# THE JOURNAL OF THE BRITISH MEDICAL ASSOCIATION.



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No. 3555.

SATURDAY, FEBRUARY 23, 1929.

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Expenses while on Colonial Leave.

- "S. W. T. L.," a medical officer in the Colonial Service, is home on leave. Can be deduct anything in respect of expenses incurred (a) in the purchase and future freight to the colony of a car which is being used for pleasure but will be taken abroad for professional use, and (b) in connexion with a post-graduate course he is taking?
- \* \* (a) Present expenses are not wholly, exclusively, and necessarily incurred in the performance of the duties of his office and cannot be deducted in the taxation of his leave pay. (b) No; such expense is analogous to capital outlay for a future return.

#### Colonial Gratuities.

- "J. C. D." asks if gratuities for services in military and colonial medical services are subject to income tax, whether the recipient is a British resident or not.
- Gratuities paid in respect of service in connexion with the Great War to members of the military forces of the Crown were specifically exempted by Section 17 of the Finance Act, 1919. If our correspondent's gratuities do not fall within that description, we do not know of any grounds on which they can be claimed to be outside the scope of the tax. Non-residence in the United Kingdom, however, would seem to be sufficient, provided that no remittances are made to this country out of the gratuities.

Cash Basis: Retirement from Practice.

"T. T." retired on April 1st, 1928, his partner taking over the whole of the practice, but not "T. T.'s" share of the book debts.

ls "T. T." liable on the subsequent cash receipts.

\*.\* No. So far as our correspondent is concerned, these receipts represent the realization in cash of the results of past earnings. From April, 1928, onwards the remaining partner is liable in respect of the whole of the profits of the practice. If those profits are measured on the basis of the value of bookings after April 1st, 1928, no complication arises; if on the cash receipts basis, then it is clear that the whole of the receipts, including "T. T.'s" share, must be reckoned in the computation, otherwise the "receipts" will not correctly indicate the full practice profits.

#### LETTERS, NOTES, ETC.

#### THE MAYOS.

WE wish to correct an error which crept into the annotation VE wish to correct an error which crept into the annotation published under the above heading in our last issue (p. 309). In column 2 it is stated that William Worrell Mayo received his medical education in Manchester. This is not correct. He was a pupil of John Dalton, the famous chemist, and after he went to New York in 1845 he practised as an analytical chemist. He did not take up a medical career until later, obtaining his medical degree from the University of Missouri in 1854. To quote the Manchester Guardian of February 2nd, he became a pioneer, not only in surgery, but in the establishment of civilized life.

#### TREATMENT OF INFLUENZA.

TREATMENT OF INFLUENZA.

DR. J. T. MACLACHLAN (Ardrossan) writes: I regard influenza as the most curable of all the acute diseases which a practitioner is called upon to treat. By influenza I mean a disease with a rapid onset, a smart rise of temperature being associated with a severe headache and pains all over the body in the muscles (myositis). The back muscles are very tender, particularly below the right scapula. The drug I have used for over twenty years is sodium salicylate, given in doses of 20 grains every two hours. About 120 grains are all that an adult man will require. All pains should then have gone and the temperature have returned to normal. Profuse sweating is the rule after taking the drug. For women 15-grain doses will suffice. If influenza is not promptly brought to an end with six doses, then we are probably dealing with a case of pneumonia, over the course of which the drug is useless.

#### THE HEREDITY OF DEMENTIA PRAECOX.

DR. J. E. DHUNJIBHOY (Medical Superintendent, Rauchi Indian Mental Hospital, Bihar and Orissa, India), in the course of a letter on this subject, writes: I entirely disagree with the opinion expressed by Lieut.-Colonel Jagoe Shaw (Brutish Medical Journal, September 29th, 1928, p. 566) that "inbreeding" is a very definite cause of the high incidence of dementia praecox among the Parsees of India. The incidence of this disease is high in England, Germany, France, Italy, and America, yet none of these nations is known to practise inbreeding like the Parsees. Parsees are the most Europeanized community of India and they follow Western civilization, especially on its educative side. In my own experience of lunacy work in India. I have found that the incidence of dementia praecox is always high among the educated classes; it is high among the educated class of Bengalis, who, like the Parsees, follow Western civilization and education; for similar reasons it is high among the domiciled Anglo-indians. I am entirely with those who believe that the stresses of present-day civilization and education, though not the sole cause of dementia praecox, at least have something to do with it. I am in no sense a champion of inbreeding, and fully realize its undesirability, but what I am urging is that its relationship to dementia praecox has never DR. J. E. DHUNJIBHOY (Medical Superintendent, Ranchi Indian

