

*Assistant becomes a Partner.*

"J. L." was an assistant in the employment of A and B until January 1st, 1928, when he became a partner, taking one-fourth share of the profits. On what basis should his return for 1928-29 be made?

\*\*\* The change in status involves a radical change in the assessment. For 1928-29 he is no longer assessable under Schedule E as an employee of the firm, but for the whole of that year under Schedule D in respect of professional profits. Strictly it is the firm of A, B, and J. L. which is chargeable; he is not individually assessable. Consequently the new firm will return and be assessed on the basis of the profits of the old firm for 1927, and one-quarter of that will be attributable to "J. L." and will represent his gross liability. The firm gain, because "J. L.'s" salary will have been deducted in calculating the profits for 1927, but it will not be assessable for 1928-29.

## STATUS EPILEPTICUS.

"H. C. B.'s" inquiry regarding the treatment of this condition in a child, published on June 23rd (p. 1097), stated, through an error in transcription, that the violent (convulsive) stage of the attacks usually lasted two hours; this should have read "twenty-four hours."

## LETTERS, NOTES, ETC.

## LEAD TREATMENT OF MALIGNANT DISEASE.

DR. J. McNAMARA (Kensington, W.) writes: May I appeal for a fair trial of Professor Blair Bell's lead treatment of cancer? That treatment is the result of over twenty years' investigation, and there is no getting over or explaining away the statistics given by Professor Cunningham in a paper read at the Nottingham meeting of the British Medical Association and published in the *British Medical Journal* of November 20th, 1926. Professor Cunningham showed that of 227 patients suffering from malignant growths between 30 and 40 were cured by lead. Some time ago I heard that there was to be exhibited at a medical meeting in a London hospital a patient undergoing the lead treatment. Having a special interest in the treatment, I went to see the patient before the meeting and learned all the details. At the meeting the patient was shown by a young man, who simply said, "This is a patient undergoing the new lead treatment, and all I can say is that it has done no harm and has done no good." He never mentioned that the treatment had only just begun and that the preparation of lead used was different from that used by Professor Blair Bell. Is this fair? Ideas originating outside London do not seem at first to be accepted with much enthusiasm in the metropolis. Witness the struggle of Listerism to get a footing in the capital. When Dr. Coley of the Cancer Hospital of New York came over here and published his claim that his fluid could cure at least 10 or 12 per cent. of otherwise hopeless cases of sarcoma a half-hearted trial was given to the treatment, but the fluid used was made in London and was not Coley's fluid at all! The result, of course, was disappointing, and gave in this country a knock-out blow to the treatment, from which it has not yet recovered. Nevertheless, Coley's claim is, beyond all doubt, valid. A near relation of my own suffering from round-celled sarcoma of the breast, which recurred after operation, was saved by it. In Sir Jonathan Hutchinson's polyclinic I saw two cases of large inoperable sarcomas cured by Coley's fluid. Sir Victor Horsley once said something about our being different from what we were formerly. He said it used to take twenty years to get an idea into our heads and now it only takes ten.

MR. J. PATTERSON (Crouch End, N.8) writes: In the *British Medical Journal* of June 23rd (p. 1088) Professor Blair Bell says that I originally made my lead iodide preparation on his instructions, when I was working for him in Liverpool. This is not accurate. I first made my lead iodide preparation in May, 1920, more than six months before I gave up all other work to go to Liverpool to take sole charge of the chemical work of his cancer research. Professor Blair Bell suggested to me the preparation of a lead body, and I tried the iodide. This preparation was used on patients at Liverpool before I joined his staff there. Since leaving Liverpool—with regret expressed in writing by both parties to the separation—I have succeeded in improving my preparation. Such success as I have attained is largely due to the kindness of Dr. Drakeley, head of the chemical department, Northern Polytechnic Institute, who put at my disposal all the resources of his department. He also gave me free access to his own private reagents.

## PNEUMONIA AFTER OPERATION FOR GASTRIC AND DUODENAL ULCERS.

MR. R. CHALMERS, M.D., F.R.C.S. Ed. (Assistant Surgeon, Green Bank Hospital, Darlington), writes: In the *British Medical Journal* of June 23rd (p. 1055) Mr. Strong Heaney's report on the results of operation in a series of the above cases emphasizes again the dreadful toll that chest complications, particularly pneumonia, takes of these cases, and robs the surgeon of the success his efforts and skill deserve. I wish here to record the very successful, almost dramatic, results which followed, in a case of pneumonia after operation for acute perforating ulcer of the stomach, from the use of a vaccine made from Winn's formula, and given in the large doses he recommends, as soon as

