

Letters, Notes, and Answers

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QUERIES AND ANSWERS

Chronic Ulceration of Mouth

"ABROAD" (Trinidad) writes: I should be very glad to obtain advice on the diagnosis and treatment of the following case. A woman, aged 30, married and with one child, suffers from an almost continuous ulceration of the mouth, aggravated by excitement or depression, and unaffected by dieting. She is also subject to hay fever. All her teeth were removed years ago.

Artificial Menopause

Dr. C. C. ANDERSON (Invercargill, New Zealand) writes, in reply to "M.B.'s" inquiry (*Journal*, September 9th, p. 516): I suggest that he should consult some radiological colleague anent the use of x-ray therapy along the lines suggested by Heinz Langer in the *American Journal of Roentgenology and Radium Therapy*, vol. xxviii, p. 747. I have not access to the article at the present moment, but I fancy that Langer specifically mentions menopausal symptoms in his discussion of the irradiation of the vegetative nervous system. I certainly consider a course of radiation to the lumbar glands worth while, followed, if necessary, by irradiation of the cervical region. The technique laid down by Langer should be adhered to strictly.

Scarlet Fever Immunity

Dr. F. A. BELAM (medical officer of health and school medical officer for Guildford) writes: I was much interested to read the letter of Dr. C. J. Hill Aitken in the *Journal* of December 9th (p. 1101). In view of what he thinks possible, he might be interested to hear of the following cases. (1) Miss B. was admitted to the isolation hospital with a typical attack of scarlet fever, for which she was treated with antitoxin on November 8th. She was discharged perfectly fit on December 5th. On December 8th she was readmitted with a typical attack of scarlet fever, for which she was not treated with antitoxin. (2) A child was admitted to hospital with a typical attack of scarlet fever on October 16th, treated with antitoxin, and discharged on November 10th. She was readmitted with a typical attack of scarlet fever on November 18th, and was discharged on December 15th. It would definitely appear that immunity to scarlet fever has not been attained in either of these cases, and this can only be ascribed to the complete neutralization of the toxin produced by the disease by the antitoxin given. In the case of Miss B. the rash was vivid and typical on each occasion.

Income Tax

Liability of Medical Society

"S. C." asks whether his local medical society is liable to pay income tax.

** So far as ordinary income is concerned—for example, interest on war loan, bank deposit, etc.—the society is liable to assessment (*General Medical Council v. Commis-*

sioners of Inland Revenue). There is no legal liability to account for tax on the excess of the society's income from subscriptions over its expenditure, but if that is done the deduction by the members of their subscriptions when calculating their own income tax liability is facilitated.

LETTERS, NOTES, ETC.

Herpes Generalisatus

Professor J. A. NIXON, C.M.G. (Bristol), writes: Dr. Sylvia G. Chapman's note published in the *Journal* of December 16th (p. 1152) reads like a classical account of the rare condition herpes generalisatus. I have seen five cases of this form of herpes, all in patients of 65 years of age or over. The first instance was in a colleague who walked into my consulting room one day and asked me if I had ever seen a case of "generalized herpes." I never had, but when he stripped he displayed a typical herpes on the flank and thigh with isolated vesicles in various other places, just as described by Dr. Sylvia Chapman. He remarked to me that if he had not known what it was he might have thought he was starting an attack of chicken-pox in his old age. Since then I have seen four other patients similarly affected with herpes. I have discussed this point several times with colleagues, who have described to me cases of herpes with varicella in elderly patients, but without exception none of them have known that such a condition as herpes generalisatus existed.

Herpes and Varicella

Dr. A. H. SPICER (London, W.) writes: The following note of a case of varicella contracted from a case of herpes zoster which had already had varicella may be of sufficient interest to publish. I have recently had in my practice a second case of varicella in a lady which started exactly three weeks after her husband had had herpes zoster. It is a point of interest that the husband had previously had varicella.

Poliomyelitis and Distemper

Lieut.-Colonel HENRY SMITH, C.I.E. (I.M.S. ret.), writes (from Sidcup): Has acute anterior poliomyelitis in the human subject any relation to distemper in dogs? Cow-pox and small-pox appear to be different diseases, though we know them now to be one and the same disease. The causative agent of any of the above-named diseases has not yet been discovered. I have seen all varieties of distemper symptoms in dogs. I had recently a pair of bull-terrier pups, which at six weeks of age showed general malaise for a day or a day and a half, and the day following were paralysed in the radial nerve of both forelimbs. I looked up the best authority on the subject and found that this occurred in distemper, though *very rarely*. The pups were apparently all right in a few days, with no other symptoms but a general malaise, and presumably a rise of temperature for a day or two. I treated them as I would acute anterior poliomyelitis, and the paralysis was all right in a couple of months. If the same set of symptoms recurred in the human subject, how many of us would have diagnosed it as acute anterior poliomyelitis? I should think 100 per cent. It would be worth while for those with facilities to infect a ferret—an animal very susceptible to distemper—with blood from a case of infantile paralysis in the early stages, and in case no symptoms followed, infect it with distemper later to see if this produced any distemper symptoms. If it did not, we would by this means learn if the two diseases were in any way related, and, if so, the fact might lead us in a very important direction.

The Card

"RUSTICUS" writes: I received to-day (December 19th) a handsome Christmas card from a presumably well-known London surgeon. He is unfortunately unknown to me either personally or professionally, so I am driven to the conclusion that the card, with its printed message of greetings, is a trade advertisement in a new guise. Times must be hard in the West End if consultants are driven to this form of touting.

Vacancies

Notifications of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 34, 35, 36, 37, and 39 of our advertisement columns, and advertisements as to partnerships, assistantships, and locumtenencies at pages 38 and 39.

A short summary of vacant posts and advertisements in the advertisement columns appears in the *Sup.*