

feet and forearms. I shall greatly appreciate any suggestions as to treatment.

A.—There is no known treatment for epidermolysis bullosa which can be relied on to do good. Arsenic in small doses over a long period is sometimes advised. When the patient is the product of a consanguineous marriage, blood transfusion from a donor outside the family has been suggested. But in the case described it does not sound as though either of these treatments was likely to be practicable, and reliance will probably have to be placed on protection from trauma and local treatment to the lesions as they arise.

Too Much Liver

Q.—Is it possible to inject too much liver extract, and if so, what are the symptoms?

A.—Apart from hypersensitivity and gout, there is no evidence of toxic effects from large doses of liver extract by injection. Amounts of 160 c.cm. have been injected intramuscularly in one week in pernicious anaemia without ill effect in the endeavour to produce a long remission; this hope, by the way, was not realized. In the treatment of sprue 20 c.cm. of liver extract has been injected intravenously every day for a fortnight and then twice weekly, again without any ill effect, and with marked benefit to cases which had resisted less strenuous treatment.

Vitamin A and the Cornea

Q.—In minor lesions of the cornea—e.g., abrasions, removal of superficial foreign bodies, etc.—is it of any advantage to instil cod-liver oil (in virtue of its vitamin A content) in place of the customary oil. ricini?

A.—There is no valid evidence that the local application of vitamin A has any effect at all.

The Barometer and Blood Pressure

Q.—A drop in the barometer reading of 2 in. means a drop of 50 mm. of mercury. No account of the barometer reading is taken when a patient's blood pressure is being examined. Why is this? Does it make no difference to the reading?

A.—Changes in the barometer make no difference to the patient's blood pressure as read with the ordinary blood pressure apparatus. It is true that the absolute pressure in the artery does change with changes in the barometer, but since the tension of the arterial wall and tissues balances the arterial blood pressure against the given atmospheric pressure and not against a vacuum, the absolute blood pressure does not seem to be of much clinical significance. As ordinarily read, the atmospheric pressure is the same on both sides of the mercury manometer, and therefore cancels out.

Home-preserved Meat

Q.—The preservation of fruit has become a very simple and very popular household job, and some housewives would like to preserve meat in a similar way in order to use it when it is wanted most. Would the following method be effective and devoid of any risks of food poisoning? The meat is cooked in its own juices in the usual way. Then it is transferred with its liquid surroundings into a Kilner jar. This is heated to form a vacuum, and the meat preserved in an airtight partial vacuum as for fruit.

A.—The home preservation of meat is decidedly much more difficult than for fruit. The degree and times of cooking of foods in glass or other containers to render that food safe from the risks of conveying disease depend on a number of factors, including the acidity of the food, the size of the containers, the temperature at which introduced, and, in particular, the rate of heat transfer through the food. For example, with acid foods (such as most fruits) less heat is required than for meat. With a largely solid food, such as most forms of meat, heat penetration is mainly by conduction, and not by convection, as in fruit, and as such is relatively much slower. These factors add to the difficulty of any satisfactory home sterilization for meat products.

The question assumes that the meat is cooked before introduction into the jar, but it has to be remembered that penetration in ordinary cooking is slow, and numerous experiments demonstrate that the interior of meat rarely reaches temperatures adequate to destroy pathogenic bacteria, and cannot be relied upon to destroy either *Salmonella* strains or *Clostridium botulinum*. In dealing with meat eaten fresh this is not of much practical importance, but with preserved meat, unless the subsequent heat treatment is effective, any such surviving bacteria would multiply and heavily contaminate the product, and be a possible source of food poisoning. In commercial meat canning, although the meat is cooked before introduction into the can, temperatures of about 120° C. are employed, the time varying with different factors, including the size of the can. This involves the use of pressure cookers. Such sterilization with temperatures well above boiling-point is very different from domestic heating in a Kilner jar, when the maximum temperature cannot rise above 100° C. In the early days of commercial meat canning temperatures of 100° C. were commonly employed, but were found unreliable and led to food spoilage.

