

became erythematous, swollen, and in some cases the inflammation was so acute as to cause an actual discharge of serum.

Latterly, in cases which showed no reaction to human tuberculin, I have tested them with bovine tuberculin or a streptococcal ointment—10 per cent. bovine (T.P., Burroughs Wellcome and Co.), or 5 per cent. streptococcal vaccine, 1 c.cm.=100 million (Parke, Davis), both in vaseline. In thirty-five cases tested with human tuberculin twenty-one showed a positive reaction = 60 per cent. I have tested four cases with bovine tuberculin, three of which had previously been negative to human tuberculin, while the fourth had been positive. The first three were positive to bovine tuberculin, the fourth was negative.

Lastly, I tested four cases with streptococcal ointment, all of which had previously been negative to human tuberculin, but one of which had shown a positive result to bovine tuberculin. One case gave a positive result. Thus by the application of these bacterial toxins locally I have obtained reactions in twenty-five out of thirty-five cases = 71.5 per cent. Of the ten cases in which I obtained no reaction most of them were tested with human tuberculin only, and I have no doubt that if they had also been tested with bovine tuberculin and streptococcal ointment I should have obtained a still higher percentage of positive results.

The reaction appears to be specific—that is, those cases which react to human tuberculin do not react to bovine or streptococci, and vice versa. The reaction is local, only occurring in the patches to which the ointment has been applied, while the other lesions remain unchanged.

Is it possible to make a clinical division between those cases which will react to the specific toxins?

All the cases with one exception which reacted to tuberculin, human or bovine, were chronic in character, mostly of the discoid type showing well marked atrophy; the one exception was of the superficial erythematous type. In this patient the lupus erythematosus was associated with well marked tuberculous cervical adenitis.

Of the three cases reacting to bovine tuberculin, two were of the nodular type with well marked atrophy; the third was an extensive case affecting practically the whole face, with well marked follicular plugging and pitted atrophy. The one case giving a reaction with streptococcal vaccine was of the acute superficial erythematous type. The only other acute case I have had the opportunity of examining since I commenced this investigation was a very acute case which looked as though it might become generalized, the face, chest, hands, and feet being all affected; she, however, developed an irregular temperature accompanied with the physical signs of lobular pneumonia. She was tested with human tuberculin with negative results. It is suggestive that the only case which reacted to streptococci was of the acute superficial erythematous type.

Conclusions.

If lupus erythematosus is a toxi-dermatitis, then we are justified in assuming that the toxin is carried from the infected focus by the blood stream and is fluid in character; therefore one would not expect any special localization. We are all familiar with the fact that the lesions of lupus erythematosus appear more especially in regions which are subject to vasomotor disturbances; therefore it seems to me probable that the inflammatory changes are the results of the local action of bacteria, the localization of the lesions being determined by a condition of capillary instability.

If these results are due to a local sensitization to specific toxins I think we are justified in assuming that the toxin producing the reaction is the same as that which produced the local sensitization of the lesion, and that the causative agent producing the lesion is the same as that to which it reacts.

In thirty-five cases I have shown that over 70 per cent. react to either human or bovine tuberculin, and that 2.8 per cent. react to streptococcal vaccine; also that the clinical type of the cases reacting to tuberculin is different from those reacting to streptococcal vaccine. The recent work of

Dr. Jorgen Schaumann of Stockholm may possibly give the explanation why the histological appearances in lupus erythematosus differ from those of other tuberculous lesions of the skin.

Since completing this paper I have tested the apparently normal skin of a patient suffering from lupus erythematosus in whom I had obtained a reaction with bovine tuberculin. After four daily applications the skin showed a well marked reaction, pointing to the fact that the whole skin was sensitized to a specific toxin. This raises the question whether the sensitization is secondary to the lupus erythematosus or the lupus erythematosus is the result of sensitization from another source.

I hope to make a supplementary communication on this subject in the near future.

Memoranda :

MEDICAL, SURGICAL, OBSTETRICAL.

FATAL HAEMORRHAGE AFTER TRACHEOTOMY.

