LEAD URINALYSIS.

"M. D." writes: I wonder if Dr. W. E. Cooke of Wigan (February 22nd, p. 359) was able to detect lead in the urine of his cases of plumbism. Lately in a marked case, in a house painter, of lead colic with the blue line in the gums I failed to detect lead in the urine by the test given in Taylor's *Medicine*; in this test a little ammonium oxalate is added to the urine, and there is a deposit of lead on a strip of magnesium immersed in it. This may be verified by treatment with iodine fumes causing the yellow iodide to appear. Can any of your readers say if the test given in Taylor's *Medicine* is trustworthy?

BROKEN SLEEP.

"M. W." (London), replying to the question of "Broken Sleep" in the *Journal* of February 22nd (p. 371), writes: I suggest that "D. S." should try dial 1½ grains at bedtime if the insomnia is not associated with pain.

"B. H." writes: "D. S.'s" trouble may be in part due to chilliness at 3 or 4 a.m., or possibly to early morning noises, after which he wakens. Some form of head covering and a screen round the head of the bed might be useful, and medinal 7½ grains at bedtime occasionally is very effective.

"F. A. B." writes: Sleeplessness coming on about 3 to 4 o'clock every morning suggests an acid dyspepsia. "D. S." might try Parke Davis's antacid lozenge.

TURBINATE CAUTERIZATION FOR COLDS.

"RELIEVED" writes: Having derived considerable benefit in the form of freedom from colds by having my turbinates cauterized, I repeated the procedure two years later, purely as a prophylactic measure. I should be grateful for opinions as to how often it might be advisable to be recauterized, from this point of view.

PRECIPITATE EJACULATION.

"R. M. L." (Birmingham) writes in reply to "N. D." (February 15th, p. 320): Ejaculatio praecox, is a psychological mechanism, and is usually due to an unconscious fear of lack of virility. Appropriate psychological treatment will effect a cure.

URTICARIA FOLLOWING SERUM ADMINISTRATION.

DR. E. W. GOODALL (Hemingford Abbots, Hunts) writes in reply to "C. E.'s" questions in the *Journal* of February 22nd: The patient is probably asthmatically sensitive to horse emanations and products, and the urticaria was due to the horse serum. An asthmatic subject should not be given antidiphtheria serum in the event of an attack of diphtheria without a preliminary skin test, to ascertain whether he is susceptible or not. If he is susceptible, the serum should not be given, even in small doses.

INCOME TAX.

Change in Proprietorship; Cash Basis.

"W. R. B." was in partnership with A. until September, 1928; A. then retired, and "W. R. B." took an assistant. The practice has been assessed on the cash basis for many years. "W. R. B." did not purchase A.'s share of the debts outstanding at his retirement, and the revenue authorities are now claiming tax from A. on sums paid over to him in respect of such debts. Due notice was given requiring the authorities to assess the practice from September, 1928, as if it had then ceased and been restarted. Is this correct?

*** No; we can find no justification in the Income Tax Acts for assessing A. for a period subsequent to his retirement from the practice. On the other hand, "W. R. B." will be assessable in respect of the full profits of the practice, and if only that portion of the cash receipts which is retained by him is included in his income tax return, that statement will not represent the full gross income of the practice. Consequently, the alternatives are (1) to allow the existing assessments to remain unchallenged; (2) to claim a discharge of the assessments on A., and (*a*) for "W. R. B.'s" liability to be computed on the basis of including all post-October 1st, 1928, receipts as his, or (*b*) to render the returns for the financial years 1929–30 onwards on the basis of the value of the bookings, and not on the cash receipts.

Public Appointment: Motor Expenses.

P. H." is an assistant county medical officer, and his council makes him an allowance for travelling expenses calculated at 4½d. per mile. Can he claim "any deduction from income tax, and, if so, at what rate?"

*** The income tax allowance is restricted to expenses incurred wholly, exclusively, and necessarily in the performance of the duties of the office. We are of opinion that "P. H." can clearly claim a deduction of the excess of expenses so calculated over the amount of the allowance based on the mileage rate. But the authorities will no doubt start from the assumption that the council's allowance is adequate, and strict proof of the amount of the excess will be required—for instance, if "P. H." uses a four-seater car when, for official purposes, a two-seater car would serve the purpose, some reduction in his actual expenditure would strictly be justified in calculating the allowance.

LETTERS, NOTES, ETC.

A GENERAL METHOD FOR MALLORY'S TRIPLE STAIN.

