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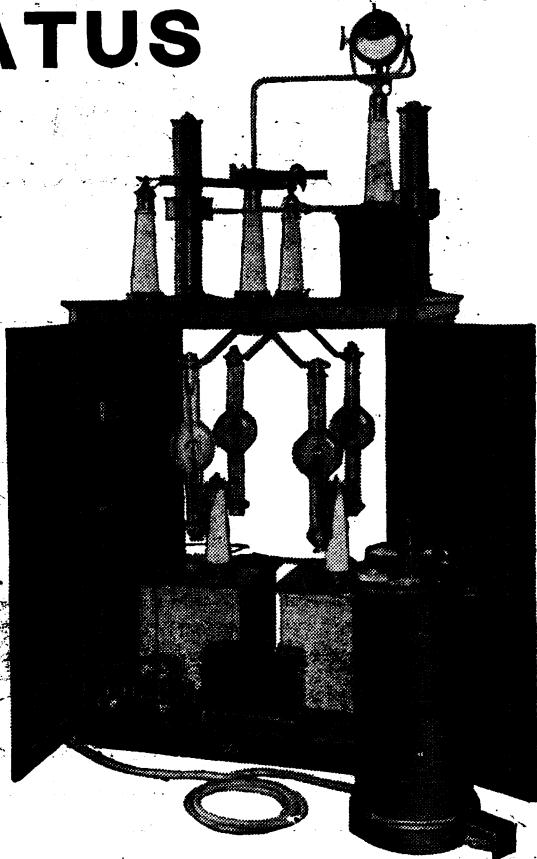
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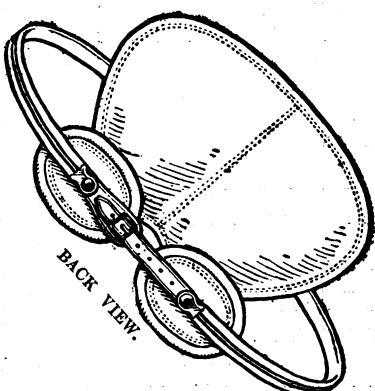
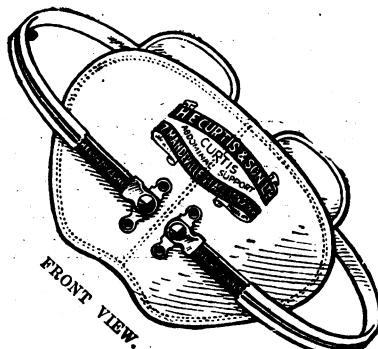


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Letters, Notes, and Answers.

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QUERIES AND ANSWERS.

A "BORDER LINE" HOME WANTED.

"OXON" wishes to hear of a "border line" home for patients of strictly limited means. The patient is an ex-service chaplain, who has for the last year been having epileptiform attacks, during which he is mentally confused and requires the attention of a male nurse. At other times he is quite normal.

INCOME TAX.

Replacement of Car.

"R. W. M." bought a car in 1922 for £400; in January, 1926, he replaced it by another, which cost £289, less £80 received for the old car—that is, £209. If he had bought a car similar to the one displaced, the cost would have been £235—£80=£155. He claims to deduct £320 as the "depreciation figure"; the local inspector has allowed £155 only.

* * * The Income Tax Acts do not make any allowance for "depreciation," except the percentage allowance, which has applied to the past year or two, so far as professional men are concerned. Any other allowance is based on the cost of replacing a discarded asset by a similar one, and on that basis the inspector's allowance seems to be technically correct, though obviously inadequate to cover the full "depreciation."

Ascertainment of Consultant's Earnings.

"E. E. W." has submitted a statement to the effect that he commenced practice, mainly consulting, in November, 1926, and for the first five months—to April, 1927—has lodged a statement showing a professional loss of £233—that is, gross earnings £34, less expenses £297. The local inspector of taxes declines to accept the result as correct for income tax purposes.

* * * The statement seems open to attack at three points. (1) Is £34 the gross amount of earnings on the basis of what is due and will probably be paid for the work of the first five months, or is the £34 the amount of the cash received in that period? The latter basis is inapplicable to such a case as this. (2) Is £50 a fair charge for quasi-domestic service, having regard to total cost and the ratio of time expended by the maid in connexion with the professional side of the establishment? (3) Cost of running the car (including depreciation and chauffeur's wages), £202; this seems excessive for work represented by the fees stated. What our correspondent should do is to ascertain the total amount expended (preferably not by estimate) and divide it on the ratio of the mileage for professional and private use respectively. Frankly, we cannot advise "E. E. W." to press for the acceptance of the figures as they stand.

LETTERS, NOTES, ETC.

TREATMENT OF VARICOSE VEINS BY INJECTION.

