

## Letters, Notes, and Answers

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### QUERIES AND ANSWERS

#### Income Tax

##### *Board and Lodging of Assistant*

"C. A. S." inquires what is the generally accepted weekly amount that may be claimed by the practitioner providing the board, etc.

\*\* The amount to be claimed should be a proportion of the total household expenses, bearing in mind any differences between domestic staff and others, and no standard rate can be put forward with confidence where circumstances vary so much. Perhaps £2 a week would usually be a reasonable amount to claim.

### LETTERS, NOTES, ETC.

#### A "Double Duty" Fire

At the Building Centre in Bond Street last week Mr. George Hicks, M.P., opened a small exhibition of methods of economizing coal and improving ventilation in dwelling houses. The central feature of the exhibition is the Hales convector fire, developed by the Coal Utilization Research Association on behalf of the British coal industry. The convector is a "double duty" fire, combining the advantages of the open fire and the central heating system. It is a complete iron grate with its own stool bottom and fret, designed to fit inside the existing grates of at least 60% of the fireplaces in use to-day, and sealed off at the bottom and top. A hollow space is left between the cast-iron back and sides of the convector and the existing firebrick. When the fire is lighted and the iron becomes hot it warms the air in this space, and the air then goes into the room through louvres at the top of the convector frame, while at the same time fresh cool air is drawn in through slots at the bottom. In this way a constant supply of warm air is circulated through the room, supplementing the radiated heat from the burning coal and adding to the efficiency of the ventilation. It was mentioned that tests with the convector have shown a saving of 40% of coal for the equivalent heat output. In a room fitted with a good modern grate burning 2.65 lb. of coal per hour on an average winter day the consumption would be reduced to 1.6 lb. if the Hales convector were fitted. The most expensive model, in vitreous enamel, costs only 46s. 9d., so that the appliance should soon pay for itself in what it saves in coal. The Ministry of Supply has given a special allocation of cast iron to enable 10,000 convectors to be manufactured. The open coal fire has been described by one medical authority as the healthiest form of heating, but it is certainly one of the least economical. The convector reduces the waste and at the same time adds to the health-giving properties by circulating the warm air, as the ordinary coal fire does not, into the farthest corners of the room.

#### Dosage in Prophylactic Inoculation

Dr. MICHAEL R. BRADY (London, W.1) writes: In view of the widespread interest in prophylactic inoculation I should like to make a few suggestions which may be very helpful. In my experience of the last ten years of prophylactic inoculation I have found that the ordinary orthodox dose is much too high for colds, typhoid, and influenza. The same results can be obtained by smaller doses, and thus eliminate one of the greatest setbacks to the advance of prophylactic immunization—that is, severe reactions. The result of my experience in inoculating large numbers, which means routine work every winter, is that I have evolved a series of doses which I find are very efficient from a prophylactic point of view, and produce the minimum

amount of reaction. In the case of the common cold the vaccine is made from the organisms isolated from cases suffering from the prevailing epidemic. The dosage is as follows: First dose, 5 million of each micro-organism isolated; second dose, 10 million; third, 25 million; fourth, 100 million; fifth, 200 million. If there is a reaction after the first dose I put that patient into what I call the sensitive class, and the series of doses which he gets is 2½, 5, 7½, 10, and 25 million. As a matter of experience the cases which go into the sensitive class are those who are perpetually subject to colds.

#### Disfigurement of Nails

"B." writes in reply to "Digit" (November 2, p. 618): A lady over 80 years of age had this condition. I advised rubbing in olive oil (once suggested for nail-biting in children in the *Journal*) to soften the nails and reduce sensation in them. She has also had twice weekly, for other reasons, injections of 1 c.cm. vitamin B<sub>1</sub>. Onychia occurs in pellagra and perhaps also in beriberi, as stated in the annotation on vitamin B<sub>1</sub> in Chinese nutrition (September 28, p. 424). The zinc content of the nails is reduced in beriberi to half its normal value. My patient's nails showed improvement after four months, and now, after two years, are in good condition. She also took bemax. "Digit" may get some help from pondering over this unexpected result.

#### A.R.P. for Cars

Mr. W. H. OGILVIE (London, W.1) writes: Most of us must travel on our lawful occasions during air raids, and in so doing are exposed to the remote chance of personal involvement. A direct hit from a heavy bomb would be just too bad, but injury by falling splinters, most of which will easily penetrate the pressed steel of a car body, is more likely and more easily guarded against. Of the safeguards usually seen, a steel sheet is hard to obtain and difficult to fix, and a double-bed mattress strapped to the roof is slightly ridiculous. A simple and very cheap protection can be arranged inside the roof by cutting a sandwich of five layers of "chicken wire" with four of army blanket between them to shape, and retaining it with a sheet of beaver board sprung into place. If need be the board can be coloured to suit the decoration of the car.

#### First Aid

Dr. M. A. GOODWIN writes: May I draw your attention to a state of affairs which I believe has become more prevalent since the onset of hostilities and the subsequent teaching of first aid to many voluntary workers. It is a case in which a little learning is truly a dangerous thing, for whilst recognizing that these people are doing their duty with the best of intentions, yet I am seeing more and more cases, particularly of septic hands, which have been "treated" by first-aid workers when they should have been sent to hospital much sooner. The patient finally arrives with a condition of the hand which inevitably spells some loss of function, which would have been avoided had earlier treatment been instituted. I would stress the importance when instructing these people that their duty is not to treat but to render first aid and send the patient to hospital at the most opportune moment.

#### Large-scale X-ray Examinations

Dr. E. WEATHERHEAD (Southborough, Tunbridge Wells) writes: In my letter under this heading (November 2, p. 607) there occurs the sentence: "I have been . . . struck by the number of cases in which the diagnosis rested only on x-ray reports, and in which, after perhaps some years, clinical evidence was still lacking and a further x-ray examination showed no evidence of *tubercles*." The use of the word "tubercles" here may give rise to a false impression. What I actually wrote, or thought I had written, was "tubercle," as merely short for "tuberculosis" or "tuberculous disease," one or other of which terms would have been better. "Tubercles," in the plural, certainly gives a wrong impression, never intended by me, as regards x-ray evidence.

#### The Liver in Diabetes Mellitus: A Correction

Dr. GEORGE GRAHAM (London, W.1) writes: My attention has been drawn to a mistake which I made in the second Croonian Lecture published in the *Journal* of October 19 (p. 513). The figures for the carbohydrate:fat ratio are given incorrectly on p. 515, and should be 0.69:1; 0.84:1; 0.8:1; 1.78:1; 0.61:1; 1.65:1. Fortunately the mistake does not affect the argument in the text.

#### A Corrected Reference

Dr. R. L. WYNNE informs us that the reference at the end of the second paragraph of his letter which appeared in the *Journal* of November 2 (p. 611) should have been as follows: (Dallmagne, M., *J. Chir.*, Brux., 1935, 34-32, 298).