

# British Medical Journal

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### "Verrucae"

Mr. ALFRED MERRIN, F.R.C.S.I., writes in reply to the query of "O. F. S." (*Journal*, February 29th, p. 455): I have treated verrucae successfully with CO<sub>2</sub> snow. I make a pencil of the snow, pare it to approximately the size of the wart, and apply it firmly until a ring of frozen tissue appears around the pencil. The verruca generally falls out, or is loose enough to be picked out in less than a week. No dressing is required unless a bulla forms, which occurs if too much healthy tissue has been frozen. The same treatment may be adopted for hard warts, but I take care to pare off the hard layer before applying the pencil. The cause of these verrucae, especially in children, is generally a small irregularity on the inside of the sole of the shoe. I use the "sparklet" CO<sub>2</sub> snow outfit for making the pencil.

### Chromidrosis

Mr. MERRIN suggests, too, in reply to Dr. Gibb's query (p. 455), that the discoloration of the axillary regions of the vests may come from the dye in the lining of the boy's suits.

### ? Idiosyncrasy to Nitrous Oxide

Dr. J. B. H. HOLROYD writes: I think the possibility of epilepsy is far from convincing. The reports of these two cases (p. 400 and p. 456) lead me to think that they are cases of relative suboxygenation, in which convulsions are common. There are many people who are tolerant of suboxygenation, in fact the great majority, but it is very difficult to estimate the damage done to the organism by oxygen starvation. In supersaturation the whole organism is filled up with nitrous oxide, which, if pushed to its limit, really means tissue exhaustion. The question is, How much permanent damage has the organism sustained? Therefore, when a patient who is relatively intolerant of oxygen starvation is subjected to it symptoms like those mentioned are to be expected. I think that the most important matter in any anaesthetic, and especially with nitrous oxide, is the careful watch that should be kept on the oxygen requirement.

### Income Tax

#### Purchase of Practice with Book Debts

"R. M."—On January 1st, 1923, X bought a half share in a practice, to include a share of the book debts. On January 1st, 1932, he bought the remaining half share. The total book debts may be put at £600 at each date, and X paid in all £4,000. The firm has been assessed on the cash basis throughout. Is any allowance due for the fact that tax has been paid on the receipts from the purchased debts?

\*\* No. The gross income of the practice seems to have been reasonably constant. The theoretically correct basis is the value of the bookings, and if that basis had been adopted the income tax assessments would have been about the same as they have been in fact. If X had not paid on the amount of the purchased cash receipts he would have had to pay on the value of the unreceived bookings, and the two factors would have cancelled each other.

#### Allowance for Wife's Services

A correspondent has called our attention to the fact that where a wife assists her husband, even to a comparatively small degree, in the work of the practice it is possible to effect some saving in income tax by paying her a salary for her services. The saving arises out of the fact that where a wife has earned income the husband (or the wife if separately assessed) can claim not only the usual one-fifth in respect of earned income, but also an additional personal allowance up to a maximum of £45 per annum. If, for instance, the practitioner pays his wife a salary of £1 per week for professional services, he can deduct the £52 as an expense of the practice; but for assessment it will be dealt with as gross £52, less £10 earned income relief—that is, £42—which is covered by the special wife's earned income allowance, leaving nothing to be assessed to payment of tax. This arrangement is in fairly wide operation in trade circles where wives take some direct part in business, and is sometimes applied to medical practices. General superintendence of the household would probably be insufficient; some more direct participation in professional work would probably be necessary to justify treating the salary as a deductible expense for income tax purposes—such as assistance with the dispensary, telephone, instruments, books, etc. It is necessary that the salary should actually be paid; the contention that though not paid in cash it is owing to the wife, or is given in kind, would not succeed in the event of a Revenue objection. Like most forms of what has become known as legal avoid-

ance of income tax, an arrangement of this kind is capable of abuse, but when restricted to cases where the circumstances involve the wife in semi-professional work there seems to be no valid reason against its adoption. The advantage of paying a salary of £1 per week in terms of tax would normally be £42 at 4s. 6d.—that is, £9 9s. a year—but as the profits are chargeable on the previous year's basis the benefit is delayed for twelve months after the arrangement comes into force.

## LETTERS, NOTES, ETC.

### Posting of Pathological Specimens

Dr. EVELYN M. HOLMES (Northumberland) writes: Your note on the posting of pathological specimens on page 325 of the *Journal* of February 15th reminds me that there are still few laboratories using the unbreakable glass vessels of the United Glass Bottle Manufacturers Limited for the collection and posting of specimens. May I recommend these vessels to your readers? Dr. J. E. McCartney, director of the pathological services of the London County Council, has introduced into the London County Council services the use of a one-ounce, wide-mouthed, screw-capped vessel known as a "universal container" for this purpose. It does not break when dropped, empty, on a stone floor, and the screw cap enables specimens of all types to be dispatched safely by post. Its use was described by Dr. McCartney in the *Lancet* in July, 1933, and, more recently, in the *Zentralblatt für Bakteriologie*. The additional advantage in using this bottle for specimens is that the treating and centrifugalizing of the specimen can be carried out without transference of the material to a second vessel or centrifuge tube, thus avoiding—for example, in tuberculosis work—the loss of bacilli on the vessel wall. The United Glass Bottle Manufacturers and their agents supply these bottles in gross cartons in a sterilized condition, and their cost when supplied in such a quantity is approximately three-farthings for each bottle. By reason of the cap, spilling during transit is practically unknown, and may be eliminated entirely by replacing the blackol liner and pith cork with a cork of the same texture but of double thickness without the liner. These corks have been made by the firm to my order, and they can be fitted into the caps before sterilization if desired.

### Old Injury Causing Haematuria

Dr. W. L. DICKSON (Brighton) writes: A specimen of urine was sent to me by an ex-blacksmith of 73. It appeared to be stained by old blood clots. This impression was confirmed on examining a more recent specimen when I saw the patient himself. He gave a history of having had a severe fall on to his left side some years ago, which had caused him great pain in the left kidney region. Just before the onset of this present haematuria he had had another fall on the same side, which was followed by the passage of these small clots. The remarkable feature, however, was the fact that the condition seemed to have caused the total disappearance of an oedema of the right leg from which he had suffered for some time; the leg on the affected side—the left—had never at any time shown oedema. In a few days the urine became quite normal again, and the right leg was also entirely normal. It seems that the diagnosis in this condition was that the original severe fall set up a haematoma in the pelvis of the kidney which had remained there until, thanks to the second fall, it broke up and came away through the ureter. But I am at a loss to account for the disappearance of the oedema from the opposite leg.

### J. & A. Churchill's New Number

Messrs. J. and A. Churchill Ltd., medical and scientific publishers, ask us to state that in consequence of the renumbering of Gloucester Place by the London County Council the number of their premises has been altered to 104. All communications regarding their publications, including the *Medical Directory*, should therefore be directed to the new address: 104, Gloucester Place, Portman Square, W.1.

### Vacancies

Notifications of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 52, 53, 54, 55, 56, 57, 58, 59, and 62 of our advertisement columns, and advertisements as to partnerships, assistantships, and locumtenencies at pages 60 and 61.

A short summary of vacant posts notified in the advertisement columns appears in the *Supplement* at page 100.