

# British Medical Journal

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JUNE 20, 1936

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or men writing on behalf of their wives; nearly all speak of "nerves," neuralgia, or rheumatism. It is well known that gold coins, rings, etc., when brought in contact with mercury immediately change colour, by deposition of a film of Hg. This wears off gradually by friction. We gather that in some—perhaps many—of the instances recorded of a 22-carat gold ring changing to a "platinum" colour the explanation is contact with mercury—mercurial ointment or lotion, mercurial disinfectant soap, or mercury from a broken thermometer.

#### Dipsomania

"RETIRED PRACTITIONER" writes in reply to "J. D." (*Journal*, June 13th, p. 1238): I advise that the wife, parent, or other person of trust be given a one-ounce bottle of vin. ipecac. I would not suggest any routine daily "allowance." The use of vin. ipecac. is an emergency measure intended to meet some unusual behaviour proposed by the patient—for example, when he suddenly telephones for a taxi, or proposes to go out undressed, or to perpetrate an act of violence on himself or others. It is unlikely that more than one such emergency will arise within twenty-four hours, but if it did there is no reason why the dose of 1 drachm should not be repeated within twenty-four hours. Vomiting follows at once, and most of the vin. ipecac. is returned. It is assumed that the medical attendant will maintain general supervision and be consulted frequently.

#### Income Tax

##### Cash Basis: Change in Partnership

"BISHOP" sold his half share in a partnership—assessed on the cash basis—to C. What is the position as regards his half share of the receipts from work done before the sale of his share? Such receipts are shared between him and his former partner.

\*\* So far as "Bishop" is concerned such receipts are not liable to assessment in his hands. They represent the in-gathering of income earned when he was in partnership with A., and the amounts of past assessments, though calculated on the basis of cash receipts, must over the period be taken as equivalent to payment on the earnings basis. The position now is that the new firm of A. and C. have two alternatives: either to start their returns on the earnings basis or to adhere to the cash basis, but in the latter case they must include (as a measure of the gross earnings of the practice) the whole of the cash receipts from past work, including the portion handed on to our correspondent.

#### Donations

"E. S." explains that during the course of the year he had to give donations to charitable and religious institutions by virtue of his position as a medical practitioner in the town. Are they allowable as professional expenses?

\*\* The statute requires the expense to be incurred "wholly and exclusively . . . for the purposes . . . of the profession," and such subscriptions as those suggested are opposed by the Revenue authorities as not falling within that description. The matter is open to dispute, but there is little help from judicial decisions—the amounts involved are, of course, usually small—though there are dicta which suggest that an element of remoteness in the intention would render the subscription not allowable. Social status brings moral obligation of this sort, apart from the nature of the income. We have considerable sympathy with "E. S.," but cannot advise him to carry his point to appeal.

## LETTERS, NOTES, ETC.

#### Longevity

Dr. GEORGE B. BATTEN (Dulwich) writes: My rather exceptional personal experience among my patients during the last ten years may be of interest. Since September, 1927, eighty-five of my patients, many of whom I attended for years, have died, their ages ranging from 24 to 97, the average age at death of each patient being well over 75 years, this including all patients who have died in this ten-year period. Roughly analysed, the chief causes of death are as follows: *circulatory*, 37 cases, 13 of which were with weak hearts or circulatory degeneration, 24 with hyperpiesis, apoplexy, thrombosis, or embolism; *pulmonary*, 25 cases, which include phthisis 3, asthma 3, acute inflammations 5;

*cancer*, 14 cases, none of the breast, but chiefly of digestive and urinary tracts; *blood and general diseases*, 3 cases, including diabetes 2, anaemia 1; *digestive*, 10 cases; *kidneys and genito-urinary*, 6 cases, including dropsy, prostates; *influenza*, 4 cases without serious complications; *rheumatism of various kinds*, 6 cases; *Graves's disease*, 2 cases; *erysipelas*, 1 case (in a man of 95); *simple senile debility*, 4 cases; *extreme obesity*, 2 cases. These give 114 chief causes in eighty-five deaths, but of course there was considerable overlapping, as of diabetes and prostatic disease, cancer, rheumatism, bronchitis, etc. The infrequency of phthisis in these aged patients, and in all patients in this neighbourhood, in my experience, is remarkable. These are, of course, figures of an elderly practitioner, for I shall have been in partnerships in Dulwich for over fifty years on July 1st—if I exceed the average life of these eighty-five patients.

#### Treatment of Boils

Dr. J. J. O'KEEFE (Fanning Island, Mid-Pacific) writes: A recent letter in your pages on the treatment of boils and carbuncles prompts me to give details of a technique which I have developed for the treatment of staphylococcal infections of the skin. If seen in a very early stage the hair of the infected follicle is extracted and the follicle is gently bored with a wooden toothpick dipped in pure carbolic acid—a practically painless procedure. But if, as is usually the case, the condition when first seen is too far advanced for abortive treatment, then the bleb of pus in the centre of the indurated area is evacuated and a cotton-wool swab saturated with ether is applied. While the patient holds this in position I cut a one-inch square of adhesive strapping. A piece of lint not more than one-quarter of an inch square is now cut. The swab is removed from the furuncle. The tiny square of lint is dipped in ether and placed upon the adhesive surface of the small square of plaster, which is now quickly applied to the open pustule. Ether being an effective solvent of the adhesive, care is taken to avoid pressure over the centre of the plaster, and strips of plaster one-eighth of an inch wide applied to the edges of the square act as seals. This dressing is neither unsightly nor inconvenient; the pain is remarkably minimized; the patient remains at work; and at the fourth daily dressing the core will, in most cases, be found on the little square of lint. In carbuncles the treatment is the same but naturally the dressing is larger, and the slough does not come away until about the eighth day, but pain is practically non-existent after the fourth day. The occlusive treatment *per se* is merely a revival of the "boil plaster" which several drug houses have had on the market for many years, and which, in more than one personal experience, failed to give me much relief. The method of treatment above described has, however, given me dramatic results in a type of infection which, like the common cold, has hitherto been used to taunt us with inefficacy in minor maladies.

#### Medical Golf

The summer meeting of the Medical Golfing Society was held at Walton Heath on Thursday, June 11th. Some seventy members competed over a course which was in perfect condition, while the weather was ideal. Several competitions took place, and the following are the results. *Lancet Cup*: A. H. Knowles (1 down). *Henry Morris Cup*: A. G. Palmer (4 up). *Gordon Watson Cup for Veterans*: G. C. Anderson (all square). *Class I*: first, J. McGrath; second, J. M. Healey. *Class II*: first, A. G. Palmer; second, H. W. L. Allott. *Foursome*: W. Rowley Bristowe and H. Lamplough (4 up).

A demonstration-lecture on summer salads will be given by Mrs. Jenny Fliess at the Soho School of Cookery, 20, Soho Square, W.1, on Wednesday, June 24th, at 8 p.m. Tickets (2s. 6d.) from the Food Education Society, 29, Gordon Square, W.C.1.

#### Vacancies

Notifications of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 68, and 69 of our advertisement column, and advertisements as to partnerships, assistantships, and locumtenencies at pages 66 and 67.

A short summary of vacant posts notified in the advertisement columns appears in the *Supplement* at page 339.