

## Letters, Notes, and Answers.

As, owing to printing difficulties, the JOURNAL must be sent to press earlier than hitherto, it is essential that communications intended for the current issue should be received by the first post on Tuesday, and lengthy documents on Monday.

ORIGINAL ARTICLES and LETTERS forwarded for publication are understood to be offered to the BRITISH MEDICAL JOURNAL alone unless the contrary be stated.

CORRESPONDENTS who wish notice to be taken of their communications should authenticate them with their names—of course not necessarily for publication.

AUTHORS desiring reprints of their articles published in the BRITISH MEDICAL JOURNAL are requested to communicate with the Office, 429, Strand, W.C.2, on receipt of proof.

IN order to avoid delay, it is particularly requested that ALL letters on the editorial business of the JOURNAL be addressed to the Editor at the Office of the JOURNAL.

THE postal address of the BRITISH MEDICAL ASSOCIATION and BRITISH MEDICAL JOURNAL is 429, Strand, London, W.C.2. The telegraphic addresses are:

1. EDITOR of the BRITISH MEDICAL JOURNAL, *Aitiology*, Westrand, London; telephone, 2630, Gerrard.
2. FINANCIAL SECRETARY AND BUSINESS MANAGER (Advertisements, etc.), *Articulate*, Westrand, London; telephone, 2630, Gerrard.
3. MEDICAL SECRETARY, *Medisecra*, Westrand, London; telephone, 2630, Gerrard. The address of the Irish Office of the British Medical Association is 16, South Frederick Street, Dublin (telegrams: *Bacillus, Dublin*; telephone, 4737, Dublin), and of the Scottish Office, 6, Rutland Square, Edinburgh (telegrams: *Associate, Edinburgh*; telephone, 4361, Central).

### QUERIES AND ANSWERS.

"S." asks for information as to untoward immediate and remote general or nervous symptoms that have been observed, directly or indirectly attributable to the administration of vaccines in large doses or over a lengthy period. He would also like references to the subject.

#### LUNG DISEASE AND WIND INSTRUMENTS.

"EMPHYSEMA" writes: I should be very grateful to have some advice in the following matter. A man aged 39 developed catarrhal tuberculosis (without consolidation) in 1912-13. He had a mild attack of haemoptysis, passed one winter season in Switzerland, and has been free from active symptoms since 1914. The lesions were localized to the apex of the right lung and the middle lobe, and appear now to be in a fibrous condition. The patient would like to know whether any bad—or possibly good—effects would come to him from an habitual performance on one of the wooden reed instruments—the clarinet, the oboe, or the bassoon. The first instrument appears to me the most appropriate one; the oboe necessitates frequent holding of the breath, and the bassoon requires more power. Is it possible for any of the above mentioned instruments to produce emphysema, and would this be harmful to my patient?

#### INCOME TAX.

"SURGEON LIEUTENANT R.N.," who purchased a car in December, 1922, to use partly for pleasure and partly for attending classes some distance from his station, asks whether anything is allowable for this expense or for the fee charged at the classes.

\* \* If it is a specific condition of our correspondent's appointment that he shall attend these classes we consider that he is entitled to the minimum necessary expense—that is, in this case the train fares and the class fee; otherwise he is not entitled to any allowance for the expense incurred in improving his professional knowledge. Any allowance due should be claimed from the Assessor for the Admiralty, who is responsible for the correct assessment of his naval pay.

#### Car Transactions.

"C. F." bought (1) a 9-h.p. in 1908 for £215 and sold it in 1911 for £15; he then bought (2) a 15-h.p. for £315 and sold it in March, 1923, for £50, buying a 10/23 h.p. (R.A.C. rating=9 h.p.) car for £375. The expense of replacing (1) may have been dealt with in 1911, but is in any case now out of date. The expense of replacing (2) is £375-£50=£325, and that sum is an allowable professional expense as at March, 1923—that is, of the year 1923 if "C. F." bases his return on the three calendar years ending December 31st, or of the year 1922-23 if he takes the three years to March 31st; in the former case his income-tax liability is not affected until the financial year 1924-25.

"W. F. B. S." bought a four-seater in 1921 and sold it for £190 in 1922, buying a two seater for £235. The expense of replacement is £235-£190=£45, and no more can be claimed. But our correspondent should note the facts for future use, as a further allowance will be due if he replaces his present car by a superior one at a later date.

"SCODEN" sends two sets of car transactions. In the first the allowance to be claimed is £495-£200=£295—that is, the actual cost of replacement, seeing that the cost of the new car is no greater than that of the original car when purchased. In the second case, as an improvement has been effected through the replacement, the amount to be claimed is £250-£30—that is, £170, and not £395-£30=£315.

