

on age and dosage. Again any reduction in sex desire is absent or minimal.

The above comments apply only to the direct effects of the operations in question, but, in view of the dominant part played by the central nervous system and the woman's outlook, it should be kept in mind that the suppression of ovarian function and the cessation of menstruation may, by a psychological rather than an endocrinological mechanism, result in diminished libido. This is because so many women wrongly believe that a surgical or even a natural menopause inevitably means a loss of interest in sex. If they expect such, then it is likely to occur. If, however, this idea is refuted, and a woman is assured that she can expect to continue a normal sex life, then it is exceptional for a loss of libido to occur. Indeed, there are cases in which sex desire appears to be increased by oophorectomy, but, again, the basis for this is a psychological one. The continuance of menstruation and the absence of climacteric symptoms make it rare for bilateral partial salpingectomy to have psychological effects. Nevertheless it must be conceded that in some women the consciousness of their sterility might affect libido—either increasing it or decreasing it, according to their point of view.

Penicillin and Arsenic

Q.—In Legge's "*Handbook on Industrial Medicine*" (1934, p. 80) it is stated that certain moulds, notably *Penicillium brevicaulis*, can split up arsenic compounds in the form of a gas and so cause arsenical poisoning in persons living in rooms the wallpaper of which contains arsenic. Is it possible that a person with arsenic in the body might be adversely affected by penicillin, and if so, should not this question be worked out?

A.—It is presumably meant that penicillin may conceivably react with an organic arsenical compound administered, for instance, for the treatment of syphilis, and so liberate arsenic in a more toxic form. If so, the short answer to this question is that penicillin and mapharsen have been administered together in the treatment of syphilis (J. E. Moore *et al.*, *J. Amer. med. Ass.*, 1944, 126, 67) with no untoward effects. In any case it is a far cry from the liberation of volatile arsenic from an inorganic compound by a living penicillium of different species from *P. notatum* to the reaction of penicillin with an organic compound of arsenic. The former effect is presumably due to enzyme action, and it is scarcely conceivable that anything but the living mould could bring it about.

INCOME TAX

Employment of Wife

W. D. inquires how much salary is payable to a wife without her having to pay income tax thereon?

****** £89. A wife receiving that amount for 1944-5 is entitled to £9 earned income relief and £80 wife's special earned income allowance, leaving a net liability of £89-£89; i.e., nil.

Share of Fees Payable to Executrix

R. R. Is the half-share payable to the executrix for twelve months from the date of death liable to tax?

****** Yes. It is part of the total profits assessable on the firm. It does not carry earned income relief as it is not earned immediately from the carrying on by an active partner of his share of the professional work.

Employment: Home Expenses

J. C. has been working as a whole-time assistant. She has a child aged 2 years, and in order to be free to perform whole-time duty has to employ someone to look after the child. That expense has been refused by the inspector of taxes, with the result that the tax payable on net earnings is excessive.

****** The inspector's contention is presumably founded on an old judicial decision. The case dealt with a claim by a married school-mistress for part of the expense of keeping a domestic servant. In effect the court held that whether the expense was "necessary" or not, it was not incurred "in the performance of the duties" of the employment. The application of this decision to the facts in J. C.'s case seems justifiable in law, though the result certainly creates a hardship in present conditions.

Damage by Bombs

A. R. was bombed in 1940 and (in another house) also in 1944. What claims can he make for income-tax deductions?

****** No claim can be made for damage to *private* belongings, but claims can be made in respect of professional equipment in so far as the expense is not covered by insurance or War Damage Compensation. The claims will be based on the cost of removing and/or replacing items of professional furniture and equipment, including the car if that is being dealt with by replacement cost allowance and not by depreciation allowance. Costs of removal, including agents' fees, etc., are also allowable.

LETTERS, NOTES, ETC.