A MALE child, aged 1 year and 9 months, was admitted to the Shieldhall Fever Hospital, Glasgow, on June 12th, suffering from faucial and laryngeal diphtheria. Respiratory obstruction was very marked, and tracheotomy was performed on the following day. The trachea was entered below the isthmus of the thyroid, and a considerable quantity of diphtherial membrane was evacuated. Some surgical emphysema of the neck and chest followed the operation, but this soon subsided. The tracheotomy tube was removed forty-eight hours after the operation. The process of healing of the wound was perhaps a little slower than usual, but the general condition of the patient remained satisfactory and everything seemed to point to a good result, when, on June 23rd, a sudden and fatal haemorrhage took place. The bleeding was so profuse, and death supervened so quickly, that it was impossible to say at the time where it had come from.

At the *post-mortem* examination the trachea, larynx, the upper part of the oesophagus, the arch of the aorta, and the great vessels passing up in front of the trachea were removed in one mass. On opening the trachea a hole a quarter of an inch in diameter, evidently the result of ulceration, was found on the anterior aspect, about an inch below the tracheotomy wound. This ulcerative process had continued through the entire thickness of the tracheal wall and through the wall of the overlying left common carotid artery, thereby causing the haemorrhage.

From the position of this lesion it looked as though it had been started by pressure of the lower end of the tracheotomy tube while it remained *in situ*. The mucous membrane of the trachea was slightly congested, but all signs of diphtheria had disappeared.

Glasgow,

ROBERT J. PETERS.

PICRIC ACID DERMATITIS.

In his classic textbook of pharmacology (1900) Professor Cushny has written:

"Picric acid is an irritant to the skin and mucous membranes, and in large doses causes vomiting and often anuria and strangury. . . . Violent convulsions occur sometimes, in other cases collapse. . . . An ointment containing it has been applied in some forms of eczema, but it gave rise to poisoning in one of the few cases in which it was employed."

The toxicology of this antiseptic (of the aromatic nitro-benzol series) was therefore stressed twenty-four years ago, but its use to-day appears, if my information be correct, to be pretty general both in hospital and private practice.

It would be interesting to know who first proposed the use of this gaily coloured poison as a dressing, but I sincerely hope it was not a dermatologist. Its therapeutic applications have at any rate been widely promulgated in British medical literature. A *Manual of Surgery* (Rose and Carless, p. 117) advises "that a solution of picric acid (gr. 5 ad oz. i) be applied to the burnt surface . . . which may be left *in situ* for several days," and the excellent

modern *Index of Treatment* by various writers (p. 156) directs that "lint soaked in a saturated solution should be kept applied to the part for some time."

The supposed "pickling" of the tissues produced by picric acid may have given rise to the belief that it is analgesic, but in a case of severe scald, complicated by picric acid dermatitis, which I saw as recently as August 24th, three days after the drug had been applied, the patient, a man of 32, assured me that the pain had greatly increased and continued from the moment of its application.

This is scarcely the place to emphasize its value in this respect, but I have no doubt that "ambrine" is by far the most soothing preparation, both immediately and for repeated dressings (as it does not adhere to moist wound surfaces), that we possess.

Whether picric acid is an efficient means of securing asepsis prior to major surgical procedures must be left to the judgement of the surgeons and bacteriologists, but that it may be a cause of severe suffering in a predisposed person is illustrated by the following case:

Mrs. X has always had a delicate skin, so that blisters have followed a single application of tincture of iodine (B.P.). When recently admitted for carcinoma mammae, she forgot to tell the ward sister of her idiosyncrasy, and the whole side of the chest and axilla was freely painted with a weak solution of picric acid. Even before she went to the theatre she experienced burning and itching, and on the following day there was a very severe vesicular eruption of the whole area, so that "the pain of the operation was as nothing compared with that due to the skin affection." It is of interest to record that the symptoms continued to spread until the whole upper trunk, and arms to the wrists, became involved in a severe papulo-vesicular dermatitis hardly distinguishable from a case of acute eczema.

That such a notable reaction is a rare occurrence I am prepared to admit, but I have seen other cases, and there are occasional examples of it in the literature. In my opinion the evidence is sufficient to justify an earnest plea for the abolition in therapeutics and surgery of a dangerous chemical, for which there are so many less toxic and equally efficient substitutes.

London, W.I.

HENRY C. SEMON, M.D., M.R.C.P.

MELAENA NEONATORUM TREATED BY INJECTIONS OF PATERNAL BLOOD: RECOVERY.

THIS year I have read in the *BRITISH MEDICAL JOURNAL* of two cases of melaena neonatorum treated by injections of paternal blood, so that it may not be out of place to record the following case, which differs somewhat from those reported.

