

"VITA" GLASS.

MR. R. R. BYRNE (Director, "Vita" Glass Marketing Board, London) writes: The assertion quoted in the *British Medical Journal* (May 19th, p. 884) by Dr. Colquhoun to the effect that after being subjected to the sun's rays for some time "vita" glass becomes discoloured and impermeable to the ultra-violet rays is incorrect. When "vita" glass is exposed to the sun's rays the percentage transmission begins immediately to diminish. This diminution continues for some months, but finally reaches a point where the amount transmitted remains constant, no matter how much longer the glass is exposed. This point of so-called "solarization" can be reached much quicker by exposure to artificial sunlight lamps, which are very rich in the ultra-violet. Under these circumstances "vita" glass reaches a stable condition within two hours, and further exposure has no effect. Even when completely solarized it still transmits a large percentage of those rays in the therapeutic zone of the ultra-violet rays in sunlight to which ordinary glass is completely opaque. This matter has been fully investigated by the Bureau of Standards in the United States, and all their results confirm the above statement, as set out in their letter circular 235 (Third Revision) of January 14th, 1928.

* * An article on this subject, by Dr. H. E. MacDermot, appears in the *Canadian Medical Association Journal* for May, 1928.

INCOME TAX.

Wife Commences Practice.

"M. N. O." is a whole-time public official and has recently married a medical woman. If his wife practises and uses the car and a portion of the residence, can deductions be claimed, and how should the statutory return be made if the professional expenses exceed the gross income?

* * Deductions can be claimed "so far as reasonable"—for example, "M. N. O." might have to fall back on an estimate of mileage cost for the use of car; if the amount of professional work is small he may have to take into account the assumption that the usual proportion of rent, etc.—for example, one-half—will not be allowed. The cash basis of calculating receipts will not be permissible in the first two or three years. The wife's income should be stated separately, and the special personal deduction of £45 will be due in making any charge to tax. If losses are incurred they can be carried forward to set against future profits.

Purchase of Partnership Share.

"Y. Z." purchased, as from January 1st, 1928, a half share in a single-handed practice. On what basis is he assessable for 1928-29, and if on that of the 1927 profits, can he claim any special allowance, seeing that no bills were sent out for the first six months of the partnership?

* * The basis of assessment of the firm is the amount of the profits of the practice for 1927, and "Y. Z." will be liable to account for tax on one-half of that assessment, less the usual allowances. If the profits of the practice should fall short in 1928 from some specific cause, the firm can claim some special relief, but presumably this is unlikely to happen. The fact that, so far as "Y. Z." is concerned, the cash receipts will fall short of his share of the assessment furnishes no ground for relief.

Expense of Assistant's Board, etc.

"O. B. T." states that the local inspector of taxes has hitherto allowed £144 per annum as representing the cost of the board and lodging of his assistant, but now declines to allow more than £70.

* * We are not aware of any general regulation or agreement on this matter—indeed, circumstances must vary so widely between different practices that any fixed allowance seems impracticable. The only reply we can give to "O. B. T." is the not very helpful one that which of the amounts is nearer the truth must depend on circumstances not within our knowledge—for example, the general house expenses, standard of living, etc. One point that may have been overlooked is that part of the cost of the domestic staff is allocable to the assistant's accommodation.

LETTERS, NOTES, ETC.

OPHTHALMIC PROPHYLAXIS AND TREATMENT IN PALESTINE.

DR. N. A. HAMZEH (Dublin) writes: There appeared in the *British Medical Journal* of May 19th (p. 865) reference to a paper by Dr. Ticho (not Tricho) at the meeting of the Academy of Medicine in Jerusalem on the incidence of ophthalmia in Palestine, in which he emphasized that improved general hygiene, with expert and timely treatment, would prevent blindness in 75 per cent. of cases. As a medical officer of the Department of Health of Palestine, which is doing a great deal of work towards alleviating eye diseases in general, a fact which might have been recalled, I take the opportunity of pointing out very briefly the measures taken by this organization in this respect: (1) The first and most important step is the organized, persistent, and systematic treatment of the eyes of Government school children—and in some places non-Government—by specially trained doctors and nurses. The effect of this work has been very marked and

perceptible. (2) The second step was the establishment, four years ago, of well-equipped ophthalmic clinics, conducted by specially trained medical officers, in all the districts of Palestine, particularly where trachoma and its complications are very prevalent. These clinics have done excellent work, and have really reduced the incidence of blindness as far as possible, thus fulfilling the purpose aimed at by Dr. Ticho in his words—"expert and timely treatment."

