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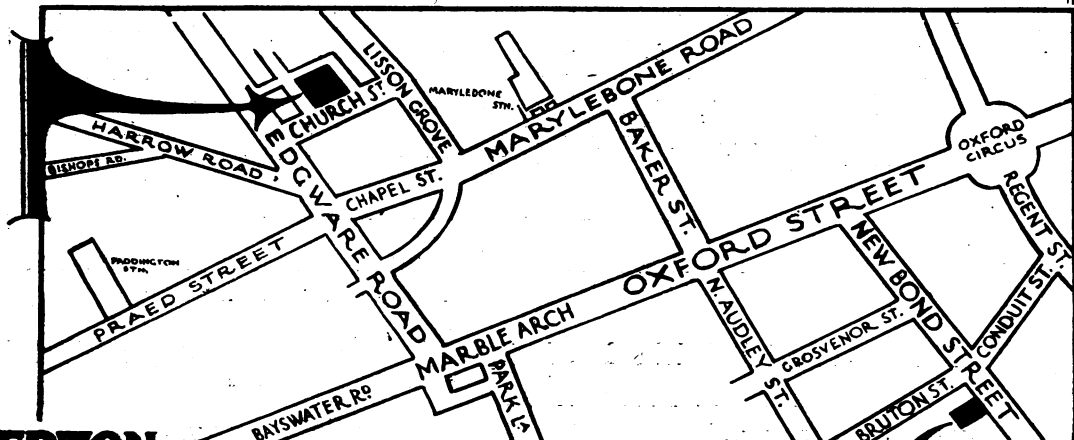
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QUERIES AND ANSWERS.

MR. F. PEARCE STURM, aural surgeon to the Leigh Infirmary, Lancashire, wishes to consult the English translation of *Alexander's Diseases of the Ear in Children*, but cannot find it in any library. He asks for information.

INCOME TAX.

Deduction for House, etc.

"R.A.M.C.(RET.)" expends £150 in rent and rates, keeps one servant at £50, and uses two rooms (and apparently the garage) for professional purposes; he bought his car six years ago for £250 and is about to replace it at a net cost of £85; he expended £50 on instruments when he began civil practice a year ago.

* * The only safe test as to the amount to be deducted in respect of the house is that it should be reasonable. Assuming that the professional rooms are on the ground floor, we should suggest something between £50 and £75, but it depends on the size, etc., of the house. A somewhat similar proportion should be taken of the cost of the servant, including therein her food, laundry, etc. The amount deductible for the renewal of the car will be £85, or the value of the car when taken into use for the practice a year ago, whichever is the less. No allowance is due for the £50 expended on the provision of the stock of instruments; repairs and renewals will, of course, be deductible.

Motor Car Allowance.

"A. C. R." is informed by his local inspector of taxes that when he claims an allowance for the cost of his car, either by way of depreciation or cost of renewal, it will be necessary for him to produce "accounts" supporting his return.

* * It is, of course, understood that when a special allowance is claimed the Revenue officials have some ground for wishing to have evidence to show that an equivalent allowance has not already been given in one form or another, but the production of accounts hardly seems to be the only way of proving that fact. At the same time the request is one which is difficult to refuse; it is not possible to make an accurate return unless the gross receipts are known and the expenses calculated in detail, and, after all, the inspector is apparently only asking for a copy of statements that *ex hypothesi* have already been prepared.

Expenses.

"W. C. B. S." draws a pension and has bought a share in a partnership, paying his own drug and motor expenses; he asks what deductions he can claim.

* * The pension will, of course, be dealt with by the Government Paymaster, and it should be shown separately in the statement of total income. The partnership income will be included as part of the assessment on the practice as a separate unit, and the necessary joint return will be made by the senior partner. It may be that our correspondent's share will have to be computed wholly or partly according to the earnings of his predecessor—for example, if he bought his share after April 6th, 1926, he will not yet have a full past year's earnings to declare. When it becomes necessary to calculate his own profits for the

purpose of the return he should deduct *inter alia* a reasonable sum for professional use of his house, running expenses and depreciation of car, cost of drugs used, telephone, etc. No doubt his colleagues will collaborate with him in this, in view of the necessity for the joint return.

LETTERS, NOTES, ETC.

TRAPS FOR THE UNWARY.

"NEVERMORE," writes: Medical men are not, as a rule, conversant with the many traps that they are liable to fall into in dealing with the numerous circulars they receive through the post. The suspicious nature of some at once put one on guard. But I have been victimized on two occasions, and I should like to warn others.

Some time ago I received a circular pointing out that in the event of a fire occurring on one's premises it would be very difficult to make a claim unless one had a complete schedule of the contents of the house. In response to my inquiry an agent called on me and we discussed the matter, and it appeared that their charge was based on the amount of the valuation, being 1½ per cent. He suggested that my valuation was probably about £500, and I agreed to have it done, as I thought it would cost me about £5 or £6. A very polite man took two or three days to go over the house, and as a result the total amount was said by him to be £1,500. My bill, therefore, came to over £18, instead of £5 or £5! I refused to pay this amount, and eventually paid £10 to settle.

