

The search for improved methods of tsetse control, far from being of academic or scientific interest only, is thus a problem of great urgency and practical importance to many of the colonial administrations in Africa. Past experience shows that there is no royal road to the elimination of tsetse flies. The measures required differ according to each kind of tsetse, and even for the same kind of fly it is often necessary in different districts to apply different methods, on account of variations in the type or habits of the natives living there or the character of the terrain. The measures which are being adopted include the destruction of fly-infested bush by clearing or by fire, the erection of natural barriers to isolate the fly and infected game, and the wholesale catching of flies by hand or by specially made traps. By various methods considerable areas of land have been made available for occupation.

The most important work has been that carried out under Mr. Swynnerton's directions by the Tsetse Research Department of the Tanganyika Territory. This has brought within measurable distance the practical solution of many aspects of the problem. It is thus pioneer work of the utmost value to every country where tsetse flies occur. The committee trusts that, notwithstanding the present financial stringency, every effort will be made in this and following years to provide the funds necessary for the continuance of this work, the successful conclusion of which is vital not only to Tanganyika, some two-thirds of the area of which is under fly, but also to other fly-infested territories in Africa.

The committee looks forward confidently to the time when it will be possible in suitable areas to eradicate tsetse flies at a relatively small cost without risk of producing undesirable results in other directions. Such work will, however, always require special technical knowledge, and in countries in which wide areas are in the grip of the fly reclamation will only be successfully conducted if there is maintained a small organization staffed with men specially trained for the purpose.

INTERNATIONAL POST-GRADUATE COURSES FOR NURSES

FLORENCE NIGHTINGALE FOUNDATION

The British Red Cross Society has undertaken to provide a scholarship of £250 to assist in the establishment of the International Florence Nightingale Foundation. Three similar scholarships are to be financed by the National Council of Nurses of Great Britain, to the funds of which the League of St. Bartholomew's Nurses, the Nightingale Fellowship at St. Thomas's Hospital, the London Hospital Nurses' League, Guy's Hospital Nurses' League, and King's College Hospital Nurses' League are contributing.

The purpose of the Florence Nightingale Foundation is to establish an endowment fund to put on a permanent basis the international post-graduate courses for nurses which have hitherto been carried out in Bedford College, in conjunction with the College of Nursing. A committee, representing the International Council of Nurses and the League of Red Cross Societies, together with Bedford College and the College of Nursing, has already been set up under the chairmanship of Sir Arthur Stanley. It is hoped that a National Florence Nightingale Committee will in due course be set up in every country in which the Red Cross operates to raise funds for the endowment scheme.

The present donations from the British Red Cross Society and the National Council of Nurses of Great Britain have been contributed to a temporary fund of £5,000 to allow the courses at Bedford College to be carried on this year and next. By that time, it is hoped, the Foundation will be established and a permanent endowment assured. The League of Red Cross Societies, which has headquarters in Paris, has itself made provision for five scholarships to be awarded to Red Cross nurses on the recommendation of their national Red Cross Societies, and a half scholarship has been promised by the Red Cross Society of Czechoslovakia.

Scotland

Leadership in Medicine

The fourth lecture on leadership, under the Walker Trust, was delivered at the United College, St. Andrews, on February 16th, by Lord Moynihan, with Professor Charteris, dean of the Faculty of Medicine at St. Andrews, presiding. Lord Moynihan said that he would call attention to the career of Joseph Lister, a gentle, modest Quaker, who was widely acknowledged to have been one of the most effective leaders of men. He believed that nothing had rescued so many lives, spared so much suffering, and lifted so heavy a load of apprehension and sorrow as the work of this man. He had saved more lives than all the wars had thrown away, and he had been the means of sending back to their full work millions of men, women, and children who otherwise would have lingered through a tragic existence. Lister's discovery had at first been received with indifference, and had been regarded simply as a new form of dressing. Even his contemporary Sir James Simpson had failed to recognize that Lister was not merely trying one dressing after another, but was basing his methods upon a conviction, hitherto unexpressed, that putrefaction was due to living organisms. Previously all this had been guesswork, and Lister's doctrine was based upon a truth which subsequent experience confirmed. The most numbing opposition to new thought always came from apathy, and the surgeons of London in Lister's day were close-minded, complacent, and content. Lister had based his work on the belief that the organisms causing decomposition in wounds might be destroyed either in the wound or before they gained entrance, and around every step of his advance fierce controversy had raged. Lord Moynihan referred also to two other leaders in medicine who he considered should be grouped with Lister—William Harvey and John Hunter. The latter had laid the scientific foundations of surgery, and had sought in the changes of the organs after death structural reasons for the origin and progress of disease. He had founded the science of pathological anatomy. The lecturer believed that conditions were now so changed that opposition to new views, like that offered to Lister, would not again be seen in medicine. It might be claimed that the scientific methods of approach to medicine were being daily strengthened, and verdicts could no longer be accepted merely upon authority unless they rested upon relevant knowledge and scientific inquiry. The position in this respect was much sounder than it was half a century ago.

