## LETTERS, NOTES, AND ANSWERS TO CORRESPONDENTS.

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CPF Queries, answers, and communications relating to subjects to which special departments of the British Medical Journal are devoted will be found under their respective headings.

## QUERIES.

X. Y. Z. has omitted to enclose his card.
E. S. R. wishes to hear of an institution where a neurasthenic female of 50 would be admitted for a small weekly paymeut.

Mimetes will feel obliged to any member who will kindly inform him in which medical paper and on what date, there appeared a parody of Kipling's poem, "Her Majesty's Jolly," commencing something like this:

As I was walking home last night through the mud of a country lane, I met a man in a waterproor cape a-truaging along in the rain.
His pipe was out, and he hadn't a match, and I says to him, "Who are you?
And says, he, "I'm a doctor-a country doctor, surgeon, and midwife too."

RADIO-PHOTOGRAPHY
INQUISITOR will be obliged to any member who can supply information as to disagrecable symptoms following radio-photography of the skull. Is an exposure?
A. C. asks to be referred to a book giving directions for "respiratory exercises" for children with defective or obstructed nasal breathing a book most suitable would be one that could be given to patients.

Post-aural Pain.
G. W. P. would be glad to have suggestions as regards treatment in the following case: A single woman, aged 26, otherwise healthy, has bi lateral post-auricular pain of a continuous dull character, relieved by pressure. It is now of five year's' standing. An aural specialist's diagnosis was negative. The usual antineuralgic drugs and local counter irritation have been tried unsuccessfully.

## Income Tax.

Perplexrd writes: In the British Medical Journal of January gth, in reply to "Assistant," it was stated that a qualified assistant was not liable to pay income-tax on the value of his rooms aud board, if these were provided for him in addition to his salary. May I inquire as to the grounds for such opinion, and whether such exemption is considered to extend to the case of assistant medical officers of asylums, bearing in mind the decision in Bray $v$. Lancashire Justices, L.R. 22, Q.B.D 484 My reason for inquiring is that for the first time $I$ am assessed to in come-tax in respect of rooms occupied here by me in my capacity of assistant medical officer.
*** The opinion given in the British Medical Journal of Janqary 9 th is based on the decision of the judges in the case of Tennant $r$. Smith (1802) A.C. 150 , where it was held that the residence of a bank agent on the bank premises as caretaker and for the purpose of the performance of his duties was not a perquisite or profit of his office within the income-tax charge. The exemption extends to the case of an assistant medical officer of an asylum, who, in the circumstances referred to by our correspondent, is liable to make his income-tax return (Schedule E) on the actual amount of his salary, without adding thereto the value of board and rooms for which he does not receive a money payment. The case of Bray $v$. Justices of Lancashire establishes a different point, namely, that the portions of a county lunatic asylum used as apartments by officers of the asylum with incomes of $£_{150}$ a year and upwards are chargeable with income tax ; that is, the apartments are liable to be charged in the same way as a house is charged with the landlord's property tax (Schedule A). This tax, however, is payable not by " Perplexed," but by the asylum authorities, and if our correspondent has received the collector's demand note in error, as seems probable, he should hand it on to the treasurer or clerk of the asylum. M.D. Cantab writes: I bought a dying nucleus in July last; a claim for income-tax on profits has been sent in. My reply was that the takings as yet were not equal to the expenses, and that I was living on my capital ; my income therefore is a minus quantity. The local surveyor of taxes has demanded to be furnished with three year's accounts, showing total reseipts and details of expenses. My predecessor kep furnish these accounts; helast year acquainted the surveyor of tixes
that his profits were, nil. What am I to do, and can I be forced to pay anything?
${ }^{*} *$ * The surveyor is legally correct, a medical practitioner being assessable to income-tax on the average annual profits of the practice for the three preceding years, whether such practice was or was not carried on by him duriug the three years referred to. As the financial year runs from April 5th to April 5th, our correspondent widuld be liable to pay three-fourths of the tax so arrived at, the first quarter's tax (April to July) being payable by his predecessor: If the circumstances are such that accounts for three years'cannot be produced, he should request the surveyor to allow the tax to remain in abeyance until April ${ }_{5}$ th next, on the understanding that an account is produced for the period from July, 1903, to April 5 th, 1904, immediately after the latter date. In the event of the surveyor's refusal to sanction this, he should ask fcr an opportunity of appeal to the commissioners of incometax.

