

symptoms, consisting chiefly of auditory hallucinations and delusions of persecutions. In the majority of cases these symptoms promptly disappear when the febrile attacks have terminated. Following upon the febrile attacks and going parallel with the quinine treatment, weekly doses of neo-salvarsan are administered intravenously, commencing with 0.3 gram; six doses in all are given, in the scale of 0.3, 0.4, and four of 0.6 gram.

Of the 350 cases treated down to February, 1923,<sup>2</sup> complete observations were made in 296 only. Of these, no fewer than 202 showed remissions of varying degree, and 112 showed complete remission with the disappearance of former mental disturbances and a return of former business capacity; 68 per cent. showed remissions, and 38 per cent. complete remissions, and this in spite of the fact that many advanced cases were included.\*

Of especial practical importance is the time during which remissions persisted. Of the patients who had complete remissions, 3 treated in 1917 are still actively employed at business and show no evidence of relapsing. These remissions are therefore of five years' duration. In 17 the remissions have already lasted two to three years, and in a further 34 treated correspondingly later the remission has persisted for one to two years. Of the total for whom complete remission has at any time been claimed 3 only have relapsed or have shown any tendency to relapse. Of those for whom incomplete remission has been claimed the majority were far advanced forms of the disease, and yet even here much benefit was seen, particularly in the cessation of acute symptoms and in the non-progression or even regression of the dementia. Of those showing all the signs of an already present dementia many again became sociable and inoffensive, and regained a certain degree of occupational ability.

Several of the German clinics have already made a trial of the method, with good results. Weigandt<sup>4</sup> reports that of 50 cases treated by this method remissions were obtained in 88 per cent., and good remissions in 48 per cent. The remissions do not follow immediately upon the febrile attacks, but very often show a gradual progressive course over a period of weeks and even months, so that cases which at first seemed incomplete, when re-examined months later showed complete absence of symptoms. One very remarkable fact is that there is no parallelism between the clinical and serological findings. Many who show a complete remission of symptoms still give a positive reaction in blood serum and cerebro-spinal fluid, and yet the same cases, when examined months later, have shown a negative Wassermann result in both. In connexion with this Gerstmann<sup>2</sup> quotes a case treated by the tuberculin-mercury method in 1909 in whom a complete remission still persists. When examined recently the report was: Wassermann reaction positive in the blood and cerebro-spinal fluid; globulin test positive; lymphocytes 186.3.

In this country and in some others the difficulty consists in obtaining suitable cases of benign malaria for purposes of inoculation. Once a single case has been inoculated there is then no difficulty in transferring the infection to other paralytics, and though this involves the transference of syphilitic blood, yet, in cases which have been thoroughly examined and found positive for syphilis, this is of little consequence. The method of continuous transference has been practised in Vienna, where two strains of plasmodia are being used—one after having been passed through 58 hosts, and the other through 38, in both cases without any reduction in the virulence of the infection. Attempts are being made to keep the parasite alive outside the body; so far it has not survived for more than eight hours. The latest report<sup>2</sup> from the Wagner-Jauregg clinic contains an interesting account of the histological findings in the case of a patient treated by malaria who died of intercurrent disease. The authors seek to draw conclusions from the greater infiltration of the temporal lobes as to some extent explaining the occurrence and persistence of the auditory hallucinations mentioned. In general the histological changes in cases which had shown remission under malarial treatment were those of the so-called stationary paralysis of Alzheimer, with an almost complete absence of the changes usually found in progressive general paralysis.

\* These figures are given in a personal letter from Dr. Gerstmann, and differ slightly from those in the *Zeit. f. d. ges. Neur. und Psy.*

The proportion of complete remissions (38 per cent.) is high for general paralysis, but it is certain that with cases treated at an earlier stage than many of those included in the Vienna figures this percentage would be much higher. Professor Wagner-Jauregg<sup>5</sup> goes so far as to say that in cases of short duration entire success can be predicted with almost absolute certainty. Whether this be justified or not can only be determined by a widespread trial of the method.

