

from the margin of the patch, but the main patch generally extends in time towards these and coalesces with them. There is a fair amount of itching at the margin. There is no recurrence of carcinoma, and about seven months ago the patient gave birth to a healthy female baby. Her menstruation periods are quite normal and she seems otherwise healthy.

#### Chronic Nasal Discharge in Children

Dr. M. O. ABDEEN (oto-laryngologist, Government Hospital, Alexandria, Egypt) writes in reply to "G. P." (March 16th, p. 568): The treatment of such children should be general and local. *General treatment*: (1) Carbohydrates and salt should be limited in their food. (2) Clothing should be just sufficient to keep them warm, as these children are usually over-clothed. (3) To be in the open air as much as possible. (4) General ultra-violet treatment to be given. (5) The following to be taken t.d.s.: tinct. iod., 2 minims, syrup. pruni, 1 drachm. Iodine, if tolerated, could be increased, and haliverol, 2 minims, taken after meals. *Local treatment*—(a) By the physician: Painting upper lip (as such patients usually have excoriations of their upper lips), also inside of nose, with 5 per cent. silver nitrate, followed by white precipitate ointment every second day. (b) By the parents: The nose is to be tickled to induce sneezing to clear the nose, as most children do not clear their noses properly. After the nose is cleared use the following drops twice daily, with head low down for the drops to reach the adenoids: adrenaline, 2 drachms, argyrol, 5 grains, aq., ad 1 ounce. Four drops in each nostril morning and evening. If tonsils or sinuses are diseased they should, of course, be treated, and the possibility of diphtheria should not be overlooked.

#### Income Tax

##### Allowance for Domestic Service

"G. B." asks if any information can be given as to the allowance over the whole country. He and his partners see insured and private patients at their residences, and three of the four partners employ two maids.

\*\* It is not possible to lay down a general rule where circumstances differ so much, but we may perhaps say that where two maids are kept and one looks after surgery and waiting room and answers the 'phone it is not uncommon for half the cost of board and lodging of the two maids to be allowed. In "G. B.'s" case only half the cost of one maid has been allowed, and that is less than usual in such circumstances, and in our opinion inadequate.

##### Motor Car Transactions

"J. B. F." had an "A" car, in respect of which he had a depreciation allowance of £23 for 1933-4. On October 1st, 1934, he sold that car for £32 and bought an "S" car for £149. What can he claim?

\*\* Presumably the £23 allowance was calculated at 20 per cent. on £115, which would leave the written-down value at £115 - £23 = £92. On that basis "J. B. F." can claim an "obsolescence" allowance of £92 - £32 = £60, as an expense of the year 1934—which would affect his liability for the financial year 1935-6. The "depreciation" allowance for that year will be £149 at 20 per cent.—that is, £30. The above is, of course, subject to any adjustment in respect of private use.

## LETTERS, NOTES, ETC.

#### An Early Nursing Home

Miss M. L. SPACKMAN (Clitheroe) writes: About 1842—I cannot ascertain the exact date—a "sanatorium" was instituted in London to provide accommodation and nursing for middle-class people who, when ill, could not be looked after properly in their own homes or lodgings, and was conducted on the lines of a club. Life members gave a donation of ten guineas, annual members subscribed a guinea a year, and for this sum had the right to become in-patients at the inclusive charge of two guineas a week, or could appoint a nominee. A committee of members was responsible for the management. The "sanatorium" was a house near Regent's Park. On the ground floor were dining and drawing rooms, surgery, and quarters for a resident medical officer; on the first floor seven single bedrooms for men; on the second, six for women. They were comfortably furnished, and unless all were occupied a patient's relative or friend was permitted to engage one. The staff con-

sisted of the resident medical officer, visiting physicians and surgeons, who were paid out of the sanatorium funds, a matron, nurses, and servants. Patients could be attended by their own doctors if they preferred. I am indebted to a contemporary publication of Messrs. W. and R. Chambers for this information.