A primipara, who had been in labour for about sixteen hours, was delivered of a healthy female child, weighing 8 lb., at 9 p.m. on May 3rd. Delivery was normal, no instruments were used, but an injection of pituitrin (1/2 c.cm.) was given, followed by another injection of the same amount, after an interval of three hours, when the head was on the perineum. The following day (May 4th) the child passed meconium and was put to the breast every three hours. During the night of the third day she did not sleep well and was restless until 5 a.m.; meconium was passed at 7.30. At 10.15 she vomited a large amount of bright red blood, and again at 10.30. When I saw her she was cold and clammy and the pulse hardly perceptible. I sent for the father and while awaiting his arrival injected 2 oz. of normal saline into one buttock and gave iced sterilized water in sips by the mouth; the child was kept warm by hot-water bottles.

At 12.30 p.m. 5 c.cm. of the father's blood were withdrawn from the median basilic vein and injected deeply into the left buttock. Immediately afterwards the child fell into a peaceful sleep, the colour improved, and she became warm. At 7.15 p.m. she again became restless and there was a copious discharge of bright red blood from the bowel. At 8 o'clock 10 c.cm. of the father's blood were injected; the child again became peaceful, but vomited (coffee ground) at 10 p.m. Sips of albumin water were given and the child slept well. Small quantities of blood were passed from the bowel until the end of the fourth day, after which the motions were tarry and remained so until the end of the sixth day; they became normal on the ninth day. The child was given the breast again on the morning of the fifth day.

The child's weight on the ninth day was 7 lb. 2 oz.; on the sixteenth day 7 lb. 4 oz.; on the twentieth day 7 lb. 6 oz.; on the twenty-third day 7 lb. 8 oz.; and on the twenty-seventh day 7 lb. 10 oz. The child remained well except for some flatulence and slight looseness of the bowels; these soon disappeared.

Some time later I learned that the father had at one time been looked upon as a "bleeder"; a few months previous to the confinement I performed a minor operation on him and found then no signs of excessive bleeding.

Milngavie.

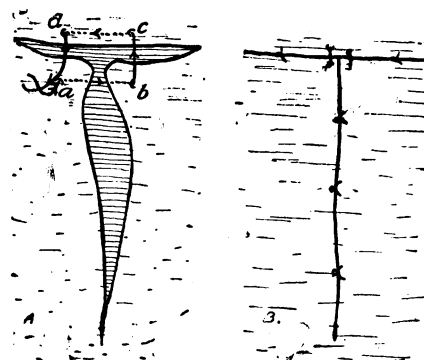
R. J. LESLIE FRASER, M.B., Ch.B.

"T"-SHAPED WOUNDS.

THE following procedure was found useful by me when resident casualty officer at the General Infirmary, Leeds. It is suggested as a ready and simple method of dealing

with the wound resulting from the suturing of a divided tendon.

A "T"-shaped wound is caused by the original cut and the incision necessary in the search for the proximal end. After securing the two ends of the tendon any difficulty in the coaptation of the skin edges is overcome by the use



A, Wound with stitch in position.

B, Wound sutured.

of the stitch here described. The needle, entering at *a*, passes through and emerges at *b*, then passes superficially to *c*, where it re-enters the skin to appear at *d*. Sufficient tension is now used to bring the three edges into accurate apposition, when any further sutures necessary are easily inserted.

Appleby.

A. P. BERTWISTLE, M.B., Ch.B.

Reports of Societies.

TREATMENT OF UTERINE FIBROIDS.

At a meeting of the Brighton and Sussex Medical-Chirurgical Society, held on September 4th, when Dr. E. F. MAYNARD (President) was in the chair, Mrs. LILIAS JEFFRIES, M.D., read a paper on the treatment of uterine fibroids.

After giving in detail the history of a typical case the symptoms and treatment were shortly discussed. The physique of patients with fibroids was often muscular, approaching the masculine type. Common symptoms were: (1) Menorrhagia beginning early, and often with dysmenorrhoea increasing, metrorrhagia, and haemorrhage. Leucorrhoea, sometimes offensive, preceded intermenstrual haemorrhage. (2) Sterility; 30 per cent. of fibroid uteri had never been pregnant; sterility followed by repeated abortions was more common. If diagnosis could be made, myomectomy was the correct treatment. (3) Backache was common, also tenderness when congestion was marked; otherwise it was a symptom of degeneration or infection. Pain due to pressure on the sacral nerves was very common, the patient believing she had sciatica, lumbago, or neuritis. (4) Dysmenorrhoea due to congestion or efforts at extrusion. (5) Bladder symptoms, due to pressure on urethra or bladder. Frequency of micturition was very common, and distension due to retention and cystitis followed. (6) Dyspareunia, due to mechanical obstruction or tenderness of tumour. (7) Rectal symptoms, due to pressure, developed later.