My next experience was an offer I received from a firm holding themselves out as brokers in connexion with Stock Exchange dealings. They sent me a very full account of the rosy prospects of certain companies in which I could buy shares. I need not put down the whole amount of the purchase money, but I could pay a small amount on each share, and this would give me an option on the shares for three months, or a longer term if arranged. As one of these companies was one that I much fancied, I paid £20 for an option on 200 £1 shares for three months. My impression was that if at the end of the three months the shares were higher than when I bought them, I should get the profit and my £20 back, and if, on the other hand, the shares were lower, I should pay the loss and get my £20 back, or what was left of it. Unfortunately the shares at the end of the three months were exactly the same price as when I bought my option. I received a letter stating that my option was closed and they retained my £20. I am also informed that if the price of the shares had been higher I should still have lost my £20. I have bought my experience; I give this free to my professional brothers.

TREATMENT OF DIABETICS AS OUT-PATIENTS.

DR. C. J. C. EARL (Royal Hospital, Salford) writes: Dr. Lawrence, in his interesting comment (JOURNAL, May 14th, p. 897) on my article under the above heading, claims that most cases of diabetes should be treated as out-patients from the start. I must disagree with him—firstly, upon the grounds that our circumstances are not analogous, and that the daily attendance of patients to which he refers is impossible in a busy provincial hospital such as this. Furthermore, apart from its disciplinary advantages, in-patient treatment allows insulin to be pressed to a degree quite impossible in out-patients, with a consequent increase in the degree of "pancreatic rest" obtained.

BREATHING EXERCISES WITH MOVING ARMS.

WITH reference to the criticism by Surgeon Commander H. Hill, R.N., of the practice of moving the arms during breathing exercises (JOURNAL, March 5th, p. 422), Dr. D. M. B. Evans (Holingbroke Hospital, Wandswoth) writes to suggest that the efficient co-operation of the vascular system is a necessary part of the function of respiration. The output of the right side of the heart depends largely on the rate of the heart beat, and this, according to Bainbridge's law, varies directly with the amount of blood entering the venous side. Muscular activity entails an increased peripheral distribution of the blood. When the activity ceases the return of the blood to the heart is improved by steady compression of the veins by the muscles, and, on occasion, by gravity—illustrated best in cardiac embarrassment. Thus the venous input is increased by steady leg or arm movements during respiration; the heart beats become more efficient; and the physiological demand for increased oxygenation is better met. This, Dr. Evans considers, is the only real objective of deep breathing. Moreover, the essential muscles of respiration benefit by their active contraction against resistance. The slight giddiness caused by simply expanding the chest wall, after exercise, without movements of the limbs, can be experienced by anyone, and witnesses sufficiently to the very important vascular side of respiration. The chest wall is only capable of a certain maximal expansion, which can be achieved despite any opposition by the extra-respiratory muscles.

VACANCIES.

NOTIFICATIONS of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 36, 37, 40, 41, 42, and 43 of our advertisement columns, and advertisements as to partnerships, assistantships, and locumtenencies at pages 38 and 39.

A short summary of vacant posts notified in the advertisement columns appears in the Supplement at page 219.

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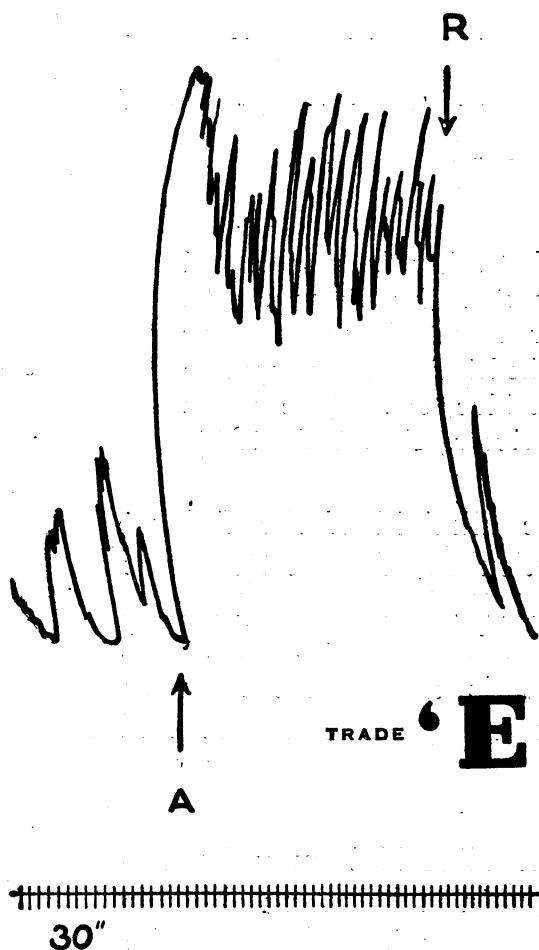
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