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is known as Nikolski's sign, and is sometimes present in chronic pemphigus and in epidermolysis bullosa. The latter condition, however, is of congenital origin, so that it can be ruled out in the case referred to by Dr. Hardy, whereas chronic pemphigus may occur in debilitated persons who are past middle age. With regard to treatment, I would suggest a calamine-cum-acid carbolic cream, containing five minims of carbolic acid to the ounce of calamine, for local use. Internally, I would try liq. arsenicalis, pushed if necessary to the point of tolerance, or, failing that, quinine similarly.

Softening the Beard

- Dr. Joseph Jones (Leigh, Lancs) writes: "W. B. D." (September 17th, p. 576) will probably find Parke, Davis and Co.'s new shaving cream more useful than anything else he can try.
- "Sybarite" writes: As a fellow sufferer with "W. B. D.," and one who has managed to convert a loathsome task into a tolerable one, I would advise as follows. If expert capacity to strop and use a "cut-throat" is lacking, let him try: (1) A Rolls safety razor—preferably with some spare blades on which to ring the changes. I have found this type cut the beard rather than avulse it. (2) Boiled soft (or rain) water. (3) Palm-olive shaving cream. It is also an advantage to have a hot bath, with copious lathering of face, immediately prior to shaving. If any soreness still persists, let him use Pond's cold cream on retiring at night. The skin as a whole should be kept in good condition by careful dieting, little or no alcohol, as much fresh air and exercise as a practitioner can obtain, and Turkish baths if available. The discomfort after a barber's shave is probably due to: (1) the use of hard tap water; (2) suboptimal soap; (3) exposure to open air immediately before and after.
- "Experto Crede" writes: One of the best ways to ensure a comfortable shave is to rub the face lightly, after lathering, with a piece of smoothed pumice stone, working up the soap again after doing so. Hand lathering is, of course, infinitely better than using a brush.

Income Tax

Cost of Maid's "Keep"

- "E. F. G." finds himself in disagreement with the inspector of taxes as to whether the cost of a maid's keep should be reckoned at 15s. per week or 20s. per week.
 - ** We have certainly known cases where an allowance was agreed with the inspector on a basis of 20s. per week, but so much must depend on the general level of prices in the locality and on the particular standard maintained by the individual taxpayer that it is impossible to lay down any general rule.

Sale of Practice

- "F. E. W." sold his house and practice as from March 31st; he has retired from professional work and has no income except from investments.
 - ** For 1932-3 and subsequent years "F. E. W." will cease to be liable to income tax in respect of professional earnings, and his declarations of income for those years will omit all reference to receipts (if any) derived from the book debts of the practice. As he has no professional income for 1932-3 there is no need to supply details of his earnings for 1931-2, unless the authorities seek to adjust the income of his final year to the amount of the profits of that year. If the income from the investments is taxed he will have a claim to repayment for 1932-3 in respect of the personal allowances.

Sale of Share in a Practice

- "W. E." has taken a partner on a 49/100 share basis as from September 1st. How will this affect the tax payable in January?
 - ** The gross assessment for the year ending April 5th, 1933—that is, before deduction of "W. E.'s" personal allowances—is based on the cash profit for his previous account year, to July 31st, 1931, and will normally remain unaffected by the change. The incoming partner will be liable to tax in respect of his share of the gross assessment, which for illustration we will assume to be £1,500. On that basis the partner's share for 1932–3 will be 49/100 of 7/12 of £1,500 = £429, from which he will, of course, be entitled to relief in respect of such personal allowances as may be due to him. "W. E.'s" share will be £1,500 £429 = £1,071, less his allowances, and

the tax payable in January will be affected accordingly. If "W. E." and his partner unite in requiring the practice to be dealt with as if it had ceased on August 31st, and a new one had been begun on September 1st, they can have that method of computation, but it is open to doubt in most cases whether there is any gain to taxpayers from this procedure in the case of professional practices assessed on the cash basis. If the practice is growing, or is likely to grow (and the introduction of an additional partner suggests that that is the case), it would pay "W. E." better to adhere to taxation on the previous year's basis. If so, then his liability for the year 1932-3 will be on 5/12 of £x + 51/100 of 5/12 of £x (£x being the amount of profit of the year to July 31st, 1931). That will probably be less than the amount of the practice profits of the five months to September 1st, 1932, plus fifty-one hundredths of those of the seven months to March 31st, 1933.

LETTERS, NOTES, ETC.

Dressing for Raw Skin Surfaces

Dr. R. D. Mothersole (Bolton) enters a plea for a more sympathetic and scientific treatment of raw surfaces, and describes two cases in which raw irritable surfaces of the hands had been dressed with boric lint which stuck to the wound. He writes: Recently I saw a patient who had lost a lot of skin in an accident some seventeen weeks before and was under treatment at a third hospital. Again the dressing was boric lint, the fluffy side sticking to several raw places, causing bleeding on removal. I should have thought it was a truism that every raw surface (except when there is an acute infective process) should be protected from contact with irritating gauze or lint by a piece of gutta-percha tissue, thin rubber, or oiled silk, the size of the raw surface, and perforated or nicked to allow the escape of discharge. For most cases gutta-percha tissue is the best. It is surprising how much suffering can be saved to the patient, how much less discharge there will be, and how much more quickly the wound will heal if this simple and humane method is adopted.

Differential Count of Leucocytes

Dr. A. Fraser (Glasgow) writes: The following is a rapid method of finding the percentages in a differential count without any calculation. Having determined the necessary number of hundreds of leucocytes to count in order to obtain a true picture—say $100 \times x$ —take that number of dried melon seeds. Place a small box for each type of leucocyte beside the microscope. When a leucocyte is seen drop a seed into the corresponding box. When the $100 \times x$ seeds have been used count the seeds in each box and divide by x, and you have the percentage.

The Female Figure: Ancient and Modern

M.D.," late I.M.S., writes: I have waited patiently for somebody to refer to an aspect in the discussion on maternal mortality which appears to me to be very obvious, but which nobody so far has even mentioned. I refer to the dysgenic selection of wives that has been operating amongst the Anglo-Saxon peoples now for at least half a century, but probably for much longer. To put the matter plainly, we appear to be breeding from the wrong type of woman. If one looks at a statue of Astarte, or a painting of the female figure by one of the old masters, one is struck by the width of the hips, the generous proportions of the pelvis, the wide and prominent pubic arch, the curved and rounded thighs, and the general womanliness of build. But the modern ideal of feminine beauty seems to be a wide-shouldered, lean-flanked, narrow-hipped, flat-thighed, sexless creature, with a masculine pubic arch, and consequently a small genital outlet looking downwards rather than downwards and forwards. Those of us who are not gynaecologists can verify this by strolling along a modern sun-bathing beach and keeping our eyes open. Is it not possible that the low rate of maternal mortality in Holland may be related to the fact that the Dutchman likes his women, like his ships, "broad in the beam"?

Vacancies

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

A short summary of vacant posts notified in the advertisement columns appears in the Supplement at page 184.

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