

## Letters, Notes, and Answers.

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### QUERIES AND ANSWERS.

#### INCOME TAX.

##### *Succession: Appointments not Retained.*

"E. B." writes: H. and B. were assessed under Schedule D as partners, to include in one sum the salaries of all appointments. H. retired and B. took W. into partnership, but the new firm did not obtain two of the appointments previously held by H. Can B. and W. deduct the value of these appointments from each year's takings?

\* \* The case of *Whelan v. Henning* does not govern these facts, as the judges expressly declined to say that the rule there laid down would be applicable to the assessment of profits from a trade or profession. We are clear that the salaries of specific offices are in strict law assessable separately and not under Schedule D, and that therefore B. and W. are entitled to exclude the earnings of such appointments from the Schedule D average. But some caution is advisable because if they hold other appointments they may find themselves in a difficulty in obtaining the allowance of expenses referable thereto—in fact, that difficulty is the origin of the pressure brought to bear by the medical profession for the inclusion of salaries, etc., in the general Schedule D assessment. An alternative which "E. B." may like to consider is to accept the assessment, and if at the end of the new firm's first year he finds that the profits have fallen short of the sum assessed by reason of some specific cause—that is, the discontinuance of the appointments in question—he can claim to have the amount of the assessment reduced to the actual profits of the year of assessment.

### LETTERS, NOTES, ETC.

#### ANOTHER DISEASE DUE TO FASHION.

**DR. H. W. BARBER** (London, W.) writes: With regard to the note under the above title by "C. K." in your issue of March 20th (p. 554), the condition to which your correspondent doubtless refers is seborrhoeic dermatitis, which, as he suggests, is particularly likely to spread downwards from the scalp in women with seborrhoeic scalps whose coiffure is so arranged that pads of hair completely cover the ears. The modern closely fitting hat is certainly an aggravating cause. The patients invariably have seborrhoea of the scalp, and a heavy infection with the "bottle bacillus" and staphylococci. The hair-pads and the closely fitting hat act as fomentations, and encourage the active growth of the micro-organisms responsible, providing for them exactly the conditions they require—namely, warmth, moisture, accumulation of the abnormally acid excretions of the sebaceous and sweat glands, and absence of light and air. Decomposition of the secretions takes place with secondary eczematization, producing the "denn'd moist unpleasant" surface referred to.

#### ESTIMATION OF SUGAR.

**DR. J. BARKER SMITH** (101, Holmdene Avenue, S.E.24) writes: I have received a courteous letter from Dr. John Livingston of Barrow-in-Furness with respect to my using the term "my char test." He writes: "I thought it was mine." He informs me that he described a char test in the **BRITISH MEDICAL JOURNAL** of May 6th, 1922. Dr. Livingston

has no doubt discovered the char test independently of myself; but I described a char test in the *Medical Press* of November 3rd, 1920, in an article on the silica spoon in the surgery. What Dr. Livingston, I think, has not described is the adhesive quality of the sugar char of one droplet of urine evaporated gently to an extract, and that extract strongly charred, plunged into water, and rubbed with the soft fingertip. The residue char of sugar remains and is in ratio to quantity of sugar. As I said, a fraction of a milligram of sugar affords evidence of its presence. There is yet another important feature to be noted both in Dr. Livingston's char test and my own—namely, that urine of medium specific gravity containing on an average three or more per thousand of sugar is often associated with eczema, boils, nettle rash, etc., and the patients must be treated as potential diabetics with respect to starch and sugar. I should be pleased to send any reader a reprint of an article on this relation of this small amount of sugar in the urine which the char test reveals and which has been passed over by other tests. The same aspect applies to the blood sugar and eczema, as we see in the work of Dr. H. Haldin-Davis and Dr. L. Wills, published in the *British Journal of Dermatology and Syphilis*, August-September, 1925.

#### SOMATIC ORIGIN OF MALIGNANT DISEASE.

In the course of a letter received a few weeks ago Dr. HERNAMAN-JOHNSON (London, W.), referring to a paper by Mr. C. R. Crowther on the somatic origin of malignant disease (**BRITISH MEDICAL JOURNAL**, January 23rd, p. 137), writes: The idea that if the body could be induced to ignore the beginnings of a malignant growth it would remain harmless—and that hypnotism might conceivably induce this attitude of passivity—receives some support from certain experiments conducted by Dr. J. A. Hadfield at the Royal Naval Hospital, Haslar, in 1917. A subject was discovered so sensitive to hypnotic suggestion that blisters could be raised on him at will. With the consent and co-operation of the patient, experiments were performed with burning cigarette ends. It was found that a suggestion that there should be no pain resulted in an entire lack of reaction. The small portion of tissue actually destroyed came away as an aseptic slough, and the area healed in a few days without pain or discomfort. One could well believe that were such a patient the subject of cancer, the growth might be favourably affected by suggestion. In the above case we have a definite example of an irritant being rendered harmless by causing the body to ignore its presence, but apparently something more is needed than paralysis of sensory nerves if the spread of a cancer is to be stopped. I have recently had under my care a patient with a rodent ulcer of the nose who, being also a sufferer from severe trigeminal neuralgia, had been successfully treated by alcohol injections. The anaesthetic area included one side of the nose: the rodent ulcer extended about half an inch on either side of the mid-line. It was decided to treat it by x rays. A preliminary test by an erythema dose of ultra-violet light showed no redness in the anaesthetized side of the nose. Nevertheless, under x rays healing proceeded equally on both sides, and was complete in about six weeks. Some months later the disease recurred, and again attacked both sides of the nose to an equal extent, the hemianaesthesia being still maintained. This clinical experiment would seem to show that both the healing of a cancer under x rays and the direction of its spread are—or, at any rate, can sometimes be—-independent of the functioning of the nerves of sensation. Even after the blocking of the sensory nerves supplying a part, this part retains its organic unity with the body as a whole. It is still, if I may use the expression, represented in the somatic consciousness, and I fear there is no way of putting Dr. Crowther's theories to the test of practice unless perhaps, by the lucky chance of finding a superficial cancer in a subject specially susceptible to hypnotic suggestion.

#### ANTIMONY IN EYE DISEASE.

**DR. F. G. CAWSTON** (Durban) writes: In the English edition of E. Merck's annual report for 1926, among reviews of articles appearing in the **BRITISH MEDICAL JOURNAL** and elsewhere, I notice that I am said to recommend "antimony (even in the form of ointment)" in tuberculous affections of the eyes. I do not see how any statement that I have made can be thus interpreted, and wish to dissociate myself from the use of antimony (either in solution or in ointment) in eye conditions of any kind.

#### ERRATUM.

**MR. A. LEYLAND ROBINSON** (Liverpool) writes to correct a slip in the typewritten report of the proceedings of the North of England Obstetrical and Gynaecological Society, published in our issue of March 13th (p. 483), where it was stated that a fibromyoma would be called a "dermoid" by some pathologists. The word should be "desmoid."

**MESSRS. H. K. LEWIS AND Co.** have this month issued from their second-hand department two catalogues—one of early scientific works and biographies and the other of early medical works. Both catalogues are noteworthy for the number of interesting and important books and for the very reasonable prices. The catalogues are sent gratis and post free to any address.

#### VACANCIES.

**NOTIFICATIONS** of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 47, 48, 49, 52, and 53 of our advertisement columns, and advertisements as to partnerships, assistantships, and locumtenencies at pages 50 and 51.

A short summary of vacant posts notified in the advertisement columns appears in the *Supplement* at page 108.