

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

POISONING BY IVY.

A BOY, aged 3½ years, was, according to his mother, taken ill on June 20th at midday. I saw him two and a half hours later. He was then in a condition of mild delirium, which alternated with stupor. He never completely lost consciousness, and could be roused when he relapsed. During the delirious stage clonic convulsions would come on, and he screamed and cried. No tetanic spasms were observed. He could not stand. He had visionary hallucinations that bulls were chasing him and rats and beetles crawling over him; they lasted for many hours. An intense scarlatiniform rash, most marked on the legs, face, and back, was present. There was no vomiting or purging. The pulse was rapid, but full and bounding, becoming weaker later. The pupils were widely dilated. The temperature was raised.

Emetics were given, but failed to act, and the stomach was washed out. Nothing appeared to be of assistance in coming to an accurate conclusion as to the nature of the poison. I strongly suspected that he had eaten some poisonous substance despite his mother's emphatic declaration to the contrary. Afterwards he was given a stiff dose of castor oil, which was retained, but did not act until some hours later.

The symptoms abated after the wash out, and in about three hours he was fairly well. When the bowels acted the cause was discovered—namely, ivy leaves. He had eaten a considerable quantity of these. Next morning he confessed to having eaten the ivy leaves, and a boy who was with him corroborated. The ivy was the common climbing variety.

There are several interesting features about this case. Glaister in his *Medical Jurisprudence and Toxicology* (1915) does not mention ivy as a poisonous plant. I am well aware that the American variety of poison ivy (*Rhus toxicodendron*) may cause dermatitis venenata, an example of which I saw last year from this plant; but in the present case this plant was not the one at fault. Another name under which this particular plant masquerades is *Ampelopsis hoggi*. The variety of ivy which was the cause of all the trouble was the ordinary common ivy, which can be seen climbing on any wall. Another point was the close resemblance which the symptoms showed to belladonna poisoning—namely, the irritation of the central nervous system followed by depression, the widely dilated pupils, and the scarlet rash. The distinguishing point was the absence of dryness of the mouth and throat which invariably follows poisoning by belladonna. In view of the fact that *Rhus toxicodendron* may cause a skin rash it is interesting to note the presence of a rash in the case.

Ileanor.

P. H. J. TURTON, M.B. Edin.

TRANSIENT GLYCOSURIA FOLLOWING SCORPION STING.

THIS note is published with a view to ascertaining whether similar observations have been made in other countries where stings of such a toxic nature are encountered. Scorpions abound in Trinidad, and it is frequently necessary to treat patients who have been subjected to their venomous sting. Two varieties of scorpion are found—the "small brown," which is harmless, and the "large black," which is extremely toxic and dangerous to adults and children. The symptoms develop about half an hour to an hour after the sting, showing that the toxin takes some time to develop its action. The earliest symptom is dyspnoea, associated with muscular contractions. The patient passes later into a state of extreme shock with cold, clammy sweats, profuse vomiting of a frothy nature, a slow, thin pulse, and a subnormal temperature. This critical period lasts for about three hours, and the patient then improves gradually and has apparently quite recovered twenty-four hours afterwards. Death rarely ensues. Fits of an epileptiform nature sometimes occur, and are apparently due to the toxin. Albuminuria is generally absent. In twelve

out of fourteen cases investigated a transient glycosuria developed and lasted from two to five days. In some the percentage of glucose present was high, ranging according to the severity of the symptoms. In no instance was a special diet enforced. The following three cases illustrate these points.

1. A girl, aged 10, was stung on the leg at 8 a.m. An hour later there were no symptoms, and a specimen of urine contained no glucose. She was admitted to hospital at 9.30. At 11.30 the patient complained of pain in the chest, with copious salivation and sweating; by 6 p.m. she had quite recovered. The following morning glucose was present to the amount of 0.64 per cent., the specific gravity of the urine being 1008. The next day 0.55 per cent. of glucose was present, and the specific gravity was 1020. On the following day 0.42 per cent. glucose was present, the specific gravity being unaltered. The glucose percentage fell to 0.21 a day later, the specific gravity being 1016; on the following day it was 0.19, without change in the specific gravity; and on the next day glucose was absent, the specific gravity of the urine being 1008.

