

STATUS EPILEPTICUS.

DR. L. HARRIS-LISTON (Middleton St. George, co. Durham) writes: In answer to "H. C. B.'s" query about the treatment of status epilepticus, I may advise as I have treated many such and not seen a death since I adopted the cutting short method of giving a hypodermic injection of 1/100 grain hyoscine hydrobromide. One then is usually sufficient; occasionally another after an hour's interval if the convulsions have not ceased, and rarely a third is needed. A useful combination is hyoscini hydrobromidi 1/100 grain, morphinae sulphatis 1/6 grain, and atropinae sulphatis 1/180 grain, and this can be obtained as tabloid hypod. hyoscine co. "A" (Burroughs Wellcome and Co.). I would also advise the administration of luminal-sodium 1 grain every night and a dose of saline every morning.

TREATMENT OF SEPTIC TONSILS.

"J. A. E." writes: In the letter on tonsil suction printed in the *Journal* of June 16th (p. 1048), Dr. R. Scott Stevenson quotes a formula of Sir James Dundas-Grant: iodine gr. v, acetic ether (acid free) ʒij, glycerin ad ʒj. I prescribed this only two days ago, but the prescription was returned by the chemist on the ground that the acetic ether was "incompatible" with the glycerin. He states that his acetic ether was definitely acid-free. I did not know enough to argue the matter and I substituted Mandl's paint. I should like very much to use the Dundas-Grant formula, and I should be grateful if you can suggest anything which will help.

* * We have referred this inquiry to Sir James Dundas-Grant, who replies:

As the ingredients of the iodine, acetic ether, and glycerin paint for the tonsils, formulated by me, are not strictly miscible, it is advisable to dispense a fluid ounce of the mixture in a two-ounce bottle, so as to allow of shaking up before application.

INCOME TAX.

Cash Basis.

"E. M. A. W." states that for some years he has paid income tax on the basis of fees earned, and inquires whether there is any definite ruling on the question.

* * It has to be admitted that the legal basis is the value of fees earned—that is, the amount of gross bookings for the year less a carefully ascertained allowance for probable losses by non-payment. But for many years the revenue authorities have agreed, as a concession for mutual convenience, to accept, in lieu of the strict gross amount, the total of the cash receipts, provided that there are no circumstances, such as the growth of the practice, which render that basis an unfair index of the true earnings. The matter was discussed some years ago between a prominent official at Somerset House and a deputation representing the profession, and the above is the gist of the agreed position.

Proof of Partnership.

"H. I. J." has recently taken X into partnership, and has been requested by the inspector of taxes to forward the partnership agreement for perusal.

* * So far as our knowledge goes such a request is not usual in the case of a professional partnership, where the bona fides of the parties is undoubted and the facts are free from the complications that may attend similar agreements in the business world. We think, therefore, that our correspondent is justified in demurring to the request, while supplying such information with regard to the terms of the agreement as may be relevant.

LETTERS, NOTES, ETC.

HERPES AND VARICELLA.

DR. VAUGHAN PENDRED (East Sheen) writes: My brother-in-law had a severe attack of herpes, and both his daughters developed varicella two weeks later. A boy, aged 12, contracted a mild attack of herpes, and a fortnight later his sister and two brothers, younger than he is, were all down with chicken-pox. These make my sixth experience of this phenomenon.

HOSPITALS FOR MIDDLE-CLASS PATIENTS.

THE RIGHT REV. MONSIGNOR CARTON DE WIART writes: Speaking at the conference of the British Hospitals Association at Southport, Sir Thomas Horder is reported to have said that one of the most urgent of our problems to-day was the provision of adequate medical and surgical treatment for middle-class patients. "It is a crying need," he said. "We in London have no alternative between the general wards of the large hospital and the private nursing home, where, often enough, the cost to the patient is absolutely prohibitive." May I be allowed to state that a hospital for the middle-classes has been in existence since 1913 in the north of London. St. Andrew's Hospital, Dollis Hill, for the professional and middle-classes was opened in 1913 for the reception of patients who, while not suitable subjects for free treatment in charitable institutions, are yet unable to meet the charges necessary to secure adequate medical or surgical treatment in private nursing homes. Standing on the crest of Dollis Hill, it commands a beautiful view, in all directions, of the

