

"R. S." does that sort of work for two or three years he will probably be assessed on the previous year's basis, except for the first year.

Compensation for Loss of Office

"HOPEFUL" is in receipt of compensation for loss of office paid quarterly. Is it liable for payment of income tax, and, if so, is it regarded as earned?

* A lump sum by way of compensation would not be liable to tax, even if by arrangement paid in instalments. But the sums received in this case are apparently quarterly payments for an indefinite period, and would seem to be more in the nature of a pension. In that case they are liable as earned income.

LETTERS, NOTES, ETC.

A Case of Erythroedema

Dr. J. A. MOORE HALL (Shotts, Lanarkshire) writes: I was recently called to see a female child, aged 13 months. For several weeks the mother noticed that the little patient was becoming very restless and irritable. Naturally, she attributed the condition to dentition. However, when the greater part of the night's rest was broken by the crying of the baby, she thought it time to consult the doctor. On examination the patient's hands and left foot were found to be swollen and red and cold to the touch. This was accompanied by profuse perspiration and marked photophobia. There was loss of appetite and weight, together with constipation. The pulse was accelerated, but the temperature was found to be, and remained, subnormal. The urine was free from albumin. There was no evidence of rickets. A day or two later a very irritable sweat rash appeared on the neck and body, but this condition was soon relieved by the application of a lead and tar lotion. With rest in a shaded room and sedative treatment, the above signs have improved, but there are still marked general asthenia and muscular hypotonia. In my opinion, the child is suffering from erythroedema, which is also known as pink disease on account of the curious pink or red colour of the hands and feet. I am led to write this communication regarding an uncommon disease found in general practice, as I feel sure that many of my fellow-practitioners have met with cases similar to the above, which have proved puzzling. The main signs of the fully developed condition have been aptly described by A. Victor Neale in an alliteration of the words beginning with "P": peevishness, pinkness, pallor, perspiration, papules, peeling, pulse, posture, photophobia, paraesthesia, paresis, pyuria. The disease usually attacks children from 3 months to 5 years of age, even those who are well nourished, and lasts from three to nine months. The cause of the condition is unknown, and there is no specific treatment. A peripheral neuritis mainly affecting the sensory nerves, and showing a secondary vasomotor disturbance of the extremities is the principal pathological finding. Violet-ray treatment and raw liver (1 to 2 oz. daily) are said to have a beneficial effect. Fresh air, warmth, subdued light, rest, wholesome food, together with a lotion for the troublesome rash, are essential. Convalescence is usually slow, but the prognosis is good.

The Swab in Diphtheria Diagnosis

Dr. JANET M. C. GRAY (Lewisham) writes: I have read with much interest the letters on diphtheria in the *Journal* of September 22nd and 29th. Most of the time I have been working in India, but was home on furlough in 1915, and for a short time was doing general practice. I had a fair number of cases of diphtheria in children: in each case, after taking a swab, I injected a full dose of the antitoxin, and all the cases recovered. As I never got an answer about the swab until the next day—it was a place in the country—I think the results might have been different had I waited. In India diphtheria is very rare, and, although I never had a case, I always kept antitoxin by me, because I felt so strongly there was no time to be lost.

Evipan Anaesthesia

Dr. J. T. SPIRIDION (Hankow) writes: I would like to add my own very satisfactory experiences with sodium evipan to those of Dr. Burke, published in the *Journal* of August 11th (p. 285). During the past three months I have used this anaesthetic on ten patients only—nine Europeans and one Chinese. It was given for the following minor operations: tooth extractions, four; opening deep abscesses, two; curettage, one; setting a fractured femur, one; repair of

perineum, one; repair of crushed toe, one. No premedication was given in any of the cases: in one only was the operation performed by myself. All the patients enjoyed good general health, although two were alcoholic subjects; one of these required 11 c.cm. before losing consciousness—an unusually large dose—and the other suffered from a severe rigor one hour after the operation. In all the other cases the anaesthetic proved perfectly satisfactory and pleasant for both surgeon and patient. The theatre temperatures during the operations varied from 85° to 99° F., the average temperature being 92.4°. Sodium evipan does not, therefore, appear to exert any harmful effect on the liver during its detoxication, although the liver functions are easily upset in such hot weather. I believe the drug to be a very suitable anaesthetic in tropical areas where nitrous oxide is unobtainable.

Bacteriological Warfare

"M.D." writes from Yorkshire: We have read many articles recently in the popular press about destroying vast populations by bacteria spread from aeroplanes so cunningly that they can even find their way down the moving stairs into the tube stations. How horrible! Unfortunately I am not a bacteriologist, and so I appeal for information as to what variety of coccus or bacillus might be the innocent agent of such a campaign. I could conceive of masses of bacilli of the typhoid group being thrown down on water supplies, but it would be easy to combat this by boiling our drinking water. Again, would showers of *B. pestis* produce plague in the towns powdered with them, as a flea is usually the agent which carries it, so that it would be necessary to breed huge quantities of infected fleas and broadcast these in order to affect the underlying population to any appreciable extent. Even throwing down influenza germs would probably cause more stir among the bacteriologists, who would be arguing about their exact nature, than among those contaminated. But seriously, it appears to an ordinary physician that many alarmist declarations have been made in the Press for which there is inadequate bacteriological basis; or are there bacteria which are capable of infecting masses of people who come in contact with them casually, as they would were the germs spread from aeroplanes?

Gonococcal Infection

Dr. R. V. STORER (London, W.1) writes with reference to the notice of his book *Gonococcal Infection: Recent Advances in Pathology, Diagnosis, and Treatment*, which appeared in our issue of September 29th (p. 595): My views on this disease may seem "frankly heretical" to your critic, according to his own standards, but they have been accepted by venereologists in this country and America as being "sound and rational." Mr. Kenneth Walker, in his foreword, pointed out that this book "was marked by originality of thought and freedom from conventional views," but also suggested that "the fact that some of the author's dicta will meet with opposition is surely no disadvantage." When a medical man presents the results of his private research and clinical experience to his fellow practitioners, especially if his methods depend on a new concept of the pathology of a disease, I suppose he must expect to be called a "heretic," even though he is able to report a maximum degree of success. Your reviewer complains that the book contains "far too many errors," yet he mentions a trivial one only—namely, a figure based on a simple mental calculation, the mistake in which would be obvious even to a schoolboy. It has not been my desire to pose as a pontiff, as your critic suggests, but to present in all humility, and with due appreciation of its shortcomings, a clear, concise account of recent advances in gonococcal infection, based not only on the published works of other authorities, but on an experience gained by the intensive personal study of over five hundred cases throughout their course.

On October 15th the Edinburgh Branch of Watson and Sons (Electro-Medical) Limited, is moving to more commodious premises at 86, George Street, where there will be improved facilities for service work, and a showroom for the demonstration of apparatus.

Vacancies

Notifications of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 47, 48, 49, 50, 51, 54, 55, and 56 of our advertisement columns, and advertisements as to partnerships, assistantships, and locumtenencies at pages 52 and 53.

A short summary of vacant posts notified in the advertisement columns appears in the *Supplement* at page 204.