

Letters, Notes, and Answers.

All communications in regard to editorial business should be addressed to **The EDITOR, British Medical Journal, British Medical Association House, Tavistock Square, W.C.1.**

ORIGINAL ARTICLES and LETTERS forwarded for publication are understood to be offered to the BRITISH MEDICAL JOURNAL alone unless the contrary be stated. Correspondents who wish notice to be taken of their communications should authenticate them with their names, not necessarily for publication.

Authors desiring REPRINTS of their articles published in the BRITISH MEDICAL JOURNAL must communicate with the Financial Secretary and Business Manager, British Medical Association House, Tavistock Square, W.C.1, on receipt of proofs.

All communications with reference to ADVERTISEMENTS, as well as orders for copies of the JOURNAL, should be addressed to the Financial Secretary and Business Manager.

The TELEPHONE NUMBERS of the British Medical Association and the BRITISH MEDICAL JOURNAL are MUSEUM 9861, 9862, 9863, and 9884 (internal exchange, four lines).

The TELEGRAPHIC ADDRESSES are:

EDITOR of the BRITISH MEDICAL JOURNAL, *Artiology Westcent, London.*

FINANCIAL SECRETARY AND BUSINESS MANAGER (Advertisements, etc.), *Articulate Westcent, London.*

MEDICAL SECRETARY, *Medisecra Westcent, London.*

The address of the Irish Office of the British Medical Association is 16, South Frederick Street, Dublin (telegrams: *Bacillus, Dublin*; telephone: 62550 Dublin), and of the Scottish Office, 7, Drumsheugh Gardens, Edinburgh (telegrams: *Associate, Edinburgh*; telephone 24361 Edinburgh).

QUERIES AND ANSWERS.

ARSENICOUS WALL PAINT.

* C. D. wishes to know the best way of dealing with the painted walls of a dwelling house, the paint of which has been found to contain an appreciable quantity of arsenious oxide. The occupant of the room has been found to be suffering with arsenical poisoning. Is there any preparation that could be applied to neutralize the arsenic left in the underlying plaster after the paint has been removed?

TREATMENT OF CHRONIC NASOPHARYNGEAL CATARRH.

DR. JOHN DONALD (Glasgow) writes: I find that the only radical treatment is curetting the nasopharynx. Change of climate is very important. The form due to atrophic rhinitis shows wonderful improvement after applying a vacuum electrode in each nostril from a high-frequency current. The spark gap should be the smallest and the electrode of suitable size for comfortable introduction. Each sitting should last fifteen minutes, and benefit results even from one sitting.

CORNUS.

DR. A. L. MARTYN (Crantock, Cornwall) writes in answer to "H. A. A." (July 14th, p. 85): Cornus, so-called, are the result of focal pressure. Examine well the inside floor of the foot covering; search for symptoms of flat-foot. Above all, soak the foot well in good soap and water really hot for twenty minutes, then, with a good razor, pare away all the horny matter, taking care to get out the core without any haemorrhage—a little practice will suffice to ensure this; pare as if preparing a microscopical specimen. Use powder in shoes or boots and avoid mended footwear.

HAEMOPHILIA AND DENTAL EXTRACTION.

MR. A. W. DAVIES (London, W.1) writes: Your correspondent "A. P. A." (July 21st, p. 137) may be interested to hear of a procedure I have adopted with success in these cases. It is absolutely essential to scale the teeth as if they were to be retained, as well as any other teeth in the head. Oral sepsis must be combated with a suitable mouthwash. I have found none better than 1 drachm of tinct. iod. fort. to the pint of 3 per cent. carbolic acid. This also has the advantage of being an excellent deodorant. The extractions should never be done under local anaesthesia, but always in bed or on an operating table under general anaesthesia. Extractions should not be attempted in the surgery. The effort of getting home has always proved disastrous in my practice. A suitable blood coagulant is always administered. The one which has proved itself superior in my hands is coagulen ciba; 15 c.cm. of this preparation is administered intramuscularly the noon of the day before the extractions; 15 c.cm. more are given the same night, and another 15 c.cm., one hour before the operation, in the buttocks. The alveolus should be levered away from the teeth with very sharp, thin elevators, and the tooth then removed with as little trauma as possible. As the patient is under general anaesthesia there is no point in hurrying. There is no better plug for a socket than the tooth removed from it; therefore, the extracted tooth has the apical one-sixteenth of an inch clipped off, the rough edges carefully rounded, and any readily available pulp removed. The pulp orifice is then sealed over with high-heat gutta-percha, and any debris or periodontal membrane carefully removed from the root. The tooth is then carefully boiled and placed in sterile normal saline. The patient should be kept in bed for three days, using the same mouthwash as previously used. Ice may be given to suck with advantage. The food should be entirely fluid. The case which proved most difficult

