

Letters, Notes, and Answers

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QUERIES AND ANSWERS

White and Brown Sugar

"A. F. S." (Co. Mayo) writes: I have found that many persons who suffer from flatulent dyspepsia, as a consequence of indulging in sweets or ordinary white sugar, can eat with impunity soft brown sugar. I should be obliged if someone would say what is the difference between the two chemically, and also if the more harmless form can be obtained from beet.

Treatment of Ménière's Disease

Dr. ARNOLD S. FERGUSON (Jersey) writes: If it is a case of true Ménière's disease, and not a Ménière symptom-complex, the Zund-Burguet offers great prospects. I have a case now of a farmer sent to me by Dr. Nicolson with true Ménière. After a fortnight's treatment the vertigo has disappeared, and the patient can now climb and prune a tree. I drew attention to this treatment in the *British Medical Journal* of September 10th, 1927 (p. 454). Why not the simple treatment first?

Dr. T. WILSON PARRY (London, N.8) writes: I should be glad to let "Inquirer" have reprints relating to treatment in the above-mentioned "complex of symptoms," which I trust he may find helpful. They include: (1) the case of a hospital nurse (aged 41) who had suffered for five years with typically distressing and prostrating vertiginous attacks. She had been under seven of the best London specialists without obtaining more than temporary relief, but was dramatically cured by the insertion of a seton which was kept *in situ* for six months (vide *Journal*, May 11th, 1907); and (2) the case of a solicitor's clerk (aged 44) who had become prematurely old after suffering for eight years from frequent attacks of the syndrome, which made it impossible for him to follow his profession. He was treated by hypnotic suggestion; and after one treatment, which lasted one and a half minutes (timed), never had another severe attack. This case was followed up by me (*Med. Press*, May 3rd and May 16th, 1905), and two years later (*ibid.*, March 27th, 1907) the patient replied to a letter I had written him telling me that he had had no severe attack since the treatment.

Treatment of Trichophyton Infection

Dr. JAMES HASSON (London, W.2) writes: I feel I must intervene in the discussion on the treatment of trichophyton, and give the result of my experiences. I see about four to five cases weekly of epidermophytosis, and all the classical treatments carried out were a failure in my hands. Most physicians overlook the fact that the disease nests on the nails, and if one treats the palms of the hands and soles of the feet only the disease certainly relapses. The best method is the carbolluchsine paint, to which I add 2.5 per cent. of salicylic acid. Rub the nails thoroughly with the

paint twice daily, even after the disease seems to have subsided. Three months' treatment is, in my opinion, a fair period for a rapid cure.

Income Tax

Cessation of Employment

"T. S." ceased to act as an assistant on November 30th, 1933, and was then unemployed until he recently started a new practice. The inspector of taxes claims to revise the assessments for 1932-3 and 1933-4 to put them on the current year's basis. Is this correct?

** Yes. The point is governed by Section 45 (5) of the Finance Act, 1927, which provides that where a person ceases to hold an office or employment the last and penultimate years shall be adjusted to the current year's basis. The penultimate year is at the option of the Revenue—that is, the reverse of the position as regards the second complete year in the case of a person *commencing* to hold an office or employment.

LETTERS, NOTES, ETC.

Post-anaesthetic Coma

Dr. RACHEL IRWIN (Irish Mission Hospital, Kirin, Manchukuo) writes: A girl, aged 16, was admitted to hospital for excision of tuberculous cervical glands. The left side glands were excised under ether anaesthesia. Gwathmey's method of ether and oil per rectum was used (ether 4 oz., olive oil 1½ oz., with preliminary hypodermic injection of morphine 1/6 grain). Perfect anaesthesia was maintained for over an hour. The patient vomited while the bowel was being washed out, and was fully conscious about four hours later. She made an uninterrupted recovery. Twenty days later the glands on the right side were excised. Exactly the same method of anaesthesia was followed, but the return to consciousness was delayed for about six hours. At the end of that period the patient was conscious for about half an hour, and then relapsed into a comatose state. There was twitching of the arms and periodic attacks of violent restlessness. Pupils dilated, corneal reflex absent. Pulse full and regular. Respiration slow and regular, cheeks blown out. The temperature rose to 104°. Spinal fluid was not under pressure. Systolic blood pressure 110. Repeated irrigation of the bowel revealed no trace of ether, though the breath still smelt of ether twenty-four hours after operation. Glucose and saline were given intravenously and per rectum. After remaining in this condition for fifty-two hours the patient recovered consciousness. There were no further complications.

Routes Out of London

The second edition of the A.A. London Route Map, which is now available (free) to members of the Automobile Association, contains two new features which enhance its value. Colour printing makes the map much easier to read and marginal extensions of the main roads out of London indicate the important centres they serve. With a scale of one inch to the mile the map covers an area twenty miles square between Southgate, Purley, Hounslow, and Barking. Heavy lines indicate the principal exits; and important landmarks, such as war memorials, churches, public buildings, inns, and level crossings, are given in heavy type. Golf courses and county boundaries, new roads under construction and projected, tram-lines, and Ministry of Transport road numbers are clearly marked. Where a choice of routes to the same terminus is shown in the marginal extensions places on the recommended route from Hyde Park Corner are underlined. A footnote gives details of traffic regulations for Waterloo Bridge during the period of reconstruction.

We have received from the Evans Biological Institute, Runcorn, a copy of their brochure entitled *Medical Products of Precision*. An index of therapeutic products offered is classified in relation to the various conditions for which treatment may be required. A full description of each product is given. The booklet is eighty pages in length.

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, 52, 53, 56, and 57 of our advertisement columns, and advertisements as to partnerships, assistantships, and locumtenencies at pages 54 and 55.

A short summary of vacant posts notified in the advertisement columns appears in the *Supplement* at page 260.