# LETTERS, NOTES, AND ANSWERS TO CORRESPONDENTS.

COMMUNICATIONS respecting Editorial matters should be addressed to the Editor, 2, Agar Street, Strand, W.C., Londou; those concerning business matters, advertisements, non-delivery of the OUNNAL, etc., should be addressed to the Manager, at the Office, \$20, Strand, W.C., Londou.

Strand, W.C., Loudon.

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

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

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

CORRESPONDENTS not answered are requested to look at the Notices to Correspondent of the following week.

Manuscrifts forwarded to the Office of this Journal cannot under and Ctreumstances be Returned.

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, and not at his private house

ELEGRAPHIC ADDRESS.—The telegraphic address of the EDITOR of the BRITISE MEDICAL JOURNAL is Articlogy, London. The telegraphic andress of the MANAGER of the BRITISH MEDICAL JOURNAL is Articlated, London

is Articulate, London.
GENERAL SECRETARY AND MANAGER,
2630, Gerrard. TELEPHONE (National):— EDITOR, 2631, Gerrard.

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.

#### QUERTES.

- 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 payment.
- 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

As I was walking home last night through the mud of a country lane, I met a man in a waterproof cape a trudging 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 disagreeable symptoms following radio-photography of the skull. Is headache or falling out of the hair, or any other sequela likely to follow 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 bilateral post-auricular pain of a continuous dull character, relieved by pressure. It is now of five years' standing. An aural specialist's diagnosis was negative. The usual antineuralgic drugs and local counterirritation have been tried unsuccessfully.

INCOME TAX.

PERPLEXED writes: In the British Medical Journal of January oth, in reply to "Assistant," it was stated that a qualified assistant was not liable to pay income-tax on the value of his rooms and 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 income-tax in respect of rooms occupied here by me in my capacity of assistant medical officer.

\*\*\* The opinion given in the British Medical Medical Control of the British Medical Control of the Br

\* The opinion given in the BRITISH MEDICAL JOURNAL of January oth is based on the decision of the judges in the case of Tennant v. Smith (1892) 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 receipts and details of expenses. My predecessor kept no books beyond a daybook, and it would be practically impossible to furnish these accounts; he list 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 during the three years referred to. As the financial year runs from April 5th to April 5th, our correspondent would be liable to pay three-lourths 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 5th next, on the understanding that an account is produced for the period from July, 1903, to April 5th, 1904, immediately after the latter date. In the event of the surveyor's refusal to sanction this, he should ask for an opportunity of appeal to the commissioners of income-

#### ANSWERS.

- LECTURER—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 obtained from Warwick and Tunstall's First Aid. (J. Wright and Son, Bristol); and for hygiene from The Preservation of Health (National Health Society), or Elementary Hygiene (St. 1914). 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 'Rheinfelden, Ragatz, and other places, if thought desirable by the resident medical men. Our correspondent might consult an article by Dr. J. McGregor Robertson on Bourbon-Laney, published in the BRITISH MEDICAL JOURNAL of August 15th, 1903, p. 366.
- DR. R. R. RENTOUL.—It is impossible to lay down any hard-and-fast scale of fees for such cases. It may be assumed that with a rental of £28 the income would not be above £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.

## NOTES, LETTERS, Etc.

A WARNING.
DR. MARTIN A. COOKE (Stroud) writes to warn his brother practitioners against a man of medium height, about 25 years of age, dark, and with a small moustache, who, he says, is travelling about among the profession seeking orders for electric lamps, accumulators, etc., most plausible in manner 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.

THE DISTRIBUTION OF CANCER.

DR. C. F. MARSHALL (London, W.) writes: In the interesting article on Cancer, by Mesers. 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 of man the tendency is for medical science to prolong the existence of these unfit to survive, and this process increases as medical knowledge increases. This may possibly explain the alleged increase of cancer; namely, that there is a fairly constant number who develop cancer, but more survive owing to increase of knowledge. develop cancer, but more 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 h, p. 334) on the recent issue of the Archives of the Middlesca Hospital you refer to a paper of mine. "Mr. N. Bishop Harman discusses the relative frequency 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 knee-jerk is decidedly subnormal, and that in about 10 per cent. of all cases it is en tirely absent." (In this investigation 60 cases were examined.) "Mr. Harman, on the other hand, finds as the result of the carciul examination of 10 cases, "no noticeable difference between the condition of this phenomenon in the subjects of congenital syphilis and in healthy folk. It is plain that an important question of this kind requires extended investigation." Extended investigation of this kind requires extended investigation. Extended investigation has already been made confirming my results. When I read the paper at the meeting of the British Medical Association, Swansea. 1903. Ophthalmological Section, two members stated that they had been engaged in a similar inquiry. In the words of your report (British Medical Journal, September 20th, 1903, p. 736) "Mr Doyne said he had himself recently examined 30 cases. In all cases the knee-jerk was present, though in a few it was diminished. Mr. Beaumont said that in 15 cases he had examined he had found the knee-jerks present." If further investigations be made, I should like to suggest that the method of desting the knee-jerk I advocated in this paper he tried. It has the merit of simplicity, the possibility of making a satisfactory comparative test, and it reduces the personal equation and its variation with time and place to a minimum.

minimum.

