

## Letters, Notes, and Answers

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### QUERIES AND ANSWERS

#### Analgesia for Suturing Cuts

"J. L. N." (Loughton) writes: As a casualty officer I found it advisable to use a local anaesthetic for nearly all cuts, introducing it in the manner advocated by Dr. H. C. Duffy, employing 1 per cent. novocain without regard to quantity in young and old. The palm, though, I anaesthetized by introducing the needle horizontally by means of a puncture through the thin skin at the side, almost on the dorsal surface; and for the finger the method of choice was a nerve block by infiltration of the base through the web behind. In other situations an anaesthetic is often unnecessary if the following technique is used. The part is adjusted so that the skin is as fully relaxed as possible. With the left thumb and forefinger on either side of the cut a fold of skin is pinched up so that the wound runs along the top of it. The operator should then take a straight needle, and with a single thrust carry the suture through both sides of the wound, giving the sensation of a single prick. Painful dressings are, I believe, best left unchanged in the way that is advocated for varicose ulcers.

#### The Common Flea

Dr. H. G. KYLE (Bristol) writes: In answer to your correspondent "Fleabitten" (*Journal*, August 24th) I am very susceptible to flea bites. I have found a satisfactory remedy in immediately pouring chloroform through my clothes to the spot where I feel a bite. This anaesthetizes the flea, which can then easily be caught.

#### Income Tax

##### New Practice—When Payment is Due

"A. B." explains that as from the retirement of a partner in April, 1933, the practice was treated as a new one—that is, for 1933-4 and 1934-5—being assessed on the bookings basis. When would the tax for those years fall due?

\*\* The 1933-4 tax is normally due in January and July, 1934, and the 1934-5 tax in January and July, 1935. As regards the former year the amount of the assessment could not, of course, be computed until April, 1934, and the usual practice is to leave the matter open until the figures can be prepared, and the whole of the 1933-4 tax would then have become payable in May or June, 1934.

#### Sickness Benefit Policy

"E. M. D." asks: Is there any income-tax allowance for payments made on medical sickness instalments, and what is the position as regards sickness benefits received?

\*\* No allowance is due for payments in respect of sickness benefit; on the other hand, the amounts received in the form of benefits are not liable as income.

## LETTERS, NOTES, ETC.

### Phenobarbital in Epilepsy

Dr. M. GHOSH (Burton-on-Trent) writes: In the treatment of epileptic fits one has to prescribe very largely the different brands of phenobarbital, for reasons of economy, particularly in hospital out-patients and national health insurance prescribing. No doubt the majority of cases respond to the treatment, but there are a number which are either unaffected or continue to have the fits in a subdued form. I am convinced that if all these apparent failures of "luminal" treatment were put on Bayer's luminal brand phenobarbital, one would be rewarded with a good proportion of these failures resulting in definite cures. It would be of interest to hear of any possible explanation from some of my colleagues who share my clinical conviction.

### Diseases not to be Found in the Textbooks

Dr. JOHANN CHRISTIANSEN, writing in *Ugeskrift for Læger* (June 27th) calculates that only about 60 per cent. of her patients suffer from diseases described in the textbooks; and she suggests that many others besides herself began medical practice with a much higher rate of textbook diseases than they found later on. This textbook-disease tendency may be cultivated by the hospitals whose inmates usually suffer from well-defined diseases. If a textbook diagnosis is lacking, the hospital patient is labelled as a neurasthenic or hysteric. In the author's opinion many of the nameless diseases from which Danes suffer can be traced to their diet and dietetic fads; and in this connexion she uses the terms "subvitaminosis e medico" and "inanitio e medico" to cover those cases in which the departure from healthy omnivorous ways to a one-sided and unbalanced diet is the fault of the patient's medical adviser. There are also the numberless dietetic dogmas preached by ingenious laymen whose "monovalent food theories" correspond to a monovalent education and a less than monovalent mentality. Dr. Christiansen would like to see a book written in the Hippocratic spirit by a physiologist, in co-operation with a clinician, which would show how any and every fault in the dietary can give rise to a host of symptoms such as nausea and anorexia. Such a book would help to combat what the author calls "the Danish disease," the manifestations of which are rickets, varicose veins, postural faults, and progressive mental sluggishness, not to mention defective teeth. The Dane who sells his farm products and buys margarine in their place is starving himself of vitamins A and D and is badly in need of an educational campaign inspired by the vitamin researches of the past score of years.

### The Birmingham United Hospital

The DEPUTY HOUSE GOVERNOR, who has been kind enough to supply us with a revised list of appointments to this hospital, writes: The large number of appointments open to past or other students includes the following: At the Birmingham United Hospital (General Hospital)—two surgical registrars, £100 (commencing) a year; one resident medical officer, £155 a year; one resident surgical officer, £180 a year; one visiting anaesthetist, £50 a year; one stipendiary anaesthetist, £250 a year; two resident anaesthetists, £120 a year; four house-surgeons, office tenable for nine months, £70 a year; one house-surgeon to the gynaecological and one to the special departments, each tenable for six months, £70 a year; four house-physicians, post tenable for six months, £70 a year.

In collaboration with H.M. Office of Works the Automobile Association is publishing a series of booklet guides to historic buildings in Great Britain. The first booklet, now available to its members gratis on application to any A.A. office, deals with the south central portion of England and part of South Wales. Twelve booklets will complete the series. Historic buildings and monuments in charge of the Office of Works may be viewed between 10 a.m. and 4 p.m. (7.30 p.m. in summer).

### Vacancies

Notifications of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 43, 44, 45, 46, 47, 48, 49, 52, 53, and 54 of our advertisement columns, and advertisements as to partnerships, assistantships, and locumtenencies at pages 50 and 51.

A short summary of vacant posts notified in the advertisement columns appears in the *Supplement* at page 144.