#### The Pulse Rate in Tuberculosis

Dr. JAMES R. SALMOND (Burton-on-Trent) writes: I was interested to read in the *Journal* of March 23rd the remarks of Dr. R. S. Carey of Bristol, and fully agree with him as to the diagnostic value of the raised pulse rate in early tuberculosis. I well remember (as a medical student in Belfast) being present at one of the late J. E. McIlwaine's clinics at the Royal Victoria Hospital. The case was one of suspected early tuberculosis, and he stressed the point that if one was limited to making a single clinical observation in trying to diagnose a "suspected T.B." in its early stages he would in every case take the pulse rate. Finally, hundreds of Queen's men, all the world over, will remember the famous clinical rule of the late Professor James Lindsay: "A persistently fast and low-tension pulse should lead one to inquire for early tuberculosis or concealed alcoholism." The percussion note over the affected lung tissue is sometimes at first actually raised in the early stages, and the area of visible pulsation of the heart is diminished if that part of the lung is affected. Perhaps Dr. Carey may find this an explanation of the small area of cardiac dullness which he mentions as having observed in early cases of tuberculosis.

#### Early Medical Books

It is some considerable time since any noteworthy collection of early medical books came to auction in London: that which Messrs. Hodgson, Chancery Lane, are to disperse on April 26th contains several which are of interest, though incunabula and extreme rarities are absent from the list. The sixteenth century, however, is freely represented, though a good many of the books are of such minor importance that they are sold in lots of five, often without the titles being catalogued. Exceptions to this include the following. Erastus, *De Occultis Pharmacorum Potestatibus*, Basle, 1574; Coyttarus, *De Febre Purpura*, Paris, 1578; Fuchs, *Institutiones Medicinæ*, Basle, 1583; Piso, *De Cognoscendis Internis Corporis Morbis*, Frankfurt, 1585; Vallerioli, *Enarrationes Medicinales*, Lyons, 1589; Galea, *Tractatus de Pulsibus*, 1597; Saxonia, *De Phoenigmis*, 1593; Mercatus, *De Mulierum Affectionibus*, Venice, 1597; Costaeus, *De Igneis Medicinæ Praesidiis*, Venice, 1595; Fabricius, *Pentateuchos Chirurgicum*, Frankfurt, 1592, and *Opuscula Illustrium Medicorum de Dosisibus*, Lyons, 1584; Campolongus, *De Arthritide*, 1592; Thriverus, *Universae Medicinæ Methodus*, Leyden, 1592; Ulmus, *De Occultis in Re Medica Proprietatibus*, 1597; Faventius, *Consilia Medicinalia*, Venice, 1556; Tagautius, *De Chirurgica Institutione*, Lyons, 1560; Gordonius, *Opus Lilium Medicinæ Inscriptum*, Lyons, 1559; Savonarola (J. M.), *Practica Canonica de Febris*, Lyons, 1560. There are also a good many treatises dating from the succeeding century, of which the most interesting are perhaps Glisson's *Tractatus de Natura Substantiae Energetica*, with portrait by Dolle, 1672; Bellini, *De Urinibus et Pulsibus*, 1685; Heurnius, *De Morbis Milierum*, 1607; Willis, *De Fermentatione, de Febris, et de Urinis*, 1660 and 1677. The critical will observe that there was no unanimity among these latter authors as to how the ablative plural should be declined in respect of urines. The eighteenth century volumes do not disclose any items of exceptional interest.

#### Osteopathy: Corrigendum

A correspondent (Mrs. Cecil Chesterton) draws our attention to a slip in the report of the first day's proceedings of the Osteopathy Committee (*Journal*, March 9th, p. 491) whereby the omission of a dash between question and answer makes a remark by Mr. Streeter appear as if it were the continuation of a question by Lord Dawson. Lord Dawson indicated the side of a spectacle frame as the diameter of the Eustachian tube, and Mr. Streeter, not Lord Dawson, added, "That is the diameter of the bony canal."

#### Vacancies

Notifications of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 41, 42, 43, 44, 45, 46, 47, and 50 of our advertisement columns, and advertisements as to partnerships, assistantships, and locumtenencies at pages 48 and 49.

A short summary of vacant posts notified in the advertisement columns appears in the *Supplement* at page 180.