

Local Treatment

is the art of applying a suitable degree of warmth carefully, but of sufficient intensity so that the treatment may be concentrated on the diseased part, while avoiding a prolonged heat application on the body generally.

Antiphlogistine Dressing has an advantage over the heat effect produced by water, or hot-air baths, in that it has a very low capacity for heat with the added advantage of not being a good conductor. As a consequence the body can stand considerably higher temperatures than in water baths or with other forms of organic mud and peat. Antiphlogistine Dressing thus yields the highest possible degrees of heat for prolonged periods, producing a corresponding "bath-fever", and also concentrates at any particular spot intensive hyperæmia with all its beneficial effects. The area under treatment is thus flooded with serum and blood cells, with their cytological and bactericidal action.



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If, on the other hand, the partners do not combine to give such a notice, then the previous year's basis will continue to be applicable, the assessment for the year 1932-3 will remain unaltered, and that for 1933-4 will be determined by the amount of the net earnings for the year to March 31st, 1933. A will not be taxable in respect of his share of debts collected and paid over to him after his retirement.

Holiday Duty : Expenses

"J. L. T." was superannuated from a whole-time appointment, but asked to do holiday duty for the same authority. This necessitated leaving his home and living in rooms or institutions. When residing temporarily in an institution a deduction at the rate of £100 per annum was made for board-residence. Can he deduct from the emoluments earned the sums paid, by deduction or otherwise, for the cost of living?

** No. It is settled law that such expenses are not wholly exclusively and necessarily in the performance of the duties, but rather in order to put the person concerned in a position to perform them.

Partnership Succession

"JASPER" explains that the firm of A and B were succeeded by the firm of B and C as from November 30th last. Which is the more advantageous course to adopt—to treat the practice as continuous or to regard it as a new practice?

** The answer depends on whether the net earnings of the practice have and are increasing or decreasing. If A, B, and C join in electing to have the practice treated as a new one, then A and B will be chargeable for the eight months to November 30th on the basis of their net earnings for that period, and, if the Revenue authorities desire, for the year 1931-2 on the current year's basis. So far as B and C are concerned they will be chargeable for the five months to April 5th, 1933, on the actual earnings basis, and for the year to April 5th, 1934, on the basis of the net earnings for the twelve months to November 30th, 1933, but they will have the option of being charged for 1933-4 and 1934-5 on the basis of the net earnings of those actual years. It will be seen that the general effect of electing to treat the practice as having ceased and been recommenced is to bring the basis forward from the previous year to the current year, and will be advantageous only if net earnings are falling. There may be a conflict of interest as between A and C. The three persons concerned have until November 30th, 1933, before their right to notify the election expires.

LETTERS, NOTES, ETC.

An Unusual Injury

Dr. H. FERGIE WOODS (London, W.1) writes: The following account of an unusual injury due to a fall may be of interest. A lady, aged 37 years, slipped down a couple of steps, and, twisting round, fell with the lower part of her back against an iron lamp-standard. She complained only of bruising of the coccygeal region, but was unable to get away to see me. A week later she telephoned to say that she had a swelling on the chest, which she thought I ought to see. On examination I found a large prominence at the junction of the third right costal cartilage with its rib. The costal cartilage, intact with the sternum, had dislocated forward and the end of the rib had slipped behind the cartilage, pushing it out. The patient complained of nothing but very slight pain when she coughed or sneezed, and there was no tenderness. After trying in vain various movements of the arm combined with pressure on the sternum, I made the patient lie flat on her back, and, exercising traction outwards on the right arm with my left hand, I gave a sudden thrust downwards with the flat of my right hand on the sternum and right costal cartilages. There was a loud click and a gasp of surprise from the patient (who said, however, that she felt no pain), and the swelling had disappeared. It has not returned (after some weeks).