THE ETIOLOGY OF LEPROSY.

W. H. LOWMAN, M.B., B.S.Lond., F.R.C.S. (Mission Hospital, Dera Ismail Khan, N.W.F. Province), writes: Apropos of the discussion that has been going on lately in England concerning the etiology of leprosy, the following case will be interesting. A native of the Shirani country, one of those tribes which inhabit the Suliman 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 both with loss of 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 five 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 no reason to doubt it, it is rather difficult to believe that in this case at any rate fish eating was the cause. He finished with a "poser" worthy of the Western mind, "Is it contagious?"

DOUBLE MONSTER: XIPHOPAGUS. He states that he has always lived with his tribe and is the only

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 is a multipara, her previous confinements—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 the second child. Delivery of these parts having been rapidly effected, they were followed by the shoulders of both children and the second head, which was over-extended and pressed deeply into the back of the trunk to which it belonged. The children were stillborn, having propably died within twenty-four hours before birth. The twins were connected by a firm fleshy bond of union, extending from just above the manubrium sterni down to the umbilicus, which was single and into which was inserted a single umbilical cord running from a single placenta. The spinal axes of the two children were completely separate, but it could not be determined to what extent the organs were connected, as it was desired to present the complete specimen to 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 originator 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, 1895, and a paper read at the Edinaburgh meeting of the British Medical Association in 1895, Bri

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" an explanation of this interesting fact when Nature herealt has consider a window in her thrume through which any one can "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 unfertilized ova of the queen bee drones are hatched, and from the fertilized ova, neuters—that is, potential females—thus announcing urbi et orbi 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 condition; 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.

LETTERS, COMMUNICATIONS, ETC., have been received from:

LETTERS, COMMUNICATIONS, ETC., have been received from:

A Alpha; Messrs. L. Allegra and Co., L. ndon; Amicus; A. M. Adams, jun., M.B.,
Broughton-in-Forness. B. Mr. G. E. Bloram, Bath; Mr. G. L. Bannerman, London;
Messrs. Burroughs, Wellcome, and Co., London; Dr. H. T. Bulstrode, London; Mr.
F. W. Brook, London; Dr. T. E. Bro en, C.I.E., London; A. H. Burgess, M.B., Marchester; Mr. W. C. Ba'ley, Edinbugh; Beginner; Dr. F. H. Burten-Be wn, Rome;
D. H. F. J. Biss, Eastbourne; Dr. R. B-II, Glasgow; Mr. A. W. Bodger, London; Mr.
M. M. Beaumont, Bath; Mr. L. A. B dwell, London; Pr. E. P. Baumann, Indon.
C. Mr. J. W. Clark, Camb idge; Dr. E. H. Cobeck, London; Mr. C. Campbell, Southnort; Dr. H. Cimpo, Dublin; Mr. S. F. Cowell, London; Dr. P. R. Coper, Bowdon;
Common Sense. D. Mr. G. W. B. Dan'ell, Edinburgh; Mr. H. G. F. Dawson, Birkenhead; Mr. T. Dixon, London; B. Dyball, M.B., Exeter; Dr. A. Duke, London; Mr. P. L.
Daniell, London, W. B. Frost, M.B., Edinburgh. G. General Practitioner; Dr. W.
Gosse, Sittingbourne; Mrs. G. eenwood, Sheme d.; Mr. C. A. Gillig, London; Mr. P. B.
Giles, Bletchley; Mcssis. J. J. Gliftin and Soos, L. ndon; G. W. P.; Mr. W. J. Greer,
Newport, Mor.; Mr. G. H. Gowan, Ca'ne; Mr. W. H. George, L-ndon. B. Dr. W. W.

