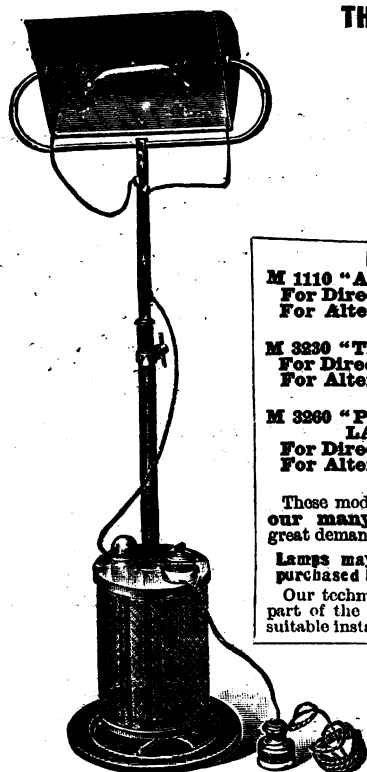


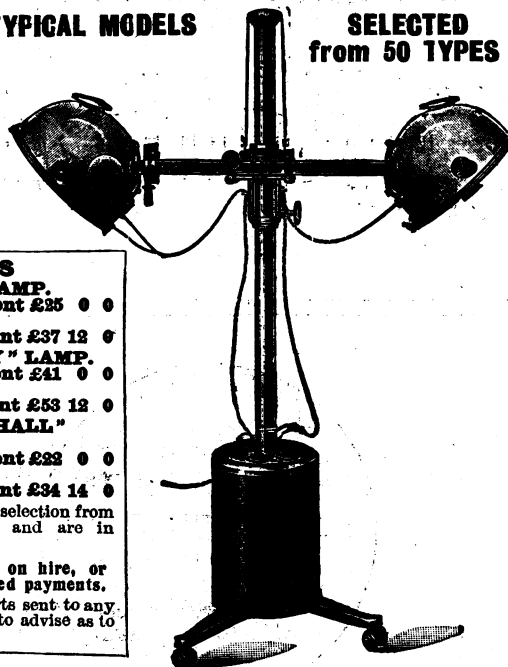
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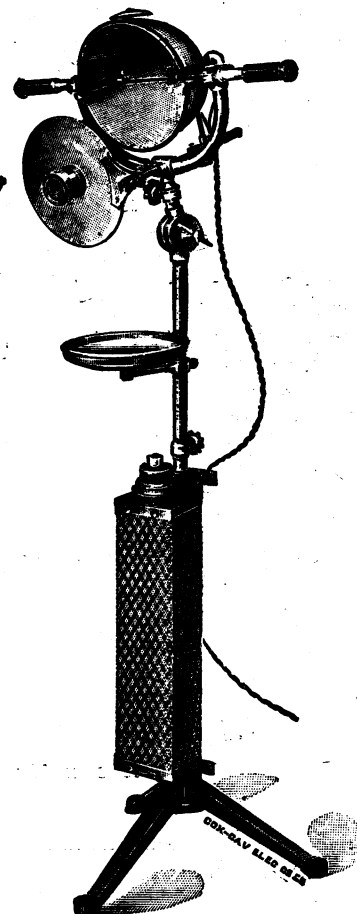
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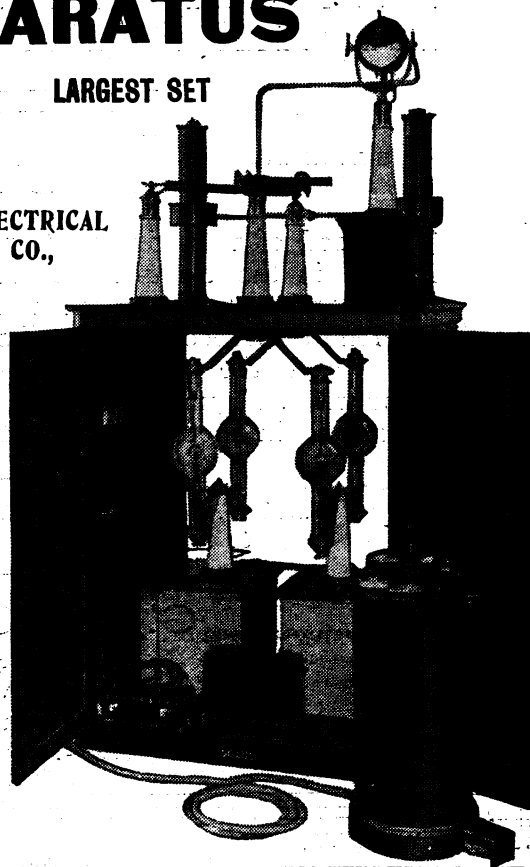
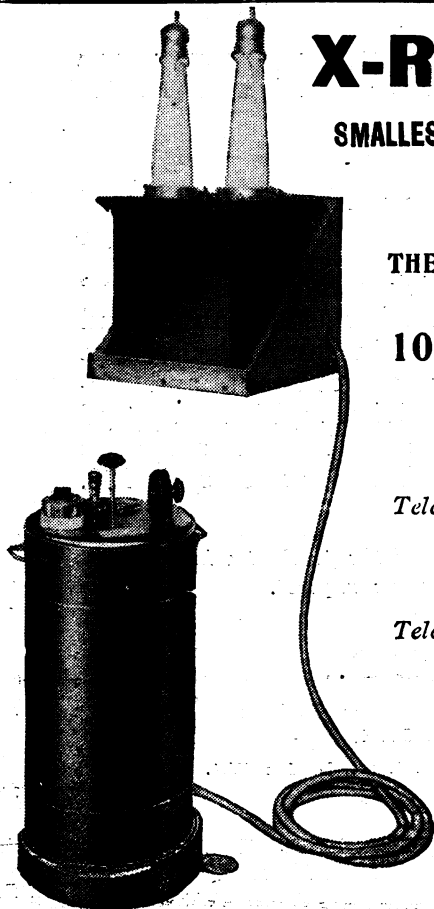
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of expenses which are not then being incurred, so that, taking the two years together, he should not suffer any hardship on the basis suggested.