## REFERENCES.

- <sup>1</sup> Pilez: *Lancet*, January 6th, 1923. <sup>2</sup> Gerstmann: *Zeit. f. d. ges. Neur. und Psy.*, LXXXI, 1923. <sup>3</sup> Stoddart: *Mind and its Disorders*, 1919. <sup>4</sup> Gerstmann: *Zeit. f. d. ges. Neur. und Psy.*, LXXIV, 1922. <sup>5</sup> Wagner-Jauregg: *Ars Medici*, Vol. i, No. 1, 1923.

## Memoranda:

### MEDICAL, SURGICAL, OBSTETRICAL.

#### A SMALL EPIDEMIC OF PLAGUE.

THE epidemic here reported occurred on an India-going vessel. It began on March 7th, 1922, nine days after the ship left Karachi, the last port of call. There were six cases, all among the lascar crew of the ship; no Europeans were affected.

*Case 1.*—A Goanese steward, aged 32, was taken ill on March 5th, 1922; he was first seen on the morning of March 7th. He complained of intense pain in the small of his back, with severe frontal headache, and had vomited twice during the night. His temperature was 103°, his pulse rate 120. His temperature rose the same night to 104.2°, and he became slightly delirious. There were no physical signs in the chest or abdomen. Towards evening vomiting became incessant. Next day the patient's general condition somewhat improved, but vomiting was still incessant. On examination an exquisitely tender small bubo was found in the left groin. The diagnosis of plague was made on discovery of this bubo. Towards evening the patient became markedly worse, and was delirious at intervals. He continued so until death occurred on the afternoon of the following day.

*Case 2.*—A native sailor, aged 32, first seen on March 15th, had a large bubo, which was hard and somewhat tender, in the left groin. The constitutional disturbances were very slight; fever was absent, the pulse rate 90. Next day his temperature rose to 100°, and the patient showed some degree of lethargy. Without his condition apparently altering he died suddenly soon after midnight.

*Case 3.*—A native sailor, aged 35, was seen first on March 15th, but had apparently been ill for two days before. He was obviously very ill when first seen, with a temperature of 103°. There was some enlargement of the inguinal lymphatic glands on both sides, but no tenderness. He died suddenly the same evening.

*Case 4.*—A Goanese steward, aged 37, reported sick on March 19th, just as we were going into port at Port Said. His temperature was 100.8°, his pulse rate 100. There was a small tender bubo in the left axilla. He was sent ashore as a case of suspected bubonic plague and died three days later.

*Case 5.*—A native sailor, aged 35, was taken ill on March 24th, and was first seen on the morning of March 26th. He had a temperature of 104°, pulse rate 124. In his left groin was a large, exquisitely tender bubo. He was seen on the following morning by Dr. Duval, assistant M.O.H. for Dunkirk, who confirmed the diagnosis and supplied serum, which was given daily in doses of 50 c.cm. This was the first supply of serum which we had had. On March 27th the patient was very weak, and in the evening he sank into a low delirium. Next day he was in a typhoidal condition, having a weak irregular pulse, muttering constantly, and taking food and stimulants only with much persuasion. On March 29th he was still in a very collapsed state, and on March 30th the Dunkirk authorities consented to take him into hospital, where he died the following day.

*Case 6.*—This case may have been a virulent pneumonia, but I have added it under the impression that it was really a case of pneumonic plague. The patient, the galley cook, aged 41, was taken ill during the night of March 29th; he was first seen on the morning of March 30th, when his temperature was 104°, his pulse rate 132. He had a slight, often repeated cough, with expectoration of blood-stained sputum; there was marked cyanosis and embarrassment of breathing (respiration rate 42). In the chest there was nothing to be detected, save a few râles at the bases of both lungs. The temperature continued to rise to 106°; by evening the patient became worse, and died at two o'clock the following morning.

