

Letters, Notes, and Answers

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QUERIES AND ANSWERS

Brittle Nails and Chilblains

Dr. FRANK MATTHEWS writes: Could anyone advise me as regards diagnosis and treatment in this case? A married woman aged 42 has suffered from very thin and brittle nails of fingers and toes for four years. She usually feels cold and has chilblains; no arteriosclerosis, no focus of infection discovered. She has had long courses of kalzana, osteo-calcium, collosol calcium, and ultra-violet rays, with no improvement.

Chronic Congestive Condition of Hands

"STASIS" writes: I should be glad of any advice on a complaint from which I (a woman doctor myself) am a sufferer: a chronic congestive condition of both hands, the skin being always blue and cold, more so during the winter, when chilblains tend to develop. The feet are not involved, and otherwise I have excellent health. In addition, small subcutaneous haemorrhages occasionally appear on slight pressure, say, when turning a door handle, etc. I have taken calcium in various forms over a long period, with halibut-liver oil, etc., but so far the only remedial agent which has given benefit (only temporary) is sunlight applied to the hands. Any further suggestion would be gratefully appreciated.

Tenosynovitis

Dr. E. T. LARKHAM (Birmingham) writes: Captain A. A. Williams (September 13, p. 377) will find the application of empl. ammoniaci c. hydrarg. (*B.P.*, 1898) spread on thick material most efficient in tenosynovitis; in some acute cases the relief is immediate.

Income Tax

Practitioner in R.A.M.C.

P. B. carried on his practice until the end of May, 1940, when he joined the R.A.M.C. His practice is apparently being carried on under the normal emergency arrangements. He is assessed for 1940-1 on the basis of the profits of the practice for 1939-40. Is this correct?

** Yes. The legal position appears to be that the practice has not ceased but is being carried on by practitioners acting as the agents of the practitioner. The appropriate remedy against hardship is to claim under the section providing relief in respect of diminution of earned income (Finance Act, 1940, Sec. 23) if the 20% condition is satisfied.

Schedule E: Basis of Assessment

R. R. acted as house-surgeon from July, 1937, to January, 1938, then took an appointment as assistant to a general practitioner, but returned to house-surgeon's work from March, 1939, to September, 1940, after which he became an A.M.O. to a local authority. Can he claim the previous year's basis for 1941-2?

** No. There is no legal claim to adopt the previous year's basis after a change of employer, unless the case falls within Section 26 of the Finance Act, 1935. One of the conditions laid down in that provision is that the change does not result in an increase of more than 20% in the emoluments, and that condition bars any claim by R. R. The Inland Revenue authorities do make some concession with regard to changes, but the dissimilarity between the nature and emoluments of R. R.'s appointments in 1940-1 and 1941-2 is such as to place his case outside that concession.

LETTERS, NOTES, ETC.

A Case of Idiosyncrasy to Strychnine

Lieut. P. R. SAVILLE, R.A.M.C., writes: The following unusual case of idiosyncrasy to strychnine may be of interest to your readers. I recently prescribed a tonic for Lieutenant A—a simple iron and strychnine mixture, each dose containing 3 minims of tinct. nucis vom. The patient took one dose, and in fifteen minutes his face flushed, he had headaches, with beads of perspiration, and the palms of his hands itched. He felt very faint and "almost collapsed." He recovered in half an hour, and came to see me later on with no ill effects other than headache. His first words were: "Was there any strychnine in my medicine?" Apparently in 1934 his doctor prescribed a similar medicine with "not sufficient strychnine in it to harm a baby." He then had a similar group of symptoms, even more severe, and lost consciousness for ten minutes. His doctor at the time told him to avoid strychnine in the future; he omitted to tell me this. The whole of the medical inspection room staff, including myself, took doses of the same medicine and showed no ill effects.

Cost of Diphtheria Immunization

Dr. OWEN WILSON (Nelson) writes: A week or two ago I heard an eminent medical broadcaster announce on the B.B.C.'s home transmission that "a child could be protected against diphtheria at a cost of 7½d." I looked up a manufacturer's price-list, and found one 0.5 c.cm. dose of A.P.T. listed at 2s. 6d. Many parents who choose to have their children treated by their own doctor must have got the impression that they are grossly overcharged. If the B.M.A. has any useful function it ought to deal with questions like this.

Radiographs of Tuberculosis Workers

Dr. ROSE JORDAN writes from Uckfield, Sussex: On retiring, after twenty-five years' service as tuberculosis officer, I thought it would be of interest to see the radiological pictures of myself and my staff, six of whom had worked with me, in close contact with tuberculous patients, for periods extending from seven to twenty-one years. The results showed that, while in two of the radiographs minute calcareous deposits could be seen, the remaining five showed no radiological changes whatever in the lungs. Perhaps this demonstration may be of encouragement to lay workers in the field of tuberculosis.

Surplus Copies of the Journal

The restricted consumption of paper now permitted by the Paper Control of the Ministry of Supply makes it imperative that the margin between the number of copies of the *British Medical Journal* printed each week and the number required for immediate dispatch be maintained at the lowest possible figure. With the tendency to an increased circulation brought about by the war, a number of the earlier issues of 1941 are now out of print. The publishing department would therefore be grateful for any unwanted copies, particularly those published in the first three months of this year. Copies should be sent, carriage forward, to the Secretary of the Journal Board, B.M.A. House, Tavistock Square, London, W.C.1.

A Newspaper's Inquiry

Dr. E. STARLING writes: I administered an anaesthetic to one of my patients who was being delivered by a midwife. On the following morning I was rung up by a provincial newspaper office and asked to confirm the birth of the child. I demurred somewhat sharply, on the grounds of professional secrecy, but was told it was "our usual custom." I subsequently found out that the father, who called at the office in person to insert a notice in the births column, had been asked to give my name and telephone number as well as those of the midwife. I believe that finally the mother herself was called upon to confirm the announcement. I imagine that a patient's condition after delivery is as much a matter of confidence as it is during pregnancy, and I should be glad to know whether other practitioners have had similar experiences. Neither my partner nor myself has ever been approached in this way before.

Operability of Carcinoma of Rectum: Corrigendum

We wish to correct a printer's error which occurred in Mr. J. C. Goligher's article in our issue of September 20. In line 21 of the second column on page 394 the phrase "while 94 had apparently inoperable growths" gave an entire reverse of the author's meaning. The sentence should have run: "While 94 had apparently operable growths, in which confirmation of operability at laparotomy was precluded, etc."