DR. A. H. DOUTHWAITE (Worthing) writes: Major-General T. M. Corker can rest assured that there is no danger of embolism resulting from the treatment of varicose veins by injection. I have given over 2,000 injections without mishap, and similar reports come from workers on the Continent. Thrombosis does, of course, occur, but the clot is firmly rooted in the wall of the vein.

DIFFERENTIAL DIAGNOSIS OF SMALL-POX.

In a paper published in the *Indian Medical Gazette* of April 4th Dr. J. W. Tomb, chief sanitary officer to the Asansol Mines Board of Health in Bengal, states that greater accuracy can be obtained in the differential diagnosis of small-pox from chicken-pox by ascertaining the interval between the onset of fever and the outbreak of the eruption. In an investigation at Asansol it was found that this interval never exceeded twenty-four hours in chicken-pox and always exceeded forty-eight hours in small-pox. In cases diagnosed as chicken-pox during one or two years preceding the investigation, revaccination was successful in practically the same proportion of persons as in the general population. But in 108 patients who had been diagnosed as suffering from small-pox by the same criterion of interval in the same period, not a single revaccination was successful. Dr. Tomb urges that all public health authorities in India should adopt the method of diagnosing small-pox by the time interval between the "date of onset of fever" and the "date of outbreak of eruption." At the same time he admits that in certain cases of a vesicular eruption unaccompanied by fever, to which the term "alastrim" has been applied, the method is impossible.

ETIOLOGY OF RHEUMATIC INFECTION, ETC.

"C. M. H." (Hong-Kong) writes: I would like to suggest that a close study of the tropical and subtropical distribution of some diseases prevalent in temperate climates would throw light on their cause and treatment. Years ago I was asked why rickets was never, or almost never, seen in Hong-Kong, a big city with many slums, and why children could thrive for long periods on an exclusive diet of condensed milk. This was before the days of vitamins and ultra-violet ray treatment. The absence of rheumatic fever and chorea from Hong-Kong suggests that these diseases may have an etiology and cure on somewhat the same lines as rickets has. Amongst thousands of *post-mortem* examinations in Hong-Kong I have never seen signs of amyloid disease; therefore, perhaps, there may be a lamp or diet treatment which would prevent or cure this disease in England. The seasonal prevalence and mildness of diphtheria and scarlet fever in hot countries makes it probable that if the scarlet fever and diphtheria wards of English hospitals were to be maintained at a high temperature, then the diseases would run a shorter course and "return cases" be scarcer. A temperature not allowed to fall below 86° F. would probably be sufficient. I have noticed many times when a calf was vaccinated during the late stage of the incubation period of rinderpest, that, after the temperature of the animal rises, the commencing vaccination rapidly aborts. This suggests that there must be some way of aborting a small-pox eruption, and that temperature will be a factor in it.

A GUILD OF HEALING.

THE Guild of S. Raphael, founded in 1915, is endeavouring to restore the Ministry of Healing "as part of the normal function of the Church." At the annual meeting Dr. H. M. Raven of Broadstairs delivered an address, which has now been printed in the quarterly journal of the Guild. It is satisfactory to learn that members of the Guild do not approach a case of sickness without the consent and, if possible, the goodwill of the doctor in charge. Dr. Raven, as a good Anglo-Catholic, lays stress on the benefits to be obtained from Holy Unction and from the laying-on of hands; but he deplores the enthusiasm which reports as a cure of lockjaw the case of a young and highly nervous woman, who went to bed with pain and stiffness in her jaw, and was cured by sacramental healing and the extraction of the bad tooth. He has been impressed by the healthy outlook advocated by Christian Science speakers, notwithstanding their curious refusal to face facts; and he thinks that in slow degenerative processes, which do not cause much distress, patients would be much more healthy, spiritually and mentally, if they took a courageous view of life and made less fuss. Dr. Raven's address was a cheerful and earnest attempt to inspire the Christian with fortitude, and to balance his faith with reason. Whether he is right in saying that the "gift of healing is in the hands of . . . certain people who have the healing touch" is debatable, but the personality—whatever that may be—which aids the physician in curing patients must assuredly be one of Dr. Raven's assets.

THE BEGGING LETTER AGAIN.

A MEDICAL man in London has sent us a letter addressed to him from Cardiff, appealing for a loan of £3 to help the writer's family. The father is described as a former medical student ("you will probably remember him"), who failed to qualify and is now seriously ill with consumption. Repayment is promised when "father's allowance" is received from Australia. Our correspondent wrote to the Cardiff police and learnt that the family are a well known firm of begging letter writers.

VACANCIES.

NOTIFICATIONS of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 38, 39, 40, 41, 44 and 45 of our advertisement columns, and advertisements as to partnerships, assistantships, and locumtenancies at pages 42 and 43.

A short summary of vacant posts notified in the advertisement columns appears in the *Supplement* at page 104.