the pneumonia is evident. The case was that of a young man, admitted to hospital thirteen hours after an ulcer near the pyloric end of the stomach had perforated. As it was high up in the portal fissure it was closed with difficulty, omentum being required to seal it over; drains were inserted laterally into Morrison's and suprapubic pouches on second day. Consolidation of the left lower lobe appeared, while the right lower lobe was in a doubtful condition. A few hours after the first injection of the vaccine the patient had taken a turn for the better, his skin was moist, and he expressed himself as feeling much better, if he could only get some sleep. This was procured by a hypodermic injection of heroin; other two doses of the vaccine were given on successive days. Thereafter his recovery was rapid and uneventful. Inquiry for a further supply of this vaccine resulted in the information that the makers (Messrs. Parke, Davis and Co.) had discontinued its manufacture; there was such a small demand for it that it did not pay for the cost of production. This is very unfortunate.

## A SURGICAL PORTRAIT GROUP.

DR. A. E. WINTER (11, Oakfield Road, Clifton, Bristol) writes: Thirty years ago I had prepared for me a photogravure from the picture of the Council of the College of Surgeons (1884) and distributed fifty of the copies over the Empire gratis. There are a few still remaining, which can be obtained from me for schools, universities, or institutes of medicine with students in the English-speaking world, preferably those of Africa or America, since the Empire has already many. The portraits in the group include Sir Spencer Wells (abdominal surgery), Lord Joseph Lister (aseptics, antiseptics), and W. G. T. Wells, Boston, U.S.A. (anaesthetics), who represent and symbolize the advances made in surgery during the Victorian era.

## ENDOCARDITIS IN YOUNG CHILDREN AND LAMBS.

DR. G. ARBOUR STEPHENS (Swansea) writes: I desire to draw the attention of provincial members of the Association to a condition of the heart found in undernourished lambs, in the hope that some of them may test my observations. In large flocks it is well known that many lambs are undernourished because, at a time when they are unable to eat much grass, they cannot obtain a proper supply of milk from their mothers. On examining the hearts of such lambs I have found that there is an inflammatory fringe on the edge of the mitral valve and a smaller one on the tricuspid, while the heart muscle is pale and softer than normal.

Milk, as a lime-containing food, is necessary for the growth of bones and the development of blood, and, if the supply is reduced, both suffer. The fact which I have been trying to emphasize—namely, that heart disease occurs only in children who do not get milk (while possessing a perverted appetite for acids such as vinegar)—seems to be corroborated by my observations in connexion with lambs. In both cases the blood lacks proper nourishment, with the result that the interaction between the leucocytes and the endothelium of the blood vessels of the valves is so interfered with as to give rise to an inflammatory exudation there. To what extent the lowered vitality of the lambs under these conditions must be associated with a poison introduced by an insect or an intestinal parasite I am not certain, though I am satisfied that such has undoubtedly a marked determining influence in connexion with the development of endocarditis. This is made very evident by examination of badly nourished children who have been bitten by insects such as midges, harvest bugs, or even fleas, at the end of the summer; many of the children are ill from the bites and often show evidence of endocarditis soon after.

## VICARIOUS MENSTRUATION.

DR. S. WAND (Birmingham) writes: Dr. Chapman's note (June 23rd, p. 1065) regarding vicarious menstruation prompts me to mention a case I had some time ago. The patient, a girl of 17, had frequent and fairly profuse haemorrhages from her respiratory tract. They were more marked at or about her periods. I had her examined by physicians, laryngologists, and radiologists, but nothing was found. I tried a good many drugs and found that calcium lactate and thyroid combined prevented the haemorrhages for a few months. Later (two years ago) she became pregnant, and she has had no recurrence.

## MEDICAL GOLF.

THE summer meeting of the Medical Golfing Society was held on June 19th at Walton Heath. All competitors were again the guests of Lord Riddell. The weather was fine and the course in excellent condition. The results of the competitions were as follows:

*Lancet Challenge Cup*.—T. A. Torrance, 3 up.  
*Henry Morris Challenge Cup*.—T. A. Torrance, H. T. P. Kolesar, H. Chapple, C. Apperly, Murray Thomson, tied at 1 up.  
*Milom Rees Challenge Cup*.—Murray Thomson, 5 down.  
*Class 1.—1st and 2nd Prize*: T. A. Torrance, H. T. P. Kolesar, tied at 1 up. *Best last nine holes*: H. T. P. Kolesar, W. Jagger, H. D. Gillies, tied at 2 up.

## VACANCIES.

NOTIFICATIONS of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 41, 42, 43, 46, 47, and 48 of our advertisement columns, and advertisements as to partnerships, assistantships, and locumtenencies at pages 44 and 45.

A short summary of vacant posts notified in the advertisement columns appears in the *Supplement* at page 288.