picturesque country outlying London. The building has been equipped and furnished according to all modern requirements, and stands in its own grounds of seventeen acres. Patients are admitted only on the recommendation of their own medical adviser. They are received irrespective of nationality or creed. Medical and surgical cases are received, but those of a mental, contagious, consumptive, or chronic nature are not admitted. The hospital depends for its maintenance upon voluntary contributions and patients' payments. It is under the care of a most efficient honorary medical staff and two resident medical officers. It is now well known, and its accommodation is taxed to the utmost. The number of beds must be increased at once. The opening of a children's ward is imperative, and more accommodation must be provided for the staff. The cost of the extension will be £3,000, towards which £6,601 is available. To all who are interested in this work, and anxious to provide for this "crying need," we urgently appeal for assistance to enable us to provide the necessary accommodation. Plans have been prepared and building can proceed at once if help is forthcoming. Full particulars concerning the hospital will be supplied on application to the Administrator, St. Andrew's Hospital, Dollis Hill, N.W.2.

MIDWIFERY MORTALITY.

DR. J. H. DUDGEON (Workington) writes: Dr. Roxburgh in his letter (June 30th, p. 1126) has pointed out the danger of handing over midwifery to "a body of midwives who are licensed to attend cases . . . but who are totally unfit to take the responsibility thrown upon them." This is due to their very elementary and inefficient training, as at present any woman (many of an indifferent class), with no knowledge of surgical and medical nursing, is given one year's midwifery training and turned out licensed. I do not think this is good for the patients or doctors. No woman should be eligible for the examination in midwifery until she has had three years' thorough training in hospital and has passed the State examination in general nursing. The doctor spends at least five years in training; the trained nurse, with her maternity, spends four years; the untrained woman spends a year at midwifery and is then licensed. Another bad feature is that these untrained nurses, but licensed midwives, are sent out to country districts and are expected to attend cases of all kinds, surgical or medical or midwifery, which is unfair to trained nurses and to those treated by them.

DR. FERDINAND REES (Southend-on-Sea) writes: Will you allow me to plead for serious consideration of Dr. Roxburgh's letter? For a long time I have been striving to draw attention to the same question. General practitioners who are not attached to hospitals or clinics are the ones affected, but there are some who will never take notice until affected pecuniarily. What is most serious is the loss of professional skill and knowledge that must come to them. I write feelingly, because I have made it my business to watch the story of the profession for the last thirty-five years. When the general practitioners refused to man the clinics I knew they were making a fatal mistake. The idea of retaining an imagined surgical monopoly has driven the members of the Hospitals Association to uphold blindly a voluntary system which has been compelled to be none too scrupulous as to how money was raised for the voluntary hospitals. This has been in vain, and the Hospital Savings Association and the middle-class hospitals will, in the end, hurt them financially, as well as the general practitioners; as Dr. Roxburgh so ably points out, these organizations will render the practitioners "less efficient" and more ignorant. Every surgical case will go straight to the hospitals. When I was a young practitioner in Lancashire all minor surgery, and most of the patients with fractures and dislocations, were attended by general practitioners in their surgeries or in the workmen's homes. But when the employers were able to persuade the workmen to give weekly contributions to the hospitals, then they stopped paying the general practitioners, and all surgical cases were dealt with at the hospitals. The divorce of the general practitioners from the hospitals and the clinics will go on for a time, but finally medical men of all kinds must be paid for all the work they do for the nation, and the general practitioners will have to be attached to the hospitals and clinics. The profession must awake to a realization of what is going on.

CORRIGENDA.

In the annotation entitled "Fine work and eyestrain," published in the *Journal* of June 30th (p. 1119), the name of the ophthalmic surgeon referred to appeared as "Mr. T. G. Clegg"; this should have been Mr. J. Gray Clegg.

In Mr. R. Chalmers's note on pneumonia after operation for gastric and duodenal ulcers (June 30th, p. 1134), line 6 in column 2 should read: "Morrison's and suprapubic pouches. On the second day consolidation of the left lower lobe appeared . . ."

VACANCIES.

NOTIFICATIONS of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 47, 48, 49, 52, 53, 54, and 55 of our advertisement columns, and advertisements as to partnerships, assistantships, and locumtenencies at pages 50 and 51.

A short summary of vacant posts notified in the advertisement columns appears in the *Supplement* at page 11.