Hall, London; Mr. J. Hutchinson, jun., London; Mr. J. Houston, London; Mr. N. B. Harman, London; Mr. J. Hall-Edwards, Birmirgham; Mr. T. G. Horder, Cardiff; Mr. T. F. Hopgood, Sunderland; Dr. R. Hutchison, London; Mr. A. E. H. nd, Jersey; F. B. Hill, M. B., Carlisle, I Inquisitor, J. Mr. J. Jackson, London; Dr. E. Jepson, Durham, M. J. R. Kaye, M.B., Wakefield; Dr. G. Kempe, Sal shury. I. Dr. G. H. Lancashire, Manchester; Mr. F. C. Langford, London; Mr. C. Lettill, London; Laryngological Society, Secretary of, London; Dr. T. G. Loon, London; Mr. A. Lupton, Leeds, M. M. B. of Cambridge; Mr. J. Y. W. MacAllister, London; Mr. T. D. Mann, London; Dr. C. F. Ma shall, London; Mr. E. C. Montgomery Smith, London; Mr. W. J. Morton, London; Dr. W. A. McLachlan, Dumbarton; Mr. P. M. MoDermott, London; Mr. J. H. Mummery, London; Dr. E. J. McWeeney, Dublin; Mr. H. F. Mole, Clifton; Metropolis; M. D.Cantab; Pr. J. J. Macan, Cheam; Mr. S. W. Macliwsine, Bromiey, Kent; Dr. W. J. C. Me'ry, Eastbourne; Mr. J. P. Milton, South Brent; Mimetes; Dr. B. G. Morison, London; J. McKie, M.B., Glenluce; Dr. E. J. Maclean, Cardiff. N. T. D. Newbigging, M. B., Abrg'on; R. E. Newton, M.B., Perth, W.A.; Mr. H. P. Norris, London. P. Poor-law Medical Officer; Dr. J. Panting, Watton; Dr. A. Primrose, London, Partner; Perplexed; Dr. C. T. Parsons, London; Mr. H. J. Prangley, London, Querist. B. Dr. A. H. Rideal, Twickenham; Dr. A. Rankin, Glasgow; Dr. J. M. Rhodes, Didshury; Dr. J. Reid, London; G. O. Robertson, M.B., Mannchester. S. Lady Henry Somerset, Woodford Green; Scientific Press, Assistant Mansger of, London; Surgeon; Dr. A. F. Shoyer, London; Dr. E. H. Snell, Coventry; Subscriber to the M. D. U.; Mr. L. Stephens, Emsorth; Dr. A. Sellers, Manchester; Sartor; J. Scott, M.B., Teheran; W. T. H. Spieer, M.B., London; Dr. W. J. Sinclair, Manchester. T. Dr. J. H. Teacher, Glasgow; Dr. J. W. Fajlor, Birmingham; Dr. E. C. Taylor, London; Mr. H. S. Tunnard, London. W. Mr. E. W. Shilisamson, Marseilles, Mr. W. Wilson, Bath; Dr. J. R. Williamson, Ma

## BOOKS, ETC., RECEIVED.

M.I. M. Cuir Chevelu, II. I. es. Maladiades Cuir Chevelu, II. I. es. Maladiades Desquamatives. Pityriavia et dispecies. Paris Dr. R. Rabouraud. Paris: Masson et Cis. 1904. Frs. 2 rugs; their Production, Preparation, and Properties. By H. Wiprell Gadd. London: Baillière, Tindall and Cox. 1904. 5s.

Charles White, F.R.S., A Great Surgeon and Obstetrician of the Eighteenth Century. An Address by Charles J. Cullingworth, M.D., P. R.O. London: Henry J. J. Lipowski. Berlin: Julius Springer. 1904. Met 4 (1988) 1904. September. 1904. September.

von Dr. Hermann Lenantz. Vierte
Auflage. Berlin: Julius Springer. 1904.
Medical. Surgical, and Pathological Reports
'the Horal Southern Ho-pital.
The Horal Southern Ho-pital.
The Horal Southern Ho-pital.
The Horal Southern Ho-pital.
The Horal Southern Horal Horal
La Trision du Cradon Spermatique et
l'Infarctus Hémornhagique du Tecticue. Par le Dr. André Lapointe.
Paris A. Maloine. 1904.
Subjective Sensations of Light and Sound,
Abiotrophy and other fectures. By Sir
William B. Gowers, M. D., F.E.O.P.
F.E.S. London: J. and A. Churchill.
Dr. Otto Schwidt's Specific Treatment of
Cancer. By Jhn Shaw. W.D. Low.,
M. W.C.P. Lond London: H. J. Glaisher.
M. M. C.P. Lond London: H. J. Wight
and Co. 1904. 6d.

\*.\* In forwarding books the publishers are requested to state the selling price.

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

Eight lines and under			•••	•••	•••	£٥	4	0
Each additi	Each additional line			•••		-	0	6
A whole column			•••					
A page		•••	•••			5	5	0

An average line contains six words. Advertisements should be delivered, addressed to the Manager, at the Office, not later than first post on Wednesday morning preceding publication; and if not paid for at the time, should be accompanied by a reference.

Post-Office Orders should be made payable to the British Medical Association at the General Post Office, London. Small amounts may be paid in postage-stamps.

N B .- It is against the rules of the Post Office to receive letters at Postes Restantes addressed either in initials or numbers.