

**Thumb-sucking**

"INTERESTED" would be glad to know of an effective remedy for thumb-sucking in a child 3½ years old. The habit has recurred after a lapse of eighteen months. Collodium (bitter aloes) paint, hitherto successful, now seems useless, as also does bandaging, finger-stalls, etc. The child has now reached the age when he can successfully undo every form of local application employed for the purpose. The lower teeth are receding markedly from continuous indulgence in the habit.

**Snake Venom**

"E. F." asks for information and references to literature on the treatment of inoperable tumours with snake venom. "Are these experiments carried on in this country, and, if so, where?"

**Insulin for Undernourishment**

Messrs. ALLEN AND HANBURY'S LTD. write, with reference to the inquiry by "Embonpoint" (September 30th, p. 630): "An article on the effect of insulin in (healthy) thin persons appeared in the *Journal of the American Medical Association*, January 14th, 1933 (p. 88). The book on insulin therapy which we publish in conjunction with British Drug Houses Ltd. contains a section describing the use of insulin in malnutrition."

Dr. J. BATES (London, S.W.5) writes: In truly "constitutional" thinness the administration of insulin appears to work in two ways. In cases with anorexia it greatly improves the appetite. In patients whose appetite is normal it increases the fat reserves through its action on the liver. Bearing in mind that many authorities deprecate its use without preliminary blood sugar estimations, it may be given empirically, starting with three international units from three-quarters to one hour before the principal meal of the day. After a day or two this dose should be doubled, and also five units may be given half an hour before breakfast when an adequate meal is taken afterwards. To prevent hypoglycaemia 1/2 grain of ephedrine may be given by mouth at each injection.

**Blood Sugar and Blood Urea**

Wing Commander H. M. STANLEY TURNER (Abingdon) writes in reply to "A. G.'s" query (*Journal*, September 23rd, p. 590): I would recommend him to use the method of Crecelius and Seifert (*Münch. med. Woch.*, lxxv, No. 30, 1301), which is rapid, simple, and extremely accurate. It depends upon the conversion of picric into picramic acid in a hot alkaline solution in the presence of glucose. To 1.9 c.c.m. of distilled water, 0.1 c.c.m. of blood is added. To this is added 1 c.c.m. of a 1.2 per cent. solution of picric acid. The mixture is well shaken and filtered. To the filtrate is added one volume of 20 per cent. sodium hydrate to ten volumes of filtrate. This is well shaken, and put into a water bath for exactly five minutes, then removed and cooled under the tap. The result is compared in a special but inexpensive colorimeter made by Zeiss, and a direct reading in milligrams per cent. is given. It should be remembered that colour-blind persons cannot use colorimetric methods. The whole process can be carried out in under fifteen minutes from the time the blood is taken. As regards blood urea, I do not think the ordinary urease method (soya bean) can be improved upon. It requires some time, and it is of extreme importance to verify the volumetric solutions used (N/100 NaHO and HCl) before carrying out the determination by titrating one with the other in the presence of methyl red as an indicator. Once the air pump has been started and is running at the full there is no need to watch the apparatus for the whole sixty minutes. This method is described in most textbooks—for example, Hutchinson and Hunter's *Clinical Methods*.

**Deafness after Bathing**

Mr. ALFRED MERRIN, F.R.C.S.I. (Dun Laoghaire, Co. Dublin), writes: I was interested to read the letter from Dr. B. Malaher under the heading "Wanted: A Drum Defender." As a sufferer from exostosis of the auditory meatus and a keen bather, I have tried all sorts of remedies to stop deafness after sea-bathing. This season I have been using fibrous plasticene, and have had no trouble with my ear whatsoever. The cost is trifling—so far I have used about twopennyworth. A piece about half an inch long, and shaped like a tack, should be used, and pressed firmly into the ear. To remove, pressure with the finger at the back of the external meatus will force the plug out sufficiently to be easily removed with the fingers.

**Income Tax****Lecturer's Expenses**

"UNIVERSITY" is a lecturer and research worker at a university, his duties being to lecture there and at an associated institution and to do research work at the

medical school. Part of the research work necessitates travelling to another town (H) several times a week, and he receives a grant from another university in connexion with that work. Can he deduct as expenses (a) payments to his wife for secretarial work, and (b) the cost of travelling between the university town and "H"?

\*\* (a) The payments to the wife are deductible if they are made wholly, necessarily, and exclusively in the performance of his duties. If the university authorities require him to have assistance, that, of course, settles the question in his favour, but if he can show that the nature of his work is such that assistance is necessary, we consider that his claim should succeed, even without a specific requirement by the authorities. (b) If the duties entailed by the terms of his university appointment necessitate the visits to H, his claim is valid; but if it is optional to make such visits, or if they are severable from the duties of his university appointment (as, for instance, if they arise under the terms of the grant from the *other* university and not under his main appointment), then they are expenses of going elsewhere to perform his duties, and are not incurred in carrying out the duties—at more than one place—of the one appointment. In the former case the expenses are not legally deductible.

**LETTERS, NOTES, ETC.****Treatment of Stump in Appendicectomy**

Dr. E. G. JOSEPH (Jerusalem) writes: I read with interest Mr. Petty's article in the *Journal* of September 9th. He reports two deaths, and in each case a large hole was found in the caecum at the site of the "purse-string suture." This technique of "purse-string suture" has been completely discarded at many of the larger clinics in the United States of America, since it has been shown that the suture may give rise to post-operative faecal fistula due to gangrene of the enclosed area of bowel. A simpler, speedier, and infinitely safer method of appendicectomy is merely to tie off the appendix at its base with two sutures, and after removal to apply carbolic acid and alcohol to the stump. No crushing clamps are used before ligature, and no purse-string suture afterwards. In the last three years I have used this simple and easy method some hundreds of times, and always with the greatest satisfaction.

**"Prophylaxis of Malaria"**

Dr. A. E. FINCKH (Sydney, N.S.W.) writes: On reading of the above subject in the July and August numbers of the *Journal*, I was reminded of the lectures on this topic which I attended in 1907 at the Hamburg Institute for Tropical Diseases. We were told that if a medical man was in charge of a group of Europeans in a malarial district and malaria broke out among them, that medical man should be censured. He either had failed to give the necessary instructions or he neglected to insist on his instructions being carried out. Quinine hydrochloride gr. v was given daily, either in wafers or in solution. Instructions were that it should never be given in tabloid form on account of the possible insolubility. The rolling up in cigarette paper was also condemned.

**Medical Golf**

The Sussex Medical and Dental Golfing Society held its fourth autumn meeting on the links of the East Brighton Golf Club on Sunday, October 1st. Thirty-two competed in the morning round, which was a singles against bogey, for the Captain's trophy. F. Heckford, with a score of 1 up, returned the best card, and H. M. Pimm was second with all square. In the afternoon a sweepstakes competition was held (foursomes against bogey), and the best card was returned by F. Heckford and K. C. McNaught with a score of all square; Muir-Smith and J. K. Raymond being second with a score of 2 down. The society holds two meetings a year, and membership is open to all medical men and dental surgeons practising or resident in Sussex. There is no subscription, but a small entrance fee is charged for all competitions to meet the cost of sending notices of meetings. The next meeting will be held in May, 1934. Notices will be sent on application to the honorary secretary, 40, Wilbury Road, Hove.

**Vacancies**

Notifications of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 48, 49, 50, 51, 54, and 55 of our advertisement columns, and advertisements as to partnerships, assistantships, and locumtenancies at pages 52 and 53.

A short summary of vacant posts notified in the advertisement columns appears in the *Supplement* at page 195.