The treatment was as follows: (1) Cases without symptoms must be watched, but needed no treatment. (2) Medical treatment was palliative only, and seldom sufficient eventually. The menopause seldom cured fibroids that had shown symptoms, but atrophy of tumours might occur. (3) Curettage was sometimes sufficient; it was more useful for diagnosis. (4) Myomectomy was the ideal treatment when practicable, especially to cure sterility, and in patients who could not face the loss of the function. (5) X rays might be used by the older Freiburg method, the Erlangen method, or the Bèclère method, or radium treatment given. The treatment was applicable to tumours under four months' pregnancy size if the diagnosis of simple fibroids was certain. Permanent amenorrhoea need not result. (6) Hysterectomy was the commonest end-treatment in 65 per cent. of all cases. The results were satisfactory; it ensured complete removal of the disease, with no possibility of recurrence.

Dr. FRITIOF NORMAN MCFARLANE, who died at King's College Hospital, London, on August 17th, was the son of the late Dr. Sewell McFarlane, who for some years was superintendent of the London Mission Hospital, Tientsin, North China, and was later in charge of the London Medical Mission in Endell Street. Dr. Norman McFarlane, who was born in China in 1896, was brought to England at an early age, and was educated at Croydon, and later at Edinburgh University. He left the medical school in the first year of the war, and served as a lieutenant in the Royal Field Artillery; he rendered distinguished service in Mesopotamia and other Eastern fields of the war. In 1919 he resumed his medical studies at Edinburgh, and graduated M.B., Ch.B. in 1922. He then went to the Radcliffe Infirmary, Oxford, where he held in succession the posts of resident accoucheur, casualty house-surgeon, and house-physician. He was very popular as a student in Edinburgh, and again at Oxford he was respected and admired by those for whom and with whom he worked. A most upright gentleman, a sincere friend, altogether a man of the highest ideals and full of promise in his profession, his country, and Oxford in particular, loses most sadly by his early death.

Dr. WILLIAM AUGUSTUS MAYBURY, who died last month at his residence in Colchester, aged 77, was the son of the late Dr. W. G. Maybury of Frimley, Surrey. He was educated at St. Thomas's Hospital, London. In 1870 he obtained the diploma of M.R.C.S., and in 1871 that of L.S.A.; in this latter year he graduated M.D.R.U.I. After holding resident appointments in St. Thomas's Hospital and Newark Hospital he started practice in Colchester, where he held the appointment of medical officer to the Colchester Union from 1876 until his resignation ten days before his death. He was the borough police surgeon for over forty years, and churchwarden of St. Martin's Church for nearly fifty years. Two of his brothers who died previously were in the medical profession, and two surviving brothers are also medical practitioners.

Dr. RICHARD THOMAS JONES, who died on August 1st at Harlech, was born in 1854 and educated at Owen's College, Manchester, and Guy's Hospital, London. In 1879 he received the diplomas L.R.F.P.S.Glasg. and L.S.A.Lond. From 1879 to 1924 he practised in Harlech and was the medical officer and public vaccinator of the Festiniog Union, medical referee to various insurance companies, lecturer and examiner of the St. John Ambulance Association, and medical officer to the Post Office and the infant welfare clinic. He had been chairman of the South Carnarvon and Merioneth Division of the British Medical Association. For thirty-five years he was a justice of the peace for Merionethshire and chairman of the local bench. He was the first county councillor for Harlech, and took great interest in agriculture. He was latterly in partnership with his youngest son.

Dr. VERNON FRANCIS ALLEN died on August 30th in a nursing home in Swaffham, Norfolk, at the age of 58. He was educated at Queen's College, Cork, and Edinburgh University, and in 1891 received the diplomas of L.R.C.P., L.R.C.S.Édin., and L.R.F.P.S.Glasg. He was surgeon to the Swaffham Cottage Hospital and medical officer and public vaccinator for the district. He was a member of the urban council from 1898 to 1910, and a prominent member of the Swaffham and other coursing clubs. He was injured in a motor accident a few months ago and had since been unable to continue his practice. He leaves a widow, a daughter, and a son.

