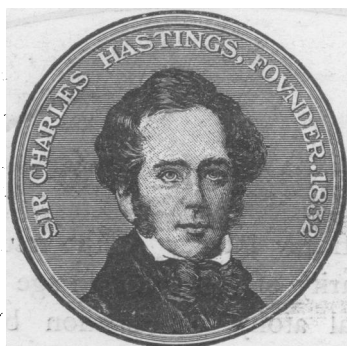


The
British Medical Journal
THE JOURNAL OF THE BRITISH MEDICAL ASSOCIATION.



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No. 3568.

SATURDAY, MAY 25, 1929.

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year 1930-31, the gross liability for which will not be affected by the renewal allowance. Assuming the appropriate rate to be 20 per cent., he will be losing for the time £38, but if he remembers to claim obsolescence allowance when he replaces his present car the temporary loss of allowance will then be automatically put right.

"G. B. S." bought a second-hand car in 1926 for £115, and commenced practice in January, 1927. He has been allowed the aggregate amount of £30 for depreciation, and has now sold the car for £30 and bought a new one for £130. What should he claim?

* * (1) Obsolescence allowance £115-£30-£30=£55 and (2) depreciation on the new car £130 at 15 per cent.=£20. Strictly, the former amount—that is, £55—should be reduced by the proportion applicable to the use in 1926, as compared with the amount of use after professional work was commenced, but apparently this would be almost, if not quite, negligible.

Emoluments of Assistant.

"J. H. R." was employed as an assistant. For the first four months he received a cash payment as salary, and the cost of his board and lodging was paid by his principal. Subsequently, as a matter of convenience, the principal "suggested that he should include the cost of board in the monthly cheque paid" to "J. H. R." and that the latter should pay the landlady on the former's behalf. "J. H. R." has been assessed to tax on the total cash payments. What are his prospects of a successful appeal?

* * It is, of course, clear that under the original arrangement "J. H. R." was not liable for the value of the advantages received by way of lodging. The question is whether the change brought him into the position of receiving cash, subject to a compulsory application thereof to the cost of his board, etc. The distinction is, in any case, a fine one, but it will assist our correspondent in his argument if he can show that the cash payments to him fluctuated precisely with the amounts payable to his landlady—that is, that his principal received the advantage of any allowances for absences, etc., and bore the cost of fluctuating extras. If that was the case the argument that the payments by the principal were made to the landlady, "J. H. R." being merely the channel by which they reached her, is strengthened. If this cannot be proved, we fear that the decision would go against "J. H. R." on the broad grounds that he lacks equity—having had the benefit accruing from the payments—and that, so far as the legal position is concerned, the cash actually passed into his possession.

Occasional Residence in this Country.

"F. F. M." refers to an answer given to "Cérons" in our issue of May 11th, and asks how is income from investments "charged by way of security in favour of the annuity," and also whether "a married person living for any length of time in England (in his wife's flat) is liable to income tax on any income he receives, whether it is paid in England or France."

* * The law dealing with liability arising out of occasional residence in this country is more than ordinarily complicated, and the decision to be arrived at depends usually on a general view of all the circumstances of a particular case, and we cannot undertake, therefore, to give an adequate reply in these columns. Briefly, however, income may be charged in the manner suggested by making it legally payable to trustees appointed to see that the annuity is duly paid, or by giving a lien on the securities themselves. In the circumstances mentioned the husband would become a British resident as soon as he came to the country, but might be regarded as an "occasional" resident if his return to the United Kingdom were not habitual. If he is an occasional resident only, he would not be liable on income accruing abroad from stocks, shares, or rents, but not coming to the country; if he is a resident, and not an occasional resident, he is liable, whether such income is received here or not.

LETTERS, NOTES, ETC.

THE USE OF THE TONSILS.

DR. F. G. GARDNER (Oxford) writes: Several letters have appeared lately under the above heading; without expressing an opinion, may I be allowed to state a relevant fact? In Abyssinia it has been the custom from time out of mind, I believe, to remove the tonsils of all children in infancy. That the custom is without bad after-effects may be inferred from the fact that this people is always described as a "warlike, big, and well-grown race," and England, in sending out diplomatic missions there, has always paid deference to these qualities by choosing men who were also "big and well grown," in order to produce a good moral effect. The Abyssinians claim that as a nation they have never been conquered, though I believe they came very near to subjection in our Abyssinian war. Some time ago I attended a meeting at which a paper was read by an experienced surgeon on removal of the tonsils, raising the question of the remote effects of total removal on the general health. In the discussion I described

the Abyssinian custom as a gigantic "control" experiment spread over a whole people during a very long period; this appeared to be news to the meeting. I stated that I believed the tonsils were removed by means of the index finger-nail. Since then I have been able to obtain a little further information through the kindness of an English resident. I gather that removal is effected by means of a horsehair noose. If this gives way it is left *in situ*, and the child swallows it, along with the constricted organ when the latter separates. It may be that tonsillitis was once common in the country, and the custom arose out of a determination to eradicate it by removing its seat. I gather that two members of my informant's family have suffered out there from the ailment. I forget where I first read of this practice; I cannot find any reference to it in any of the books at my disposal. Perhaps some of your readers may be able to supplement these scanty notes, for they seem to have a distinct bearing on "the use of the tonsils."

TOXIC PLANTS.

