

Frequency of Micturition

"N. B. S." (Scotland) writes: I have a lady, aged 70, much troubled with frequency of micturition. She cannot retain urine more than an hour and a half. No abnormality of parts; no cystitis so far as urine indicates; urine free of albumin and sugar. I have tried various remedies, including belladonna, which has been pushed to the extent of dryness of mouth and much thirst. I shall be indebted if anyone could advise a remedy that has been found successful in such a case. There is distress resulting from this condition, since the patient can go nowhere unless facilities exist for micturition.

Staphylococcus Vaccine

Dr. ERIC KENDERDINE (Coventry) writes: The introduction of staphylococcus toxoid leads me to wonder whether the vaccine question has yet been fully discussed. Perhaps these few words will arouse some useful criticism. My impression is that many septic conditions, including lymphangitis too early for surgery, boils, and carbuncles are adequately dealt with by heroic doses of staphylococcus mixed vaccine used contemporaneously with manganese, provided carbohydrate metabolism is also adjusted. It is interesting to me to see in a carbuncle the many smaller and shallower ulcers left behind when sloughing is finished, instead of one big deep ulcer, which results from ordinary treatment. Also interesting are residual pockets at the margin which when emptied reveal not pus, but clear, serous fluid. This vaccine also, I have thought, definitely aids the gonococcus vaccine. In conclusion, I have a query. A year or so ago a lady developed cystitis a month before her baby was due. A whitlow began a week before the confinement, and as the matter seemed urgent vaccine was given. The whitlow did quite well, but, more of interest in this bearing, the cystitis ceased abruptly. Was this coincidence? Later labour and puerperium were normal. I am told that admissions to hospitals for carbuncles have declined markedly; I am sure the incidence of the disease has not declined. Quite the reverse. Perhaps my fellow general practitioners will say how they are curing their cases.

Income Tax**Payment of Interest on Loan**

"A. B." puts the following inquiry. A. lends £2,500 to B. at 3½ per cent. interest—that is, £87 10s. a year. How is the transaction treated for income tax?

* * Whether B. includes the £87 10s. in his statement of expenses is immaterial; in either case it will not be allowed as a deduction, and B. will therefore pay tax on (a) his own earnings and (b) the £87 10s. interest. As and when he pays the interest he will deduct the tax at the standard rate—for example, instead of paying £43 15s. for a half-year he will pay £43 15s. less £9 16s. 10d. = £33 18s. 2d. B. is thus recouped for the payment by him on the excess over his own earnings and A. receives his interest under deduction of tax. B. will find a special space in the statement of total income for giving particulars of the loan.

Obsolescence of Car

"J. B. F." has been refused an obsolescence allowance because the car has not been replaced. Is this correct?

* * Yes. The allowance is governed by Rule 7 applying to Cases I and II, Schedule D, and provides for the deduction of "so much of any amount expended in that year in replacing any plant or machinery," etc. If nothing has been so expended no "obsolescence" allowance can be claimed.

LETTERS, NOTES, ETC.**Poradenitis Venerea**

Mr. J. E. R. McDONAGH, F.R.C.S., writes: Having been particularly interested in poradenitis venerea for several years, may I be permitted to mention some of the inferences I have been able to draw from the cases I have studied. I exhibited the first case shown in this country in 1925, since when I have had five others. The causative micro-organism is a form of the *Bacillus gangraenae cutis*, which is closely allied to Ducrey's bacillus in that both have been generated by Morgan's bacillus. Morgan's bacillus heads the *proteus* group of micro-organisms, which, I believe, are mutation forms of the *B. coli communis*. The *B. coli communis* has mutated in several directions, and the forms generated can be arranged along each as

upon the rungs of a ladder. The *proteus* group of micro-organisms I have placed on Ladder IV. The highest rung on Ladder II is occupied by Friedländer's bacillus, and one of the forms this micro-organism has generated is the cause of granuloma venereum. Lymphogranuloma inguinale and granuloma venereum are two of the most chronic lesions met with in medicine, and to the list can be added ulcer molle serpinosum and rhinoscleroma. The chronic ulcer is caused by Ducrey's bacillus and the nasal lesion by a subacillary phase of Friedländer's bacillus. Surely it must be more than a coincidence that lesions equally chronic and affecting the genitals are caused by micro-organisms which occupy the highest rungs of their respective ladders. Frei's antigen is not specific, as it is capable of giving positive results in patients who are the victims at the time of examination of the activity of Morgan's bacillus. The *proteus* group of micro-organisms has been growing progressively more active since 1930, and particularly so since 1932, which would account for the higher incidence of lymphogranuloma inguinale recently. Against an ultra-microscopic virus being the cause is the chronicity of the lesion. The constitution of the filterable phase of a micro-organism forbids its causing other than an acute lesion. Filterable viruses can readily be isolated from chronic lesions and from the cells of the host as well as from the bodies of bacteria. Moreover, once bacteria have invaded lesions they may be made to develop into smaller phases in them. Finally, had we not been living in the ultra-microscopic virus era, search for one would never have been made in lymphogranuloma inguinale, and no manifestation of disease illustrates better than this one the disadvantage of conducting research on preconceived ideas.

Compulsory Vaccination in Norway

P. M. HOLST, writing in *Norsk Magazin for Laegevidenskaben* (March, 1935), concludes that compulsory vaccination in Norway has become an anachronism. It is still illegal not to be vaccinated, and the clergy of the State Church are supposed to require a certificate of vaccination from candidates for confirmation. Of late years there has been a great increase in the number of more or less conscientious objectors, who are fortified by the lack of disciplinary measures to enforce the law, and by a knowledge of the risks of encephalitis following vaccination. In Norway alone sixty such cases have been observed, and twenty-eight of them have proved fatal. The author admits that all Norwegian doctors acknowledge the value of vaccination as a preventive of small-pox, but he finds that the possibility of post-vaccinal encephalitis makes them diffident in urging it upon their patients. He is in favour of making vaccination entirely voluntary, and of abolishing a law which has become less and less operative.

Orthography and Medical Education

The Hon. VENETIA BARING writes from Edinburgh: As a regular reader of the *British Medical Journal* my eye was caught by the letter from Dr. C. H. Milburn of Harrogate in the issue of July 13th on the subject of "The General Education of the Doctor." Your correspondent appears to think that failure to spell a word correctly where technical terms are concerned may indicate "incorrect knowledge." Spelling, particularly of words containing vowels, which are often easily transposed, presents chronic difficulty to many people when writing, and if in a hurry they naturally use the letter which is in their mind as the most likely without thinking whether it is correct or otherwise. I have known personally a lawyer to whom spelling presented great difficulties, certain words being specially hard to memorize, and the spelling of "avulsion" is more often than not spelt with an "e" by most eminent physicians and surgeons, to give only an instance noticed by myself. The extremely lengthy and complicated names in use make confusion all the more likely. I would suggest simplifying these before criticizing the overworked medical man. With regard to the last quotation in the letter: "This same patient above was also notified by another doctor as suffering from 'P.T.' whatever that may be," I would venture to point out that your correspondent will find the letters stand for, "Pulmonary Tuberculosis."

Vacancies

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

A short summary of vacant posts notified in the advertisement columns appears in the *Supplement* at page 60.