2. A female, aged 18, was stung on the left foot at 10 a.m., and at 2.45 p.m. the urine contained 0.31 per cent. glucose, the specific gravity being 1018. She was admitted to hospital at this time with vomiting and epigastric pain, profuse salivation, and collapse. An intravenous injection of 5 c.cm. of 1 in 10,000 potassium permanganate solution was given; improvement began in an hour and a half, and by 9 p.m. the patient had quite recovered. On the following morning 0.41 per cent. of glucose was present in the urine, the specific gravity being 1010. The next day the glucose percentage fell to 0.3, the specific gravity being 1012, and on the third day glucose was absent, the specific gravity being 1010.

3. A female, aged 20, was stung on the leg at 10.30 a.m., and admitted to hospital at 2 p.m. in a collapsed condition, with profuse vomiting and muscular pain. Two hours later a specimen of urine contained 0.24 per cent. glucose, the specific gravity being 1010. At 4.30 an intravenous injection of 10 c.cm. of 1 in 10,000 potassium permanganate solution was given; this was followed by improvement within an hour, and the patient had completely recovered at 9 p.m. On the following day glucose was absent from the urine, the specific gravity being 1008.

In the three cases glucose continued present after intravenous injection of potassium permanganate, showing that the injection did not affect the glycosuria, though I think it had some influence on the acute symptoms. My observations were confirmed by some of my colleagues.

I am indebted to Mr. Sweyn Skinner, junior chemist of the St. Madeleine Sugar Co., Ltd., for verifying my calculations with regard to the percentage of glucose present.

H. E. KING FRETZ, F.R.C.S. Edin.

San Fernando, Trinidad.

INJURY DUE TO LIGHTNING STRIKING A WIRELESS AERIAL.

THIS form of trauma seems sufficiently novel to be worthy of record.

On the night of July 27th I was called to see a young woman who was said to have been struck by lightning. Over the right hip she had a large bruise about six inches in diameter, with a central area of scorching. She was also suffering from a mild degree of shock. Her clothes were quite uninjured. At the time of the accident she had been standing close to the "lead in" of the wireless aerial. This had completely fused, and it seemed to be the flash from the fusing wire which had done the damage. She described it as seeming as though the whole of her right side had caught fire.

Considerable damage had been done to the window frame at the point where the wire entered the house, and bricks had been dislodged from the wall—this although the aerial was "earthed" by a switch inside the house. Apparently this common form of protection against lightning risks is useless.

The aerial, which was of seven-strand copper wire, was fused in several places.

Norbury, S.W.

W. EDWARDS, M.B. Cantab.

SALICYLIC ACID IN EPITHELIAL PROLIFERATION.

A SOLUTION of salicylic acid in collodion has long been a popular remedy for corns. A similar solution has been found useful in the treatment of moles, warts, especially flat pigmented warts, and other epithelial growths. I have used a 20 per cent. solution. It is necessary to scrape off the superficial layer of epithelium in order to allow the collodion to penetrate. A scab forms, which can be removed in a few days, and another application made. The result is very much like that from carbonic acid snow—a soft pliable skin apparently normal. This method appears to deserve a trial in many cases of epithelial overgrowth.

Loughborough.

J. B. PIKE, M.R.C.S.

on proflavine in septic wounds in the *BRITISH MEDICAL JOURNAL* of December 29th, 1917 (p. 860). At a meeting of the Warwickshire Panel and Local Medical Committee, held in Coventry on July 9th, the following resolution was passed:

"That we hereby place on record our deep sorrow at the loss to our number and to the profession caused by the death of Dr. Frederic Victor Elkington of Fenny Compton, Warwickshire, a member of this Committee since its inception; a colleague universally loved, and one who has devoted much time to the interests of his brethren; and that the foregoing be conveyed to his widow and daughter with an expression of our sincere condolence."

Surgeon Captain EVELYN RICHARD TOWNSEND, R.N.(ret.), died at Gosport on August 4th, aged 47. He was the son of the late Dr. Edward Townsend of Cork, and was educated at Queen's College, Cork, taking the L.R.C.S. and P.I. in 1900. After serving as a civil surgeon in the South African war, he entered the Navy in 1903, reached the rank of surgeon commander in March, 1917, and was invalided, with an honorary step in rank, so recently as June 20th last. During the greater part of the recent war he served as senior medical officer of a submarine flotilla in the Forth, and while so employed devised the well known "Townsend test" for the air in submarines, which was adopted by the Admiralty. In June, 1924, while in H.M.S. *Calcutta*, flagship on the West Indian Station, he was attacked by the pulmonary disease which has now proved fatal.

