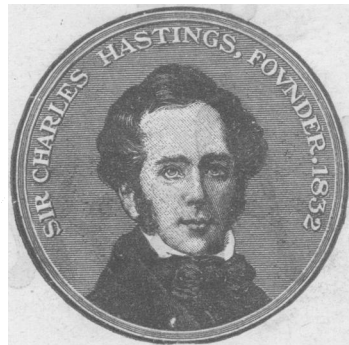


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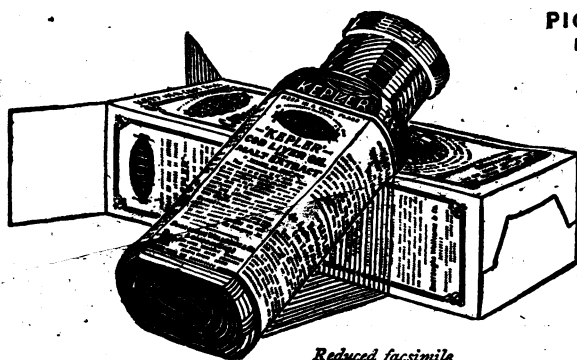
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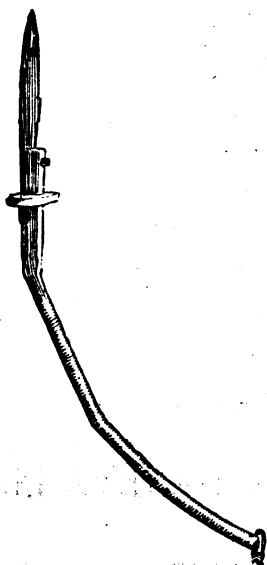
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HAND PLOUGH USED BY THE YAMATO PIONEERS, WHO, BY SETTLING DOWN TO AGRICULTURAL PURSUITS, MADE POSSIBLE JAPAN'S FURTHER PROGRESS TOWARDS CIVILISATION.—Desire to possess the alluvial plains of Japan would seem to have been the incentive which drew the conquerors from the mainland of Asia. In stirring up his companions to accompany him upon an invading expedition, Jimmu the legendary founder of the Empire, referred to the islands as "the land of fair rice-ears of the fertile reed-plain." The Yamato set themselves, with great energy, to reclaim land for rice cultivation, and some of their most important laws were directed against crimes which damaged the crops of rice. Rice was then, as now, the staple Japanese food, and the national beverage, saké, has been brewed from it from the earliest times. The cultivation of rice became the chief industry of the country and, since the preparation of the fields is an extremely arduous and complicated undertaking, much co-ordination of labour and rational organisation were involved. An ancient record gives a vivid insight into this activity in the year A.D. 6: "In this year the various provinces were commanded extensively to excavate ponds and channels to the number of eight hundred and more. Much attention was thus paid to husbandry. Therefore, the people enjoyed abundance and the Empire was at peace."

DATE: From about 500 B.C.

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It is, of course, true that for a time C will continue to draw cash from the partnership account and D's cash receipts will be less than his assessment. But that is the consequence of the principle that earned income is liable to assessment according to the period in which it is earned rather than that in which it is received. The same point would have arisen if D had bought a sole practice from C.

Break in Period of Appointment.

"X. Y. Z." held a hospital appointment during the period April 5th to 30th, 1926, and did not take up other work until the end of May, 1926. He "paid income tax for 1926-27," and was told that everything was in order, but is now being pressed to pay a small amount in respect of his earnings in April, 1926.

Income tax liability has always to be dealt with as for the Government's financial year—that is, for a year ending April 5th. When "X. Y. Z." dealt with his liability for the year 1926-27, therefore, the declaration which he presumably made would state his total income for the year ended April 5th, 1927. Apparently one of two things happened: either he forgot to include his April, 1926, earnings or the inspector of taxes forgot to take them into account. In either of those cases the additional small payment now requested would legally be due. It is, however, possible that he was assessed on the assumption that his post-April rate of remuneration applied throughout the year ending April 5th, 1927, in which case he was over-assessed. We suggest that, as "X. Y. Z." feels disposed to solve the question, he might reasonably ask the inspector to supply him with full details, showing how the tax which he paid for 1926-27 was calculated. An answer to that question should enable "X. Y. Z." to see just where he stands.