* * We have referred more than once to the valuable work carried on by the Government in Palestine. For example, mention was made of these ophthalmic clinics in our columns on February 13th, 1926 (p. 295).

INVERSION OF THE UTERUS.

FOLLOWING the reports in the *Journal* of cases of inversion of the uterus (August 27th, 1927, p. 350; October 1st, p. 595) two further accounts of cases of this condition have been received from abroad.

DR. L. B. HAYE (Sarawak) writes: In November, 1927, I was called to a young Malay woman, a primipara, of healthy and robust appearance; on my arrival I was told that the child had been born two and a half hours previously, and that labour had lasted in all eight hours. The child was healthy and the native midwife denied having attempted to expel the placenta or pulled on the cord. I found the uterus inverted and protruding from the vagina for some six inches; the cord was still attached to the child and the placenta to the portion of uterus still in the vagina. There was very little haemorrhage; the pulse was weak, but the patient did not appear to be in much pain. After some trouble I persuaded the relations to allow me to give chloroform; I then peeled off the placenta. Very little haemorrhage occurred (1 c.cm. pituitrin had been given previously). After removing the placenta I replaced the uterus by bimanual manipulation, and inserted a large plug in the vagina. The woman made an uneventful recovery. It is rarely that Malays allow any European interference in childbirth, and the various objections to my treatment did not make the operation any easier. It had to be performed in a native hut, where aseptic conditions are entirely lacking.

DR. WINIFRED H. MITCHELL (Federated Malay States) writes: A woman, aged 28, was admitted to hospital with a history of having been delivered of a full-term male child at 4 a.m. The pulse was 140 and the temperature 103° F. The uterus was completely inverted and wrapped in a dirty piece of cloth. The exposed endometrium was swabbed with tincture of iodine, and then the uterus was gradually reinverted by pressure on the fundus; this was completed easily and without an anaesthetic. A hot intrauterine douche was given and 20 c.cm. of antistreptococcal serum injected into the flank. At 6 p.m. the uterus became completely inverted again. It was replaced in the same way, the vagina packed with acriflavine gauze, and morphine gr. ½ given. On the next day it was repacked, 20 c.cm. of antistreptococcal serum being injected. The packing was removed on the following day; an offensive discharge was present. Iodine douches were given twice daily. During the next four days the patient had an irregular pyrexia, but no malarial parasites were found in the blood. She then had a sudden severe haemorrhage, and large clots were expressed from the uterus. An intrauterine douche was given and 1 c.cm. of pituitrin was injected intramuscularly. The patient had no more bleeding, but three days later the vagina and cervix were seen to be covered with a yellowish membrane. Treatment with iodine douches was continued for three weeks, when the membrane had completely sloughed away, leaving a healthy-looking vagina and cervix, and the temperature had been normal for fourteen days. The main features of interest about the case (Dr. Mitchell adds) seem to be: (1) the reinversion of the uterus after replacement; (2) the severe haemorrhage on the eighth day. As there were no retained products, it may have been due to secondary haemorrhage.

A DISCLAIMER.

MR. VICTOR BONNEY (London, W.) writes: I have seen this morning (June 6th) in the *Daily Express* what purports to be an interview with me reproducing my words. Many of the things reported I did not say; others were said with the distinct understanding that they were private. The message I permitted to be published was the fact, learned from my journey to New Zealand, that closer intercommunication between Medicine in the Motherland and in the Dominions would be of enormous value. Of course, no proof of the intended article was submitted to me.

SUPPORTERS of Empire produce may be glad to know that Messrs. Lambert and Butler have lately put on the market a brand of cigarettes manufactured entirely from Rhodesian Virginia leaf blended at Salisbury, the centre of the tobacco-growing district in that country. These well-made "Rhodian" cigarettes are worth a trial by smokers whose palates are open to new impressions.

VACANCIES.

NOTIFICATIONS of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 45, 46, 47, 50, 51, and 52 of our advertisement columns, and advertisements as to partnerships, assistantships, and locumtenencies at pages 48 and 49.

A short summary of vacant posts notified in the advertisement columns appears in the *Supplement* at page 247.