The origin of the outbreak was not traced; very few rats, dead or alive, were seen on the ship, and even after fumigation with sulphur dioxide at Dunkirk only about half a dozen rats were discovered. If the infection were from man to man, which is said by the Royal Commission on Plague to occur only in 3 per cent. of cases, the first patient had a much longer incubation period than usual, as he had not been ashore for thirteen days previously (in Karachi), whereas the usual incubation period is said to be from two to five days.

No serum nor vaccine could be obtained until Dunkirk was reached. The well known iodine treatment (2 minims of tincture of iodine every two hours) was tried in the first five cases without any success, but obviously the numbers are too small to justify any conclusions being drawn. Apart from this treatment, and the injection of half a drachm of tincture of iodine into the buboes in two cases, the treatment was symptomatic. In Case 5, which occurred at Dunkirk, serum was used in doses of 50 c.cm. per diem. The result was difficult to judge, for although the temperature and pulse fell, the bubo did not diminish in size, the patient's general condition was little better, and he ultimately died.

At Dunkirk each member of the crew was given 10 c.cm. of serum, which is said to act as a prophylactic for twelve days, and at a later date (when the vessel arrived in England) a further dose of 1 c.cm. of vaccin anti-pestueux was given. After the complete inoculation of the crew, no further cases of plague occurred.

Liverpool.

E. NOBLE CHAMBERLAIN, M.B., Ch.B.

### THE TREATMENT OF PNEUMONIA.

THE treatment of pneumonia by Dr. Wynn of Birmingham with pneumococcal vaccines, as related by Dr. Newell in the issue of the *BRITISH MEDICAL JOURNAL* for April 21st (p. 676), gives such splendid results that it will be obviously the duty of general practitioners to test the validity of the conclusions, since the ordinary treatment of this disease by drugs, etc., is very disappointing. It is not an over-estimate to state that, in the case of adults, there is one death in every four or five patients attacked by the disease. As the last four cases of pneumonia that I had occasion to treat all recovered, I am tempted to state the treatment adopted.

The youngest was a woman aged 38 with double pneumonia; the oldest was a man of 70; the other two were about 60. Alcohol was used freely in all cases, and the patients were allowed to take whisky and soda-water whenever they desired it. It was left to the patients to take it or leave it according to their own inclination. Digitalis was given in sufficient quantity to reduce the pulse rate from 120 to 100; 1 grain of quinine was administered every two hours with the suitable dose of digitalis, preferably in pill form. If the temperature was 104° F. 1 or 2 grains of antifebrin were added to the pill, for a high temperature, in my opinion, has an exhausting effect on the heart. Opium gr. 1/4 was given to soothe the cough and the patient. The prescription was therefore as follows:

R. Quinine	...	...	...	...	gr. 1
P. digitalis	...	...	...	...	gr. 1/2 or 1
Antifebrin	...	...	...	...	gr. 1 or 2
P. opio	...	...	...	...	gr. 1/4
Ft. pil. 1 or pulv. 1. Sig.: One to be taken every two, three, or four hours, according to circumstances.					

The quantity of digitalis and antifebrin is determined by the pulse rate or the rise of the temperature. On these lines we protect the heart, and the results are excellent.

Rothsay.

JOHN T. MACLACHLAN, M.D.

### UPPER CANINE TOOTH IN ANTRUM OF HIGHMORE.

ABOUT eleven months ago a lady aged 59 began to have discomfort in the region of the right upper canine tooth. She had lost all her other upper teeth, but said that this one had never come through.

In February last, as the pain increased, an x-ray photograph was taken by Dr. Anstey Chave, and showed the tooth lying very obliquely and pointing rather more towards the mid-line than downwards. The gum was lanced on several occasions by Mr. Bidlake of Reigate, and on May 1st an attempt was made to extract the tooth under gas. The wedge-shaped crown was very difficult to hold with the forceps, and at the third attempt the tooth shot completely out of sight and no sign of it could be felt anywhere. As we thought it had probably entered the right antrum of Highmore, the patient was again x-rayed, and the plate showed the tooth lying loose in the antrum with the crown pointing backwards.