LETTERS, NOTES, ETC.

ERYTHEMA NODOSUM.

DR. W. CAMAC WILKINSON (London, W.1) writes: With reference to Dr. G. F. Walker's remarks on erythema nodosum (February 9th, p. 266), I think that as a matter of history I pointed out the association of this condition with tuberculosis in 1901, and year by year I accumulated evidence till I came to the conclusion that erythema nodosum was a tuberculous lesion and nothing else. I owe this discovery to the constant clinical use of tuberculin in all doubtful lesions in any part of the body.

TREATMENT OF PNEUMONIA.

DR. F. M. GARDNER-MEDWIN (St. Asaph) writes: Now that influenza is raging in Europe and America and the death rate from pneumonia is consequently increasing, may I once more call attention to the method of precipitating the crisis in pneumonia by means of intramuscular injections of sodium nucleate, together with neutralization of the subacidosis due to febrile toxæmia? Details of the method were published in the *British Medical Journal*, 1924, ii, p. 43, and, with Willmore, in the *Lancet*, 1922, i, p. 116. A series of 40 consecutive cases was quoted of fulminating pneumonia so treated, in which the crisis was brought about in forty-eight hours or so, with consequent defervescence and recovery, mostly occurring during the pandemic 1918-19. Since then my series has been uninterrupted, so far as cases of lobar pneumonia in previously healthy persons, without crippling complications, is concerned. I do not claim that the treatment is always successful in the elderly and infirm, or in advanced nephritis, or in the terminal pneumonias of long-standing disease, but I do claim that it is practically always successful in cases of straight pneumonia occurring as the result of the sudden lowering of resistance by influenza or sudden chill, and that these cases can be saved the debilitating strain of the long wait for the normal crisis which so often kills them. Let me then formulate my credo. In influenza leucopenia diminishes resistance; saprophytic organisms become pathogenic; sodium nucleate releases into the blood stream leucocytes latent in the bone marrow, increasing phagocytosis. I believe that in nearly all cases of uncomplicated pneumonia, if sufficient sodium bicarbonate and glucose is given to render the urine alkaline or neutral, and 2 c.cm. of the solution of sodium nucleate put up by the Clinical Laboratories of Paris is injected intramuscularly into the thigh, that in forty-eight hours or so the temperature will fall to normal, convalescence will begin forthwith, and the patient will rapidly recover. Would that after six years' crying in the wilderness I could persuade all clinicians to give this method a fair trial while their patients are still viable and to give up other methods, some of which, if used in the very early stages, appear to give somewhat similar results, but in the later stages may be dangerous! Nuclein is harmless and uniform in its results; its action is independent of the duration of the disease. I am not alone in my optimism, for in the *Epitome* on April 2nd, 1927 (para. 375), there is a reference to a paper by L. E. Miller in the *South African Medical Record*, who, after using this method on 117 natives, 87 of whom had lobar pneumonia, had a death rate of only 8 per cent. Miller found this treatment of definite assistance in terminating lobar pneumonia quickly and successfully. I hope that practitioners who have used this treatment will give me the benefit of their opinion and their results.

INFLUENZA AND NOSOPHOBIA.

