benign course. A noteworthy case was an early perionychia (five months' infection), in which four fingers on one hand and one toe were affected. The inflammation at the base of the nails was considerable, involving the greater part of the fingers and toe and causing much pain. On Feb. 3rd I administered an intramuscular injection. On Feb. 20th all the inflammation had subsided, leaving the fingers and toe quite normal. The nails had nearly all separated and a new growth was visible. The patient had also had some mucous patches on the lower lip, which disappeared at a much earlier stage.

Another very interesting case was that of a man 40 years of age, suffering from a gummatous syphilide of the mouth (12 years' infection), giving rise to much destruction of tissue at the angles of the mouth and lower lip, causing disfigurement and contraction of the mouth. A very satisfactory improvement (by the same means) was visible in a few days. The ulcerative and degenerating processes were arrested, cicatrization following kindly. The patient was a week in the isolation ward, and returned to his home in the country very pleased with the improved appearance of his mouth, which on admission to hospital was revolting to look upon. He wrote to me recently saying that he had had no relapse so far.

In three very distressing cases of leucoplakia (all of some years' duration), in which the tongue presented a very angry appearance, the changes which had taken place in the sub-mucous tissue caused the affected part to become more prominent and nodular. In two of the cases the fissures on the dorsum and sides of the tongue, with the loss of pliability of the organ due to its hypertrophied condition, caused the patients much distress and sensitiveness to hot fluids and spicy food. Within a week of the administration of salvarsan the improvement was marked in all three cases. One of the patients said that he "could now eat a brick." The first of these three cases had a slight relapse two months after the intramuscular injection when it was thought wise to give him a second dose, which was intravenously administered. I saw this man at the department in company with Mr. F. P. Wilson on July 5th, and the tongue then presented a very satisfactory appearance; the fissures at the sides of the tongue had all disappeared, and he said he could now eat with comfort. In three cases of hoarseness due to some secondary lesion of the vocal cords, the loss of voice disappeared very soon after similar treatment, the improvement being marked. One of the pleasing features of the cases treated by means of salvarsan is the enthusiasm shown by the patients as to the value of the compound. This fact must have come to the notice of others who have had experience of its action in cases of syphilis. The last case to which I need allude was one of neuritis (ataxic symptoms). The patient had improved somewhat under mercurial inunctions. However, I advised him to submit to an intravenous injection, to which he consented. In ten days his condition had markedly improved. The gait was much steadier. He expressed himself "a different man."

At the department the practice now is to keep the patients (treated by salvarsan) for some further period under mercurial treatment. I am much indebted to Dr. T. R. Bradshaw for the use of an isolation ward in the Royal Infirmary for the cases treated intramuscularly. I am also much indebted to Mr. R. E. Kelly for operating in some of the intravenous cases. Also to Dr. A. Adams (Dr. Bradshaw's late house physician), Dr. R. B. Edwards (my late house surgeon), and Dr. L. Buckley (my house surgeon) for their kind assistance with the cases, some of which were efficiently injected by them.

I am, Sir, yours faithfully,

ARMAND BERNARD, B.A., M.B.,

Surgeon to the Department for Specific Diseases at the
Liverpool Royal Infirmary; Lecturer in Specific
July 7th, 1911. Diseases at the University of Liverpool.

To the Editor of THE LANCET.

SIR.—I am at a loss to understand the motive underlying Mr. Ernest Lane's letter in your last issue, and which appears to be personal rather than critical. He acknowledges that I was correct in my surmise that, when he spoke adversely of salvarsan in December last, his experience was a small one. He also assures me that "he had not the time or the inclination to carefully glean anything" either from the reported casualty lists or the writings of the opponents or

friends of salvarsan treatment. Mr. Lane writes that it passes his understanding that his allusion to what I called a remarkably small casualty list should be considered hostile criticism. Mr. Lane, however, drew attention to, and insisted on, the danger to life and sight following the use of this drug, and stated that "intolerance to mercury would be the only justification for looking elsewhere for a remedy." Mr. Lane did not emphasise the smallness of the casualty list; on the contrary, he by inference suggested that it was so large as to contra-indicate the treatment in all but occasional cases. Major French, to whose article of June 24th I was replying when I referred to Mr. Lane, quotes Mr. Lane as writing: "My experience of '606' does not agree with the opinions of the majority of those that have tried that preparation, and I am not at all inclined to advocate its use."