The above considerations suggest strongly that the home preservation of meat products in Kilner or other similar jars is an unreliable procedure and one not safe from the risk of the meat being a vehicle for the conveyance of food poisoning.

INCOME TAX

Purchase of Share in Practice by Instalments

W. J. is about to buy a share in a practice paying for it out of income. Would such annual payments be allowed as deductions?

** No. The transaction is of a capital nature and the payments do not affect the income-tax liability either of payer or receiver.

Professional Expenses

"I. R. Q." inquires whether the cost of repairing a wrist watch—"a necessary instrument in my practice"—is an allowable expense.

** An expense is not necessarily allowable because it enables professional work to be carried on—i.e., the attire of a London solicitor may be more costly than that of his country colleague or a tradesman, but would not in our opinion give rise to a special claim for allowance. On the other hand a watch is used directly in medical work, and some proportion of the repairing cost might be claimable on that ground; but we doubt if an appeal would be worth while.

Board and Lodging

W. B.'s "salary is £360 per annum and board and lodgings are provided." He has been assessed on £438—i.e. £360 plus £78, which represents 30s. per week. Is that correct?

** If, as appears to be the case, the contract of employment provides for a salary of £360 and for free board and lodging, the liability is on £360 only. (If the contract provided for a salary of £438, of which £78 was to be satisfied by provision of board and lodging, leaving the balance of £360 payable in cash, the income-tax liability would be on £438.)

LETTERS, NOTES, ETC.

Menorrhagia and Thyrotoxicosis

Mr. E. G. SLESINGER (London, W.1) writes: I was surprised to see in the *Journal* of Oct. 23 (p. 533), under the heading "Menorrhagia and Hyperthyroidism," the statement, "Menorrhagia is not uncommon in thyrotoxicosis," followed by the suggestion that, if local pelvic disease and blood disorders had been excluded, the menstrual disturbance should be regarded as another symptom of the thyroid dysfunction." In many years' experience of thyrotoxicosis I have never seen a case of menorrhagia due to thyrotoxicosis, nor do I believe that such a connexion occurs. The patient in question may well be thyrotoxic, but I feel sure her menorrhagia is due to some other cause, and that if thyroidectomy were required because of her thyrotoxic state it would not of itself cure her menorrhagia.

Resuscitation by Rocking

Colonel P. J. RYAN (A.D.M.S. Headquarters) writes: Recent articles and correspondence in the *Journal* refer to various means for "rocking" in the case of an individual apparently drowned. It is suggested that, when available, a wheeled stretcher carrier, such as is in use in the British Army, could be used with advantage for the rocking method of resuscitation. Such an apparatus is depicted in your issue of May 22 (p. 648) and a similar type in your issue of May 1 (p. 542). The patient should, however, be lashed on to the stretcher face downwards with arms outstretched, and chocks placed against the wheels to steady the carriage. A minimum of two men is required to rock this apparatus.

Transfusion into Bone Marrow

Dr. A. PINEY (London, W.1) writes: A warning is needed to amplify the answer to the question about transfusion into the bone marrow (Oct. 9, p. 471). Sternal infusions are impossible in the case of infants because there is no medullary cavity in the manubrium. Even by the age of 3 years there is very little marrow in the bone; and it is not until 7 or 8 years of age that infusion is possible. If the tibia is used for infusion in an infant the point of the needle must be downwards—i.e., towards the foot and away from the knee, so that there is no risk of damaging the epiphysis. Finally, those who are not experienced with the technique should be told that, even when the needle is properly inside the medullary cavity of the sternum, the initial rate of flow of the infusion fluid is slow—e.g., about 4 c.cm. a minute—but at the end of about five minutes the rate increases and fluid can be infused as fast as may be desired.

Correction

The sentence beginning in the eighth line from the bottom of the second column of the leading article at p. 549 in the *Journal* of Oct. 30 contains an obvious error. It should read: "But this view does not preclude . . ."