I took her into the Reigate and Redhill Hospital, and under a general anaesthetic, administered by Dr. Whittington, I incised and reflected the mucous membrane in front of the right upper jaw, and found a hole about half an inch in diameter in the anterior wall of the antrum, through which I easily extracted the tooth with a pair of long sinus forceps.

Reigate.

JOHN H. PEGG, M.R.C.S., L.R.C.P.

## Reports of Societies.

### DIATHERMY AND MEDICAL PRACTICE.

A MEETING of the Brighton and Sussex Medico-Chirurgical Society was held on May 3rd, with Mr. A. J. HUTCHISON, President, in the chair, when Dr. H. T. CUBBON read a paper on diathermy in medical practice.

Dr. Cubbon described medical diathermy as the heating through of diseased tissue to a temperature insufficient to destroy the tissue or impair its vitality. The main physiological effects of diathermy were due, he said, to its thermo-penetration. The dilatation of the peripheral vessels, increased perspiration, and elimination of solids in the urine aided in the elimination of toxins. The local effects of heat generated in the tissues were to reduce spasm and increase tension, with consequent relief of pain. The relief of pain was the most valuable property of diathermy. Diathermy was an effective method of supplying a supplementary ration of heat in marasmic diseases of children, in malnutrition associated with stricture of the oesophagus or cancer of the stomach, and in hypothermia following profuse haemorrhage. Owing to its penetrating power diathermy was very useful in the treatment of neuritis, and it was often of service in relieving the symptoms due to high blood pressure, although the effect appeared to be only temporary. Diathermy was effective in the treatment of pain and spasm caused by haemorrhoids which were not due to affections of the liver, heart, or compression of the rectum. It had also been found an effective method in dealing with gonococcal infections of the cervix, and in gonococcal arthritis before structural changes had taken place. Diathermy was an excellent method of relieving the pain and muscular spasm in cases of lumbago and torticollis of recent origin; chronic cases responded better to the constant current. Diathermy was useful in controlling and relieving cases of painful menstruation. Treatment should be given daily for three days before the expected period and in some cases during the period also. Cases of amenorrhoea for which no obvious cause could be found could often be remedied by diathermy applications of low intensity. The treatment should be given for six days before the period was calculated to be due. M. August of Paris had had success in treating cases of abdominal pain in which no other lesions beyond adhesions and inflammation of the omentum were present. Out of 23 cases which he had operated upon, 15 could be considered cured, 4 were more or less well, and 4 had gained no benefit. In coccygodynia, great relief and usually complete cure could be obtained by diathermy. One electrode must be placed in the rectum and the other electrode applied externally over the coccyx. Diathermy would quickly relieve the acute pain of gout, but it had to be administered with caution and combined with treatment for the elimination and neutralization of uric acid, as the patient might suddenly develop severe constitutional symptoms—possibly the result of absorption into the system of the dissolved uric acid in the joint—as the result of the heat applied. Diathermy would be found a useful adjunct to the treatment of infantile paralysis. The temperature of the paralysed limb could be maintained at a normal level by this method and so aid in the restoration of the nutrition of the limb. Until the normal temperature was attained electrical treatment was of little use. Diathermy had likewise been found useful in treating the pain associated with herpetic neuralgia in aged patients. The following maladies were not suitable for this method of treatment, although it might be thought that diathermy would be suitable: chilblains, chilblain circulation and Raynaud's disease—these cases responded better to the constant current; cases of trigeminal neuralgia did not respond well to diathermy, and the treatment of rheumatoid and osteo-arthritis was disappointing.

After remarks by the President, Drs. BROADBENT, BOYLE, NEVILLE COX, LYON SMITH, and STORMONT spoke, and Dr. CUBBON replied.