Dr. HENRY CRAIG WALLACE was killed on September 6th in a collision between his motor bicycle and a motor van at Rawdon, near Bradford. He was educated at Glasgow, where he graduated as M.B., Ch.B. in October, 1923. He was in practice at Rawdon, acting as assistant to Dr. H. B. Sproat, and was a member of the British Medical Association.

The well known surgeon, Professor EDOARDO BASSINI of Padua died recently, at the age of 80.

Medical News.

ON September 13th the Duke of Connaught opened the new open-air ward of the War Memorial Children's Hospital at Swanage. This hospital was founded in 1919 by the Dorset Red Cross Society for children under 12 years, the children of Dorset ex-service men receiving priority. The new ward, which cost about £1,000, accommodates children with surgical tuberculosis. The Duke of Connaught, in his speech, referred to the gratifying fact that the hospital was entirely free from debt, and paid special tribute to the voluntary work of the medical staff and to the help given in the education of the children in hospital by the members of the county Voluntary Aid Detachment.

The prizes at St. George's Hospital Medical School will be distributed on Wednesday, October 1st, at 3 p.m., by Sir Isambard Owen, M.D., who will also preside at the annual school dinner at the Hotel Metropole on the same evening.

A THREE months' course of lectures and demonstrations in hospital administration, complying with the revised regulations of the General Medical Council, will be given at the North-Western Hospital by Dr. E. W. Goodall, Medical Superintendent, beginning on Thursday, October 2nd. Full particulars can be obtained from the Clerk to the Metropolitan Asylums Board, Victoria Embankment, E.C.4.

A COURSE in mental diseases for secretaries of associations for mental welfare and other experienced social workers will be given at the Maudsley Hospital by the Medical Superintendent, Dr. Edward Mapother, beginning on October 27th. The course has been arranged by the Central Association for Mental Welfare. Full particulars can be obtained from its honorary secretary, Miss Evelyn Fox, at 24, Buckingham Palace Road, London, S.W.1.

A COURSE of lectures on infant care, for health visitors and others interested in like work, has been arranged by the National Association for the Prevention of Infant Mortality. The lecturers are Dr. Eric Pritchard and Dr. H. C. Cameron. The lectures will be given on Mondays from 6 to 7 p.m., beginning on September 29th. The same association has arranged a course of elementary lectures for crèche nurses and probationers by Dr. Lina Potter; the first will be given on October 2nd. Both courses will be given at Carnegie House, 117, Piccadilly, London, W.1; full particulars can be obtained from the association mentioned at this address.

AN intensive course in general medicine and surgery, and in the various special departments at the Westminster Hospital, begins on Monday, September 22nd, at 10.30 a.m. The second week, advertised to begin on the 22nd inst., of the special course in infants' diseases, is no longer open for new entries, as the Infants Hospital has already received the full number of entrants. The third week of the course in ophthalmology at the Royal Westminster Ophthalmic Hospital, Charing Cross, commencing on September 22nd, includes clinical instruction every afternoon at 2 o'clock, and special demonstrations three times a week. A course of lecture demonstrations in psychological medicine begins at the Bethlem Royal Hospital on September 30th; they will be given at 11 a.m. each Tuesday and Saturday. Full particulars and syllabuses of these courses may be obtained from the secretary of the Fellowship of Medicine, 1, Wimpole Street, W.1.

THE second dinner of the Queen's University (Belfast) Club, London, will be held in the Hotel Belgravia, Grosvenor Gardens, S.W. (opposite Victoria Station), on Thursday, October 9th, at 8 p.m. It will be open to members and to Queen's students and graduates desirous of becoming members. The charge for the dinner will be collected on the occasion. Those intending to be present are requested to notify, not later than October 6th, the honorary secretaries at 17, Wimpole Street, W.1. The annual meeting will be held before the dinner (7.15).

A CONFERENCE on how to reduce the maternal mortality rate by the co-operation of all the health services concerned will be held at the Royal Society of Arts, Adelphi, on October 6th. The chair will be taken by Dr. Fairbairn at 5.30 p.m. Among the speakers will be Mr. Aleck W. Bourne, F.R.C.S., who will deal with ante-natal care, Dr. J. W. Wayte, whose subject will be the general practitioner and the midwife, Dr. E. F. Palgrave, who will speak on the local supervising authority, and Mr. E. W. G. Masterman, F.R.C.S., who will discuss the provision for expectant and lying-in mothers under the Poor Law. Mrs. Bruce Richmond and Miss Liddiard will also take part in the discussion.