Car Replacement.

"M. H." bought a second-hand car for £90 in March, 1925, and sold it in June, 1926, for £70, buying a new car for £230. What should he claim?

* * Any claim he now has is for the year 1927-28, and for that and subsequent years he cannot, in our opinion, claim "depreciation" on the old car. That car became obsolete—so far as "M. H." is concerned—in 1926; he can claim to include as part of his professional expenses for 1925 the sum of £90-£70=£20 as an obsolescence allowance due under Rule 7, Schedule D, Cases I and II. Also he is entitled to claim the usual percentage depreciation allowance on the £230 (15 per cent. or 20 per cent.) for 1927-28.

Production of Accounts.

"T. A. F. T." employed an accountant to prepare his figures last year; this year he made his return himself to save the expense, but the inspector of taxes asked for a certified copy of his accounts after his return was made. Since then a formal notice of assessment has been received which agrees with the return already made. Should he employ an accountant in such circumstances?

* * Presumably the accountant looked into the question of expenses carefully last year, and our correspondent, in preparing his figures for the return this year, has followed similar lines to those then laid down. If so it is unlikely that other allowable expenses would now be discovered, and our advice would be that "T. A. F. T." should himself make a copy of the detailed statement of receipts and classified expenses, which we assume he prepared for the purpose of his return, certify it to be correct, and forward it to the inspector, explaining that he does not consider that the facts warrant the payment of a professional accountant's fees.

LETTERS, NOTES, ETC.

INSURANCE AGAINST ACCIDENTS TO DEPUTIES.

