

to leave it out all night. I developed a cracked upper lip, which no treatment would cure. As a last resource I kept my denture in at night, and in two or three days the crack healed. I proved this treatment to be effective by leaving the denture out at night on several occasions, and the crack always recurred, to be always cured by retaining my denture at night. In my opinion this acted by keeping the crack on the stretch slightly, and it healed up from the bottom.

#### *Vulvo-vaginitis in a Child*

Dr. E. M. VOIGT writes in reply to "Z. Y. X." (June 15th, p. 1249), who asked for suggestions for cure of a case of vulvo-vaginitis in a child of 5: May I suggest to him that in the articles of C. C. Norris and F. B. Block, in the *American Journal of the Medical Sciences*, October, 1934, vol. clxxxviii, No. 4, p. 581, and of Nabarro and Signy, in the *Lancet* of March 16th, 1935, he will find, I think, the help he requires.

#### *Malaise after Motoring*

Dr. C. R. G. BARRINGTON (Hayes, Kent) writes in reply to Dr. Arthur Hawkward, whose query appeared on June 1st: May I suggest that he tries one allonal tablet with 1/100 grain of atropine sulphate, preferably in a cachet. I have found this to work very well, and with less allonal it is very useful for children who get train-sick or car-sick.

#### *Income Tax*

##### *Income from Abroad*

"W. B. P." has an income of about £400 per annum from New Zealand stocks, equivalent at present currency rates to about £300. He returned from New Zealand a year ago, and has since drawn £118 from there. Is he liable to pay United Kingdom tax on the undrawn income?

\*\* The answer is "Yes," unless "W. B. P." is not domiciled in the United Kingdom or, being a British subject, is not ordinarily resident in the United Kingdom" (Rule 3, Case V, Schedule D). Domicile and residence are technical questions of considerable intricacy, and "W. B. P." might find it best to discuss the facts with his local inspector of taxes. If he cannot claim to be assessed on the remittance basis he should see that he is given the advantage (a) of Dominion income tax relief, and (b) of having the amount of the income arising in New Zealand calculated according to the rate of exchange ruling at the time when the dividends were credited to his account in New Zealand.

#### *The Cash Basis*

"CASH BASIS" explains that his firm has for the last ten years been assessed on the earnings basis as shown by the firm's accounts. Can a change over to the cash basis be arranged?

\*\* It is unlikely that the Revenue would consent, and as the earnings basis is strictly correct our correspondent has no legal means of enforcing a request for a change. The cash basis is conceded to avoid the difficulty (of valuing debts) which the earnings basis often entails, and as the firm in question has apparently been able to surmount those difficulties in the past the Revenue authorities have reasonable grounds on the facts for refusing to depart from the present basis.

## LETTERS, NOTES, ETC.

#### *Unusual Injuries*

Mr. G. R. GIRDLESTONE, F.R.C.S. (Headington, Oxford), writes: I was interested to see in your issue of June 1st an account of the removal of a motor-door handle from a boy's chest. Curiously enough, only the other day I was asked to see a woman at Savernake Hospital, Marlborough, who had been struck by a passing motor car on Jubilee Day. She was taken to her doctor with a compound fracture at the lower end of the right humerus. He set the fracture and applied a dressing to the small wound, which was directly behind the lower end of the humerus, and healed per primam. A week or two later the doctor noticed what appeared to be a bony prominence in front of the elbow, and brought her up to see me. What felt like a partially detached fragment of bone was present on the inner side of the antecubital fossa. It was unaffected by the action of the flexor group of the forearm. When I cut through the skin a horribly black substance presented!

To my relief it proved to be half a door-handle from the car. It was perfectly clean, and lying free without any surrounding infiltration. It had passed between the upper and lower fragments of the humerus, which must have closed after its passage like the snapping together of the jaws.

#### *Paratyphoid with Abrupt Onset*

Dr. H. A. SALLAM (director of the Luxor Laboratories, Egypt) writes: It is generally known that fevers of the typhoid and paratyphoid groups always start very insidiously. The following case began rather suddenly, and is worthy of record. A medical friend of mine came to me suffering from a slight headache, with a night temperature of 37.5° C. I made a blood test, and was astonished to get a pure culture of paratyphoid B. I immediately reported to him, but he would not believe it. Three days later he was seized while at work with a very severe rigor, which would have been taken as malarial rigor by anyone who saw him. It continued for four hours, and the fever went on its usual course for three weeks. I have been told by some of the doctors that this method of onset seems to be a common occurrence in paratyphoid B infections here.

#### *A Theory about Cramp*

Dr. MARGARET VIVIAN (Bournemouth) writes: A theory that I have evolved regarding a frequent cause of cramp may be of interest to those of your readers who suffer from this troublesome complaint. I have conclusively proved that in my own case cramp is due solely to an overdose of sugar. Ever since I started the reprehensible habit of eating sweets before going to bed I have been regularly roused from sleep by more or less severe attacks of cramp of the leg muscles. I did not associate these attacks with the consumption of sugar until I noticed that when my supply of sweets had run out no attack of cramp disturbed my night's rest. I have tested my theory by eating sweets on alternate nights, with the invariable result that an attack of cramp followed on the nights when I had taken the sweets and no cramp on the nights when I had abstained. Is not this a possible explanation of the annoying and sometimes dangerous attacks of cramp that harass lawn tennis players, swimmers, and jockeys at critical moments? Pain has been defined as the cry of the tissues for pure blood, and it seems probable that cramp is the protest of the muscles against an overdose of sugar.

#### *Strabismus: Priority in Orthoptic Treatment*

"R. C. B." writes with reference to the review published on June 8th (p. 1171) under the heading "French Views on Squint": It is worthy of note that to *La Comare* of Scipio Mercurio, Verona, 1652, is added a *Discorso* on "Il Colostro" by Pietro di Castro, Medico fisico Avinionese, where on page 30, relative to squint, it is said: "e la balia debitamente & poi per leuare quel brutto difetto degli occhi si faccia questo istromento" ("the nurse duly to remove this gross defect of the eye makes this instrument"). The instrument figured is a blinkers with a perforation near the outer end of the left eye cover. As there were editions prior to that of 1652, the date may be prior to this.

#### *Memorial to Dr. Drummond Fergusson*

Miss ETHEL D. TURNER, acting secretary of the memorial fund, writes: A fund has been raised to the memory of Dr. Drummond James Fergusson of Richmond. The fund, which has now reached £1,016 8s. 6d., is to be invested, and the income used for the purpose of assisting nurses who are past work or in reduced circumstances—this meeting a very real need, and helping an object which would have been dear to his heart. If those who have known Dr. Fergusson would like to subscribe to the fund would they send their subscription to the "Drummond Fergusson Memorial Fund," Barclay's Bank, 7, George Street, Richmond, Surrey.

Burroughs Wellcome and Co. announce that all "Wellcome" brand insulin is now made with pure crystalline insulin.

The Denver Chemical Manufacturing Company have removed to new and larger premises in Carlisle Road, London, N.W.9.

#### *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, 46, 47, 50, and 51 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 300.