

**After-effects of Continued Doses of Adrenaline**

"X. Y. Z." (London) writes in reply to "L. H." (*Journal*, September 15th, p. 538): Some years ago it was my privilege to see a patient—a chronic asthmatic—who to my knowledge had more than 50,000 injections of adrenaline over a period of twenty-five years in order to relieve his asthma. He was an expert chemist, and always made his own solutions, administering the injections himself. On occasion he had as many as ten doses a day. I never found his blood pressure more than 120 systolic, and his death a few years ago at the age of 74 was due to hypostatic pneumonia. Some other points may interest your correspondent. First, that adrenaline should always be given early in the attack, and that small doses are generally enough—I have seldom found more than 5 minims at one time necessary, while Dr. Hurst states that 3 minims is enough. Secondly, the dose may be repeated if need be. Finally, it would appear to be undesirable to administer adrenaline to an inflamed area.

**Senile Pruritus**

"EX-SUFFERER" writes from South Africa in reply to the inquiry by "Vrach" (July 28th, p. 192): I recommend the following prescription:

R.  
Hydrarg. ammon. chlor. ... 0.06 gram  
Nivem hazelini (B. W. and Co.) ... ad. 64.00 grams

Sig.

An amount the size of a split pea to be rubbed on the affected part until dry.

No scratching allowed. Relief comes within a few minutes.

**Income Tax****Employment of Assistant**

"A. B. T." inquires what effect, if any, would result (a) for the coming assessment, and (b) for the return to be made next April, from the employment of an assistant as from October 1st next.

\*\* (a) No result—the assessment for 1934-5 being based on the profits of the previous year. (b) The cost of the assistant would be deductible as an expense from October 1st, and the return for 1935-6 would be affected accordingly—for example, by the deduction for three months if the accounts are made up to December 31st, and by six months if they are made up to March 31st.

**New Practice—Cash Basis**

"R. E." acquired his deceased partner's share, and thereafter the practice has been treated as a "new" one. Returns have throughout been on the "cash receipt" basis, but the inspector of taxes now claims that either the sums payable to the deceased partner's estate be brought into the calculation or the gross income be reckoned on the basis of bookings.

\*\* The inspector's attitude is correct, because if "R. E." bases his return on the cash received by him the gross income for the first year or so will be shown at less than the true gross earnings. Probably the best course to follow will be to make the return on the basis of adjusted cash receipts—that is, the amount received plus the increase in the value of the book debts over the period.

**LETTERS, NOTES, ETC.****Earwig in Ear**

Dr. A. M. VALERIE BONHOTE (Tadworth) writes: At 1 a.m. I was rung up to attend a patient with acute earache. As this was an ante-natal case six weeks from her confinement I was rather anxious. On arrival I found her smiling and apologetic, saying that there was now very little pain. About half an hour before she had woken with a sensation of fluttering in her ear, and told her husband she thought she had a moth in it. She rubbed it, and then had one moment of acute pain, sufficient to make her cry out and wake her neighbours. Since then there had been two attacks of momentary, but less severe, pain; apart from that, there was merely a little discomfort. I found the meatus full of wax, and the drum could not be seen; there was a little blood on the posterior meatal wall, which was disquieting. The other ear was normal in appearance. There had been no history of nasopharyngeal catarrh, and the patient had gone to bed three hours previously feeling perfectly well. The temperature

and pulse were both normal. I decided that it would be safe to leave the patient for a few hours, after inserting some glycerin and carbolic acid drops. I saw her first thing in the morning, and she seemed well, and had had quite a good night. I very cautiously syringed the ear, and to my relief an earwig emerged, together with the wax. The appearance of the drum was interesting: the handle of the malleus was injected, and at one point there was a small scab where the vessel had been punctured. This explained the momentary acute pain and the bleeding—the work of the earwig. I imagine the glycerin and carbolic acid killed the earwig.

**Pipe Cleaners in Gynaecology**

Dr. D. V. LATHAM (Mwanza, Tanganyika Territory) writes: Some years ago I conceived the idea of using ordinary pipe-cleaners, doubled up and held in forceps, where previously I had used Playfair's probes. I find the pipe-cleaners very useful, because the wire can be bent to any desired shape, they can be sterilized by boiling, and because, as they are not made by a surgical instrument manufacturer, they can be purchased from any tobacconist at twelve a penny. I am tempted to bring this device to your readers' notice because, on a recent visit to some of the more important teaching centres in the British Isles, I was surprised to find that the clumsy Playfair's probe still held sway.

**Diagnosis of Glanders**

In an *Epitome* abstract of this subject (No. 95, August 4th, 1934) reference was made to the Strauss test, and it was implied that in this test female guinea-pigs are used as experimental animals. The test actually consists of the intraperitoneal injection of suspected material into a male guinea-pig. This is followed, if the test is positive, by a purulent inflammation of the tunica vaginalis.

**Diet Cards at Harrogate**

A series of simple diet charts, adaptable to most types of diseases met with at the spa, have recently been drawn up by the Medical Society of Harrogate. They comprise the following varieties: low calorie, restricted carbohydrate-high-vitamin, restricted protein, lactovegetarian, and low fat. Printed on cards and used in duplicate, one of them is given to the hotel and the other retained by the patient. A particular point is the simplicity of the diets, which aims at bringing the scheme within the compass of the smaller hotels and boarding houses. The Harrogate Corporation, which provides us with this information, thus intends to remove the reproach levelled against Harrogate that sufficient attention is not paid to the important matter of diet in connexion with the "cure."

**Vitamin D Concentrate**

Glaxo Laboratories (56, Osnaburgh Street, N.W.1) have produced an illustrated pamphlet, "A Decade of Vitamin D," to commemorate the introduction in August, 1924, of ostelin liquid. Ten years ago ostelin liquid was prepared by extracting the vitamin D fraction from fish-liver oils; later its vitamin D content was derived from crude irradiated ergosterol; since 1932 this vitamin has been in the form of chemically pure calciferol, and its standardization can thus be effected to a degree of precision that was previously unattainable. Copies of the booklet are available to medical practitioners at their request.

**Orthopaedic Treatment of Infantile Paralysis**

In Dr. Charles Mackay's letter on page 534 of our issue of September 15th, nine lines from the bottom, the word "possible," through an unfortunate printer's error, appeared instead of "impossible." The sentence should have ended, "... this ideal treatment advocated is not impossible of achievement."

Watson and Sons, Ltd., Sunic House, 43, Parker Street, Kingsway, W.C.2, have issued a pamphlet entitled *Short-Wave Therapy*. A good deal of this is devoted to their "novotherm" valve-operated apparatus, while there are also added indications for treatment and a short bibliography.

**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, and 55 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 180.