## ANSWERS.

Lectrber - It is presumed that the lectures to nurses will be on elementary anatomy and physiology, emergency treatment of haemorrhage, fits, poisoning, etc., and elementary hygiene. Much of this information in a simple form may be oblained from waruick and The Preservation of Health (National Health Society), or Elementary Hygiene (St. John Ambulance Association).
J. R. W.-There are no places in Switzerland with waters like the gaseous thermal muriated waters of Nauheim, but doubtless artificial Nauheim baths and Nauheim exercises can be employed at Kheinfelden, Ragatz, and other places, if thought desirable by the resident medical men. Our correspondent might consult an article by Dr. J. MrGregor Robertson August 15 th, 1903, p. 366.

Dr. R. R. Rentoul. -It is impossible to lay down any hard-and-fast scale of iees for such cases. It may be assumed that with a rental of $f 28$ the income would not be above $f_{6} 300$ a year. The fairest way of settling the question would be to charge the ordinary visiting fee for patients of such a class, and a-half fee in addition for the injection. No cab fare should be charged.

## NaTES, LETTERS, Etc.

## A Warning:

Dr. Martin A. Cooki (Stroud) writes to warn his brother practitioners against a man of medium height, about, 25 year's of age, dark, and with a small moustache, who, he says, is travelling about amovg the profession seeking orders for electric lamps, accumulators, ete, most plausible in manure and thoroughly understands electric matters. He passes under the name of Crawley. The police, adds our correspondent, have already had many inquiries about the man.

## The Distribution of Cancer.

Dr. C. F. Marshalt, (London, W.) writes: In the interesting article on Cancer, by Messr's. Bashford and Murray, I note that nearly all the animals in which cancer was found were domesticated and not in the wild or natural state. Such animals are exempt from the natural struggle for existence which results in the survival of the fittest. In wild animals those which had cancer would be wiped out in the struggle for existence and hence cancer will probably not be found in them. In the case or man the tendency is for medical science to prolong the existence of those unfit to survive, and this process increases as medical knowledge increases. This may possibly explain the alleged develop cancer, but mole survive owing to increase of knowledge.

Knee-jerk Phenomenon in Interstitial Keratitis.
Mr. N. Bishop Harman (London, W.), writes: In your appreciative article BRITISH MEDICAL JOURNAL, February $13 \mathrm{~h}, \mathrm{p} .3^{84}$ ) on the recent issue of he Archives of the Middlesex Hospital you reier to a paper of mine. "Mr. N. Bishop Harman discusses the relative frecquency of knee-jerk phenomenon in interstitial keratitis, the result of inherited syphilis. Drs. Lang and Casey Wood stated as the result of their investigations that in about 30 per cent. of all cases of interstitial keratitis the kwee-jerkis decidedly subnormal, and that in about ro per cent. of all cases it is en tirely absent." (In this investigation 60 cases were examined.) "Mr. Harman, on the other hand, finos as the result of the careful examination of rco cases, ' oo noticeable difference between the condition of this phenomenou in the subjects of congenital syphilis and in healthy folk. It is plain that an important question of this kind requires extended investigation.'" Extended investigat on has already been made confirming my results. When I read the paper at the meetivg of the British Mcdical Association, Swausea. 1go3, Ophthalmological section, two members stated that they had been engaged in a similar incuiry. In the words of your report (BRITISH MEDICAL JOURNAT, September 2ith, 1903. p. 736) "Mr Doyne said he had himself recently examined 30 cases. In all cases the knee-jerk was present. 1hoưg ir a few it was dimiuished. Mr. Beaumont said that in 15 casps he had examined he had iound the knec jerks present." If further investigations be made, I should like to suggest that the method of testing the knee-jerk I advocated in this paper he tried. It has the merit of simplicity, the possibilify of making a satiseariation with time and place to a reduces the

The Etiology of Leprosy.
W. H. Lowman, M.B., B.S.Lond., F.R C.S. (Mission Hospita), Dera Temail Khan, N.W.F. Province), writes: Xpropos of the discussicn that has been going on lately in England conceri ing the etiology of leprosy, the ollowing case will be interesting. A native of the Shirani country, one of those tribes which inhabit the Snlinian Mountains on the North West Frontier, came to the hospital for treatment. He had well-marked signs of leprosy-anaesthesia of hands and feet, ulceration of hoth winh
lossiof phalanges, and contraction of tendons to form a left "claw",
hand. He states that he has always lived with his tribe and is the only one afflicted with the disease. I questioned him as to his relations and their complaints to see if I could discover any deficiency in his statement, but he was perfectly consistent. I may say that these wild border people are not accustomed to tell fictions about their complaints, but are generally bluntly "straightforward" in this respect. He is about 30 years of age, and the disease began on the right foot. He has. suffered ive years. He has one child living, about 6 months old Questioning him as to fish-eating, he said he had eaten fish once in his life when he was little, and that was fresh caught. Allowing his statement to be correct, and I see noreason to doubt it, it is rather difficult finished with a "poser" worthy of the Western mind, "Is it contagious?"