Maternity and Health

A conference under the auspices of the Edinburgh Branch of the National Council of Women and of the Edinburgh Women Citizens' Association was held in the Scottish House of the B.M.A. in Edinburgh, on February 13th, Mrs. Chalmers Watson, M.D., presiding. Dr. James Young, president of the Edinburgh Obstetrical Society, in an address to the conference, said that each year in Great Britain about 4,000 women lost their lives, and 70,000 incurred impairment of health, through childbirth. For many years this amount of death and damage had been practically stationary, despite efforts involving the expenditure of much public money. It was important to recognize that this was not due to lack of knowledge regarding the medical and obstetric conditions that endangered women. It was due rather to a failure to bring to women throughout the country the knowledge which was available; this was convincingly demonstrated by the fact that where women were adequately cared for the risk of maternity was very small. In the lying-in

Digitalis in Partial Heart-block

Dr. G. ARBOUR STEPHENS (Swansea), in a letter commenting on the query by Dr. Frewen Moor (February 4th, p. 211) and the reply of Dr. Fitzgerald Peel (February 18th, p. 297), points out that the systolic and diastolic pressures vary with the width of the armlet used in sphygmomanometry. He states also that a "large percentage of medical men are quite unable to make a reliable estimation of the diastolic pressure." He would like to draw readers' attention to his method, outlined in the *British Medical Journal* of February 8th, 1930 (p. 242).

Income Tax**Payment of Schedule A Tax by Tenant**

"R. C." is tenant of a house. He has informed the collector of the landlord's name and address, but the collector is pressing for early payment by "R. C."

** The collector is within his rights. The person liable by law is the occupier of the premises, but he can deduct the tax from his next subsequent payment of rent up to the maximum of 5s. in the £ on the amount of the yearly rent payable.

Assessment of Properties

"D. S. M." inquires as to the basis on which rented houses are assessed.

** The gross assessment is determined by the amount of the rent payable provided that it is fixed by an agreement made within the previous seven years and represents a bona fide letting at full value. From the gross assessment a deduction for cost of maintenance is made according to a statutory scale, but where the liability for the upkeep rests on the tenant that deduction is not allowed to reduce the net assessment below the amount of the rent.

Sale of Practice—Subsequent Bad Debts

"A. S. P." sold his practice as from April, 1931, and discharged his income tax liability to that date. He now finds that the debts as shown in his closing account were overvalued, owing to so many proving wholly or partially bad, but the inspector of taxes contends that the debts in question were "presumably expected to be good at that date and there are no grounds for revising the estimate in view of subsequent developments."

** The legal view taken by the inspector has judicial authority in a case where the result was adverse to the Revenue, but we doubt whether the authorities would desire the rule to be applied to such a case as this. Also the valuation of a practitioner's outstanding debts is an extremely difficult matter, and the methods employed in valuing commercial debts are hardly applicable. In all the circumstances we advise our correspondent to write to the Secretary, Board of Inland Revenue, Somerset House, W.C.2, explaining the circumstances and asking for an allowance to be made in respect of an overcharge arising through an error or omission, or alternatively on grounds of equity.