Universities and Colleges.

UNIVERSITY OF LONDON.

The following have been recognized as teachers of the University in the subjects at the institutions indicated:

Westminster Hospital Medical School.—Dr. F. J. Allan (Hygiene), Dr. G. C. Chubb (Oto-Rhino-Laryngology), Mr. A. D. Griffith (Ophthalmology). *London Hospital Medical School*.—Mr. W. A. M. Smart (Physiology). *Middlesex Hospital Medical School*.—Dr. H. E. A. Boldero (Medicine). *King's College Hospital Medical School*.—Mr. E. ff. Creed (Pathology), Dr. J. A. Drake (Dermatology), Mr. C. F. T. East (Medicine), Dr. R. S. Frew (Diseases of Children), Mr. V. E. Negus (Oto-Rhino-Laryngology), Mr. A. C. Palmer (Obstetrics and Gynaecology). *St. Mary's Hospital Medical School*.—Mr. F. A. Williamson-Noble (Ophthalmology).

The title of Reader in Medical Protozoology in the University has been conferred upon Dr. J. G. Thomson in respect of the post held by him at the London School of Tropical Medicine.

The degree of Ph.D. in the Faculty of Science has been conferred upon Mr. A. St. G. J. McC. Huggett (St. Thomas's Hospital) for a thesis entitled "The heat output during respiratory obstruction," and upon Mr. Gobind Singh Thapar (London School of Tropical Medicine) for a thesis entitled "Studies on helminth parasites of vertebrates."

Amended rules for the M.D. examination in Branch V (State Medicine) for internal and external students in and after 1926 were approved and may be obtained on application to the Academic or External Registrar.

Applications for the William Julius Mickle Fellowship must reach the Principal Officer not later than the first post on October 1st, 1925. It is of the value of at least £200, and is awarded annually to the man or woman who, being resident in London and a graduate of the University, has in the opinion of the Senate done most to advance medical art or science within the preceding five years, and has therein shown conspicuous merit. Further particulars may be obtained on application to the Principal Officer.

Essays and dissertations for the Rogers prize, value £100, must be sent to the Vice-Chancellor at the University by April 30th, 1926. It is open to all persons whose names appear on the *Medical Register*, and will be awarded for an essay or dissertation on the value of the various methods of investigating diseases of the pancreas. Further information can be obtained on application to the Academic Registrar.

Dr. E. Graham Little has been elected chairman of the Council for External Students.

Prosecutor's certificates have been awarded to R. S. Glennie (St. Thomas's Hospital), C. E. Beare (Middlesex Hospital), and H. W. Frickel (St. Mary's Hospital).

LONDON (ROYAL FREE HOSPITAL) SCHOOL OF MEDICINE FOR WOMEN.

The following awards for 1925-26 have been made by the London (Royal Free Hospital) School of Medicine for Women:—Sarah Holborn Scholarship: Miss Mary Gould. Dr. Margaret Todd Scholarship: Miss M. M. White. School Jubilee Bursary: Miss O. N. Grant. Flora Murray Bursary: Miss H. E. Newman. Alfred Langton Scholarship: Miss G. V. Smallpeice. Mabel Sharman Crawford Scholarship: Miss E. T. Mess. Helen Prideaux Post-Graduate Scholarship: Miss Gladys Hill. St. Dunstan's Medical Exhibition: Miss E. M. G. Stevenson. Mrs. George M. Smith Scholarship: Miss G. B. Castle. Isabel Thorne Scholarship: Miss Maureen Evans. Scholarships and bursaries of the value of £1,350 are awarded annually.

CONJOINT BOARD IN SCOTLAND.

