

## Letters, Notes, and Answers

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### QUERIES AND ANSWERS

#### Hypertrichosis

"H. B." asks for information about the treatment of a number of hairs simultaneously by diathermy.

\*\* In employing the diathermy apparatus for removal of superfluous hairs it is necessary to have a glass beaker, into the base of which a metal electrode is fitted and which is connected to the terminal of the apparatus. This is filled with water up to a convenient point, which can easily be ascertained on trial. The area to be treated having been decided upon, the operator passes a number of very fine and short needles (say a dozen) into the hair follicles, holding them in forceps for the purpose. Once in position they will be found to stay there without any difficulty. The beaker is then held so that the needles dip into the water and the current is turned on. The current is passed for about half a minute, after which the hairs will be found to be loose in their follicles, and can readily be pulled out without pain. This method, which is practised in Vienna, is said to be more rapid than ordinary electrolysis, and quite as satisfactory.

#### Bromidrosis

Dr. E. H. SMITH (Surbiton) writes: This is a troublesome complaint, and very prevalent at this time of year, among young adults. I have found that it can be greatly relieved, and in many cases cured, if patients will increase the consumption of "common table salt" with their food.

#### Income Tax

##### *Car Replacement : Obsolescence Allowance*

"E. H. C." bought a "C." car in 1923 for £438, and sold it in 1932 for £28, when he bought an "M." car for £295. In connexion with an "obsolescence" claim the inspector of taxes has asked him to say what it would have cost in 1932 to purchase a new "C." car of the type approximately equivalent to the car displaced. The "C." company ceased production about 1926 or 1927.

\*\* We advise "E. H. C." to explain that a "C." car is now unobtainable, and that it is probably a fair assumption that, allowing for automatic improvements in design, etc., the "M." car purchased may be taken as reasonably equivalent to a hypothetical "C." car of the year 1932.

##### *Deferred Annuity Insurance*

In a recent issue (July 8th) we replied to a correspondent—"R. H. J."—who inquired whether income tax relief was due to him in respect of a contract under which he paid premium for the benefit, *inter alia*, of a covenant by the insurer to pay a pension or annuity to him after he reached a specified age. The income tax relief is provided in the main in respect of contracts to secure lump sums payable on death, but it extends to cover deferred annuity contracts

where (a) the contract secures a capital sum payable on death, or (b) it is "made in connexion with any superannuation of bona-fide pension scheme for the benefit . . . of persons engaged in any particular . . . profession." We have since been informed that the Inland Revenue authorities have agreed that in the case of the particular scheme in question—namely, that of the National Health Insurance Practitioners Pension and Insurance Scheme—the contracts for insurance provision are within the scope of the life assurance relief.

### LETTERS, NOTES, ETC.

#### Declining Death Rates of Diphtheria and Scarlet Fever

Dr. S. P. WILSON (Wakefield) writes: Dr. Cobbett's article (*Journal*, July 22nd, p. 139) reminds me of certain doubts which periodically recur to me. Will the ultimate effect of antitoxin treatment be for the good of the community as a whole? Diphtheria mortality was falling even before the days of antitoxin, but the further improvement anticipated from newer methods of treatment has not been realized. Is this due in part to a less lasting immunity being acquired by individuals whose recovery is assisted by antitoxin administration, and is herd immunity or resistance consequently less than it would have been if the use of antitoxin had not become so general? Several factors may be affecting the situation, including the well-known periodic variation in severity of diseases, and so I do not claim that Dr. Cobbett's comparison of diphtheria with scarlet fever lends support to my suggestion, which I put forward quite tentatively. I have no misgivings about diphtheria immunization, which seems to me a logical method of attack. Neither do I question the value of antitoxin in the individual case—a value which makes the problem of treatment more difficult; but public health is concerned with the race as well as with the individual.

#### Tinnitus and Deafness

Dr. F. G. CAWSTON writes from Durban: In the treatment of tinnitus and deafness inflation of the middle ear should be postponed until breathing through the nose is both healthy and clear. Where the Eustachian catheter is employed a piece of rubber tubing should be used to attach it to the air-bag and thus avoid jarring. Inflation relieves only a limited number of those cases of tinnitus and deafness which are due to Eustachian incompetence, and, unfortunately, bougies are liable to damage the lining of the Eustachian tube. Where the tube remains narrowed, constant use of the catheter may produce a stretched and sensitive drum. The eighth nerve is the most sensitive to slight changes in the circulation, tinnitus being set up rapidly in susceptible persons after the ingestion of certain foods or exposure to atmospheric changes, and fatigue. Anything which relieves local congestion assists in the relief of many cases of tinnitus, and more attention should be paid to prolapsed colon and other indirect causes. As a lifelong sufferer from tinnitus, unrelieved by careful attention to diet, teeth, and nasal obstruction, I appreciate to the full the need for skilful judgement in the handling of both early and chronic cases.

#### Disclaimer

Dr. NORMAN HAIRE (London, W.) writes: My attention has been drawn to an advertisement, in one of the newspapers, of a book to which I have written a preface, and I find that the publisher has described me as "the eminent gynaecologist." May I disclaim all foreknowledge or responsibility for this error of taste, which could not reasonably have been expected from a firm of the standing of the one concerned. I communicated with them immediately, asking them to see that the words are deleted from all forthcoming advertisements, and nothing of the sort added to the simple mention of my name.

#### Corrigendum

A mistake occurred in the proof correction of the President's Address, published last week. In the paragraph beginning near the top of column 1 of page 187, the second sentence should have run: "In June of this year the Irish Medical Association numbered just under 400, and the members of the British Medical Association resident in Ireland were nearly 1,100."

#### Vacancies

Notifications of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 31, 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 108.