MR. L. FERRIS-SCOTT, F.C.A., Financial Secretary and Business Manager, writes: On page 712 of the JOURNAL of October 15th "Sheffield" writes on the question of insurance against accidents to deputies, and says, "I intend in future to cut all this trouble out by only engaging a locumtenent who has insured himself against all risks." I am afraid that "Sheffield" is labouring under a misapprehension, or, alternatively, that there is some means of transferring the liability which is unknown to me. I am under the impression that an employer cannot contract out of his responsibilities under the Workmen's Compensation Acts (except in accordance with special provisions laid down in the Act of which mention is made below), and, further, that the maximum benefit under the Acts for fatal injury (where the workman leaves dependants) is £500 and not £300. Subject to possible correction I would set out the position as follows:

(a) He can run the risk himself and in respect of his own estate (which, I believe, would be foolish). (b) He can, by paying a premium, transfer his liability to an insurance company of repute, which will pay on his behalf such amounts as become due and payable under the Workmen's Compensation Acts. (c) A mutual agreement may be entered into between an employer and his workmen for the substitution of a special scheme of compensation, benefit, or insurance for the workmen, in lieu of the compensation provided by the Workmen's Compensation Acts. All such schemes to be effective must be certified by the Registrar of Friendly Societies, and no such certificate will be given unless the benefits provided by the scheme are as favourable to the workmen and their dependants as the corresponding benefits of the Workmen's Compensation Act, and unless a majority of the workmen to whom the scheme is applicable are in favour of such scheme. Should the scheme provide for contributions from the workmen, the benefits conferred must be at least equal to those contributions in addition to the benefit to which the workmen would have been entitled under the Acts. The scheme must contain no obligation upon the workmen to join as a condition of their employment, and must permit of voluntary withdrawal. No insurance effected by a workman would relieve an employer of his liability under the Acts.

I cannot too strongly urge every member of the Association to insure against his liability, not only for locumtenents, but in respect of assistants, dispensers, nurses, etc., and for domestic servants who come under the provisions of the Workmen's Compensation Acts; it would be to the benefit of the medical profession that they should take out policies approved by the Medical Insurance Agency.

TREATMENT OF VARICOSE VEINS BY INJECTION.

A FATAL issue to the treatment of a case of varicose veins by injections is reported by Dr. O. A. Olson in the *Journal of the American Medical Association* for August 27th. A woman, aged 33, had been wearing elastic stockings for varicose veins in both legs with complete relief, when she received injections on two days with salt solution and calomel. Five days after the second injection she died suddenly, and at the necropsy a thrombotic mass was discovered in the right ventricle. Large thrombi were present in a varicose vein in the right leg; a thrombus was

found in the right interval subphrenic vein, with a broken-off end; there was phlebitis of this vein also. The spleen, liver, pancreas, kidneys, brain, and other organs appeared normal; the cardiac muscle and valves were healthy. This incident adds point to the concluding sentence of our recent discussion of this procedure (JOURNAL, September 24th, p. 558), when reference was made to the possibility of awkward complications ensuing.

MENSTRUAL "UNCLEANLINESS."

DR. G. LOWELL WEBB (Bexhill-on-Sea) writes: If Dr. Robert Hutchison will refer to "Taboo and the Perils of the Soul" and "Balder the Beautiful" (vol. i of Sir James Frazer's *Golden Bough*) he will find numerous references to the origin of this idea. The crude philosophy of primitive man imposed certain taboos on the priest-king-god upon whose health and vitality the prosperity of the country depended, and menstrual uncleanness was one of these, which also extended to the king's worshippers. Moses merely formulated a taboo which had been in existence for many thousands of years previously, as had others before him. It extended to the pollution of rivers, wells, and seas, herds and crops, as well as to many articles of food, but in certain localities the supposed effects of menstrual blood were utilized in a reverse way for destroying the pests which attacked the crops, by making women at this period walk amongst them. Pliny reasserts the same ideas, even to the dimming of mirrors and the rusting of razors. Three of Sir James Frazer's correspondents informed him that it was quite a common belief in recent years in many parts of England that a menstruating woman should not be allowed to assist at the pickling of beef or pork, for fear of decomposition.

