

British Medical Journal

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QUERIES AND ANSWERS

Twin Pregnancy

Dr. S. BRENNAN (Nottingham) writes: I came across a case last week the like of which I have not seen in my twenty years of midwifery. A woman gave birth to a full-time baby, a normal, easy labour without any interference. When I expressed the placenta a small, greyish mass was seen to precede it, the colour being a marked contrast with the colour of the placenta. On examination I found this to be a "pancake" foetus (the quotation marks are mine) at about the fourth month of pregnancy. Here was a case of a woman who gave birth to twins, one nine months and the other four months. What was the cause of the death of this foetus? Is it possible that there may have been conception at different periods? In that case it would appear to be a matter of the survival of the fitter, the large foetus crushing and flattening the other in a pancake fashion. Why should a foreign body lying in the uterus not promote an abortion, or later premature labour? It is strange that a dead foetus should be in the uterus for five months without the slightest disturbance. The mother came to me at about the fourth month, and said that she felt "a funny sensation," not a pain, in the abdomen. This disturbance must have coincided with the death of the foetus. That was the only incident throughout the nine months. She had a normal puerperium, and made an uneventful recovery. I should like to know if this is an unusual case.

Recurrent Herpes Labialis

Dr. W. H. BROWN (Glasgow) writes in reply to "C. L. F." (April 4th, p. 735): X rays is the only line of therapy which seems to be of any value in this condition. It is not a permanent cure, but it often gives the patient relief for months, and sometimes a few years. I would suggest half a skin unit, using 1 mm. aluminium filter; three to four applications at intervals of two to three weeks. This dosage repeated after three months.

Dr. W. E. STÖBER (Staines) suggests that "C. L. F." should have a vaccine prepared from the lesions and use this for treatment and prevention of recurrence.

Mucous Colitis

Dr. STÖBER advises "Perplexed" to do a blood examination to exclude pernicious anaemia, and to look for a superficial glossitis. If neither of these is present, sprue and residence abroad having been ruled out, he suggests considering the possibility of idiopathic glossitis, associated with lack of vitamins, indicating the need for an increase of salads, fruits, and vegetables, or radiostoleum. For symptomatic treatment of the tongue he suggests a mouth-wash of potass. chlor. 3 iij, glycerin. 3 vi, liq. rosae dulc. q.s., aqua ad 3 vi; 3 ss in a wineglassful of tepid water.

Income Tax

Sale of Practice—Cash Basis

"X. X." established a practice at Y. in 1903. In 1923 he put an assistant in charge and established a practice at Z.—not far away. The two practices were run as one so far as expenses were concerned, but the receipts were kept separately. The practice at Y. has now been sold, and £400 was refused for the £2,800 book debts outstanding. "X. X." signed an undertaking to account for tax at *pre-war rates* on all cash received after closing the practice. The "alternative is apparently to pay the full rate of tax on all bookings, but to reduce them by bad debts for the Y. practice."

* * The former alternative seems preferable—there would probably be some difficulty in allowing from present *bookings* debts relating back to a period when the cash basis was operating. It is, in our opinion, incorrect for the Revenue to collect tax on cash received after a practitioner has parted with a practice, but presumably "X. X.'s" undertaking was given in consideration of having received some special (that is, extra-legal) treatment in the early years of the Y. practice.

LETTERS, NOTES, ETC.

Passing Events

"G.P." writes from Cornwall: May I crave space for a few words on two quite different topics, whose only connexion, I admit, is that they are contemporaneous. (1) In the report in your issue of March 28th of an inquest following upon a death from ether convulsions it once again appears that the anaesthetic was *ether plus oxygen*. (2) A patient of mine has lost the skin of his soles from vesication. If this had been due to x-ray administration for plantar corns or to a hot-water bottle applied during unconsciousness much vengeance would have been vowed (had the patient believed in traditional behaviour). But the condition is merely due to wearing "iodine socks" (of a variety that "prevent rheumatism"), so the patient remains calm and unperturbed and the boom in iodine goes on.

Water and Waters

Lieut.-Colonel GODFREY DRAGE, D.S.O., writes from Cae Terfyn, Criccieth: May I as a mere layman, though one who has talked to some hundreds of doctors about water and has served or been in over sixty countries, be allowed to write to your great medical journal. Several doctors, both in London and in the provinces, have asserted that they did not believe any one water was better than another, that any water would do, and that one might as well drink ordinary tap water. If that be so why have they in the past prescribed so much Vichy and other similar water, and ordered water-drinking at spas? I would maintain, however, that a great many people *are* affected by certain waters, such as those containing iron, lime, and so on. For example, natives of India are as great connoisseurs of water as professional wine tasters are of wine, and can detect the most subtle differences and qualities in water that a European could not possibly do. I have known fine Sikhs and Punjabis in my regiment flourish and literally wax fat and fit where the local water suited them, and shrink, get ill, or die in a locality not far distant, where the water did not. I know from my own experience that lime, chalk, hard, or iron water upsets me after a little time, and I am sure there are untold thousands of people like myself.

Mask for Oxygen Administration

Dr. J. ARGYLL CAMPBELL (London, N.W.3) writes: The box mask for the administration of oxygen, which I referred to in a recent letter (March 28th, p. 663), can be obtained in aluminium from Messrs. Siebe Gorman and Co., Ltd., 187, Westminster Bridge Road, London, S.E.1.

Vacancies

Notifications of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 49, 50, 51, 52, 53, 56, and 57 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 188.