Rocking Movements in Sleep

S. R. D. writes: The question in the *Journal* of Dec. 2, about the boy of 3 who rocks in the knee-elbow position when half asleep, attracted my attention, and the following personal observations may interest the inquirer. I have three children, all boys and aged 1½, 4½, and 5½; they each developed this characteristic habit about the age of 1 year, and the youngest still practises it regularly. They rock on knees and hands rather than elbows, and in so doing hit their head on the cot so forcibly that the noise can be heard throughout the house. Yet the impact does not appear to wake them to full consciousness. The rhythmical movement, always in the same position, occurs when they are in process of going to sleep, and in that it appears to help rather than hinder. They do it particularly when sleep is disturbed either by noise, a full bladder, or by the child getting uncovered and cold. The habit appeared so unusual that I have inquired among friends and relatives, but had not previously heard of any other child who had it, except my elder brother's two boys, who apparently exhibited the same mannerism in childhood. There can hardly be any question of one child imitating another because the cousins have never met, and, as regards my own boys, the youngest at any rate has never slept in the same room as the other two. Another of my brothers has two children, both girls, and neither has been subject to this rocking movement; neither have my sister's children (1 boy and 2 girls). However, I sometimes wonder if it is a familial trait, and also whether it appears in boys rather than in girls. As regards treatment we have done nothing except to see so far as possible that the child is kept warm and to prevent bruising of the head by padding the cot end. We have never drawn the child's attention to the habit, and have waited in the expectation that it would "grow out of it." So far our attitude appears to have been justified. Already the two elder boys have almost ceased the practice. But I should add that one of my nephews continued it until about 13 years of age. For fear of ridicule he made himself give it up on going to a boarding school, but even then, during holidays, would occasionally indulge, and he described it as giving rise to a pleasurable and soothing sensation—conducive to sleep. In none of the instances quoted does there appear to have been any question of masturbation. All five boys are normally developed and are physically and mentally healthy, and, we flatter ourselves, are at least of average intelligence. I hope you will not mind if I sign this very personal note with a pseudonym.

Skin Protection for Fractured Lower Limbs

Dr. E. W. BEDFORD-TURNER writes from Southlands Hospital, Shoreham-by-Sea: In view of the increased use of skin extension in fractures of the lower limbs perhaps the following hint might be of use. A "viscopaste" bandage (Unna's paste type) is applied to the whole of the fractured limb from the foot to nearly the top of the thigh. The extension strapping is then applied directly on to the viscopaste bandage and is kept in place by another "viscopaste" bandage applied from just above the ankle to the upper level of the extension strapping. I have used this method with great success in old patients and in those whose skins are sensitive to extension strapping. It can also be used where the skin is already damaged or where the fracture is complicated by varicose veins.

Mental Hospital Doctors' Pay

"X. Y. Z." writes: "A.M.O." in his letter (Oct. 28, p. 579) refers to the salary scales of A.M.O.s in mental hospitals as antiquated. I agree that immediate revision of the scales is indicated. Medical superintendents are generously paid, provided with palatial residences, and receive emoluments that defy evaluation. The poor A.M.O. is forgotten. It is he who actually administers the complicated modern psychiatric methods of treatment, and it is expected of him to supplement his qualifications with a D.P.M. Surely his remuneration sadly needs readjustment on lines comparable to those of the admirable Rushcliffe awards.

Horticultural Mishap

Dr. A. M. MORRICE (Southampton) writes: The following case may be considered worthy of recording owing to its unusual features. On Sept. 23 an old lady of 76 came to see me with the history that she had been gardening that afternoon and had noticed a number of garden snails about. When she was having her tea later on she experienced an irritation about the vulva and could herself feel an object in the vagina. Although sceptical about her statement that "a snail had crept up her inside" I decided to investigate, and eventually removed a garden snail from the posterior fornix with a swab-holding forceps.

Corrigendum

The number of Mantoux-negative nurses referred to in line 12 of Dr. Snell's letter (Dec. 9, p. 768) should read 452, not 42. While the printer's error is large, Dr. Snell's argument is unaffected.