Dr. Pearson had become well known to a great number of people from the Congo to the Cape. He first went to South Africa during the Boer war, and in 1903 took a position in the Congo as medical officer to the Tanganyika Concessions; later he became chief medical officer to the Union Minière du Haut Katanga. In addition to his ordinary medical work he devoted special attention to enteric fever and to the construction of native compounds, and wrote books on the subjects in conjunction with Dr. Mouchet. Of recent years his opinion as a consultant came to be valued over a very wide area.

His manifold activities carried him into fields outside his profession. Always a keen rifle shot—as a student he captained the Guy's team, and was a member of the Artists' Volunteers—he did much big-game shooting in Africa, but the hunting instinct was gradually supplanted by the wish to observe, his rifle gave place to field-glasses, and for many years past he was never happier than when, armed only for defence, he could watch the movements and habits of the fauna which teemed in his country. He came, too, to feel an ever-growing interest in the problems involved in bringing wild land under cultivation. It was, therefore, no real break in his life (though to some of his friends it seemed otherwise) when eighteen months ago he left the Congo and settled on a large farm which he bought in South Rhodesia, retaining only a consultative connexion with the Union Minière.

He was a man out of the ordinary, as this short record of his life shows. Of great height and powerful muscle, he had an almost feminine gentleness about him. His manner, though quiet and unassuming, was never allowed to mask the determination behind it, or to interfere with his quickness of decision and action. He was honest in mind and deed, and had no great patience with those whose methods are shifty. Perhaps it was this trait which made him prefer the more natural conditions of life which he found in Africa. Not that he was himself simple; he had an almost unerring insight into human character and motives, but he was happy among simple surroundings, and, with no great ambition for personal advancement in position or means, he found satisfaction in giving his best to that which came to hand each day. This gained him friends in plenty, and there are many who found that to see him was to trust him, and to know him was to love him.

He was born in 1876 at Cheltenham, and was educated at Berkhamsted School, and graduated M.B., B.S. Lond., with honours in medicine, in 1906. In 1911 he married Miss Horwood, of Tunstall, Suffolk, and leaves three children.

Dr. HENRY WILLEY, whose death on May 16th is announced at the age of 84, was in practice for some twenty-five years near Beckenham, Kent, and for many of those years was the trusted doctor of Charles Darwin, who was living at Down, near Beckenham. Dr. Willey, who received his medical education at King's College, graduated M.B. Lond. in 1864, and became a Fellow of the Royal College of Surgeons of England in the same year. After a most successful career in practice, he retired to Reigate. He is survived by his widow, a son, and three daughters.

## Universities and Colleges.

### UNIVERSITY OF LONDON.

Dr. JAMES CALVERT has been appointed to represent the University of London at the ninth annual conference on the Prevention of Tuberculosis to be held at Birmingham on July 12th and 13th.

Dr. James Fawcett has been reappointed the representative of the University on the council of the Lister Institute of Preventive Medicine for the period 1923-33.

### ROYAL COLLEGE OF SURGEONS OF EDINBURGH.

The following 22 successful candidates out of 41 entered, having passed the requisite examinations, have been admitted Fellows:

B. V. Abhyankar, F. G. Beatty, I. J. Block, S. Bolton, Surgeon Commander H. F. Briggs, R.N., C. C. Bryan, A. F. Cowan, U. N. Das, G. C. Dixon, N. McO. Dott, J. Dunlop, R. S. A. Graham, J. B. Hance, F. C. Hutchison, J. F. Jefferies, C. E. McQuade, A. G. Ord, D. S. Pracy, Major A. H. Proctor, I.M.S., J. E. H. Rousseau, W. O. Stevenson, A. Watson.

The Bathgate Memorial Prize, consisting of bronze medal and set of books, was, after a competitive examination in *Materia Medica*,

awarded to Mr. D. B. Craig, and the Ivion Macadam Memorial Prize in Chemistry, consisting of bronze medal and set of books, was awarded, after competitive examination, to Mr. H. W. Bambridge.

