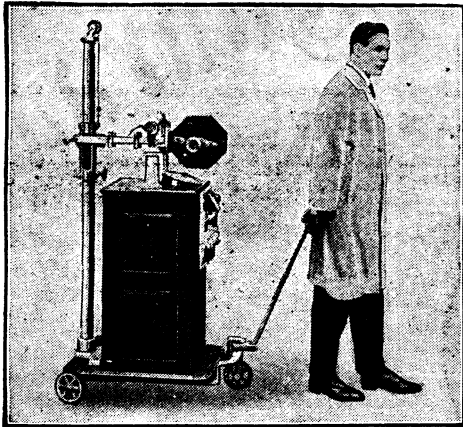


# NEW X-RAY APPARATUS

A SELECTION FROM OUR MANY MODELS



**The "Ward" Mobile X-Ray Outfit**

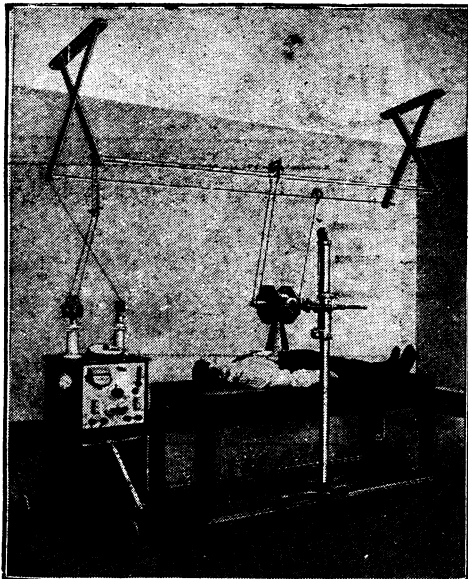
*Tube Arm folded back ready for movement.*

For femur cases in wards, dentists', surgeons', dermatologists', physicians' consulting-rooms, cottage hospitals, portable requirements. 10 M.A. output.

*The apparatus comprises:* Oil-Insulated High-Tension Transformer, Coolidge X-Ray Tube, Protection in accordance with the latest requirements, Switchboard, Automatic Time Switch, and Automatic Technique Director, which indicates to the operator the exact setting of his controls for radiographing every part of the body.

PRICE (as illustrated) for Alternating Current ... **£150**

" " " Direct Current ... **£195**



**The "Economical" X-Ray Outfit**

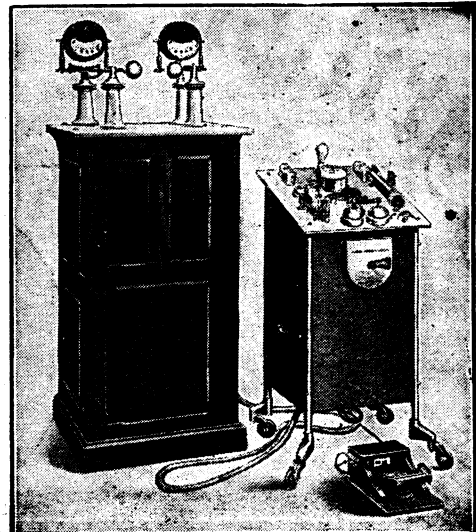
As the "Ward" type, but fitted, in addition, with complete equipment for Radiographic Department, as illustrated, and including: Coolidge X-Ray Tube, Radiographic Couch, complete Tank Development Outfit, Fluorescent and Intensifying Screens, Compression Gear, Overhead High-Tension Aerials, Negative Viewing Desk, etc. etc.

PRICE (as illustrated and described) —

For use on Alternating Current ... **£201 10s.**

" " Direct Current ... **£246 10s.**

ALL  
APPARATUS  
OF  
BRITISH  
MANUFACTURE



**The New "Radioelectric" X-Ray Outfit**

For rapid Radiography, Radioscopy, Radiotherapy. A PILLAR OF STRENGTH. A MARVEL OF SIMPLICITY. Now fitted with: Independent Switch Table, Automatic Time Switch, Independent Filament Transformer, Oil-Insulated High-Tension Transformer, Spherical Spark Gap, Ampere-Meter, Milli-ampere-Meter, Foot Switch, Auto-Transformer, Regulation Kilo-volt Scale, Technique Director, etc.

The who's designed and guaranteed to operate the Coolidge Radiator Tube up to its MAXIMUM CAPACITY. GUARANTEED OUTPUT through the X-Ray Tube of 30 M.A.

PRICE, for use on Alternating Current ... **£190**

" " Direct Current ... **£245**

We cordially invite members of the profession to call and inspect the above models.

Technical experts will be sent to any part of the country to advise as to suitable installations free of charge.

All these models are fitted with our Patent Technique Director, giving the exposure times for every part of the body.

