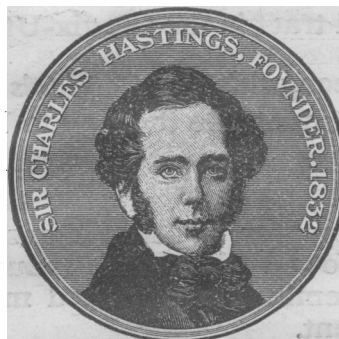


The

AUG 23

British Medical Journal

THE JOURNAL OF THE BRITISH MEDICAL ASSOCIATION.



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WITH SUPPLEMENT.

No. 3632.

SATURDAY, AUGUST 16, 1930.

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IMMUNOGENS represent a class of bacterial antigens developed in the Medical Research Laboratories of Parke, Davis & Co. In their preparation, live virulent organisms are extracted for a short time with physiological salt solution immediately on being taken from the culture medium on which they have grown. Being merely washings of the bacteria and not the bacteria themselves nor the culture medium in which they have developed, Immunogens contain much less protein than any other antigen used for similar purposes, and are practically free from toxin.

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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, 9362, 9363, and 9864** (internal exchange, four lines).

The **TELEGRAPHIC ADDRESSES** are:

EDITOR OF THE BRITISH MEDICAL JOURNAL, Aitiology 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.

DERMATITIS FOLLOWING FURUNCULOSIS.

DR. C. MURRAY HALSALL (Ilkley) writes: I should be grateful if someone would suggest a form of treatment which has been tried with success for dermatitis following furunculosis. My patient, a man aged 50, has had furunculosis for two years, and recurrent attacks of dermatitis for one year, with hardly any intervals.

TREATMENT OF DYSMENORRHOEA.

DR. E. R. B. MURRAY (Clitheroe, Lancashire) writes: Could any reader give me suggestions for the treatment of dysmenorrhoea in a young woman aged 22? She has had a dilatation and curettage, and subsequently the round ligaments were shortened. No organic disease was found. She still has very severe pain, especially during the first day. An exhaustive trial of medical measures has been made.

CLEANSING OF THE CHALICE.

"S. M." writes: I think it is worth while recording my experience in this connexion. I was at one time a strict and regular communicant, but having on one occasion to partake of the cup after a consumptive and a man with septic teeth had already drunk from it, I suggested to the officiating clergyman, who was and is a friend of mine, that at the least he might wipe the rim of the chalice with a "fair linen cloth." He told me to be of good cheer and to have no fear, because the cup was automatically sterilized when he sanctified it, and remained so in spite of septic teeth and mouth. After that I remained at home, and have never been to communion since. It is really time that some clergy learned that there is such a thing as hygiene. I am quite sure that the majority of them are just as particular as the rest of us about not drinking after other people from the same cup in their own homes.

DR. EVA McCALL (London, W.1) writes: The notes in recent issues of the *Journal* as regards cleansing of the chalice recalls to my mind a statement made by a dermatologist, now dead, in the course of a post-graduate lecture. He said that he had ceased to partake of communion since the day when he found that his neighbour at the altar rail was a patient whom he had been treating for syphilis.

COLOUR-BLINDNESS.

DR. H. E. ROAF (London, N.W.), replying to "A. B." (August 2nd, p. 200), writes: By the use of red glass some colour-blind individuals can discriminate colours. Colour-blindness is no handicap for medicine, but it is a bar for the navy, mercantile marine, and railways, or work which necessitates the recognition of coloured signals.

INCOME TAX.

Residence in United Kingdom.

"J. B. M." is living in India but is thinking of taking a house in the United Kingdom for the use of his wife and children. Will that render him liable to English income tax on (a) sums remitted from India to England, and (b) income from English investments? Also, if he purchases a house and it remains vacant, will that affect his liability?

* * The establishing of a residence in this country for the use of his family will bring our correspondent within the category of a British resident, and will render him liable to account for United Kingdom income tax on the amount of remittances out

of his foreign income, less, of course, the usual personal and children's allowances. The income from British investments is liable to British tax in any case. One exception to that rule, however, is interest on the 5 per cent. war loan, the recipient of which is exempt if not "ordinarily resident" in the United Kingdom. Assuming that the residence is to be established here for a temporary purpose, we consider that our correspondent would not thereby forfeit his claim to exemption in respect of war loan interest. It will be seen that the crux of the matter is residence and not merely the possession of property in the United Kingdom. If, therefore, a house be owned here, but is in fact not furnished and available for immediate occupation by the owner, its possession would not render him liable for income tax, except in respect of any rents derived therefrom.

Emoluments of Appointment.

"A. C.'s" employment began as from September 23rd, 1927, at the rate of £250 per annum. The emoluments for the year to April 5th, 1929, amounted to £299 10s. What special relief is he entitled to in the early years of his employment?

