

tried: calcium lactate, a preparation of placenta and mammary glands, ergot, sistomensis, ergotinin, styptol, lodal chlo ide, infundin, haemoplastin. Some of these have effected a slight improvement; recently she has relapsed. Operative intervention is not welcomed.

#### STERILE MILK INJECTIONS.

Dr. J. THOMPSON (Devizes) writes: In reply to Dr. Donald's inquiry on September 7th (p. 481) about sterile milk injections for chronic suppurative otitis media, I may say that, in my experience, the method is of distinct value in acute cases, but when the infection has become really chronic it does not seem to achieve the desired result. For early cases, however, and by early cases I mean those which have been going on for a month at most, it has been most successful—in fact, one might almost call it a specific method of treatment. The condition of the external auditory canal requires the greatest attention first, and I have the ear syringed every three or four hours with 1 in 5,000 lysol solution, followed by careful drying with sterile wool on wooden probes. This is done for two days, and then I inject into the buttock 3 c.cm. sterile milk, brought to the boil twice in a flask. A reactionary temperature occurring then is evidence of a leucocytosis having been established, and the ear becomes dry in about two days. After the injection has been given, the syringing is stopped, and only dry mopping with dressed sterile probes is necessary. For the more chronic cases zinc ionization, after careful and complete cleansing of the canal, has given me a certain number of cures, but everything depends on the size of the perforation being large enough to ensure the zinc solution actually reaching the middle ear, and also the whole of the infected mucous membrane.

#### INCOME TAX.

##### *Erection of New Professional Buildings.*

"A. M.'s" surgery and consulting rooms were part of his dwelling house; he is providing new accommodation by building at the back of his house, with a garage in substitution for a dilapidated wooden one. Can he claim any allowance for this expenditure?

\*.\* No; it represents capital outlay on improvements. If the garage were partially reconstructed some allowance could perhaps be obtained as equivalent to expenditure on repairs.

##### *Proportion of Rent, etc.*

"J. H. F." has been allowed one-third of his total expenditure on rent and rates and electricity, and desires advice as to whether he should appeal for a larger allowance.

\*.\* The premises consist of a two-story house and garage. Taking the annual value of the ground floor to be about twice that of the other floor (of which a part is unused), and seeing that about half the ground floor is used for professional purposes, the proportion of one-third would be correct on the basis that it does not cover anything for the garage or servants' accommodation—both these portions of the premises have some reference to professional purposes. On the whole, we consider one-third too little, and that the true proportion lies somewhere between one-third and one-half. With regard to electricity the point is more difficult. In view of the fact that an electric cooker is used, and remembering that private consumption of light extends usually to a later hour than professional consumption, we cannot advise an appeal against the one-third basis.

#### LETTERS, NOTES, ETC.

##### HISTORY OF THE I.M.S.

R. SOCRATES NORONHA (Bombay) writes: In your issue of June 29th, at page 1184, there is a description of the annual London dinner of the Indian Medical Service held at the Trocadero Restaurant, with Lieut.-Colonel D. G. Crawford in the chair. In the course of his speech Colonel Crawford is reported to have related, among other historical facts, the following: "And the Indian Medical Service started, one strong! For defence they had a handful of Goanese peons. That small body of merchants and writers had grown into the great Civil Service of India, that half company of Goanese peons had expanded into the Indian army, the finest army in the world." I wish to draw your attention to the fact that the Goanese come from Goa—a Portuguese territory in India—and that both because of their nationality as well as choice of professions they could not have been and are not soldiers of the Indian army, which is mainly composed of Marathas, Rajputs, Panjabis, and Gurkhas.

\*.\* We have referred Dr. Noronha's letter to Colonel Crawford, who makes the following comment:

The early garrisons of Bombay and Calcutta were chiefly composed of Topazes, men of mixed Portuguese and Indian descent, the latter, the Indian strain, greatly predominating. Fryer in his *Travels* (p. 66) says that the garrison of Bombay in 1673 consisted of 300 Europeans and 400 Topazes; and it is probable that the small defensive force at Surat, half a century earlier, was similarly composed. Though the Indian army at the present time is recruited chiefly from Sikhs, Panjabis, Musalmans, Pathans, Dogras, Rajputs, Gurkhas, and Marathas, it is certain that none of the first six races were serving the Company as soldiers in the seventeenth century, though there may have been some Marathas. Long before the English visited India the Portuguese had traded and more or less settled all round the coast. Their descendants, the class who served as

Topazes, are still numerous both in Calcutta and Bombay, and in Bengal at least are usually called Goanese, though, no doubt, the majority of them never saw Goa. That city, of course, is the headquarters of what is now the chief, almost the only, possession of Portugal in India, and never belonged to Britain. Bombay, as is well known, was itself once a Portuguese possession, and was given to England as the dowry of Catharine of Braganza, Queen of Charles II, and handed over by the King to the Company.