When an authority of the eminence of Mr. Lane speaks with no uncertain voice before a medical society on the question of the treatment of syphilis he surely cannot expect or wish his opinion to pass unnoticed. I have the high authority of Professor A. Neisser for entirely disagreeing with Mr. Lane's opinion on the undesirability of the routine use of salvarsan. Professor Neisser said in the Cavendish lecture: "We must treat every fresh case of syphilis, and, indeed, every case where we have suspicion of it, as quickly and as energetically as possible with '606.' Up to the present salvarsan has certainly proved less injurious to the internal organs than mercury."¹ Mr. Lane says that he is shortly opening a discussion on the treatment of syphilis by salvarsan. I shall read the report of this discussion with great interest, and perhaps may hear that Mr. Lane has modified his opinion of December last, which, according to his own confession, was based on only a brief personal experience and an incomplete study of the literature.

It is, perhaps, to be regretted that such an eminent authority should have permitted himself to express a decided opinion based on insufficient data.

I am, Sir, yours faithfully,

HUGH WANSEY BAYLY.

Upper Berkeley-street, W., July 15th, 1911.

THE DECLINING BIRTH-RATE.

To the Editor of THE LANCET.

SIR,—Captain O. A. R. Berkeley-Hill's comments from India in THE LANCET of July 8th on my Jenner lecture² are doubly welcome, not only for their intrinsic value but also for their reminder of the late Mr. Berkeley-Hill's unstinted labours in connexion with the Contagious Diseases Acts. The problem of the birth-rate is nearly connected with the prevention of venereal disease. These questions are of the very first national importance; they can hardly be adequately discussed except by medical men, and by them they are seldom discussed except as an *hors d'œuvre* and in private. They should, on the other hand, be expounded to every student during his course, and my own lecture was intended not as an *ex cathedra* utterance, but as an appeal for thought and inquiry.

Captain Berkeley-Hill's points may be answered as follows:—(a) He thinks I "greatly overrate the disorders indubitably referable to the prevention of conception." My opinion was based on that of the late Professor J. W. Taylor,³ and we must both appeal to gynaecologists to corroborate or revise his experience. (b) Commenting on my plea for sexual discipline, Captain Berkeley-Hill mentions the "many cases of chronic mental disorder which are directly attributable to sexual repression." We must appeal to specialists in mental diseases. But one must beware of attributing mental results to sexual repression, when they may be due to inherent mental defect, and when the repression may be due to habit, circumstance, or submission to authority, itself the result of such defect. My present opinion is based on that of Sir W. Gowers, who declared that he believed no one to have suffered in health by sexual abstinence. (c) Methods for prevention of conception may be checked by law without being prohibited. Their price may be raised by fiscal methods; their sale limited, like that of poisons, and subject to medical prescription. (d) I cannot understand Captain Berkeley-Hill's phrase, "compulsory

¹ West London Medical Journal, July, 1911, pp. 171 and 173.

² THE LANCET, April 22nd, 1911.

³ Brit. Med. Jour., Feb. 20th, 1904.

barrenness," nor follow Mr. Bernard Shaw's antics amongst the marriage-laws; nor agree that the medical profession must first attack the "lamentable state of the English marriage and divorce laws." Let Captain Berkeley-Hill explain his objections and his alternative.

Does he think that middle-class women refuse to marry because the marriage service follows general custom and expediency in prescribing that man, as breadwinner and protector, shall be the responsible head of the household? Or that they refuse to bear children because they have fallen in love with another man, while their husband remains faithful? Or is he opposed to monogamy or perhaps to any marriage tie as the essential preliminary to propagation in the eyes of the law? If so, he is against civilisation and neither he nor Mr. Shaw has proved his point.