progressed favourably until the third day, when the patient opened the socket with some semi-solid food. If haemorrhage sets in further doses of coagulen are given—15 c.cm. every four hours. In critical cases intravenous injections may be given, but only with the most careful eye on the pulse; transfusion is also to be tried. The prepared teeth may be put back into the sockets and splinted into place. Their subsequent removal requires great care, or haemorrhage will again occur. Molars with markedly divergent roots are cut down until they may be inserted without scraping the sides of the socket. Care is required for a further week or so. Stimulants, exercise, and hot foods should be avoided, and the bowels should be kept active.

DR. A. B. LEAKEY (Golders Green) writes: I have had great success with small doses (1/2) of coagulen, t.d.s. for four to seven days before the operation. In one case, when I had no time for this, I gave a hypodermic injection a few minutes before and used the coagulen orally after.

DR. S. G. PAPADOPOULOS (London, W.2) advises the following procedure: Give 5 grams of coagulen (powder) dissolved in 200 c.cm. of water daily for five days by the mouth, and on the sixth day inject hypodermically the contents of one tube of coagulen solution (20 c.cm.). The patient will then be ready for the extraction. Any local bleeding can be arrested by sprinkling a little of the powder on the bleeding sockets. Further injections can be given hypodermically at any time without fear of anaphylaxis or other ill effects.

DR. E. BALDWIN and MR. A. W. RUSCOE (Golders Green) write to the same effect.

INCOME TAX.

Car Transactions.

"D. M. M." bought a car in February, 1925, for £260, and was allowed for depreciation £30 for 1926-27 and £30 as from 1927-28. In May, 1928, he bought a new car for £270, receiving £100 for his old car. What claim can he make?

* * * As the purchase of the new car took place in the financial year 1928-29, it does not affect his liability for that year. The depreciation allowance will therefore be based on the old figures, and will amount to, say, £25. For the year 1929-30 his return will be affected in two ways: (1) he can deduct as a professional expense the obsolescence allowance due on the old car—that is, £260—(£100+£30+£30+£25)=£260—£185, that is, £75; and (2) the depreciation allowance due will be £270 at 15 per cent.=£41.

LETTERS, NOTES, ETC.

A DISCLAIMER.

DRS. P. A. LLOYD and R. C. B. MACRAE wish to state that a laudatory letter which appeared in the *Pembroke County and West Wales Guardian* of July 13th was sent for publication without their knowledge or consent.

"THE FUTURE OF CRIME."

OUR annotation headed "Crime and the Criminal," published on July 14th, has brought a protest from Mr. George Godwin, whose book, *Cain, or the Future of Crime*, was discussed therein. He objects, among other things, to a comparison being drawn between a pamphlet on penal methods and an essay upon the much wider subject of the nature of crime and the problem of the delinquent member of society. "In citing me," he writes, "as having suggested that in the future it will be a crime to be financially successful, your reviewer misrepresents me. There is no such suggestion in my little book. What I did write was that great wealth will, likely enough, be regarded as a trust, an idea as old as Christianity. Neither is it anywhere suggested in my book, as your reviewer would have your readers understand, that leisure will be a crime of the future. To suggest, as I did, that the parasite, poor or rich, will not be tolerated is a very different proposition."

A CHOCOLATE BICENTENARY.

MESSRS. J. S. FRY AND SONS, the well-known manufacturers of chocolate and cocoa, are this year celebrating the 200th anniversary of the establishment of their business, and it is interesting to recall that the founder was a medical practitioner, Joseph Fry, a native of Wiltshire. An extensive practice in Bristol did not satisfy his ambitions, and he embarked on a number of business ventures, including the small cocoa and chocolate shop which has expanded into the gigantic concern we know to-day.

CAUGHT NAPPING.

IN the paper on "Kidnapping," published on July 21st (p. 113), there is, in the second column, a reference to the capture by Indians of Peter Williamson as taking place in 1654. The date should, of course, have been 1754.

VACANCIES.

NOTIFICATIONS of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 42, 43, 46, 47, and 48 of our advertisement columns, and advertisements as to partnerships, assistantships, and locumtenancies at pages 44 and 45.

A short summary of vacant posts notified in the advertisement columns appears in the *Supplement* at page 56.