#### PHYSIOLOGY AND CLINICAL MEDICINE.

Dr. JAMES M. McQUEEN (Halesowen, Birmingham), in the course of a letter on Professor Fraser's paper "The place of human physiology in the training of medical students" (August 31st, p. 369), writes: Professor Fraser's main thesis is based on the assumption that the physiologists and the clinicians are of necessity confined in separate watertight compartments. Certainly, if memory were the chief faculty of the human brain, the task of mastering the contents of large treatises on physiology and on clinical medicine would be too great for any one individual. The real truth, however, is that the human brain has a supreme capacity of ignoring both kinds of treatises, except when they are required for some specific purpose. The general practitioner who is interested, for example, in the subject of shock, can read in the literature all that the clinicians and the physiologists have to say about it. It is, however, open to him to think that a gap exists in our knowledge of the circulation in the liver during shock and to devise experiments to settle his curiosity. I suggest that as long as he can read a book and get out of it what he wants, and can recognize when his mental curiosity is not satisfied, then he can be both a physiologist and a clinician combined. The present need is not to train a new race of human-physiology tutors to lay more memory burdens on unfortunate undergraduates, but to teach the medical student how to read books and, when he is dissatisfied with current explanations, to make investigations for himself. Let the clinical teacher in the ward follow his curiosity over unanswered questions in physiology in company with his pupils; he will then find that both he and they can quite easily become physiologists, and that the so-called gap ceases to exist. It is the spirit of inquiry that requires to be taught, and that spirit is the same in physiology as in all other sciences.

#### HERPES ZOSTER AND VARICELLA.

Dr. E. HERZBERG (London, N.W.11) writes: A man, aged 63, developed a very severe attack of herpes zoster trigeminus, and on the fourth day of his illness a rash appeared over the whole of his body. It was an obvious attack of chicken-pox. Inquiries elicited the fact that about a fortnight earlier he had been visiting a nephew who had at that time a severe attack of chicken-pox. I have not heard of any other cases of simultaneous appearance of herpes and varicella.

Dr. C. H. SEDGWICK (Weedon) writes: A married woman, aged 30, consulted me on August 9th for a severe attack of herpes zoster affecting the inner side of the left arm and the left side of the chest. I warned her that possibly in two weeks' time her child, aged 7 years, might develop varicella, which would be an unfortunate sequel, as the family had arranged to go to the seaside on August 24th. On August 23rd this child was brought to me with varicella, the rash having appeared that afternoon.

Dr. J. WALLACE (Weston-super-Mare) writes: At the request of Dr. Leonard Hill of this town I saw a case of concurrent varicella and herpes zoster, and he has given me permission to report it. The case presented two features of interest: (1) the simultaneous onset of the two eruptions, and (2) the rare simultaneous occurrence of the herpes on both sides of the body; for that reason it appears to be worth recording. A less remarkable point was the age of the patient, who was 42. Two of the man's children had chicken-pox, and at the end of a fortnight he came home from work feeling ill and suffering considerable pain, with a burning sensation over the back and side. When I saw him on the third day he had developed a chicken-pox rash of moderate severity and three patches of herpes—one under the angle of the left scapula (seventh spinal nerve), and two on the right side (tenth spinal nerve); each patch was rather larger than the face of an old-fashioned watch. These patches were still painful and burning, while the rest of the rash gave no special annoyance. The temperature the first day had been 103° F. In recent years much has been written for and against an etiological connexion between zoster and varicella. The weight of argument seems against it, and such a case as the above seems to add weight to the negative view, since it is comparable with cases of concurrent measles and chicken-pox, or measles and shingles, to which conditions, so far as I know, no one has attributed any etiological relationship.

#### CORRECTION.

Our attention has been drawn to an error in the spelling of certain products which should have been attributed to the Energen Foods Co., Ltd.; not energin, as in the account of the Annual Exhibition in our issue of August 24th (p. 133).

#### VACANCIES.

NOTIFICATIONS of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 40, 41, 42, 43, 44, 45, 48, 49, and 50 of our advertisement columns, and advertisements as to partnerships, assistantships, and locumtenencies at pages 46 and 47.

A short summary of vacant posts notified in the advertisement columns appears in the *Supplement* at page 143.