**OVER 200 OF THESE OUTFITS  
HAVE BEEN INSTALLED.**

*Please write for the following Special X-Ray Publications, free on request.*

Bulletin 30 "N.P.L." X-Ray Installation.

Bulletin 60 "Ward" Mobile X-Ray Installation.

Bulletin 70 "Economical" X-Ray Installation.

Bulletin 80 New "Radioelectric" Installation.

*The above apparatus have been supplied to the India Office, Crown Agents for the Colonies, L.C.C., and many Colonial and Foreign Governments.*

**THE COX-CAVENDISH ELECTRICAL CO. (1924) LTD.**

**105, Great Portland Street, London, W.1.**

Telephone: **LANGHAM 1145** (2 lines).

## TREATMENT OF FLATULENCE.

"WEST COUNTRY" asks for suggestions how to treat recurrent attacks of gastric and intestinal flatulence in a man, aged 77, who is suffering from myocardial degeneration, but is otherwise fairly healthy for his age. All the recognized carminatives have, he thinks, been tried without success. Cardiac tonics, such as digitalis and strychnine, appear to give no relief.

## BORING THE LOBULE.

MR. PAUL BERNARD ROTH, F.R.C.S. (London, W.), referring to the inquiry of "K. W." (September 24th, page 573), writes: The best way to pierce the lobule with the minimum amount of pain is to grasp it in a pile forceps and then thrust through the centre of the grasped portion a small trocar and cannula, as suggested. The end of a gold "sleeper" is inserted in the cannula, and as the latter is withdrawn the sleeper enters in its place. The forceps holds the lobule absolutely steady, makes certain that the hole will be made in exactly the same spot in both ears, and prevents any bleeding.

## INCOME TAX.

## Succession to Partnership.

"H. Y. M." asks for advice in the following circumstances: A and B were in partnership for the four years 1921 to 1924. A then took over the whole practice, moving to the place where B had been residing. For 1925 he was assessed at £750, as for the profits of a new practice, but a new inspector of taxes now states that that was wrong, and that A should have been assessed on one-third of (£1,500+£1,500+£750) £3,750—that is, £1,250.

\* \* Strictly, the inspector is right in saying that the assessment should have been made on the three years' average basis, seeing that A undoubtedly succeeded to the practice; but if such an assessment had been made A could have applied under Rule 11, Cases I and II, Schedule D, for an adjustment of that assessment to the amount of the profits of the year 1925, so that the final result would have been the same. "H. Y. M." might put that point to the inspector; presumably he will not desire to press the matter further if "H. Y. M." has, in fact, discharged his true liability to tax.

## Car Replacement.

"C. H. D. R." bought a car in 1923 for £250 and has now sold it for £75, buying a superior car for £400; the price of a car similar to the original one would have been £225. What can he claim?

\* \* Strictly, only the actual cost of replacement is allowable—that is, the net cost of obtaining a similar car, £225-£75=£150; it is just possible that the local inspector might take the more lenient view that £250-£75=£175 could be allowed. (Our correspondent holds a public appointment, and we are assuming that he does not receive a car allowance from the local authority.)

## Motor Car Allowance.

"J. P. B." replaced his car in 1922 at a net cost of £414-£100=£314; the next replacement occurred in 1925, the cost being £270-£75=£195, and the most recent in 1927 cost (£425-£75=£350). The two earlier replacements were allowed for at the amount of the net cost. What should he claim for the 1927-28 assessment?

\* \* The inspector of taxes takes the view that if depreciation is allowed on the full value of the car—that is, on £425—then the amount received for the car, namely, £75, should be added to the professional profits. We do not agree with that view. Presumably the car bought in 1925 had, when replaced, become by wear and tear and age unsuitable for the purpose for which it was employed—in other words, it had become obsolete so far as "J. P. B." was concerned. In that case the allowance fairly came under Rule 7, Schedule D, Cases I and II, as incurred in replacing the obsolete car. Whether given on the ground of "obsolescence" or "renewal expenditure" the allowance had reference to and was measured by the car displaced, and left "J. P. B." in the position of having incurred a total net capital expenditure of £414; that is the amount on which depreciation is due, and we can find no justification for adding £75 to the profits.