### CONJOINT BOARD IN SCOTLAND.

The following candidates have been approved at the examination indicated:

D.P.H.—J. M. Blair, J. A. C. Guy, G. L. Johnston, Elizabeth C. Loudon, P. MacCallum, P. J. McDiarmid, D. O. Macdonald, K. D. Murchison, G. F. B. Page, A. G. Petrie, Ruth J. D. Ritchie, Marion Smellie, G. D. Steven, Marjorie Thomson, Ruby Thomson, P. Vieyra, W. H. Wallace, Enid A. Williams. *Part I:* Marion B. Armstrong, Catherine McL. Buchanan, Helen Campbell, W. Campbell, A. C. Dewar, Katrine Dunn, Margaret A. Galbraith, J. S. McL. Gray, Katharine J. Guthrie, J. L. Halliday, Mary N. Hendry, Catherine Hill, A. R. Lester, W. McKie, Peggy L. Mitchell, J. T. Moffat, G. W. Murray, D. T. Richardson, R. G. Shaw, C. M. Smith, Elizabeth N. Thomson, Sarah B. H. Walker, R. H. Williamson. *Part II:* G. Buchanan, J. G. Tait.

## Medical News.

A LETTER protesting against the false hopes raised by certain persons who make extravagant assertions that wireless is capable not only of relieving but in some cases of actually curing deafness has been issued by persons interested in the education and treatment of the deaf. It is signed by Lord Charnwood, president of the National College of Teachers of the Deaf, Mr. Richard Lake, F.R.C.S., Sir William Milligan, M.D., and Mr. Macleod Yearsley, F.R.C.S. The letter states that at present there are no indications that wireless is likely to be a cure for real deafness, though it may yet be proved that permanent improvement attends its systematic use in hard-of-hearing cases. Until systematic experiments have been conducted and trustworthy evidence is forthcoming that certain types of deafness can be alleviated by wireless, the recent reports of improvements must, the signatories consider, be disregarded; they add that the need for investigation is obvious.

THE Sharpey physiological scholarship tenable at University College, London, is vacant. Applications must be received by the Secretary of the College not later than June 23rd next. The value of the scholarship is £200; it is tenable for one year but is renewable; the scholar will be a member of the academic staff of the College, and will work in the department of physiology under the direction of Professor A. V. Hill, F.R.S., the newly appointed professor of physiology.

THE Dean and Professors of the Madrid Faculty of Medicine have recently paid a visit to the Paris Faculty of Medicine. On May 1st, the dean, Professor Recasens, gave an address on the new applications of radiotherapy in gynaecology, and Professor Cardenal discussed the treatment of acute diffuse peritonitis. On May 2nd Professor Aguilar dealt with general infections of dental origin and Professor Goyanes lectured on vascular surgery. On May 3rd Professor Hernandez gave an address at the Hôtel Dieu on the action of certain drugs on the secretion of gastric juice.

THE United Services Fund has erected a hospital on a site near Ascot for cases of surgical tuberculosis among children of ex-service men. The building provides accommodation for 150 patients in three wards, for babies, girls, and boys respectively. The hospital, which will be known as the Heatherwood Hospital, will be opened by Field-Marshal Earl Haig on Tuesday next, May 29th, at 3.30 p.m.

THE annual dinner of the Harveian Society of London will be held at the Connaught Rooms on Thursday, June 14th. Particulars can be obtained from the Honorary Secretary of the Society, Dr. W. E. Falconar, 40, Cleveland Square, W.2.

AT the annual meeting of the Röntgen Society, to be held on Tuesday, June 5th, at 8.15 p.m., in the Institution of Electrical Engineers, Savoy Place, Victoria Embankment, Sir Oliver Lodge will be proposed for election as president, in succession to Sir Humphry Rolleston; papers will be read by Professor Sidney Russ, D.Sc., on the effects of  $x$  rays of different wave-lengths on animal tissue, and by Mr. T. Thorne Baker, F.I.C., on the establishment of a definite relationship between exposure and density in an  $x$ -ray plate.

