

Letters, Notes, and Answers.

QUERIES.

M.D., C.C., who suffers from early granular kidney, will be grateful for any hints as to treatment by means of renal or other extracts.

INCOME TAX.

B. AND C. ask advice in the following circumstances: They were in partnership with A., who took nearly half of the profits, and each was assessed separately to income tax. On the death of A. the assessments of B. and C. were raised, on the ground that they will in future have the deceased partner's share.

. If the practice was an ordinary partnership practice the individual assessments on A., B., and C. were incorrect, and the assessment should have been made in one sum in the partnership named. Had that course been adopted the assessment would have been continued as before, unless B. and C. could prove to the surveyor of taxes at the end of the first year that the profits had fallen on account of the death of A. If the profits are likely to be less than the sum assessed, B. and C. should give notice of appeal, and ask for the duty to be allowed to remain unpaid until they can produce the accounts of the first year of the new partnership.

TREATMENT OF INEBRIETY.

ANTI-ALCOHOL writes: A gentleman, stated to be a medical man, is being paid by the Government of South Australia to treat drunkards. He is, I understand, an American, and represents an institute which treats alcoholism, and which has its origin in America. The treatment is said to consist in giving a mixture containing cinchona, lobelia, and, I think, cocillana, with plenty of alcohol, for three days. Our correspondent asks for any information as to this institute, its treatment and results, and the ethical position of any one taking it up.

. We have no information as to the particular institute, but from the claims made it would seem to be one of those irresponsible agencies for getting money under promise of cure for a fee, which are rife in this country, and still more so in America. Cocillana bark is obtained from a number of species of guarea, and is stated to possess some purgative and emetic properties. It has been recommended in the treatment of acute and subacute bronchitis, etc.: it seems doubtful whether it differs materially in its action from ipecacuanha. It is, of course, open for a medical man to adopt any form of treatment (and be paid for it) so long as he exercises his judgement as to its suitability in each case and has an adequate knowledge of the materials he is using. His method of obtaining patients must also be free from criticism. Professional opinion is still strongly opposed to the employment of secret remedies.

ANSWERS.

INVOLUNTARY MICTURITION.

L. D. PARSONS (Gibraltar) writes: In reply to "F. F." in the JOURNAL of December 3rd, I would suggest that his patient be tested with tuberculin to exclude the possibility of any tuberculous focus.

DESTRUCTION OF FLEAS.

DR. FREDERICK WOOLRABE (Health Officer, Government of Queensland) writes: If "M.D." (BRITISH MEDICAL JOURNAL, September 24th) is still troubled with fleas, he might try taking a dose of sulphur daily. I have been in the habit of dealing out a ration of sulphur to the rat gang during plague times.

MOTOR CAR DEPRECIATION.

MOTORIST.—There is an immediate drop in value directly a car has been used and becomes "second-hand." Its amount varies greatly, some makes of cars selling second-hand far better than others. Perhaps an average depreciation would be 20 per cent. for the first year and 15 per cent. per annum afterwards; this is from a selling point of view. A good car well maintained is far from being worn out in six years. To obtain an accurate actuarial estimate of the cost of maintaining the car the loss of interest on the initial outlay must, of course, be taken into account, but not everybody is so accurate in other expenditure.

DISINFECTING SPRAY.

DR. LENNOX WAINWRIGHT (Folkestone) writes, in reply to "M. O. H.": There is a tobacco spray made by Messrs. Merryweather and Sons of Long Acre, W.C. This is an extremely fine spray, and there is a gauge provided to the cistern. It is on wheels and provided with a hose pipe, and may be used for many purposes. For small rooms and ships' cabins or sleeping berths on railroads, one of the Vilbis atomisers, No. 16, can be used, or as an adjunct to the formaline lamp. This is a very small and handy spray, but possesses very little power of penetration.

CHRONIC INTERNAL HAEMORRHOIDS.