Double Monster: Xiphopagus.
Dr. J. Ernest Stratton (London) writes: Cases of conjoined twins being of some rarity, I thought it worth while to send you the following notes on a case occurring recently in my practice: The mother 18 a multipara, her previous continements-all occurring in little over four years-having been at eight, seven, six, and six months respectively. There has been no abnormality of the fetus on any previous occasion. This time labour came on at the twenty fifth week. Delivery was spontaneous and rapid. On rupture of the membranes a head presented accompanied by a hand, which proved to be the left hand of they were followed by the shonlders of both children and the sected. head. which was over-extended and pressed deeply into the the second head which was over-extended and pressed deeply into the back of the bably died within twentyfour hours before birth. The twins were pronected by a firm fleshy bond of union, extending from just above the nected by a frm flesily bond of union, extending from just above the manubrium sterni down to the umbilicus, which was single and into placenta. The spinal axes of the two children were completely separate, but it could not be determined to what extent the organs separate, but it could not be determined to what extent the organs the University College Museum. The children were of approximately equal size and both of the female sex.

Forcible Dilatation of the Cervix in "Accouchement Force." DR. J. FARRAR (Gainsborough) writes: As I was, I believe, the originato of the method of dilating the rigid os in parturition by the direct application to it of an aqueous solution of cocaine (vide Transactions of the Obstetrical Society of London, vol. xxxvi, I895, and a paper read at the Edindurgh meeting of the British Medical Association in 1898, Britisir MEDICAL JOURNAL, i898, p. 790), I am much interestedin the suggestion made by Dr. Alexander Duke in the Journal of January ${ }^{23 r d}$ (p. 228) self often wondered whether it would not be equally successful in this latter work as it is in the former, and so supplant in a great measure direct instrumentation ; but as I have no opportunity of personally experimenting in this:direction-having little to do in strictly gynaeco pogical work-I shall be glad if you will allow me to say that I should much like to see it tried by those who have. Its powers over the rigid os in parturition are little short of marvellous, and I should no more think of omitting to take with me in my bag a solution of the drug than I would ergot or the forceps. There is, however, a right way and a wrong one of applying it, the right way being a ro per ceut. solution in water. applied directly to the os by a piece of lint, or linen rag saturated with the solution, smearivg it round and round, both withing and without, and finally leaving the lint lying within the os, between it and the head of the child. The wrong way is by using it dissolved in a solid menstruum, as a pessary, and then only in a strength of 2 per cent., a method I find adopted by certain of the profession, who found it in such cases a failure, and who thereupon jumped to the conclusion that it must in all cases prove uscless. By the latiter method, that by pessary, only a very small quantity of the drug can necessarily be applied at once; but by the former the os is at once overwhelmed and yields with surprising celerity.

Determination of Sex.
Dr. James Ross (Bowmore, Islay) writes: Dr. Gerrard's theory of the determination of sex is nothing but our old acquaintance "ardency" under a new guise. Why should persons try to evolve from their "inner man" au explanation of this interesting fact when Nature herself has opened a window in her thrums through which any one can see her mode of sexifying? She demonstrates that from the unfer tilized ova of the queen bee drones are hatched, and from the fertilized ova, neuters-that is, potential females-thus announcing urbi et orb that sex depends on the amount of stimulation communicated by the spermatozoon. Bees ova are capable of developing into bees without this stimulation on account of their lower condilion; but in this case the resulting insect is invariably a male. But ova of creatures higher in the scale of existence require more or less stimulation from spermatozoa before this development can take place. We are therefore entitled to conclude that when like stimulation is imparted by a weak spermatozoon the resulting sex is a male, and from a strong one a female. Medical men are evolutionists and know that Nature is one and indivisible, that she is as careful of the sex of a cow as of a countess, and that if we can ascertain how she sexifies the lowest creature we know how she sexifies the highest.

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