Thyroideum Siccum "B.P. 1932"

Dr. A. H. SALWAY writes: The appearance in your columns of correspondence on the above subject induces me to ask permission to record my views on the new methods of standardization of desiccated thyroid gland, recently introduced by the B.P. There is room for doubts about the wisdom of adopting thyroxine iodine, instead of total iodine, as the basis of standardization of thyroid

gland, as quite a considerable amount of evidence has been obtained to show that physiological activity of the gland is not proportional to the thyroxine content. This has been pointed out by Gaddum and Hetherington (*Quart. Journ. Pharmacol.*, 1931, iv, 183). Other investigators (Hunt, *Amer. Journ. Physiol.*, 1923, lxi, 257; Cameron and Carmichael, *Journ. Biol. Chem.*, 1921, xli, 38) have compared the physiological value of thyroxine iodine with that of thyroid gland containing the same amount of total iodine and find the former to be much less active than the latter. Similar conclusions are recorded by Quervain (*Deut. med. Woch.*, 1930, lvi, 410). In view of these statements it is difficult to avoid the conclusion that the thyroxine content does not represent the whole of the activity of thyroid gland, and that other iodine compounds are present which are of therapeutic value. Admittedly standardization of thyroid gland by total iodine content, according to previous practice, is imperfect, but it seems premature to alter this method of standardization in favour of a method based on assumptions which do not obtain general acceptance.

Neurology and the Autonomic Nervous System

Dr. MUNGO DOUGLAS (Bolton) writes: In your leader (November 5th) on "Neurology and the autonomic nervous system" you state that "the neurology which these workers have constituted treats of that part of the nervous mechanism which subserves the individual's awareness of, and reactions to, his environment—ultimately expressed in terms of movement," but you do not refer to what these workers have failed to observe in the living human being—namely, that that particular mechanism is functioning in a delusive manner. To what purpose is the tracing out of channels or the localization of centres if it is evident that the movements—the expression of the sensory awareness—are in many cases the direct opposite of what the living person experimented upon believes to be the direction in which he is moved? The work of F. Matthias Alexander has shown that instinctive direction based on deteriorated sensory appreciation is harmful to the individual, and his work has already solved the problem to which you refer as "the relation between structure and function." You also state that a search has been made for a "central regulating mechanism in this complex system," but you omit to mention the discoveries of Magnus of "central control" and the practical application which Alexander has made of his earlier discovered "primary control" as he called it, which is the means whereby the living human being can come into a heritage of controlled sensory appreciation and direction of his mechanism through central control and a constantly improving sensory appreciation. If physiologists paused to consider what has been discovered in practical applicable knowledge they would find their problem much less complex and practical fruits for their efforts much more abundant.

Diaries and Calendars

We have received from Messrs. John Walker and Co. (Farringdon House, Warwick Lane, E.C.4) a very attractive selection of diaries, calendars, memorandum pads, and appointment books for the coming year. The diaries of 1932, with their crumpled, jaded-looking covers, will soon be thrown into that receptacle for uncomfortable communications—the waste-paper basket. The new diaries, with colour and size to suit all shades of political opinion and degrees of self-esteem, remind us that old customs die hard, particularly that of making good resolutions on January 1st and breaking them a week later.

A pocket diary specially compiled for motor cyclists and other users of the roads is published by *Motor Cycling* in conjunction with Charles Letts and Co.

Corrigendum

We regret that a mistake, for which he is not responsible, occurred in the heading to Sir Harold Gillies's paper (December 3rd, p. 1008), where he was described as "Chief Plastic Surgeon, Ministry of Pensions Hospital, Roehampton." Sir Harold has not been connected with the Ministry of Pensions other than as a consultant since July, 1931, from which date Mr. T. Pomfret Kilner has been Plastic Surgeon to the Ministry.

Vacancies

Notifications of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 40, 41, 42, 43, 46, 47, and 48 of our advertisement columns, and advertisements as to partnerships, assistantships, and locumtenencies at pages 44 and 45.

A short summary of vacant posts notified in the advertisement columns appears in the *Supplement* at page 295.



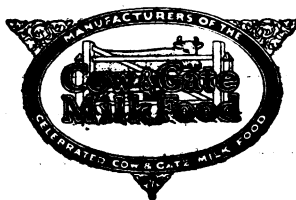
NUTRITIONAL ANÆMIA IN INFANCY

The Minister of Health draws attention in Circular No. 1290 (27th Oct., 1932) to the importance of the results of the investigations carried out under the auspices of the Medical Research Council on Nutritional Anæmia in Infancy (Medical Research Report No. 157 Mackay). In this Circular the Minister recommends all authorities responsible for the care of infants to give practical effect to the recommendations made as the result of these researches for the prevention and cure of Nutritional Anæmia. **The Milk Food which was used exclusively in this extensive work, and which is still being recommended for this purpose is**

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The exhibition of Hēmolac in the treatment of Nutritional Anæmia has now been definitely established. In addition it has been demonstrated that Hēmolac acts as a prophylactic against the common catarrhal infections of the respiratory and alimentary tracts.

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