

## Letters, Notes, and Answers

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### ANY QUESTIONS ?

#### Cheirpompholyx

**Q.**—Is it accepted that cheirpompholyx is caused by a fungous infection in distant parts of the body?

**A.**—The term "cheirpompholyx" is more significant if reserved for an eczematous eruption of itching, deep, tense vesicles which erupt, periodically or episodically, without obvious cause, although nervous factors and local irritation are provocative, as in other types of eczema. If cheirpompholyx extends to the forearms the eruptions there are frankly eczematous, and not infrequently cheirpompholyx develops as part of an extending eczema. Relapses are common. A similar vesicular eruption occurs on the hands in some cases of epidermophytosis of the feet and should be called an epidermophytid. This is an allergic reaction to the epidermophytoxin, and it clears up when the foot infection has been eradicated and does not relapse unless reinfection is established.

#### Treatment of Parkinsonism

**Q.**—A married woman aged 54 has suffered from muscular rheumatism all her life. Nine years ago she noticed weakness and dragging of her right leg, and inability to raise the arms above the head following a "chill." During the past three years she has developed the symptoms of Parkinsonism: shuffling gait, mask-like expression, and rigidity of limbs. She had a special examination five years ago, when nothing abnormal was found. Examination to-day shows generalized muscular tenderness and rigidity. She complains much of pain in the back of the neck on exposure to cold, reflexes and disks normal, and nothing unusual found in cardiovascular system. Would radiant heat, massage, passive movements, or any other treatment be of value in this case? The symptoms are temporarily relieved by stramonium.

**A.**—In the first place, there is no cure for Parkinsonism, but some of the symptoms can be alleviated by suitable means. Massage or electrotherapy is of no help; but passive movements to straighten the limb, and particularly the trunk, often help to overcome the discomfort of the bent attitude. Because of the muscular rigidity there is apt to be pain in the region of certain joints, particularly the neck and the shoulders, and free passive movements should be carried out twice daily to prevent the onset of pain or to relieve it if it is present. The muscular rigidity itself can usually be diminished by drugs of the hyoscine, stramonium, or belladonna group. A useful way to prescribe stramonium is in the form of the tincture, beginning with a dose of 15 minims in water thrice daily after meals, the dose to be increased by 5 minims weekly until the patient complains of dry mouth or misty vision. Then a dose just short of that should be continued with. Very occasionally stramonium, like hyoscine, may give rise to mental confusion in submaximal doses, and if so the drug should be stopped. In certain cases hyoscine acts better than stramonium and should be given as tab. hyoscine hydrobromide gr. 1/150 under the tongue, thrice daily.

#### Treatment of Paratyphoid Carrier

**Q.**—A young woman who had an acute attack of paratyphoid over 5 months ago is still a carrier. After many and varied medical treatments the faeces are persistently infective. What can be done to clear this up?

**A.**—Convalescent patients who have been carrying typhoid or paratyphoid bacilli for five months are likely to become permanent carriers. There is no known method of curing them medically. It is worth while, however, trying the effect of iodophthalein and of succinyl sulphathiazole. Soluble iodophthalein should be given orally in a dose of 4 g. three times a week for thirteen weeks. The

patient should be kept on a low-fat diet to avoid unnecessary contractions of the gall-bladder, and the dye should be given in the early morning so that the maximum concentration in the bile is reached at night, when rest and absence of food should help to keep the gall-bladder quiet. Succinyl sulphathiazole should be given in a dose of 0.25 g. per kilo body weight in four daily divided doses for five to fourteen days. If neither of these drugs succeeds in freeing the patient from infection with paratyphoid bacilli, excision of the gall-bladder should be considered. This should not generally be undertaken until the patient has been carrying for at least a year. It is wise, also, to make certain, so far as possible, that the organisms are present in the bile. Cholecystectomy usually cures about 75% of chronic biliary typhoid carriers.

#### Bacteriology of Diarrhoea

**Q.**—Has any work been done on the bacteriology of the recent epidemic of diarrhoea? Is there any reason to believe that it was caused by a virus?

**A.**—Sonne dysentery has as usual been widely prevalent recently. There have also been cases of enteritis, mild in adults but severe in infants, in which examination of the faeces has failed to show any of the recognized bacterial causes of such a condition. In these circumstances its cause can only be the subject of speculation. There is no evidence that a virus is concerned, but so far as we are aware no experiments which would test this hypothesis have been undertaken.

### INCOME TAX

#### Travelling Expenses, Residence Abroad, etc.

P.'s inquiries may be sufficiently clear from the following replies.

\*\* (A) Where a single appointment involves attendance at more than one place, any expense "wholly, exclusively, and necessarily" incurred in travelling between them is allowable.

(B) The basis of assessment of the income from an appointment is normally the amount of the previous year. But as the appointment held by P. ceased at Dec. 31, 1941, the assessment based on the previous year's earnings is adjustable to the actual earnings of the nine months ending on that date.

(C) Whether the result of P.'s professional activities when abroad in 1942, whether profitable or the reverse, came within the income-tax field is a matter of some difficulty, and would depend for decision on all the circumstances of his case. In so far as judicial authority goes (*Davies v. Braithwaite*, decided in 1933), the answer is probably in the affirmative.

(D) The fact that P.'s wife has not received a notice of assessment would not invalidate the deduction of tax from her salary. If she is unable to obtain a reply from the inspector of taxes to whom she sent a declaration of income, we suggest that a complaint should be sent to the Board of Inland Revenue, Somerset House, London, W.C.2.

#### War Damage Contribution

L. inquires whether it is correct that premiums payable for war risk insurance of professional equipment cannot be regarded as deductible for income-tax purposes.

\*\* Yes. The point is explicitly covered by statutory provision and is beyond dispute. The *raison d'être* may perhaps be said to lie in the fact that it is contemplated that the Exchequer may have to contribute directly from the national funds, and therefore bars the indirect contribution resulting from the loss of income tax which would follow from admitting the deduction of premium.

### LETTERS, NOTES, ETC.

#### Pasteurization of Milk

Dr. H. G. WILLIAMS (Chalfont St. Peter) writes: In my letter (Jan. 23, p. 112) the figures I gave for the bacteria per millilitre of T.T. milk and pasteurized milk are for Scotland. In England and Wales there is no bacterial count done for T.T. milk, but the methylene-blue test must be passed. The bacterial count for "T.T. pasteurized" milk must not be 30,000 per millilitre and for "pasteurized" milk 100,000 per millilitre. The cooling temperature should be 55° F. and not 50° F. I apologize for this omission and mistake.

#### A Disclaimer

Dr. D. B. CRAIG (Redhill County Hospital, Edgware) writes: I wish to disclaim any knowledge of a notice in the *Hendon and Finchley Times* dated Feb. 12, which mentions my name in connexion with work at this hospital. This was entirely without my authority or knowledge.

#### Correction

In the report of an investigation into the standard of milk supplied to children in the *Journal* of Jan. 30 (p. 140) the footnote marked by an asterisk under the first table should read: "Double the number of cases of meningitis in 1941 as compared with 1938."