

needle, provided the volume of escaping gas is sufficiently controlled. The most suitable site for injection is the outer aspect of the thigh; a raised area of tissue equivalent to the size of a small saucer roughly indicates 200 c.cm. of injected oxygen. I have known subcutaneous oxygen to clear up urticaria rapidly, and also in cases where the usual therapeutic methods have failed. In one case the urticarial eruptions had advanced to such a degree as to involve the base of the tongue and larynx in addition to face and body areas; one injection of oxygen was sufficient to abate the symptoms. No doubt every focus of infection has been investigated by "Practitioner," including x-ray examination of the apices of the teeth. I know of one case of chronic urticaria where the symptoms were due to apical sepsis, for they entirely disappeared after the dental abscess was eradicated. The fact that "the vaccine helped a little" is suggestive of streptococcal infection. I am not aware if anyone else has tried subcutaneous oxygen in urticaria, but it is well known, especially on the Continent, for the relief it gives in the early stages of asthma, which is another allergic disease. For full information on this subject see *The Nature of Disease*, Parts I, II, and III, by J. E. R. McDonagh.

Surgeon Commander G. V. HOBBS, R.N., writes: I would suggest that "Practitioner" tries one or two injections of novarsenobenzol, 0.45 gram, intravenously, with seven days' interval between injections. I have cured two obstinate cases of urticaria by this method, and think it worth a trial.

Effect of Prolonged Injections of Insulin on Subcutaneous Tissue

"M.D." writes: I have been much interested to read the letter of Dr. W. W. Jeudwine (June 27th, p. 1145) about the effects of injections of insulin, as only four days ago I came across a case similar to the one he records. This lady whom I have just seen had been in the habit of giving herself two injections daily, alternately in either upper arm just above the elbow. The effect was striking. The shaft of each upper arm showed a degree of emaciation which was in marked contrast with the apparently huge overhanging deltoids; these assumed almost Sandow-like proportions, though the patient was actually not muscular, but rather the reverse. Like Dr. Jeudwine, I do not know whether such local action of insulin is common. It would be interesting to have the opinion of somebody who has an extensive experience with diabetics.

Income Tax

Life Assurance: Statutory Income

"T. S. R." inquires what is the basis on which total statutory income has to be calculated in order to ascertain the maximum allowance of one-sixth of that total.

* * The total statutory income for any year is the total income on which the taxpayer is liable to bear income tax for that year. Earnings are assessed for one year on the basis of the amount of the income of the previous year; income taxable by deduction, such as dividends and mortgage interest, is taxed on the actual amount receivable in that year. Consequently, the total statutory income for the year 1930-31 is the aggregate of, for example, the salary earned in 1929-30 plus the dividends, etc., receivable in 1930-31. As "T. S. R." points out, the latter are not necessarily known, either to the taxpayer or to the authorities, until the end of the year, and for that reason irritating adjustments sometimes fall due in applying the one-sixth restriction to the life assurance relief.

LETTERS, NOTES, ETC.

Medical Patents

Correction

We hasten to correct a printer's error in the letter by Dr. H. H. DALE on "Medical Patents," published in last week's *Supplement* (p. 268, column 1, line 23). As the context plainly shows, the sentence should have read: "I know that they can only do this by making it clear that they will have nothing to do with *patents* on the one hand, or secrecy on the other."

Sugar in Dietetics

Dr. D. C. NASMYTH (Walmer) writes: Now that sugar is found to play such an important part as an aid to the digestion of fats and in the prophylaxis and treatment of so many diseases, I am sure there must be many practitioners like myself who would be glad to be informed by the experts as to how much is known about the value of the

various forms of sugar as regards the human body. What are the facts of "cane sugar *versus* beet sugar," and of "artificial sugars such as glucose *versus* natural sugar"? Is the chemically ultra-refined and often artificially coloured sugar on the market of equal value with the natural pure sugars? The difficulty of settling these questions is enhanced by the fact that feeding experiments on animals with regard to sugar are of little value. Sugar not being a natural form of food to any except insects, I am informed, though I cannot vouch for the accuracy of the statement, that bees cannot flourish on pure beet sugar. I am using the term cane sugar to designate sugar from the cane, though the physiological chemists employ it to include beet sugar, etc., and I am never very sure in which sense the term is used by medical writers. I am informed from a reliable source that the sugar on the market in this country is mainly of sugar-cane origin—that is, the proportion of cane to beet sugar is about 4 to 1. I know one large school whose head takes the trouble to feed the children on pure cane sugar—being convinced of its superiority dietetically, though slightly more expensive. Glucose, a highly artificial form of sugar, is, I imagine, so popular in treatment, partly because it is the form of sugar actually absorbed from the alimentary canal, and partly because, not being so sweet as other sugars, more can be given without nauseating the patient. Except for its administration intravenously or per rectum, do these advantages outweigh the disadvantages of it being a purely artificial sugar and not nearly so palatable as pure cane sugar? Children in good health will generally take a large amount of cane sugar without objecting to its sweetness. We do not often give peptone instead of protein because it is the form most easily absorbed. The whole trend of modern dietetics is to employ the natural forms of food in preference to the artificial. Is sugar an exception to this conception? Again, modern medicine advocates more sugar in the diet of the child, while dentists are against sugar. During the war, when sugar was scarce, the school dental clinics noted a large decrease in dental caries, and this in spite of a deficiency in the food of vitamin A. Will anyone be kind enough to explain these things to me?

Femoral Thrombosis in Pneumonia

Dr. T. STENNER EVANS (Swansea) writes: I was interested to read in the *Journal* (June 27th, p. 1146) an account of thrombosis of the femoral vein following pneumonia. In 1922 I published the notes of a similar case. My patient fortunately recovered from her illness, but two years later had a second attack of pneumonia, which was again complicated by femoral thrombosis, and on this occasion by pulmonary infarction also. She was very dyspnoeic for some hours and had severe pain in the left chest, but after twenty-four hours breathing became less dyspnoeic, and the patient ultimately recovered. My reason for quoting this case is that, although femoral thrombosis as a complication of pneumonia is comparatively rare, a repetition of the whole process, with ultimate recovery, appears to be very rare.

A Grenfell Calendar

An attractive calendar for 1932 is being prepared by the Grenfell Association, for the benefit of Sir Wilfred Grenfell's work in Labrador and Northern Newfoundland. A frontispiece in colour shows Sir Wilfred on the bridge of the hospital steamer *Strathcona*, and there is a page for each week, containing a reproduction from a photograph of Labrador. If this calendar proves a success it is hoped to repeat it each year. The price in Great Britain is 3s. 6d.; packing and postage 6d. extra. Orders should be sent to the Grenfell Association of Great Britain and Ireland, 82, Victoria Street, S.W.1.

A Sterilizable Telephone Disk

An old member of the British Medical Association has invented a simple device for disinfection of telephone mouthpieces. It consists of a small metal reversible disk, which can be clipped on to vulcanite or glass mouthpieces. Its greatest advantage is the ease of application; this allows daily sterilization by boiling. We understand that supplies can be had from C. Wilkinson, 64, Church Road, Upper Norwood, at 1s. each, or by post 1s. 3d.

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, 50, 51, 54, 55, and 56 of our advertisement columns, and advertisements as to partnerships, assistantships, and locumtenencies at pages 52 and 53.

A short summary of vacant posts notified in the advertisement columns appears in the *Supplement* at page 19.