IN the BRITISH MEDICAL JOURNAL for February 24th a review was published under the title "The Virtues of Sea Water," of a book by Dr. J. Jarricot. Drs. George Burford, Dorothea Tudor, and L. A. Clutterbuck write to state that there exists in London, at 225, Euston Road, a sea-water dispensary which is a direct offshoot of and is conducted on precisely the same lines as the Dispensaire Marin founded in Paris by M. Quinton. The treatment is carried out by subcutaneous injections of sea water rendered sterile and isotonic; the members of the honorary medical staff will be pleased to demonstrate the methods employed to members of the medical profession.

THE Home Secretary has, by a regulation dated May 16th, revoked No. 1 of the Dangerous Drugs Regulations, 1922 (S.R. and O. 1922, No. 1087), which provides that a prescription for dangerous drugs may not be given for the use of the prescriber himself.

MR. HENRY CURTIS, F.R.C.S., on the occasion of his retirement from practice and resignation as surgeon, has been elected a consulting surgeon to the Metropolitan Hospital, London, E.8.

A DEPUTATION consisting of representatives of the British Medical Association, the Society of Medical Officers of Health, the National Association for the Prevention of Infant Mortality, the National League for Health, Maternity, and Child Welfare, the National Baby Week Council, the Association of Infant Welfare and Maternity Centres and its London Federation, the National Society of Day Nurseries, the Central Council for Infant and Child Welfare, the Central Committee for the Care of Cripples, the National Health Society, and the National Housing and Town Planning Association, was received on May 14th by Lord Onslow, on behalf of the Minister of Health. The deputation was introduced by Dr. F. E. Fremantle, M.P., and submitted the views of these societies with regard to the effect of an undue amount of smoke on the child life of this country. Lord Onslow, in reply, said that a bill dealing with the subject was at present being drafted, and he would be glad to have the observations of the societies upon it when it was printed.

DR. T. GERALD GARRY has severed his connexion with the Czecho-Slovakian spa, Pistaný.

THE second congress of French-speaking pediatricists will be held in Brussels in September, 1923, under the presidency of Dr. Pechère. The subjects to be discussed are pneumococcal infections in childhood, the diagnosis and treatment of intestinal obstruction, and the treatment of abnormal children.

## Letters, Notes, and Answers.

As, owing to printing difficulties, the JOURNAL must be sent to press earlier than hitherto, it is essential that communications intended for the current issue should be received by the first post on Tuesday, and lengthy documents on Monday.

ORIGINAL ARTICLES and LETTERS forwarded for publication are understood to be offered to the BRITISH MEDICAL JOURNAL alone unless the contrary be stated.

CORRESPONDENTS who wish notice to be taken of their communications should authenticate them with their names—of course not necessarily for publication.

AUTHORS desiring reprints of their articles published in the BRITISH MEDICAL JOURNAL are requested to communicate with the Office, 429, Strand, W.C.2, on receipt of proof.

IN order to avoid delay, it is particularly requested that ALL letters on the editorial business of the JOURNAL be addressed to the Editor at the Office of the JOURNAL.

THE postal address of the BRITISH MEDICAL ASSOCIATION and BRITISH MEDICAL JOURNAL is 429, Strand, London, W.C.2. The telegraphic addresses are:

1. EDITOR of the BRITISH MEDICAL JOURNAL, *Aitiology*, Westrand, London; telephone, 2630, Gerrard.
2. FINANCIAL SECRETARY AND BUSINESS MANAGER (Advertisements, etc.), *Articulatæ*, Westrand, London; telephone, 2630, Gerrard.
3. MEDICAL SECRETARY, *Medisecra*, Westrand, London; telephone, 2630, Gerrard. The address of the Irish Office of the British Medical Association is 16, South Frederick Street, Dublin (telegrams: *Bacillus, Dublin*; telephone, 4737, Dublin), and of the Scottish Office, 6, Rutland Square, Edinburgh (telegrams: *Associate, Edinburgh*; telephone, 4361, Central).