been definitely established. The Parsee community has been inbreeding for more than 1,200 years, and its general health is not impaired as compared with that of other communities of India which do not practise inbreeding. Further, as the general consensus of opinion is in favour of greater hereditary predisposition in manic-depressive psychoses than in demential praecox, inbreeding should produce more manic-depressive psychoses among Parsees than demential praecox. Yet these psychoses and other organic inherited diseases which inbreeding is bound to influence are not increasing among the Parsees. Finally, figures taken from the annual reports of the various provincial mental hospitals in India should convince Colonel Jagoe Shaw that dementia praecox is not so rare as he imagines amongst other communities in India. been definitely established. The Parsee community has been amongst other communities in India.

#### HYDROCEPHALUS WITH BREECH PRESENTATION.

OR. K. R. KINI (Mangalore, India) writes: In view of its rarity the following case of breech presentation deserves recording. A primipara, aged 18, after labour for three days, gave birth to a child as far as the neck, when progress ceased, though the pains continued. A country midwife had tried embryotomy, cutting open the spinal canal and exposing the structures of the neck; a meningocele in the lumbar region had been opened. The diagnosis lay between twins and hydrocephalus. Vaginal examination revealed the face of the child posteriorly, the occiput anteriorly; no other foetal parts could be felt, so I decided it must be a case of hydrocephaly. I tried perforation of the head through the mouth, but could not succeed; next I tried through the exposed spinal column, but failed again; then I rotated the head, bringing the occiput posteriorly, and perforated with success, evacuating four pints of clear straw-coloured fluid. The uterus began to act with great force, and the oranium was delivered without further delay, as was also the placenta. On the second day there was a temperature of 99° in the morning and 101° in the evening, but by the fourth day it was normal, both morning and evening, and the discharge was Dr. K. R. Kini (Mangalore, India) writes: In view of its rarity it was normal, both morning and evening, and the discharge was healthy. By the ninth day the patient was taking normal diet and had recovered from her sterine trouble, but on the tenth day she had an attack of pneumonia and died three days later. I wish to draw attention to the fact that it is not possible in such a case to perforate through the mouth; it is necessary to get the head posteriorly and perforate.

#### INTERNATIONAL MEDICAL CONGRESS AT CAIRO. Commemorative Stamps.

DR. JAMIESON B. HURRY (Bournemouth) writes: In honour of the International Medical Congress recently held at Cairo, the Egyptian Government has issued two postage stamps which possess some historical interest. The first stamp (5 millièmes)



depicts Imhotep, the Egyptian Deity of Medicine, seated on his depicts Imhotep, the Egyptian Deity of Medicine, seated on his throne, grasping the sceptre of power in his right hand and the "ankh," or symbol of life, in his left. The second stamp (10 millièmes) exhibits a portrait of the Viceroy Mohamed Aly Pasha, to whom the foundation of the Medical School of Cairo one hundred years ago was due. This is probably the first time in the history of medicine that one of its tutelary deities has appeared on a stamp.

#### ASTHMA IN CHILDREN: A CORRECTION.

ASTIMA IN CHILDREN; A CORRECTION.

WE are asked to make the following correction in the article by Drs. R. H. Simpson and K. Stone published in the Journal of February 16th (p. 291), the corrected proof of which was not received until after we had gone to press. The last sentence in the small type paragraph immediately preceding the final paragraph of the article (p. 293) should read: "Cases 1, 3, and 9 are improved, but to a lesser degree than the four cases mentioned above." In the following line (the fourth from the end) for "six" read "four."

#### VACANCIES.

Notifications of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 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 51.

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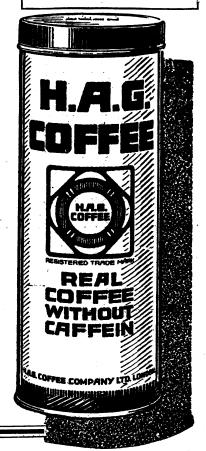
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