DR. W. M. FELDMAN (London, W.) writes: In reply to Dr. Robert Hutchison's inquiry, information on the subject will be found in my book (just out) on *The Principles of Ante-natal and Post-natal Child Hygiene* (John Bale, Sons and Danielsson, Ltd.). On p. 635 occurs the following paragraph:

"The Biblical injunction regarding the semi-isolation of a menstruating woman has recently been explained on a scientific basis. It has been found that during her menstrual period her blood, saliva, perspiration, and milk contain a toxic material which is harmful to living tissue, especially plants, so that a flower held by a menstruating woman will wilt more quickly than one held by her at any other time. The toxin in the milk may also explain the occasional disturbance of the nursing during the mother's menstrual period."

The experimental investigation of the subject was carried out by David I. Macht and Dorothy S. Lobin of the Pharmacological Laboratory of the Johns Hopkins University, and fully recorded in a paper entitled "A phyto-pharmacological study of menstrual toxin" in the *Journal of Pharmacology and Experimental Therapy*, 1924, xxii, pp. 413-66. The results were so constant that the authors could without much difficulty diagnose or differentiate between menstrual and normal saliva (or other body fluid) when unknown specimens were submitted to them. The toxin, which has been named "menotoxin," is found to have some chemical relationship to oxy-cholesterin.

TREATMENT OF FACIAL PARALYSIS DUE TO EXPOSURE.

DR. VERA VITCH (Hartshill Orthopaedic Hospital, Stoke-on-Trent) writes with reference to Mr. Bertwistle's description of his splint in the treatment of facial palsy (JOURNAL, September 17th, p. 494). She agrees that relaxation of the parietic or paralysed muscles is the accepted principle of treatment, and that, with the addition of mild graduated faradism in the early stages, and re-education of the muscles when they begin to recover function, is probably all that is necessary in the treatment of such cases. She continues: We have had a considerable number of these cases referred to us at the Cripples' Hospital, Stoke-on-Trent, during the past few years, and our difficulty has been the devising of a mouth brace which the patient can wear constantly, so that the parietic muscles shall never be stretched. We have eventually produced a splint on the same principle as that of Mr. Bertwistle, which we find the patient can wear with comfort. This brace consists of silver-plated wire of sufficient strength to maintain the facial muscles in the position of selection. The face and ear portion is covered with chamois leather, and the mouth portion is covered with the rubber tip of a No. 6 Jacques's catheter, so that it can be frequently washed. Originally we used ordinary metal wire, but several patients complained of a nasty taste in their mouth. Silver suture wire was then tried, which did away with the unpleasant taste, but the cost of this (7s. 6d. an ounce) was against its everyday use. The silver-plated wire is entirely satisfactory and only costs 7d. an ounce. For hospital use ordinary rubber tubing is used, with the open end stitched down. Where a more neatly finished splint is required, then the catheter is employed.

PREGNANCY AND GLYCOSURIA.

DR. ZELICK GREEN (London) writes: I was asked to examine a married woman for an insurance company about May. She was then seven months pregnant (primipara), and had sugar in the urine; otherwise she was in good health. To-day—six weeks after her confinement—I again examined her urine and found no sugar. I might add that she gave birth to a girl, which may interest Dr. D. M. Macdonald (BRITISH MEDICAL JOURNAL, October 1st, p. 620).

VACANCIES.

NOTIFICATIONS of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 46, 47, 50, and 51 of our advertisement columns, and advertisements as to partnerships, assistantships, and locumtenancies at pages 48 and 49.

A short summary of vacant posts notified in the advertisement columns appears in the *Supplement* at page 163.