### QUERIES AND ANSWERS.

"M.D." would like to know if any reader has had experience of marked depression caused by tobacco.

#### TOMATOES.

"H." asks why it is sometimes stated that tomatoes should not be given to young children.

\* \* The objection seems to rest chiefly on the risk of intestinal irritation by the pips. The skin also is hard and indigestible, but can easily be peeled off if the tomato is dipped for a moment in boiling water.

#### INCOME TAX.

"A. K." has paid interest for some years on a loan for the purchase of personal effects and inquires what allowance, if any, is due (a) for interest paid, and (b) for past repayments of the amount borrowed.

\* \* a) An allowance and repayment in respect of the three previous years can be claimed on the amount of interest paid

on an advance from a bank—Income Tax Act, 1918, Sec. 36. No allowance can be claimed for other loan interest; "A. K.'s" right to recoup himself for the tax is to deduct income tax from the interest as he pays it. (b) No allowance is due.

#### Car Transaction.

"C. C. M." purchased a car in 1919 for £175 and sold it in 1920 for £200, buying another for £303; he has since bought a "second" car for £650, the £303 car being retained for use when required. If the car purchased for £303 was no better in type and condition than the first car was when "C. C. M." purchased it, he can claim the net cost—£303—£200 = £103—as expenditure incurred in renewing a car in the year 1920. No allowance is yet due for the last car purchased.

"J. M. D.'s" car transactions have been as follows:

1911 bought N. for £50.  
1916 sold N. for £100 and bought second-hand A. for £220; income tax allowance £120.  
1919 sold A. for £76 and bought F. for £250; income tax allowance £174.  
1922 sold F. for £60 and bought H. for £600, and the inspector offers an income tax allowance of £140.

\* \* This case raises a point of some interest, inasmuch as the type and quality of car was reduced and has since been raised again. Obviously if "J. M. D.'s" earlier allowances were restricted—as they rightly were—to the out-of-pocket cost because some portion of the original capital expenditure was not being replaced, that unreplaced value must be allowed for on the last transaction when for the first time it is replaced. Assuming that the H. was not, allowing for the difference in period, a superior car to the N., we are of opinion that the allowance should be as follows:

Gross expenditure, excluding the original car:	£
£220 + £250 + £600	= 1,070
Deduct receipts: £100 + £76 + £60	= 236
Total expenditure (net) on car renewals	834
Allowed on first two renewals: £120 + £174	= 294
	£540

The above shows the matter as a whole; an alternative mode of statement is that the criterion of value to be replaced is £550—not £250—and that to replace that value "J. M. D." now has to spend £600—£60. The inspector's method of calculation is open to attack by *reductio ad absurdum*; suppose "J. M. D." sold his car and for a year used a cycle and hired cars, would the inspector refuse him an allowance altogether for a similar car bought the year after?

### LETTERS, NOTES, ETC.

A CORRECTION.—In the article entitled "A Coroner's Attack on the Panel System," published last week (p. 875), it was stated by inadvertence that Dr. Burges was a member of the Insurance Acts Committee.

#### CUPPING.

DR. W. JOHNSON SMYTH (Bournemouth) writes: I would like to refer those interested in cupping to the BRITISH MEDICAL JOURNAL published September 28th, 1918, wherein my invention for very efficient cupping is explained. Recently I have used a small motor to "run" the machine, leaving both hands of the operator free. The vacuum is well maintained and the cupping most effective. Messrs. Aish and Co., Electricians, Bournemouth, will supply the apparatus.

#### VACANCIES.

NOTIFICATIONS of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 27, 30, 31, 32, and 33 of our advertisement columns, and advertisements as to partnerships, assistantships, and locumtenencies at pages 28 and 29.

A short summary of vacant posts notified in the advertisement columns appears in the *Supplement* at page 215.

### SCALE OF CHARGES FOR ADVERTISEMENTS IN THE BRITISH MEDICAL JOURNAL.

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An average line contains six words.

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