"W. G. S." sold a 10-h.p. Swift (cost when new £210) for £70 and bought another make for £470. The amount claimable is the out-of-pocket expense—that is, £470-£70=£400—less the amount representing improvement—that is, £470-£210=£260; so that the net amount to be allowed is £400-£260=£140.

### LETTERS, NOTES, ETC.

#### RAT-BITE FEVER.

CAPTAIN S. K. CHAUDHURI, M.B.E., late I.M.S., Chief Medical Officer, Lovett Hospital, Ramnagar, Benares State, sends a report of the following case of rat-bite fever, and inquires as to the occurrence of an eruption.

A. H., Mohammedan, a surgical dresser, aged 30, while sleeping in his room on September 7th, 1922, was bitten a little above the left knee externally by a large rat which fell from the ceiling. Blood oozed out for a few minutes, but stopped after a surgical dressing soaked in cold water had been applied. For a week there was neither pain nor fever, and he attended his work as usual. On September 15th the spot bitten suddenly became inflamed and he had a temperature of 99° F. Boric fomentation and ichthyol application brought about temporary relief. On September 24th the swelling, which had become hard, brawny, and carbuncular in appearance, was freely incised, but there was no pus. Fever remained less till September 27th, when the temperature rose again to 103° F., and a shotty and painful eruption made its appearance; it was distributed all over the body, but was most marked on the forehead. A simple diaphoretic was prescribed. Four days later, when the temperature came down to 99° F., neo-salvarsan (0.3 gram) was given intravenously. An hour later he had a shiver which lasted for an hour. After that he not only felt relieved but slept well for the first time since the beginning of the inflammation and fever. The eruption rapidly faded, there being no trace left three days later. He remained free from fever till October 12th; then there was again a rise of temperature which lasted till October 18th. On this date neo-salvarsan (0.6 gram) was given intravenously. The temperature fell rapidly and he made a complete and uninterrupted recovery. It is possible that the eruption was caused by potassium bromide which had been given to induce sleep, but it was not like typical bromide rash.

\* \* In *The Manual of Tropical Medicine* by Castellani and Chalmers the eruption in rat-bite fever is described as consisting of purple spots often resembling erythema polymorphum. Otherwise the symptoms described above appear to be fairly typical of a mild attack.

#### HICCUP.

DR. R. W. S. CHRISTMAS (South Benfleet, Essex) writes: The correspondence on this subject is very interesting to me. Many years ago (1899) you published a letter of mine on this subject. My case was a most severe one; the patient hiccuped continuously for nine days, and almost died. Most kinds of treatment were tried, but with no good result; even under morphine-atropine, although he slept, the hiccup never ceased. He was seen in consultation and the injections were pushed to full extent. I had used liquor trinitrinæ in many cases of spasmodic conditions with good results, and so thought I would try it in this one; it was really the therapeutics of despair. He commenced first thing in the morning with 1/2-minim doses every hour for three hours; then 1-minim, then 2-minims; to my delight by 9 p.m. the hiccup ceased. There was no return, and the patient pulled through. The week after the publication of my letter Dr. Bezly-Thorne wrote to say that he had tried the same drug in a severe case of hiccup with perfectly good results.

#### CORRECTION.

IN the list of books recommended to a correspondent who proposes to sit for the examination in psychological medicine (BRITISH MEDICAL JOURNAL, March 10th, p. 450) that by Dr. T. W. MITCHELL is entitled *The Psychology of Medicine*—not *Medical Psychology*.

#### VACANCIES.

NOTIFICATIONS of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 34, 35, 38, 39, and 40 of our advertisement columns, and advertisements as to partnerships, assistantships, and locumtenencies at pages 36 and 37.

A short summary of vacant posts notified in the advertisement columns appears in the *Supplement* at page 95.

### SCALE OF CHARGES FOR ADVERTISEMENTS IN THE BRITISH MEDICAL JOURNAL.

	£	s.	d.
Six lines and under	...	...	0 9 0
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An average line contains six words.

All remittances by Post Office Orders must be made payable to the British Medical Association at the General Post Office, London. No responsibility will be accepted for any such remittance not so safeguarded.

Advertisements should be delivered, addressed to the Manager, 429, Strand, London, not later than the first post on Tuesday morning preceding publication, and, if not paid for at the time, should be accompanied by a reference.

NOTE.—It is against the rules of the Post Office to receive *poste restante* letters addressed either in initials or numbers.