A CORRESPONDENT recently informed us that a patient had brought him a leaf, suspecting that it was the cause of an attack of conjunctivitis from which he was suffering. The medical man also handled the leaf, and shortly afterwards he himself was attacked with conjunctivitis. He ascertained that the plant belonged to the *Humea* family. We have made inquiries at the Royal Botanic Gardens, Kew, and the Director has been good enough to give us the following information. He says that it is not unusual for cases of dermatitis to follow contact with leaves of *Humea elegans*, which is doubtless the plant referred to by our correspondent. Instances of injury by this plant, however, appear to be rarer than injury by contact with *Rhus toxicodendron* or *Primula obconica*. A very large number of people appear to be immune from the trouble caused by handling some or all of these plants. All have at one time or another given rise to skin irritation among the gardeners at Kew, though not every year. On one occasion two men and two women employed at the Royal Botanic Gardens were suffering at the same time from dermatitis caused by *Humea elegans*. A correspondent in "Gardening Illustrated" of July 29th, 1911, wrote: "I dread handling this *Humea*, as contact with the leaves quickly brings on severe inflammation of the eyes, which takes some time to recover from. Strange to say, although I have handled *Primula obconica* in large quantities, and in all stages, and have frequently trimmed up *Rhus toxicodendron*, I have never found any inconvenience from either of these." Against this a member of the Kew staff is very susceptible to poisoning from *Rhus toxicodendron*, but has suffered no injury from handling *Primula obconica* or *Humea elegans*.

CANE SUGAR IN THERAPEUTICS.

DR. G. C. PETHER (Barnet) writes: Hive bees are sometimes fed during winter on syrup. It is asserted by some expert beekeepers that if beet instead of cane sugar is used in its preparation diarrhoea may result, whereas cane sugar is safe in this respect. Perhaps the Ministry of Agriculture could supply information concerning the difference between the two sugars. It is possible that the traditional objection to beet sugar for bee-feeding no longer holds good, the offending substance having, as Dr. Cameron suggests, been removed.

OVARIOTOMY AFTER SEVENTY.

MR. F. HERBERT WALLACE, F.R.C.S. (Ed. Uppingham), writes: Mr. Williams's account of ovariectomy in a woman over 70 years of age (*British Medical Journal*, April 13th, p. 679) prompts me to describe a similar case. The patient, an active married woman, aged 76, who had had eight children, the last when she was 45, first noticed an abdominal swelling in the summer of 1927, which increased somewhat rapidly during the last six months. She had considerable pain in the left hypochondrium, and wished to get rid of the swelling, as it impeded her in her household duties. On examination a tense and slightly tender swelling, proved to be due to the presence of an ovarian cyst, was found to reach the costal margin. At the operation the cyst was first evacuated by means of a suction pump, and then removed. Convalescence was uninterrupted; the patient was encouraged to move about in bed from the first, and she left hospital, walking well, on the twenty-first day. The cyst showed fairly recent haemorrhage into its interior.

UNUSUAL SYMPTOMS OF PROSTATIC ENLARGEMENT.

"RISCA" writes: I remember seeing an old lady a few years ago who was suffering from cancer of the cervix uteri; I found her busily soaking her feet in hot water, which, she said, gave relief from the troublesome pain and tingling she had in the soles. After attending to her I was requested to see her brother in an adjoining room, and was surprised to find him similarly engaged. On inquiry it became evident he was an old prostatic case, and that the pain in his feet was due to that trouble. The reason why the cervix and prostate appear to cause pain in the feet seems to be that the innervation of both is, through the sympathetic, by the posterior divisions of the sacral plexus, while the larger anterior divisions from the same root levels supply sensory nerves to the foot—that is, the pain is referred.

VACANCIES.

NOTIFICATIONS of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 42, 43, 44, 45, 48, 49, and 50 of our advertisement columns, and advertisements as to partnerships, assistantships, and locum tenencies at pages 46 and 47.

A short summary of vacant posts notified in the advertisement columns appears in the *Supplement* at page 203.

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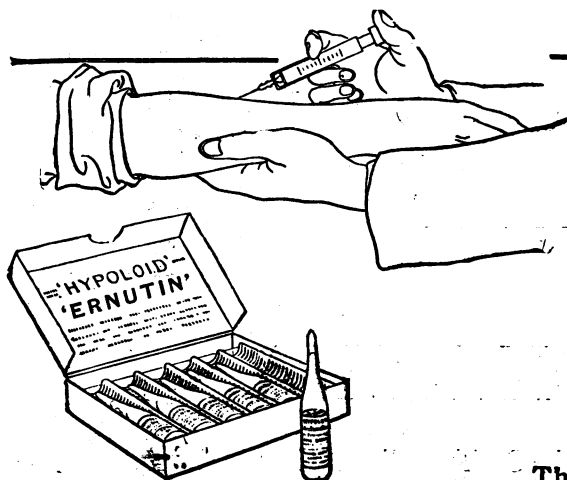
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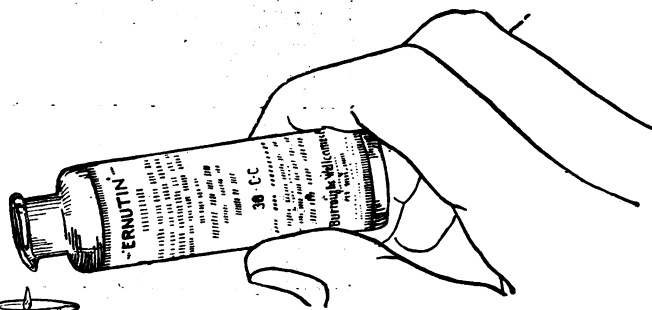
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