VERTEX writes: No one seems to have remembered the remedy so strongly recommended by Sir James Sawyer in the BRITISH MEDICAL JOURNAL, 1904, vol. i, p. 14—namely, suppositories, etc., prepared from the fresh entire plant of pilewort. I have found these answer admirably when all the remedies recently suggested have failed.

LETTERS, NOTES, ETC.

HAEMORRHAGE OF THE NEWBORN.

DR. LEONARD H. BRYSON (Colinsburgh, Fife) writes: May I add another case of the above to those recently reported in the JOURNAL? On visiting a patient two or three days after her confinement I found that, just before my arrival, the baby had vomited a quantity of blood. Blood was lying on the floor, bright red and clotted, to the amount of 2 oz. or 3 oz. I gave a grave prognosis and went home for enlightenment, which I failed to find. Beyond being slightly blanched the baby showed no signs of illness and took the breast well all through. It passed a few tarry stools. The baby is now three months old and quite well.

A POSSIBLE FALLACY IN FEHLING'S TEST FOR SUGAR.

DR. L. C. S. BROUGHTON (Birmingham) writes: Dr. J. N. F. Fergusson refers (BRITISH MEDICAL JOURNAL, December 3rd, p. 1825) to this test as an excellent one. The method he gives is a slight modification of Hoppe-Seyler's orthonitro-phenyl-propionic acid test. I cannot agree with him as to its reliability as the great majority of normal adult urines give a positive reaction with it. Professor von Jaksch says that "the indigo test does not afford a reliable means for the detection of grape sugar in urine, seeing that urines proved by reliable tests to be free from sugar will give positive results with Hoppe-Seyler's reagent"—a statement which I believe will be endorsed by any one who has tried it thoroughly.

SICKNESS INSURANCE: PAYMENT FOR WORK DONE.

DR. HENRY HICK (New Romney) writes: We are hearing a good deal about the sickness insurance scheme of the Government, and various plans are suggested by which the general practitioner may be safeguarded from ruin. Now most of these plans appear to be proposed by townsmen for townsmen; the country general practitioner has little chance to attend meetings and make his voice heard, and apparently his town brother does not care enough to consider his interests in his absence. For instance, we are told that payment must be for work done, and "The National Deposit Society" is pointed to as an example of this system working well, and, presumably, one which may be copied in any Government scheme, with the approval of the profession. Will you allow me to give an instance to show what this society does for the country general practitioner? In a sparsely populated district, it is impossible for a doctor to get all round his district each day, and, if he could, the amount of work would not justify his doing so. So it is the habit, in many places, to visit, in the ordinary course, each village on alternate days. Now the country general practitioner has to travel many miles between patients, and the National Deposit gives him 1s. for four miles. I have a patient at a village four miles away, less a few hundred yards. If he keeps a horse and trap for hire, if he sends for me on the day I do not visit that village—say, I may cycle over, but finding the wind too strong to allow my cycling back, I take his trap, he charges me 4s.; the society allows me 2s. 6d. for the visit and medicine, and 1s. for mileage—so I owe my friend 6d. on that transaction. But suppose he has pneumonia, and needs seeing next day, and I cannot cycle. I take his trap for the double journey, and he charges me 6s. I get from the society 1s. 6d. for the visit, and 1s. for the journey, so I owe him 3s. 6d.

CORRECTION.—In the report in the JOURNAL of December 17th, p. 1921, of Mr. J. E. R. McDonagh's paper on "606," read before the West London Medico-Chirurgical Society, the sentence, "For the intravenous injection 3 to 6 grams of the powder should be dissolved in 100 c.cm. of warm distilled water," should be altered to read as follows: "For the intravenous injection 0.3 to 0.6 gram of the powder should be dissolved in 100 c.cm. of warm saline which has been prepared with distilled water." Ordinary tap-water cannot be used, since a precipitate forms on adding sodium hydrate.

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