pending possible help from those with more experience. I may add that the thyroid gland is so small as to be almost absent. There seems no abnormality of fauces or tonsils. He has never had any serious ailment.

Chronic Nasal Discharge in Children

Dr. A. G. WELLS ("Weybrooks," Medmenham, near Marlow, Bucks) writes: In reply to "G. P." (Surrey) I have found that diastolization is the best form of treatment for this condition in young children. Should "G. P." not be familiar with this I shall be happy to give him further information, and, if necessary, demonstration, if he will communicate with me.

Income Tax

Cost of Locumtenent

"SUBURB" has a practice in "a lower middle-class district"; he considers £5 a week a reasonable amount to charge for the accommodation and board of the locumtenent, but the inspector of taxes considers £1 a week the maximum due. No deduction is made for the "rent and attendance of the living portion of the premises."

** We agree with "Suburb" that the estimate of cost must have regard to the nature and cost of the board, etc., actually provided rather than to the nature of the practice. It is almost impossible to suggest an actual figure; at a guess the amount allowable would usually be somewhere about half-way between the above figures. One way of testing the estimate is to arrive at the total cost of the domestic establishment and allocate a reasonable proportion to the locumtenent, taking into account the fact that he has a separate room and any other material circumstances.

LETTERS, NOTES, ETC.

Emblem for Doctors' Cars?

Dr. HARRY SUGARE (Leeds) writes: For the information of Dr. Edward S. Jackson (March 30th, p. 688) I would like to inform him and those interested that, in reply to a letter of mine on the same subject, I have received a communication from the R.A.C., who inform me that the question of the position of doctors under the thirty-mile-speed limit was very fully debated in the committee stage of the Bill. An amendment was put down in Clause 3 to exempt vehicles used for medical purposes. Mr. Oliver, then Minister of Transport, resisted the amendment. It was subsequently suggested that doctors who were engaged on very urgent calls should carry a distinguishing mark on the car. Mr. Stanley stated: "That would only meet the case if you restricted the use of the sign to an emergency call. I am sure that the hon. member [Mr. Llewellyn-Jones] will realize that in practice it would be impossible. If you allowed a doctor to have this distinguishing mark you could not prevent him from using it at all times and for all purposes, and it would, in fact, take him outside the scope of the speed limit altogether, which, I think, the committee do not want to see done." I feel sure doctors would not abuse this privilege if it were granted.

"J. E. K." writes: Some time ago I inquired if the B.M.A. had considered taking up the question of a concession for the doctor on urgent duty. The reply was that the matter had not been considered. Since the speed limit was introduced I have hastened to a post-partum haemorrhage and to a child choking, and so far the police have not noticed that I broke the speed limit. I was justified in hurrying. I suggest, Sir, that the B.M.A. must consider this matter. Even the man in the street expects it.

A new shilling monthly magazine, *Family*, makes its bow this month. It is edited by a father-of-seven from his own family circle, and its aim is to reflect the vitality and the freshness of the surroundings in which it has been evolved. The contents of the first number include a note on health and the home, by Dr. Stanford Read. *Family* is published by W. E. Baxter Ltd., Lewes, Sussex.

Vacancies

Notifications of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 47, 48, 49, 50, 51, 52, 53, and 56 of our advertisement columns, and advertisements as to partnerships, assistantships, and locumtenencies at pages 54 and 55.

A short summary of vacant posts notified in the advertisement columns appears in the *Supplement* at page 132.