

Letters, Notes, and Answers

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QUERIES AND ANSWERS

Osteoarthritis of Hip

"INDIA" writes: Can any reader advise me in the following case which has just come under my care? It is that of a European patient who has had a progressive osteoarthritis of the left hip for ten years, as shown by x rays. There is a typical "cauliflower" joint, but practically no restriction of movement. At present there is a gradually increasing weakness of the leg and some signs of drop-foot, frequent sciatic neuralgia, and decreased knee-jerk on that side. There is a feeling of weakness up the whole side of the body, and especially in the arm, where there is increasing loss of control of the finer movements (on that side only). Teeth were all removed, and there are no other signs of a septic focus. There is history of sore forty years ago (? chancre), but blood and cerebro-spinal fluid examinations are now negative. The patient is fit and cheerful and as active as the condition permits. There has been slight temporary improvement with potassium iodide and nuxvomica. Finances do not permit of change of climate.

Spreading Haemangioma

"X. Y. Z." (Northern Ireland) asks to be informed by readers of any method which they have employed satisfactorily for the treatment of the large spreading haemangioma which involve the cheek, face, mouth, and lips, etc. An estimation of the value of x rays, radium (superficial or implanted), or any other method would be greatly appreciated.

Treatment of Tapeworm

Dr. R. G. CLEMENTS (Southport) writes: In reply to your correspondent "J. R. F. P." in the *Journal* of August 3rd (p. 242) may I suggest the following line of treatment. It has been my intention for some years to publish a case with tapeworm which had lasted five years and resisted every form of treatment by anthelmintics, and which, I believe, is the first case on record where operative procedure has been adopted to loosen a recalcitrant scolex from a tenacious grip of the intestinal mucosa. The patient, aged 34, consulted me in January, 1926, stating that she had suffered from a tapeworm for five years. She was a large, gaunt woman, emaciated, weighing 6 st. 4 lb., with marked nervous and intestinal symptoms. She had been twice in the Manchester Royal Infirmary and once in Salford Royal Hospital, besides consulting a numerous band of private practitioners, herbalists, etc. I was determined not to be added to the already long list of those who had failed to relieve her, and so decided to pursue a course which ended happily and restored the patient to normal health and activity. I performed an appendicostomy, inserted a catheter, and flushed the intestine out with a 1 per cent. solution of iodine. The scolex came away within five minutes. I saw the patient last autumn; she has had no illness since the operation, and now weighs 11 st.

Income Tax

Cash Basis

"E. S." commenced partnership in January, 1934, and the inspector of taxes will not admit the accounts on a cash basis for that year.

** Our experience is that a cash basis account will usually be accepted in such circumstances provided: (a) that all receipts, including those taken by, or passed on to, the vendor of the partnership share are credited in the account, and (b) that there are no grounds for supposing that the change in the partners will materially increase the profit of the practice. Unless both these conditions are satisfied the cash account will show a profit smaller than the true earnings of that year, and in that case the "bookings" basis is unavoidable.

LETTERS, NOTES, ETC.

Australian and New Zealand Association of Radiology

The Australian and New Zealand Association of Radiology was registered as a limited company last February, and its first annual general meeting was held at Canberra on May 17th, when Dr. A. T. Nisbet of Sydney was elected president and Dr. H. M. Cutler (135, Macquarie Street, Sydney, N.S.W.) was appointed honorary secretary. The association has been established to promote the interests of radiology, radio-activity, physiotherapy, and allied sciences, with special reference to research. Branches are being created in all the States of the Commonwealth and in New Zealand, with a central federal council as a controlling body. Conferences will be arranged in due course, and reports will be published in the *Medical Journal of Australia* and the *New Zealand Medical Journal*, as well as original papers on scientific subjects of interest to members of the association.

"Cerebral Malaria or Encephalitis Lethargica?"

Dr. P. K. GHOSH (Kenfig Hill, S. Wales) writes: With reference to my clinical memorandum (*Journal*, July 27th, p. 162) I beg to state that, from further information now available, the patient had vague and indefinite neurological symptoms such as "general backwardness" and "impediment of speech" before he had the fever referred to. The fever appears to be due to malaria, as a malarial parasite was found in the blood.

A Warning

Dr. H. S. GRIFFITH (Sheerness) writes: May I warn fellow practitioners against a bogus commercial traveller who is soliciting orders for medical stationery and such goods, brass plates, bottles, wrapping materials, and even motor oil. He is a very plausible man of Jewish appearance, aged between 30 and 40 apparently, and is accompanied in his car by a young woman. I need hardly add that he asks for payment in advance, promising delivery of the goods in fourteen days.

Gas Heaters in Flueless Rooms: Correction

In the article on the use of gas heaters in flueless rooms, in last week's issue (p. 268), we are made to say that "as much as 5 or even 7 per cent. of carbon monoxide is commonly used as an inhalation for the resuscitation of cases of asphyxia" (column 2, thirty-third line). The statement should of course have referred to carbon dioxide, the error being due to a lapse in the proof-reading department.

T. J. SMITH AND NEPHEW LIMITED (Neptune Street, Hull) have published a third edition of *Elastoplast Technique*, of which some 30,000 copies have been distributed to the medical profession. The new edition is much enlarged, and describes the various uses of and indications for "elastoplast" elastic adhesive bandages and dressings. Copies will be supplied gratis to any reader who sends a postcard to the manufacturers.

Vacancies

Notifications of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 34, 35, 36, 37, 38, 39, 42, and 43 of our advertisement columns, and advertisements as to partnerships, assistantships, and locumtenencies at pages 40 and 41.

A short summary of vacant posts notified in the advertisement columns appears in the *Supplement* at page 108.