The following candidates have been approved at the examination indicated:

FINAL EXAMINATION.—*Medicine*: I. Chesser, J. Cohen, D. D. H. Craig, A. B. C. Doray, A. A. Labinjoh, D. Lumsden, A. W. Rasiah. *Surgery*: L. G. Blazé, J. Cohen, C. K. Dowson, C. Ismail, N. J. Knoesen, A. A. Labinjoh, K. S. Lum, Jemina M. Kendrick, R. H. M. Kinnon, J. W. M. Vicker, C. D. M. Madappuli, C. E. Millen, Catherine Miller, C. L. E. P. Samarasekara, T. H. Wee. *Midwifery*: L. G. Blazé, J. L. Clark, A. B. C. Doray, A. P. H. Egerton, W. Jackson, D. Lumsden, K. S. Lum, C. L. E. P. Samarasekara, T. H. Wee, W. E. Williams. *Medical Jurisprudence*: D. J. Allan, H. L. Cohen, J. Daly, W. Dyce, E. H. B. Gooch, J. Hall, B. J. Hallion, D. S. Johnston, R. D. Kerr, A. Kouchouk, A. A. Labinjoh, J. A. Lavery, H. Linn, R. M. Alpine, Eileen M. Cabe, W. C. M. Laren, S. S. Nagi, A. B. O'Brien, W. B. Russell, P. G. Sawmy, M. B. Stungo, J. Walker, W. P. B. Winston.

Of 142 candidates entered the following, having passed the final examination, have been admitted L.R.C.P.Ed., L.R.C.S.Ed., L.R.F.P.S.Glasg.:

C. E. Nelson, M. Rustumjee, Norah E. Bodkin, A. F. Chisholm, G. B. Burnett, B. J. F. Lanbischer, S. L. Cramer, L. Mackenzie, L. H. Wilson, P. L. Low, J. J. Mackenzie, A. J. M. Gall, S. F. Lee, W. W. Crawford, Constance P. H. Hunter, J. J. McKenna, P. C. Sen, J. F. Wallace, B. T. Rao, G. M. Cracken, G. J. Bell, G. E. Church, J. Sullivan, St. J. Puvirajasinghe, I. T. Kunaratnam, J. Sharpe, R. S. Holcombe, P. R. S. Rao, E. K. Lee, G. F. Maher, B. C. F. Leembruggen, Elizabeth C. Mudie, L. Borain, J. Beinashowitz, Sarah Boyle, A. Franklin, F. Blackie, J. C. Stenhouse, B. E. Khoo, B. G. V. Dias, J. T. Fernandez, A. S. Hunt, W. A. Rogers, Ursula van Rooyen, D. D. Radford, J. Horsham, D. L. Crawford, A. C. Young, J. S. Amarasingham, A. S. Ballantine, B. A. Meyer.

Medical News.

DR. ALDO CASTELLANI, C.M.G., Director of Tropical Medicine and Dermatology, Ross Institute, London, has been elected a Corresponding Member of the Royal Academy of Medicine of Belgium. A few months ago Dr. Castellani was elected a Corresponding Member of the Société Française de Dermatologie.

THE Executive Council of the National Safety First Association recently adopted unanimously the "off-side rule" for traffic, a rule which, owing to its applicability to pedestrians no less than to vehicles, is perhaps better described as the "right-hand rule" in this country, since it makes a driver responsible for what happens on his right hand. The "Safety First" Council decided to forward its resolution to the Home Office, the Ministry of Transport, the motor organizations, and the Chief Constables' Association. The council stated that, in its opinion, if the "off-side" rule was legalized, it would definitely fix responsibility in the case of accidents. The "off-side rule" has been advocated repeatedly in our columns, and it may be remembered that the Council of the Metropolitan Counties Branch unanimously approved it. It is satisfactory to learn that it is now being brought before the transport authorities. We hope that the desire of the Metropolitan Counties Branch Council will also be gratified, and that the Metropolitan Police will be asked to consider the applicability of the rule to London traffic.

THE Fellowship of Medicine announces that at the Queen Mary's Hospital, Stratford, there will be an intensive course in general medicine, surgery, and the specialties from August 24th to September 3rd. Throughout August a course at the All Saints' Hospital provides instruction in the various aspects of urological diseases. In September the following courses will be held: A course in diseases of the chest at the Brompton Hospital, September 21st to October 3rd; diseases of the skin at the Blackfriars Hospital, and a course at the Infants Hospital, September 7th to 19th; ophthalmology at the Royal Westminster Ophthalmic Hospital, September 7th to 26th; a series of weekly lecture demonstrations in electrotherapy at the Royal Free Hospital, September 23rd to October 14th; and a general course in medicine, surgery, and the special departments at the Westminster Hospital from September 21st to October 3rd. Further information about these courses may be obtained from the Secretary at 1, Wimpole Street, W.1.