MISS E. E. HEWER, D.Sc., lecturer in histology at the London School of Medicine for Women, writes: In the *Journal* of February 15th (p. 282) Dr. MacConaill outlines a general method for Mallory's triple stain, again emphasizing the fact that the material need not be fixed in a sublimate mixture. In a paper published in June, 1926, in the *Journal of the Royal Microscopical Society*, and entitled "The effect of fixative on staining reaction," I drew attention to the fact that Mallory's triple stain can be used after such fixatives as formol, formol saline, formol-acetic-Muller, Bouin, and neutral formol-Muller, with only slight variations in the colour reactions obtained. In view of the fact that this staining method is of such value, it is most regrettable that textbooks still continue to copy the statement as to Zenker fixation, in spite of the well-known excellent results of using other fixatives.

LARGE HYDROCELES.

DR. ROBERT B. COLEMAN (Bromley, Kent) writes: On September 7th, 1916, at the C.M.S. Hospital, Old Cairo, I operated on an Egyptian patient for hydrocele, the fluid from which measured 27 pints (540 oz., against 192 oz. reported). This hydrocele was of the bilocular variety—a single sac, but hour-glass in shape—the upper part being behind the peritoneum in the abdomen. The patient made an excellent recovery, and since the testicle had to be removed with it, owing to the very elongated cord, the sac was later inflated and allowed to dry; it remains an interesting specimen to this day. The case was reported in the *British Medical Journal* of December 7th, 1918 (p. 629).

AXILLARY BREAST.

DR. R. Y. STONES (Neston, Wirral) writes: In the *Journal* of February 15th (p. 283) Dr. R. E. Anderson describes two cases of axillary breast, and details of the following case, which misled me, may be of interest to others. An African woman, about 25 years old, a few months pregnant, was admitted on Christmas Eve, 1922, to my hospital at Maseno, Kenya Colony. Her temperature rose rapidly. As there were always sporadic cases of plague about, though no epidemic was occurring at the time, I carefully examined her for buboes. She complained of pain in the right axilla, and on examination a firm, tender swelling, about the size of a walnut, was found. I aspirated this swelling, and, to my surprise, drew off colostrum. The patient died later in the night, and a further examination of her axilla revealed the galactocele, with a small commencing bubo alongside, which I had missed. Aspiration of this second swelling after death proved the presence of *B. pestis*.

RHYTHMIC HAIR MOVEMENT.

DR. J. C. BENNETT (Hyde, Cheshire) writes: I should like to record a strange case of rhythmic hair movement which I observed in a patient suffering from scirrhous cancer of the breast that had been treated by implanted radium tubes. The patient, aged 32, had a small hard nodule in the left breast, with slight implication of the skin. On admission to hospital she was found to have small but definite glands in the axilla and in the supraclavicular fossa, and a number of tubes containing radium were inserted at and around the tumour. Reaction was very great, and superficial sloughing of the skin occurred. When this had healed a small hard mass still persisted in the upper and inner breast segment. Sixteen more tubes were then buried in the tissues, and shortly after, when the patient left hospital, she again came to see me. There was great pain and some swelling in the left arm, and a similar condition in the breast and around the tendons of the pectoral muscles. Whilst examining this I discovered what struck me as a rather curious phenomenon. The small fine hairs in the region of the outer side of the infraclavicular fossa and supraclavicular fossa were exhibiting a rhythmic rise and fall at intervals of about five seconds. The skin would show the characteristic "gooseflesh" condition and then smooth out again as one watched it—the hairs standing erect and then subsiding. Evidently waves of nervous impulse were being thrown into the sympathetic motor supply of the arrectores pilorum. I do not know the significance of this, but it was evidently caused by the action of radium on the local sympathetic nerves. As the other side of the chest was not affected, it would appear to bear out Langley's conclusions that there is no true reflex arc, as there is in the medullated nerves, and that the effect was produced by local means. Whatever the cause, it was a rather interesting and, to me, strange occurrence.

PRESCRIBING OF ASPIRIN.

AT a meeting of the Pharmaceutical Society, held in Edinburgh, on February 19th, Mr. D. B. Dott read a paper on acetylsalicylic acid in solution with potassium citrate. The questions dealt with were whether aspirin when dissolved in water by means of sodium bicarbonate retained its distinctive chemical character and therapeutic properties, and whether the alternative method of dissolving aspirin with potassium citrate possessed any advantage. He stated that aspirin remained almost entirely stable under either condition, and that either solution gave a satisfactory method of administering this drug.

VACANCIES.

NOTIFICATIONS of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 49, 50, 51, 52, 53, 56, 57, 58, and 59 of our advertisement columns, and advertisements as to partnerships, assistantships, and locumtenencies at pages 54 and 55.

A short summary of vacant posts notified in the advertisement columns appears in the *Supplement* at page 67.