# Letters, Notes, and Answers

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## **QUERIES AND ANSWERS**

#### Paraesthesia in a Case of Aneurysm

"H. S. O." (London, S.E.) writes: I have a patient with abdominal aneurysm whose chief complaint is a sensation of burning all over the body, and worse in the lower limbs. I have tried numerous remedies, except opiates, and would be glad of suggestions. Aspirin gives some relief.

# "Bee Wine"

"FERMENT" asks if any reader can tell him the nature of the ferment which is used in the manufacture of so-called "bee wine," how and where it is procured, and its action.

# Signing Prescriptions for Dangerous Drugs

- "M.D., M.R.C.P." (Hove), writes: On two occasions lately chemists have called my attention to the fact that signatures for drugs prescribed under the Dangerous Drugs Acts are not valid if made as a carbon copy, as is customary when using a duplicate prescription book, but that such signatures should be written separately on the prescription itself. I should be glad to know if this is the case. I have signed very many prescriptions in the ordinary way, using a duplicate prescription book in which the prescription and signature are actually a carbon copy, and they have not been queried before.
  - \* \* We understand from the above inquiry that our correspondent retains his original signed prescription, giving a carbon copy to his patient. Why not reverse the procedure and give the original prescription to the patient or, as an alternative, sign the copy instead of the original? This would save all anxiety to our friends the pharmacists, and avoid raising an awkward issue.

#### The Pox Doctor's Clerk

"R.A.M.C. (ret.)" writes from Reading: With reference to Dr. Philip Gosse's query in the Journal of March 24th about the phrase "Lucky as the pox doctor's clerk," and in about the phrase. Lucky as the pox doctor's clerk," and in amplification of the reply in the Journal of March 31st, which does not touch upon the "lucky" portion of the query, I inquired from a friend who served in the ranks of the K.O.S.B.'s, and he said that whenever there was any great piece of luck coming to a man in the battalion it was common to hear the remark, "He's as lucky as a pox doctor," the inference being that the V.D. specialist was always fully employed, and, in consequence, well paid, and therefore lucky. The greater including the less, it may be taken that his clerk (if any) was also in a fortunate position.

#### **Income Tax**

# Payment or Part Payment of Locumtenent

"P. P." was unfit for work for three months, and unable to carry out the duties of an appointment he held or other miscellaneous professional work. During the period he received his salary, and the authority paid a locumtenent.

- "P. P." also made payments to the same deputy for other work. How should "P. P." deal with his income tax work. How should return?
- \*\* He should include all amounts received, and can deduct the cost to him of the locum services. That cost would include the cash payments and a reasonable sum for board and lodgings. Naturally the latter sum will vary according to the total cost to "P. P.," but a reasonable amount can usually be agreed with the taxing authority without much trouble.

## Special Receipts—Liability

- W. G." inquires in the case of (a) an amount "received by way of adjustment when a company has reduced a stock to another stock," and (b) when a life assurance premium has after a long period ceased to be payable, and a certain sum is credited to the policy as a reversionary bonus, whether such receipts or credits are liable to income tax.
- \*\* They appear to be capital receipts or credits, and not liable to income tax.

## Board, etc., of Loctumtenent

- "A. B." wishes to know the usual amount allowed for board, lodging, and laundry of a locumtenent. He has claimed to deduct £2 2s. per week, but the inspector of taxes refuses to allow more than 25s. per week.
- \*\*\* The amount should represent a reasonable estimate of the practitioner's out-of-pocket expenditure. Consequently the answer to "A. B.'s" inquiry must depend on (a) the total domestic expenses, and (b) the ratio applicable to the locumtenent, and obviously no definite rule can be laid down to cover circumstances which vary so much. Normally, however, "A. B.'s" estimate of £2 2s. would be nearer the mark than the inspector's figure of 25s.

#### LETTERS, NOTES, ETC.

## Honour Where Honour is Due

Dr. W. LEES TEMPLETON (London, N.) writes: The ingenuous assumption of credit for amelioration of symptoms by the laity after the use of various external applications is illustrated by the two following cases seen on the same day. Case I.—Male, aged 27, with lobar pneumonia, had his crisis on the third day of illness. To ensure that the patient should not be encouraged to take undue liberties the situation was explained to the relatives, when one of them (his mother) remarked with reference to the very early fall of temperature: "Of course, that must have been due to my grandmother's cure for temperature, which I applied—namely, wetting the back of the patient's hands with vinegar''! Case 2.—Male, aged 30, with classical renal colic and blood in the urine. The cessation of the pain coincided with the arrival of the patient's mother, who promptly applied a mustard plaster to the affected area and claimed full credit for the cure. Needless to say, the patient has since gone into hospital for full investigation.

# Aspirin Poisoning: Attempted Suicide

Dr. S. LIPETZ (Edinburgh) writes: It would perhaps be of interest to record a case of attempted suicide by aspirin poisoning in which 600 grains of aspirin were taken at one poisoning in which 600 grains of aspirit were taken at one time without the desired fatal result. Martindale quotes a case of 485 grains, with recovery. In my case, a man aged 48 years, after a drinking bout, took 120 five-grain tablets at about midnight. One and a half to two hours later he became violently sick, and continued to vomit until about 11 a.m. There was no diarrhoea. When I first saw him, about 7 p.m. on the same day, he was comparatively well, with a normal pulse, and required no active treatment. His only subjective symptom at that time was a feeling of discomfort in his head and neck, which he described as "like water rushing through a large pipe." His only other symptom was a very acute but transitory attack of perspiration, which preceded the vomiting.

## 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 144.