

paying for the additional connexion. The hardship so far as "G.P." is concerned is that he is in effect forced into the position of having to pay tax on income (that is, the fees due for work done after the amalgamation) before it is received, or if received, has partially been expended in capital payment.

Tax on Interest Paid

"J. C. C." is liable for payment to an insurance company of interest as follows: gross amount, £32, less income tax, £8—net amount payable, £24. He asks why he should pay income tax every year, since the loan was received once only.

** The payment of tax by "J. C. C." has nothing to do with the receipt of the loan, which was a "capital" transaction, but is merely the way in which the tax due from the company on the £32 reaches the Revenue. If there were no tax "J. C. C." would pay the company £32; as it is, he pays the company £24 and the Revenue £8—that is, £32 in all. In other words, he does not ultimately bear the £8 tax; he is merely the channel by which it reaches the proper quarter.

LETTERS, NOTES, ETC.

Diagnosis of Endocrine Dysfunction

"A. G." (Bathford) writes: I venture to suggest that an observation in connexion with abnormal functioning of the endocrine glands may be of more extended interest than has perhaps been realized. The following passage occurs in *The Tides of Life* (R. G. Hoskins): "There is some evidence that the pancreas of the developing foetus may in a measure function in the latter part of pregnancy to correct the insulin deficiency in the diabetic mother. In experimental animals suffering from pancreatic deficiency events may progress fairly satisfactorily until the birth of the offspring, after which death of the mother from acute insulin deficiency may promptly take place (Carlson). In conformity with the foregoing, Mazer and Goldstein have recently noted indisputable evidence of over-production of insulin in an infant of a diabetic mother for several days after its birth." (Italics mine.) The phenomenon of amelioration of symptoms during pregnancy is not confined to diabetes alone, and this suggestion that a normal foetus may be supplying a glandular deficiency in the mother seems an interesting explanation of what may be occurring in all these cases. If this were so, and since the infant shows signs of over-activity of the crucial gland for a few days after birth, the question arises whether, by observing the newborn infants of mothers suffering from various complaints, it might not be possible to ascertain which gland in the mother is lacking in efficiency. The disease in which such an observation would perhaps be of the greatest interest is the primary form of rheumatoid arthritis. Of this complaint Dr. W. S. C. Copeman writes: "Symptoms will often clear up during a pregnancy which occurs in the course of the disease, but return in most cases with redoubled vigour after parturition" (*The Treatment of Rheumatism in General Practice*). If the offspring of such mothers were found to show signs of some glandular over-activity, that might prove quite a useful pointer in the study of the arthritis enigma. In other conditions also, such as epilepsy and allergy, where remission of symptoms occurs during pregnancy, it might be possible by the above means to learn something either of the aetiology of the disease or of the constitutional weakness of the particular patient.

Graham Lusk

The name of Graham Lusk is familiar to our readers through his book *Elements of the Science of Nutrition*. Those desiring to learn something of his career and personality may be recommended to turn to a comprehensive article by Amos E. Light in the *Yale Journal of Biology and Medicine* May, 1934, vi, 487, which is illustrated by a striking photograph and contains a full bibliography. The son of a distinguished obstetrician, Lusk was born in Bridgeport, Connecticut, in 1866. Deafness led him to take up chemistry rather than medicine as a career, and he began by studying chemical engineering at Columbia School of Mines. At Munich he had the good fortune to work under Carl von Voit, whom he never failed to visit when subsequently travelling in Europe. In 1895 he became professor of physiology at Yale, where his department consisted of one room only, which he cleaned himself. He later occupied the chairs of physiology at Bellevue Hospital Medical

College and at Cornell University, and in 1912 became director of the Russell Sage Institute of Pathology at New York. He retired just before his death, which occurred on July 18th, 1932, at the age of 66. His more important contributions to physiology include his researches on clinical calorimetry, specific dynamic action of proteins, phlorhizin glycosuria, and diabetes mellitus. He was the founder and first president of the Harvey Society. Throughout his career he advocated the migration of directors and instructors from one school to another to lower the possibility of either becoming too self-centred.

Blood Pressure Risks

"L.R.C.P." writes from Co. Durham: With reference to the correspondence in the *Journal* of September 15th, under the headings "Is High Blood Pressure a Risk?" and "Is the Taking of Blood Pressure a Risk?" the answer is, in my experience, "Yes" to the first query, and "No" to the second. I have very little doubt that the fatalities mentioned by Dr. Hunter are coincidences such as have occurred during serum administration. I have taken several thousand blood pressure readings, including two hundred of a patient who died from angina pectoris. I took readings from the same patient during two attacks. He died a few hours later in another attack. There were no ill effects from my observations extending over a period of twenty years. In the second tragic occurrence the blood pressure reading was 140/120, too low a systolic pressure for a patient with such a high diastolic reading, and in my opinion means a weakened or degenerated myocardium. Confirmation may be obtained from the character of the breathing and the rhythm of the pulse. If the breathing is audible with or without separation of the lips and teeth and the lower intercostal spaces are indrawn, coupled with a poor exercise tolerance, and if on auscultating over the cardiac area for at least two minutes a silence is detected during a complete cardiac cycle, or an alteration in the rhythm, where two normal beats are followed rapidly by five or six small beats—then I believe the myocardium to be extensively degenerated, and sudden death may follow.

Substitute for Oiled Silk

Dr. W. WASHBOURN, C.B.E. (Blackfriars, Gloucester), writes: A patient has recently called my attention to the virtues of a substance named "gelaphane," as a substitute for oiled silk for fomentations, etc. I have given it a good trial and find it more efficient, and far cheaper, costing about 1s. 8d. a square yard, as against 3s. for oiled silk.

** We have made inquiries, and learn that the substance Dr. Washbourn mentions is manufactured by Gelaphane, Ltd., Severn Road, Gloucester.

Playfair's Probe as Pipe-cleaner

Dr. DOUGLAS SEATON (Leeds) writes: I should like to congratulate Dr. D. V. Latham (September 29th, p. 618) on his ingenuity in using pipe-cleaners in place of a Playfair's probe. I have not had any occasion to use this instrument for its original purpose for some years, but have found it a very efficient pipe-cleaner.

Disclaimer

Dr. A. M. VALERIE BONHOTE (Tadworth) writes: I am not in any way responsible for the publication, in lay newspapers, of an extract from my letter which was published in the *British Medical Journal* of last week on page 618.

** We sympathize with Dr. Bonhote: but she is not the first (and will not, we fear, be the last) to suffer from unsought publicity of this kind.

Corrigendum

Our attention has been drawn to a mistake in the article "Numbers of the Medical Profession," published on September 1st (p. 389). In the sentence beginning "According to statistics published last year by the International Labour Office the country with the most medical practitioners is England, with 1 doctor to every 822 inhabitants" the figure should have been 1,490. The reference is to *Quarterly Bulletin* of the Health Organization of the League of Nations, vol. ii, No. 4, December, 1933.

Vacancies

Notifications of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals will be found at pages 51, 52, 53, 56, and 57 of our advertisement columns, and advertisements as to partnerships, assistantships, and locumtenencies at pages 54 and 55.

A short summary of vacant posts notified in the advertisement columns appears in the *Supplement* at page 192.