

Letters, Notes, and Answers

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QUERIES AND ANSWERS

Palliative for Hay Fever

Dr. F. A. UNWIN (King's Lynn) writes in reply to "M.B., Ch.B." (June 20th, p. 1283): I have found the following of use: for the conjunctival itching, collosol zinc (Crookes's)—that is, colloidal zinc hydroxide, 1 in 2,000—two or three drops instilled into the conjunctival sac four-hourly; for the rhinorrhoea, plugging the nostrils for a quarter of an hour each morning with cotton-wool soaked in adrephrine and following this up during the day with ephedrine jelly.

Dr. MARY E. ORMSBY (London, W.) writes: I have found the following palliative measures very useful, both locally and for constitutional symptoms. (1) Subcutaneous injections of calcium (colloidal calcium with vitamin A) given three times weekly just prior to and during hay fever season. (2) Local application of camphorated vaseline to allay irritation and shield against the absorption of pollen; or mentholated vaseline if the nose is blocked and sinuses affected; and plain white vaseline to the eyelids and tear-duct orifice. (3) Small doses of alkalis. (4) Plenty of fluid to drink, with small additions of salt to the diet, if sweating is excessive. (5) Tonic to counteract debility.

"A FELLOW SUFFERER" writes: I should advise "M.B., Ch.B." to try lemon juice diluted with an equal quantity of warm water locally in the nose three or four times a day, as described in Reddie Mallett's book *Nature's Way*. It appears to give me more relief than any other treatment I have tried.

"T. L. P." also writes: A trial might be given to "phenolaine" drops for the conjunctiva in hay fever, and "vapex" or other volatile rather than liquid application for the rhinorrhoea. Both have given some relief in cases of extreme sensitivity.

Nail-biting.

"M. D. A." writes in reply to "Pater" (*Journal*, June 27th, p. 1332): May I recommend, as a cure for nail-biting, the regular and long-continued application of olive oil to the finger-tips night and morning. The softening of the nails and surrounding tissues seems to reduce the unconscious desire to bite the nails. I owe this suggestion to Dr. Susan Isaacs, writing in the *Nursery World*, and I found it effective in a few weeks in a child of 5.

Dr. A. E. CHISHOLM (Dundee) writes: If the little girl in question be presented with a small manicure set she will take pride in it, and, incidentally, in the appearance of her nails. The idea is, I think, quite worth a trial.

"Clicking" Temporo-mandibular Joint.

"D. C." writes: I should be grateful for any advice as to causation and treatment of "clicking" of the right temporo-mandibular joint—onset (for the first time) during the last month of pregnancy. Is the pregnancy likely to influence the condition, and, if so, may a natural resolution be expected?

Income Tax

First Two Years of New Practice

"J." purchased a practice from a widow as from May, 1934. He is being assessed to income tax for 1934-5 and 1935-6 on the basis of the profits of his first year.

** That is the statutory basis. Where a practice has completely changed hands the previous year's basis no longer applies, and income tax for the part of the first financial year concerned and the whole of the second is chargeable on the amount of the profits of the first year. Thus, suppose "J." took the practice over as from May 5th, 1934, and made £900 "profits" for the first year. His liability for the eleven months to April 5th, 1935, would be based on 11/12 of £900—that is, £825—and for the year to April 5th, 1936, on £900. The "first year" is obviously fair enough. As regards the second year he has the option under Section 15 of the Finance Act, 1930, of having the assessment adjusted to the actual year's profits, but if he exercises it the third year's assessment also will have to be adjusted similarly. Generally speaking the option is not often exercised, as the second year's profits are not normally appreciably less than those of the first year; if they are more the basis operates to the taxpayer's advantage.

LETTERS, NOTES, ETC.

A Cranial Chasm

Mr. RONALD D. DAVIS (a missionary of Shigar in Kashmir) sends the snapshot of an Indian which we reproduce here. He writes: This man has a piece out of his skull, and has been in this condition for four years now. It is remarkable how he is alive at all. One can look into his skull and see all the veins, etc., all throbbing. The local doctors are afraid to touch it. What would you suggest for treatment, apart from an operation? The whole affair is filthy dirty. I would be most obliged if any of your readers could suggest something.



Specific Treatment of Acute Sepsis

Dr. W. M. CROFTON (London, N.W.1) writes: I am stimulated to send this letter by the recent pathetic death of a young surgeon from acute sepsis. This case and others of the same type are certain evidence that the specific treatment of them by autogenous antigens is unknown to, or ignored by, surgeons and pathologists. Before, during, and after the war my surgical colleagues and I treated hundreds of cases of acute sepsis at Dr. Steevens' Hospital, Dublin, of the most extreme kinds by active immunization, and my surgical colleague, Mr. W. S. Haughton, will bear witness that we lost neither a life nor a limb from sepsis. It is quite easy to have an autogenous antigen ready in twelve hours after making the culture. I am prepared to give anyone interested overwhelming evidence of the fact—namely, that active immunization is a specific cure for acute sepsis.

Vacancies

Notifications of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 55, 56, 58, 59, 60, 61, 62, 63, 66, and 67 of our advertisement columns, and advertisements as to partnerships, assistantships, and locumtenencies at pages 64 and 65.

A short summary of vacant posts notified in the advertisement columns appears in the *Supplement* at page 19.