## LETTERS, NOTES, ETC.

## PREVENTION OF GOITRE.

SIR JAMES BARR (London, S.W.) writes: By chance I happened to notice the letter of "S. O." on the above subject in your issue of September 24th. He says: "It would be interesting to know if Sir James Barr still uses concussion of the spinous process of the seventh cervical vertebra in the treatment of thyroid enlargement." Concussion of the sixth and seventh cervical spines, followed by concussion of the second dorsal spine, is invaluable in all cases of hyperthyroidism, and in these cases you should substitute calcium for iodine. In all cases of fibroplastic goitre you should stimulate the function of the thyroid by a liberal use of iodine, and concussion of the third and fourth dorsal spines, followed by concussion of the second dorsal spine—which I have termed the fixation complement. From the diet omit milk, cheese, hard water, and all preparations of calcium. As a plexi-

meter I use a conical cork with a diameter of 1½ in. at the broad end and about 7/8 in. at the narrow end. The broad end covers the sixth and seventh cervical spines and the third and fourth dorsal, while the narrow end should be used on the second dorsal. For a plexor I devised many years ago a small mallet, with a handle 7 in. long, the whole weighing about 1½ oz. There are a good many hundreds of these floating about, and they can be had for about 6d. each from Mr. Winsor, cork merchant, Park Lane, Liverpool. I always bought them by the half gross, and made a present of a cork and mallet to the patient, and taught some relative how to carry out the concussion, which should be done two or three times daily.

## LOCAL RESISTANCE OF THE CORNEA TO IMMUNIZATION.

DR. MYER COPLANS (Hendon), referring to the report by Drs. D. Lord and Villard of a case of accidental inoculation of the eye of a man with vaccine lymph (See *Epitome*, August 27th, para. 188), draws attention to his own investigation of vaccinia variolae, published in the *Journal of Tropical Medicine and Hygiene*, April 15th and May 1st, 1926. He remarks that the experiences recorded by these French observers confirm the experimental results which he obtained in the rabbit. He concluded that the phenomenon demonstrated in previously immunized rabbits of returning sensitiveness of the corneal epithelium to vaccine inoculation while the skin remained refractory might possibly indicate the presence of a negative phase in the rabbit and the waning of protection against variola in this animal.

## "SUBINVOLUTION PERITONITIS" (?)

MR. J. S. M. CONNELL, F.R.C.S. (Ed. Birmingham) writes: Dr. Douglas A. Mitchell of Bath has advisedly called attention to the condition which he queries as "subinvolution peritonitis" (*JOURNAL*, September 24th, p. 574), and he is to be complimented on his description of the physical signs. I have met several similar cases, and after careful examination and consultation with surgical colleagues in every case we have been compelled to open the abdomen on the probability of finding an appendicitis before establishing the diagnosis. While there is present a general soft, tender infiltration of the pelvic cellular tissue, making it difficult to gauge exactly the size of the uterus, with some irregular bleeding, the symptoms are so similar to an acute attack of appendicitis, following on several slight attacks, that it is nearly impossible to avoid this diagnosis. This is explained by the involvement of the small intestinal coils. The omentum seems to take little part in confining the inflammation. I think the clue to the condition is to be found in the history of a recent confinement or abortion. Dr. Mitchell apparently considers that four months is too long for an infection to lie dormant, and also that an apparently straightforward confinement precludes the probability of consequent infection. My experience is that both these ideas are erroneous. It is not an extreme rarity to have a patient readmitted to my care with pelvic infection, usually of the thrombotic type, several weeks after an apparently normal confinement. I have only once been able to isolate the organism in the cases in question, and then it was a diplo-streptococcus. I hope that I may be able to diagnose the next case correctly by keeping these points in mind, since the usual tetrad of gynaecological treatment, Fowler's position, an enema, vaginal douching, and hot applications to the lower abdomen, suffices for a cure.

## PREGNANCY AND GLYCOSURIA.

DR. D. M. MACDONALD (Arnside, Westmorland) writes: The correspondence under the above title reminds me of a remark made to me many years ago in a ward in the Royal Infirmary, Edinburgh, by the late Dr. James. He was discussing this question in relation to a patient at that time under his observation, and stated that when sugar occurred in pregnancy the subsequent birth was invariably a female. In my experience it has always been so. It would be interesting to know if other practitioners find the rule constant or subject to exceptions.

DR. J. BARKER SMITH (London, S.E.) writes: The sugars can be easily differentiated by my simple method described in the *BRITISH MEDICAL JOURNAL* some months ago for alcohol. The apparatus consists of a small phial, half an ounce, and a stem thermometer fitting into the preferably long and stoppered phial. The oxidizing fluid is a saturated solution of potassium permanganate 4 c.cm., with dilute sulphuric acid 1 c.cm. The graphus, vertical temperatures, and horizontal minute observations, made from the differences of oxidation of the sugars, indicate quantity and sort; 1 c.cm. of the solutions or of the urine is sufficient. Oxidizer and oxidizable should be at the same temperature at the start. Sugar of milk and cane sugar may take twenty minutes for their maximum, glucose eight minutes, maltose approximating glucose, mannite and levulose four to six minutes. These are not to be taken as standards, but they are quite distinctive. Potassium permanganate in dilute sulphuric acid gives a still more rapid oxidation.

## 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 locumtenencies at pages 42 and 43.

A short summary of vacant posts notified in the advertisement columns appears in the *Supplement* at page 139.