THE new building of the British Mosquito Control Institute at Hayling Island will be opened by Sir Ronald Ross on Monday, August 31st, at 4 p.m.

THE Chelsea Hospital for Women is opening a floor with eighteen beds to patients able to pay a weekly fee of £5 5s. and moderate fees for operations. The diseases admissible, as on the three other floors, are those peculiar to women.

THE ninth Swiss Congress of Dermatology and Venereology was held at Zürich on July 4th and 5th under the presidency of Professor Bruno Bloch, when the following papers among others were read: Syphilis of the nervous system and its treatment, by Professor Dind of Lausanne; Electrolysis for hypertrichosis in women, by Professor Du Bois of Geneva; Erythrodermia and icterus after injections of acetylarsan, by Dr. Lassueur of Lausanne.

AN advanced course of pathological anatomy will be held under the supervision of Professor G. Roussy, in Paris, from October 5th to 30th, and will include lectures and practical work. The fee for the course is 150 francs, and the number of places is limited. Inquiries should be addressed to Dr. Leroux, 21, Rue de l'Ecole de Médecine, Paris.

AN official medical guide to post-graduate work in Hungary has been issued in English by the Hungarian Medical Post-graduate Committee and the American Medical Association at Budapest. In addition to an account of post-graduate work in Budapest and other universities in Hungary general information is given about the residences in the different towns. The book may be obtained from Dr. Joseph Baló at the Central Office of the Hungarian Medical Post-graduate Committee, VIII Maria-utca 39, Budapest, Hungary.

A FRENCH commission, under the presidency of the Minister for Public Education, has been appointed to consider the methods of improving instruction in dentistry.

AT the twelfth French Congress of Hygiene in Paris from October 20th to 22nd at the Pasteur Institute the subjects to be discussed include the bearing of mental on social hygiene, Malta fever, and the decline of syphilis. A special number of the *Revue d'Hygiène* will be devoted to a report of the congress.

THE issue of *Bruxelles-Médical* for June 21st is devoted to the life and work of the late Professor Pageau.

THE thirty-first Congress of the Italian Society of Internal Medicine will be held in October, when the following subjects will be discussed: (1) Hepatic cirrhosis, introduced by Professors G. Sabatini and L. D'Amato; (2) Treatment of Graves's disease (conjoint meeting with Italian Society of Surgery), introduced by Professors A. Ferrata and P. Fiori; (3) Functional examination of the respiratory system, introduced by Professor G. Boeri.

THE third Spanish Congress of Pediatrics will be held at Saragossa in October under the presidency of Dr. Borodio. Further information can be obtained from the general secretary, Dr. Vidal Jordana, Sagasta 19, Saragossa.

THE fourth Rumanian Congress of Oto-rhino-laryngology will be held at Bucarest, under the presidency of Professor A. Costin, on October 25th and 26th, when the following subjects will be discussed: Ozaena, by Professors Pélinoff of Sofia and P. Rion of Cluj and Dr. Tempea; Rhinoplasty, by Dr. I. Jianu; Treatment of cancer of the larynx, by Drs. T. Nasta and L. Bernea. Further information can be obtained from the general secretary, M. L. Mayersohn, 97, Callea Mosilor, Bucarest.

Letters, Notes, and Answers.

All communications in regard to editorial business should be addressed to **THE EDITOR, British Medical Journal, British Medical Association House, Tavistock Square, W.C.1.**

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, not necessarily for publication.

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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.

The **TELEPHONE NUMBERS** of the British Medical Association and the **BRITISH MEDICAL JOURNAL** are **MUSEUM 9861, 9862, 9863, and 9864** (internal exchange, four lines).

The **TELEGRAPHIC ADDRESSES** are:
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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, Drumsheugh Gardens, Edinburgh (telegrams: *Associate, Edinburgh*; telephone: 4361 Central).

QUERIES AND ANSWERS.