Retirement from Colonial Service

"B. M. W." arrived in England in November, 1932, on leave prior to retirement. His wife had arrived in June, 1932, and, as arranged, the Crown Agents made her certain payments on account of "B. M. W.'s" salary for the period June to November, 1932. Are those payments liable to British income tax?

** Yes. In the circumstances "B. M. W." becomes ordinarily resident in the United Kingdom for the financial year 1932-3, and as such is liable to account for tax on the whole of the remuneration paid in this country.

Expenses of Travelling in an Official Capacity

"X Z" went to Winnipeg in an official capacity to attend the British Medical Association Meeting, and some time ago incurred expenses in travelling to attend meetings in London as a member of a British Commission. Are such expenses deductible for income tax purposes?

** The general principle is that only such expenses can be deducted as are incurred in carrying on the work for which the remuneration assessed is received. The matter is not free from doubt, but expenses of the kind referred to above would probably be regarded as having too indirect an effect on the gross income assessable to justify treating them as allowable for income tax purposes.

Sick Benefit—House Repairs

"J. M. L." inquires whether money received as sick benefit is taxable; also whether he can claim any allowance for the expenditure of £100 on the garage—held with the house on a repairing lease—incurred through a crack developing in a wall.

** The sick benefits are not liable to income tax. In our opinion the garage is maintained wholly or mainly for the purpose of the practice, and the £100 is therefore a proper claim as an expense of the practice either as a whole or in the ratio in which the car expenses are allowed—for example, if these expenses are allowed after deducting one-tenth for private use then "J. M. L." should claim nine-tenths of the cost of repairing the garage.

LETTERS, NOTES, ETC.**A Medical Film Library**

A catalogue of motion pictures of surgical operations and medical subjects has been prepared by the Medical Department of Kodak Limited. During the last few years this department, with the aid of well-known surgeons, has been compiling a library of films taken during most of the major and minor surgical operations usually performed in hospitals. Films of many rare operations have also been secured. This library of medical films is now the largest of its kind in the world. In addition to films of operations there are others dealing with anatomy, dentistry, ear, nose and throat, first-aid, neurology, obstetrics, ophthalmics, orthopaedics, physiology, radium and ray therapy, nursing, and veterinary science. With the exception of the physiological and nursing subjects the films are not intended for the general public, and are only loaned for exhibition to qualified practitioners and registered medical students. Copies of the catalogue may be had on application to the Medical Department, Kodak House, Kingsway, W.C.2.

Phlebitis in Enteric Fever

Dr. DOUGLAS WHITE (Crosslet, Dumbarton) writes: In your *Epitome* of December 10th, 1932, appeared a short statement of a case of typhoid fever in which phlebitis preceded, instead of following, the intestinal disturbance. This was considered unique. Perhaps, however, my own case may be of interest to readers, though probably not on all fours with the *Epitome* case. In 1914 I was inoculated against typhoid (T.A.B.) when intending to go over-seas. The reaction was negligible. In 1917 I was again inoculated, and was laid up for three days. Shortly afterwards I had an acute arthritis of my shoulder on the same side. After some time it got better; then the other shoulder was acutely attacked. This attack was followed by a phlebitis of the right arm (median basilic, spreading to axilla). I was laid up, and, after a week, a lung embolism happened, which nearly finished me (February, 1918). Then the vein stiffened up, and after three months I reported for light work, and was sent to Norwich. There I noted that the affected vein was becoming permeable, and the blood was again flowing. After that I began to feel "seedy," and one day, being unfit for work, I found my temperature was up to 102.5°. I got home, and was laid up with typical typhoid; in the second week my other lung was blocked out with an embolism. My physicians considered, as I do myself, that the whole process was typhoidal from the start, resulting from a faulty inoculation with some living bacilli. It would be interesting to know whether there are any similar cases on record. The originally blocked vein has been perfectly normal since, and I should like to know whether many physicians have observed veins recover to normal which have been so definitely blocked as to feel like strings of whipcord for some three months.

The full title of Dr. W. W. Shrubshall's book, reviewed in our issue of February 18th (p. 276), should have been given in the footnote as *Things to be Desired or Daily Health Reminders*.

Vacancies

Notifications of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 44, 45, 46, 47, and 50 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 67.