THE Society of Public Analysts will hold its first meeting for the session in the rooms of the Chemical Society, Burlington House, on Wednesday, October 1st, at 8 p.m.

THE jubilee of the Yorkshire College and the coming of age of its successor, the University of Leeds, is to be celebrated during December. It is expected that delegates of other universities and of learned societies will attend and will present congratulatory addresses on Tuesday, December 16th.

THE Sir Malcolm Morris Memorial Fund now amounts to £476. Among recent subscribers are Professor Winifred Cullis, D.Sc., the Girls' Boarding School Company, the National Association for the Prevention of Tuberculosis, Sir Herbert Thompson, Mrs. Catherine Thursby, and Dr. Bertram Watson. Further subscriptions may be sent to the Honorary Treasurers, "Sir Malcolm Morris Memorial Fund," 12, Stratford Place, London, W.1.

IT is stated by the *Liverpool Daily Post* that a movement has been started in Liverpool to establish a hospital for diseases of the heart.

AN inquest on the body of a child named Nellie Burnham, aged 10, who died on August 10th, was concluded on September 12th at Gloucester. Dr. W. R. Hadwen, who attended the child between August 1st and 9th, stated in the course of his evidence that there was no clinical symptom or sign of diphtheria in the deceased from first to last. Dr. E. S. Ellis, who was called in on August 9th, diagnosed the case as one of diphtheria and pneumonia. Dr. W. Washbourn, who made a post-mortem examination in the presence of Dr. J. A. Bell (Deputy Coroner) on August 12th, described the pathological findings and expressed the opinion that death was due to diphtheria and pneumonia. The jury, after a retirement of three-quarters of an hour, handed in a written verdict, which the foreman said was the verdict of nine of the twelve jurymen, that "the child died from diphtheria and pneumonia, and that Dr. Hadwen failed to show competent skill and special attention, in consequence of which failure the child died." The City Coroner (Mr. G. T. Wellington) said that this in law was a verdict of manslaughter and committed Dr. Hadwen to take his trial at the next assizes; bail was allowed. On September 13th Dr. Hadwen was charged before the Gloucester City Bench of magistrates (of which he is a member) with manslaughter. The proceedings were formal, and on the application of the police he was remanded until September 19th, bail being allowed.

A SUM of 55,000 francs has been received by the Brussels University Library from the Professor Léon Stiénon Commemoration Fund. The income will be devoted to the purchase of the principal medical periodicals.

ON September 1st a monument was unveiled at Charlton, Massachusetts, in memory of Dr. W. T. G. Morton, who, on October 16th, 1846, first publicly administered ether for a surgical operation at the Massachusetts General Hospital.

THE fourth international congress for combating the use of tobacco was held at Graz in July, when papers were read on damage to women's health by smoking (by Dr. R. Hofstätter of Vienna), on women and the vice of smoking (by Professor M. Hartmann of Leipzig), and on tobacco and weakness of will (by Professor Hamburger of Graz). Professor Pollard and Dr. Reuter of Graz, who read papers on syphilis and smoking, and damage to the heart and vessels by tobacco, stated that the bad effects of tobacco were much greater than was supposed, especially as it was often associated with alcoholism and syphilis.

MESSRS. H. K. LEWIS announce for early publication a *Synopsis of Special Subjects: Dermatology*, by Dr. H. Semon; *Obstetrics and Gynaecology*, by Mr. M. Donaldson, F.R.C.S.; *Ear, Nose and Throat*, by Mr. A. Ryland, F.R.C.S.; and *Eye*, by Mr. J. F. Cunningham, F.R.C.S.

THE twenty-fourth congress of the French Association of Urology will be held in Paris at the Faculty of Medicine on October 8th, and the next congress of the Society of Orthopaedics on October 10th in the same place.

THE August number of *La Chirurgia degli Organi di Movimento* contains a sympathetic memoir by Professor V. Putti of Bologna of Dr. R. W. Lovett, Professor of Orthopaedic Surgery at Harvard, who died at Liverpool on July 2nd, and of whom we published a biography in our issue of July 12th. Professor Putti appends to his memoir a bibliography of Professor Lovett's principal works.