"W. H. N." asks for advice in the treatment of a patient who is suffering from persistent pyralism after extraction of the teeth for pyorrhoea and caries; he had been suffering from general articular rheumatism; the flow is so copious that he cannot sleep.

HYPERIDROSIS.

"M. B." asks for advice as to treatment of generalized hyperidrosis in a patient who has had localized tuberculosis of one lung, which is now quiescent clinically and by x rays; there is no pyrexia and no night-sweats. The hyperidrosis occurs on slight exertion and on emotional stress, such as interviewing people. The teeth are normal, he is not obese, his weight is normal for build, and there are no signs of Graves's disease. Takes atropine sulphate gr. 1/100 t.d.s., but this obviously is merely a palliative, and seems to prolong the trouble. Would x-ray treatment to the thyroid be indicated?

INCOME TAX.

Retirement from Partnership.

"H. A. B." retired from general practice on December 31st, 1924, on which date he dissolved partnership; later he accepted a salaried post.

"H. A. B." is entitled to an adjustment in respect of his share of the partnership assessment on the basis that his share of the gross assessment for the year ended April 5th, 1925, is three-quarters of what it would have been if he had stayed in the practice until that date. Tax in respect of the remaining quarter—less any personal reliefs, etc., that may be due—will fall to the incoming partner to account for. Probably the best way of settling the matter is to explain the facts to the local inspector of taxes and ask him to furnish a statement setting out what adjustments will be due as between the partners and also with the revenue—if any. In 1925-26 he will not be liable to assessment in respect of his share of past book debts, but will, of course, be assessable on the salary earned in that year.

Appointment Abroad.

"A. H." has been offered an appointment abroad; what will be the position if his wife and family reside in this country while he resides abroad and draws a salary in the currency of that country?

"In our opinion he will not be liable—nor will his wife—in respect of remittances to this country made out of his earnings, either to his family or in payment of debts incurred by them for years in which he was not in the United Kingdom. But if in any financial year that condition fails, for however a short time, he will then become liable to assessment as for that year in respect of sums remitted or brought to this country.

LETTERS, NOTES, ETC.

"THE MEDICAL DIRECTORY."

MESSRS. J. AND A. CHURCHILL (7, Great Marlborough Street, London, W.) write: The annual circular has been posted to each member of the medical profession. If the form has not been received a duplicate will be sent on request. We shall be grateful for the return of the forms by an early post.

THE PLURAL OF VIRUS AND PUS.

In the last annual report of the Lister Institute *vira* was used as the plural of *virus*. We had supposed this to be a slip of the pen, or at worst an innovation, but a note by "C. T. O." in Tract XIX of the Society or Pure English seems to imply that it had been used before. In the eighteenth century, he says, the plural of *virus* might well have been spelt *virus's*, which would have dissociated the word from such forms as *abuses* and *amuses*. "We admit *buses* . . . and must be content with *viruses*. The Latin *virus* is recorded only in the singular, so that a plural *vira* is inadmissible. If a pathologist is to write of different varieties of *pus*, he must for brevity have recourse to a plural *puses*—for the true Latin plural *pura* would be unrecognizable, and *pusses* is already allocated." This raises obliquely the old and much vexed question about Latin words ending in *um*. When does such a word become so fully adopted into English that it takes the plural in *s*? Everyone not only writes but says museums, asylums, nasturtiums, harmoniums, and probably most people nowadays say sanatoriums. We had supposed it time that *serum* followed; recently, however, we received a ukase from the chiefs of a medical unit to the effect that the plural was still to be *sera*, for the sake, as we understand, of euphony. Not everyone will agree, but it is proverbially useless to argue about matters of taste.

BAKER'S ITCH.

A CORRESPONDENT, who is under the impression that the number of cases of baker's itch is increasing, asks for further information. He is told that master bakers in his district will not employ a man or a woman unless the applicant signs a paper to the effect that he or she has never suffered from the complaint. A patient now under our correspondent's care states that he knows of about seventy persons who are affected at present in the area. We have referred this matter to Dr. Haldin-Davis, who writes:

Considerable attention has been given to the subject of baker's itch during recent years, especially since the war. Attempts have been made by the trade unions which safeguard the interests of the workers in the baking and confectionery trades to have this complaint added to the list of notifiable diseases, so that their funds may be relieved from the burden imposed on them by members incapacitated by eczema. For this reason the