DR. W. A. MACDOWALL (Manchester) writes: It would be of interest to know whether mass suggestion has not a great deal to do with the spread of epidemic disease. It is a matter for debate whether the present epidemic of influenza is not as much psychological as it is bacteriological in its spread if not in its origin. The influence of the mind both in the nurture and in the destruction of dentina still remains a *terra incognita*, and there is little doubt that fear is an important factor in lowering the bodily resistance and in encouraging the attack upon the tissues. How great a part, then, does fear play in assisting the spread of epidemic disease, and how are its effects to be counteracted? I would suggest that a medical broadcast, either by wireless or by the press, advising the public that the present epidemic was of a mild and generally innocuous nature, and at the same time sounding a note of warning, would be of great service. The function of the medical profession in these scientific times is one of prevention as well as of cure, and much might be gained by the issue of a warning such as I have indicated.

TREATMENT OF INFLUENZA.

"M. M. E." writes: It may be profitable, in view of the present influenza epidemic, to draw the attention of readers to the excellent article by Mr. E. B. Turner in the *British Medical Journal* of July 16th, 1927. He recommends keeping the patient in bed and administering 20 grains of salicin (it would appear that sodium salicylate acts similarly, every hour for twelve hours, and then every two hours for the next twelve hours. This treatment, he says, nearly always puts an end to the attack, and also reduces the chance of infecting others. Reference may also be made to the advantage of giving one or two injections of 1 c.cm. of sodium nucleate in the treatment of influenzal pneumonia. The effect of nucleate is to double the leucocyte count in twenty-four hours, and thus, in many cases, to avert a fatal termination even when the condition might appear almost hopeless.

COINCIDENT SHINGLES AND VARICELLA.

DR. LEWIS W. REYNOLDS (High Wycombe) writes: In a man, aged 80, an attack of herpes began on December 6th, 1928, involving the distribution of the ascending and descending branches of the superficial cervical plexus of the left side. Two days later a small red papular eruption appeared on the chest and arms, soon becoming vesicular and spreading to other parts of the body. The temperature went up to 102.6° on December 10th, gradually coming down to normal on December 13th. The condition followed the ordinary course for varicella, and by December 24th the last scab came away. The original eruption on the scalp, however, took a very different course. The pain was not so severe as it often is in shingles, but it is still present and causes some distress. There is a numbed feeling of the scalp on that side, also the scabs have only just entirely disappeared, now two months from the commencement.

A POSSIBLE CAUSE OF DEATH IN DROWNING.

IN the October issue of the *West African Medical Journal* there is a posthumous communication by Dr. W. A. Young on the subject of a possible cause of death in strong swimmers. In this it is stated that in only a few of the numerous *post-mortem* examinations on adult native fishermen and capable swimmers, washed up on the shore at Accra, were the typical signs of drowning present—namely, water in the lungs and stomach. In most instances the lungs were aerated and the stomach contained no water, though it was occasionally distended. Dr. Young refers to the article by W. Russell on "Hypochlorhydria and air swallowing" in the *British Medical Journal* (1919, vol. ii, p. 769), and suggests that something similar to air swallowing may occur to a strong swimmer, causing sufficient distension of the stomach to lead to functional angina pectoris. As a result of considerable experience of surf bathing, Dr. Young was led to conclude that, after taking a deep breath and diving, there is a tendency for air to enter the stomach by an act of swallowing while the body is submerged, resulting at times in slight nausea and loss of confidence in swimming ability. It is added that this may explain the advice not to bathe on a full stomach, the reason being that little or no room is thus afforded for further distension of this organ by air.

DOCTORS' HANDWRITING.

"A COUNTRY DOCTOR" writes: Doctors should not too readily surrender their ancient privilege of illegible writing. I have before me a typewritten prescription from a physician on the full staff of a big teaching hospital, in which prescription there are six mistakes in Latin.

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NOTIFICATIONS of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 46, 47, 48, 49, 52, 53, and 54 of our advertisement columns, and advertisements as to partnerships, assistantships, and locumtenencies at pages 50 and 51.

A short summary of vacant posts notified in the advertisement columns appears in the *Supplement* at page 47.

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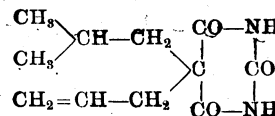
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