

C

YSTITIS

IN THE treatment of acute cystitis, **copious applications of hot Antiphlogistine Dressing over the supra-pubic and perineal regions, constitute one of the best local measures for this condition, as their action is both decongestive and sedative.**

Likewise, in chronic cystitis, the application of a large cataplasm of Antiphlogistine Dressing over the pubis is advisable. It plays an important rôle, and is a valuable aid to the local treatment.

●
*Sample
and literature
will be sent upon
request*

A

ANTIPHLOGISTINE

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EXOSMOTIC

HYPERÆMIC

ANALGESIC

DECONGESTIVE

Income Tax*Wear and Tear of Instruments*

"A. D. B." is a resident medical officer, and under his service agreement he has to provide his own instruments. The inspector of taxes declines to allow wear and tear on the amount (£40) so expended.

** The inspector is correct. Professional instruments fall under the category of "implements, utensils, or articles employed for the purposes of the . . . profession," and the appropriate allowance is the deduction from gross income of the cost of replacements and repairs as and when incurred. The depreciation allowance, which meets the replacement cost in advance, is applicable to "plant and machinery," a phrase which does not cover instruments of the normal type.

Discontinuance of Employment

"ASSISTANT" discontinued his employment on January 1st, 1932, and became a whole-time student. On what basis will his liability be computed for each of the two years ending April 5th, 1932 and 1933?

** For the year 1931-2 the existing assessment should be adjusted to the amount of the earnings of that year—that is, of the nine months to December 31st, 1931. For 1932-3 there will be no assessment on earnings, because the employment ceased prior to that year and there is no source of assessable income. The requirement of the inspector of taxes that a return should now be made of the income of the year 1931-2 is, we presume, made so that the assessment for that year may be adjusted.

Colonial Government Service: Residence in United Kingdom

"D. M." holds an appointment as M.O.H. in a colony. He proposes to buy or rent a house in the United Kingdom, where normally he would spend less than six months every second year. How would that affect his income tax liability?

** If he carries out his intention he will become an English resident, and as such will be liable to account for income tax here on such portion of his income as arises in, or is remitted to, this country—for example, on the 50 per cent. of the salary paid to his dependants if that arrangement be adopted. In calculating the amount of tax payable the usual allowances will be made and a deduction given for the tax paid abroad. If furnished rooms are taken for long periods the legal position is the same, but is not demonstrated in so immediate and definite a way, and the authorities might perhaps defer charging the British tax until the arrangement had been in force some time to see whether an habitual residence had in fact been set up in this country.

LETTERS, NOTES, ETC.**A Case of Haemorrhagic Measles?**

Dr. S. K. CHAUDHURI (chief medical officer, Benares) writes: A Hindu girl, aged 9 years, was seen on May 22nd. Her parents stated that she had been in the same house with her cousins, who had measles. Her fever was of three days' duration. She had inflamed tonsils, and her face was flushed. Koplik's spots were noticed, and a diagnosis of measles was made. Typical eruption made its appearance on May 25th. On the same day she complained of restlessness and nausea, and vomited blood in large quantities. The haematemesis lasted for six hours, and her pulse became almost uncountable. Normal horse serum, iced and sweetened, was given by the mouth, and ice application was made to the pit of the stomach. The temperature, which had risen to 103°, was also controlled by the cold application. By May 28th the fever subsided. The same morning she passed blood-tinged urine only once. Since then her convalescence has been uneventful. An adult brother of the child's mother who was treated for kala-azar had died of haematemesis two weeks before the child was taken ill. Clinical evidence pointed to gastric ulcer as the cause of this. X-ray examination was not practicable.

Pituitrin in Malignant Disease

Dr. J. N. McINTOSH (Port Royal, Jamaica) writes: In the *Journal* of May 14th Riches and Kremer showed that the theoretical and experimental observations of Susman on the effect of injections of posterior pituitary extract and theelin combined with a low carbohydrate diet on malignant

growths failed to prolong life; nor was there regression of any of the growths. In the *Journal* of December 27th, 1930, I put forward the theory that "there is a close relation between a faulty carbohydrate metabolism and malignant growths, and that the hormones (especially that of the islets of Langerhans), closely linked up with the coaction of the autonomic nervous system, determine whether the local pathological process is to be one of diabetes or malignant neoplasm. It seems that if the tissues first become thoroughly 'bathed' in fermentative products from an auto-intoxication (so-called 'antibodies'), it is utterly impossible for a malignant growth to appear, and the only disease present will be diabetes. On the other hand, if the pancreatic 'autocoid,' through its chalcones, causes a 'mild' depression on the tissues, then the pathological process present may be malignancy, the outstanding feature, associated with a glycosuria." Still holding this theory, I suggest that the failure of Riches and Kremer to obtain satisfactory results in their clinical observations is due to a continued "mild depression of the cancer soil," due to the low and faulty carbohydrate diet in treatment, and that it would be worth while—in conjunction with post-pituitrin and theelin—giving an excessive carbohydrate diet with the object of producing a diabetic condition which could be controlled by insulin.

Pyloric Stenosis and Tetany

"P. T." writes: In your issue of July 16th, p. 100, I was very much interested in Dr. G. M. Wauchope's case, where symptoms arose in late adult life from a congenital pyloric stenosis, and which were associated with tetany. I was able to observe a similar case—though the actual condition has been unascertained by an x-ray examination—in which the symptoms, apart from the vomiting, mildly simulated those of the case referred to above: tingling of the fingers, sensations of tightness in the chest with cramp. Singularly enough there was oedema, chiefly of the legs, which passed off spontaneously. It was found, moreover, that a diet which provokes the minimum amount of gastric digestion is the most conducive to the passing off of the symptoms, which a quickly emptying stomach seems to control. This has been the only method that has been given: a trial, in view of the mild character of the case, which nevertheless points definitely to some pyloric anomaly.

British Legion

The annual report of the National Executive Council of the British Legion for the year ending September 30th, 1931, records an encouraging extension of the machinery for establishing employment bureaux throughout the country. This obtaining of suitable and permanent occupations for the Legion members is described as being the most important of all the constructive work which this organization is accomplishing. There are now 3,343 local British Legion and United Services Fund Benevolent Committees, numbering 40,000 voluntary workers, who are engaged in the distribution of relief in necessitous cases. At the end of September last year there were 3,715 active branches of the Legion, including 123 in the Irish Free State, 75 in Northern Ireland, and 54 over-seas. It is mentioned in the report that very often these overseas branches are the sole centres of British activities in isolated parts and foreign towns, contributing in no small measure to the maintenance of British prestige abroad. Their number continues to increase gradually; new branches were formed during the year under review at Knocke (Belgium) and in the Philippines.

A Warning

A medical practitioner in the South of England asks us to warn members of the profession against giving orders for stationery to a man representing himself to be the agent of a firm in North London. He shows samples of doctors' stationery and asks for a deposit, but the goods are not delivered.

Corrigendum

In the report of the proceedings of the Section of Obstetrics and Gynaecology in the *Journal* of August 6th (p. 255), Professor Munro Kerr's remark that he "advocated vaginal or abdominal hysterectomy" should read "advocated vaginal or abdominal hysterotomy."

Vacancies

Notifications of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 32, 33, 34, 35, 38, and 39 of our advertisement columns, and advertisements as to partnerships, assistantships, and locum tenencies at pages 36 and 37.

A short summary of vacant posts notified in the advertisement columns appears in the *Supplement* at page 136.



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