MESSRS. WILLIAM HEINEMANN (Medical Books), Ltd., will shortly publish a volume on *Ultra-violet Rays in the Treatment and Cure of Disease* by Mr. Percy Hall, M.R.C.S., L.R.C.P., with introductions by Sir Henry Gauvain, M.D., and Dr. Leonard E. Hill, F.R.S.

THE late Mr. Albert George Keen of Edgbaston left £2,000 to the Birmingham and Midland Free Hospital for Sick Children; £1,000 to the Convalescent Hospital for Children, Moseley Hall; and £1,000 to the Convalescent Home for Children, Bromsgrove.

JAPAN, which had no medical women thirty years ago, has now more than 1,200 qualified women. The Tokyo Medical College for girls, which was established in 1889, admits about 130 students annually.

Letters, Notes, and Answers.

ORIGINAL ARTICLES and LETTERS forwarded for publication are understood to be offered to the BRITISH MEDICAL JOURNAL alone unless the contrary be stated. Authors desiring reprints of their articles published in the BRITISH MEDICAL JOURNAL are requested to communicate with the Financial Secretary and Business Manager, 429, Strand, W.C.2, on receipt of proof.

Communications intended for the current issue should be posted so as to arrive by the first post on Monday or at latest be received not later than Tuesday morning.

ALL communications with reference to advertisements as well as orders for copies of the JOURNAL should be addressed to the Financial Secretary and Business Manager, 429, Strand, London, W.C.2. Attention to this request will avoid delay. Communications with reference to editorial business should be addressed to the Editor, BRITISH MEDICAL JOURNAL, 429, Strand, W.C.2.

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

THE telephone number of the BRITISH MEDICAL ASSOCIATION and BRITISH MEDICAL JOURNAL is Gerrard 2630 (Internal Exchange). The telegraphic addresses are:

EDITOR of the BRITISH MEDICAL JOURNAL, *Aitology Westrand, London.*

FINANCIAL SECRETARY AND BUSINESS MANAGER (Advertisements, etc.), *Articulate Westrand, London.*

MEDICAL SECRETARY, *Medisera Westrand, London.*

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.

"K." asks for advice in the treatment of an obstinate case of lupus erythematosus in a married woman, aged 30, with two children. She menstruates about once every three months, but her general health is otherwise good, except that she is slightly neurasthenic. "K." has tried calcium lactate, soothing applications, and the measures usually advocated.

EXTRAGENITAL SYPHILIS.

"B. K."—(1) Theoretically it may be considered possible that the disease might be transmitted by a patient with syphilis of the throat coughing into the face of another, but it is unlikely. Patients sometimes imagine they have been infected in this way, but there is no definite evidence that syphilis can be spread by coughing. (2) It is, again, theoretically possible that a flea which had bitten a patient through a syphilitic secondary papule and had immediately bitten another person could carry infection. So far as we can ascertain there is no evidence that this has ever occurred, and the eventuality need not be considered as a practical question. (3) It is true that any small abrasion of the skin, even though unsuspected, may furnish a surface for inoculation, but the reported cases amongst medical men have all been examples of infection of a cut or puncture.

BATTERY FOR IONIZATION.

DR. W. BLACK JONES (Builth Wells) writes: In reply to "Auris," the General Electric Company, Ltd., supply a Leclanché cell which has given me satisfaction for some years. I recommend the Carsak pattern, quart size. The zinc element is a semi-circular plate, but I prefer to replace it by two zinc rods: the advantage is that if one terminal is corroded the other rod keeps the cell going; they are also easier to remove. Sal-ammoniac pellets should be used. After the battery has been charged it is only necessary to add about six, two or three times a year.

INCOME TAX.

Succession to Partnership.

"W. B." has recently succeeded to the whole practice, and his liability for the first subsequent year is being settled on the basis of the income of that year in place of the three years' average. The inspector claims that the income should be calculated on the basis of gross bookings, less 5 per cent.

"W. B." does not say whether the amount of cash receipts he mentions includes those resulting from his former partner's share of the practice. Probably it does not; if, however, it does include those receipts, we consider that he can reasonably claim to have his liability assessed on that (gross) amount, or alternatively to rely on the figures as showing that the 5 per cent. for bad debts is altogether insufficient, adducing as proof the wide divergence between the bookings and receipts of the year in question. It must be admitted, however, that for such a purpose as the displacement of the three years' average after succession the gross bookings, less allowance for bad debts, give the correct basis; but 5 per cent. may be inadequate for that allowance; on this point "W. B." can no doubt produce some evidence from the records of bookings and receipts for previous years.