* * The basis of assessment normally is the income of the previous year, but as this might work unfairly as regards the early years of an appointment it was provided, by Section 45 of the Finance Act, 1927, that the basis of assessment should be as follows: (a) From commencement to following April 5th—amount of emoluments for that period. (b) Following financial year—amount of emoluments for that year. (c) Next financial year—same amount as in (b) unless the emoluments for the actual year are less, when the taxpayer can claim reduction to the actual basis. Applying these rules, "A. C.'s" liability would be on £299 10s. for 1928-29, and on the same amount for 1929-30, unless that year's salary was less, in which case he can claim "relief" by reduction to that figure. For 1930-31 he is assessable on the amount receivable for 1929-30.

LETTERS, NOTES, ETC.

OPPORTUNITIES FOR TEACHING IN GENERAL PRACTICE.

MR. H. W. WEBBER, formerly surgeon to the South Devon and East Cornwall Hospital, writes from King's Tamerton: Could not some plan be considered whereby the wealth of clinical material in the surgeries of general practitioners might be utilized for instructing students? An illustration will explain my meaning. Recently I was assisting a practitioner with his "evening surgery," and he asked me to overhaul a new case. The patient, a man aged 65, formerly a drill sergeant, complained at first of symptoms referable to the nervous system, but on proceeding with his history he mentioned shortness of breath and pain in the left side of the chest. On examination the pupil reactions, mouth, oropharynx, and neck presented nothing abnormal. The chest was a typical example of emphysema—no liver dullness, no superficial cardiac dullness, and the breath sounds characteristic. The apex beat of the heart was not palpable, its sounds weak and muffled, and no bruit was audible. There was nothing abnormal in the abdomen. The legs were oedematous below the knees. The urine was high-coloured, of specific gravity 1025, and contained no albumin. Now here was an excellent case for demonstration to a student, illustrating common diseases such as he would meet and be called on to treat in practice—emphysema and cardiac failure. I saw other interesting cases, including a hydrocele of the tunica vaginalis, a condition commonly met with in practice, and not unknown in the clinical part of final examinations. All general practitioners must meet with such cases as the above. I suggest that students who cared to do so might attach themselves to a practitioner during their holidays from work at the hospital. In the daytime they could pass the hours according to their inclination, and in the evening attend a surgery. They might make themselves useful by dispensing and bookkeeping, and in return the practitioner would, when a suitable case presented itself, demonstrate the points of interest in diagnosis and treatment. Perhaps the Association might keep a register of practitioners willing to undertake this work, and by this means intending students could get into touch with them.

POSITIVE SPUTUM IN ACUTE MILIARY TUBERCULOSIS.

DR. W. E. ROPER SAUNDERS (Staffs) asks us to express his regret that in the note in the *Journal* of April 19th (p. 768) he omitted to mention that the case described therein was brought to his notice when district tuberculosis officer for the Durham County Council by Dr. J. Jennings of South Street, Durham.

VACANCIES.

NOTIFICATIONS of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 37, 38, 39, 40, 41, 44, 45, and 46 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 column appears in the *Supplement* at page 120.

NATURALLY RICH

IN VITAMIN "D"



A "RESURRECTION"

GUILDFORD

30/6/30

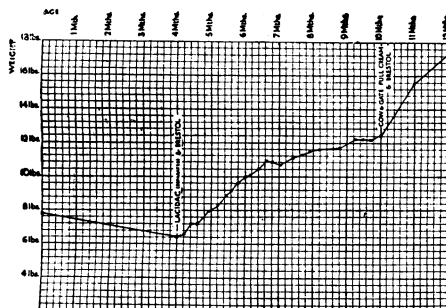
"Baby Hook, came under my care shortly after birth suffering with marasmus following whooping cough. Broncho-pneumonia developed and was with great difficulty cleared up, leaving the child in a very low condition. Feeding proved a difficult problem, several things were tried without beneficial results. The results with Cow & Gate were truly wonderful, indeed it is a case of 'a resurrection.'"

(Signed).....M.B.Ch.B.

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BEFORE—4 months' old, 6 lbs. 9 ozs. in weight.



Progress Chart



AFTER—10 months' old, 12 lbs. 6 ozs. in weight.

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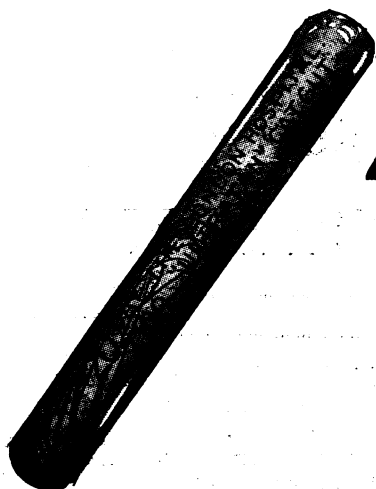
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