Pending such proof, Sir, I would submit that the chief and obvious factors in the decline of the birth-rate are: (1) the knowledge of methods of prevention and the ignorance of its results; (2) competition in every detail of life and the consequent economic stress; (3) indulgence and lack of discipline; or, in other words, the rational, the economic, and the moral factors. As medical men we are concerned only with the rational factor and should insist, both in public and private, on the value of nature's own checks and methods; on the dangers of celibacy, prostitution, and abnormal married intercourse; and on the healthy influence, the gaiety, and the ultimate economic value of a well-stocked nursery. Contrary advice must only be given with a due sense of the personal and public dangers entailed. May I appeal to gynaecologists and to experts in mental diseases on the two points raised?

I am, Sir, yours faithfully,

F. E. FREMANTLE.

Zetland House, by Guy's Hospital, S.E., July 10th, 1911.

SUGGESTED DIAGNOSIS OF MALIGNANT SCARLATINA ANGINOSA.

To the Editor of THE LANCET.

SIR,—Surely the case reported in THE LANCET of July 15th by Mr. Ernest Stratford, of Wellington College Station, was one of malignant *scarlatina anginosa*? Unfortunately, neither is the date on which the child sickened given, nor are the initial symptoms of the attack mentioned. Again, there is only one note as to the pulse-rate. Notwithstanding these drawbacks, in attempting to arrive at a diagnosis, the confluence of the rash, intensity and persistency of the fever, "enormous" swelling and subsequent sloughing of the tonsils, the presence of hæmaturia and of oedema of the feet, all go to make up a very graphic description of scarlatina maligna.

I am sure that all published descriptions of röteln will be appealed to in vain—Mr. Stratford, in fact, admits as much—to substantiate a diagnosis of that acute infection in the terrible case reported in your columns.

I am, Sir, yours faithfully,

Dublin, July 15th, 1911. JOHN W. MOORE, M.D. Dub.

AN UNKNOWN SAMARITAN.

To the Editor of THE LANCET.

SIR,—I should like through the medium of your columns to express my grateful appreciation of the kindness shown me last Sunday in Wandsworth by a doctor (whose name I do not know) who not only rendered me first-aid when I was suffering from the effect of a spill from my cycle but brought me home in his own car. I trust you will allow me to take this opportunity of thanking him very sincerely.

I am, Sir, yours faithfully,

8, Solon-road, Brixton, S.W., July 17th, 1911. A. E. POOLEY.

INCOME-TAX RETURNS AND THE DEPRECIATION OF MOTOR-CARS.

To the Editor of THE LANCET.

SIR,—I shall be glad to know whether a doctor may claim for depreciation of a motor-car used in carrying on his practice in making up the return for assessment of the income-tax? My practice has just been assessed by the Special Commissioners and they have disallowed this item, stating that the depreciation of machinery is only allowed in trades and

not in professions. If this is the case surely it is time that such unjust law was rectified. The car is indispensable to the production of the income. If a car or carriage were hired the expense could be deducted.

I am, Sir, yours faithfully,

July 10th, 1911.

PUZZLED.

* * We understand that it is not infrequently the practice of surveyors to disallow claims for depreciation on the grounds suggested by our correspondent. Some surveyors, too, disallow the claim for the cost of a new car to replace one worn out. We have been advised by the Income-tax Repayment Agency that "a doctor may charge in his accounts for income-tax purposes all repairs to his motor-car used in his practice, and for the cost of a new car to replace the old one." It is obviously unfair to disallow the claims both for depreciation and for renewal: one or the other should stand; and if the practice to disallow both is growing medical men should combine to resist the injustice.—ED. L.

OPENING OF THE NEW MEDICAL BUILDINGS OF MCGILL UNIVERSITY, MONTREAL.

(FROM A SPECIAL CORRESPONDENT.)

THE week beginning June 5th was a carnival week for medicine in Montreal. The first two days of the week were devoted to celebrations in connexion with the opening of the new medical building of McGill University, and on the three following days the annual meeting of the Canadian Medical Association took place in the same building. These events, which have already been chronicled,¹ were made the occasion for a great gathering of McGill medical graduates from almost all parts of the continent, as well as from several out-of-the-way regions, and I think it likely that your readers will be interested in a brief account of the functions.

The attractive programme arranged for the opening of the new medical building was carried out without a hitch, reflecting great credit upon those responsible for the management of affairs. A *conversazione* was held in the evening of the opening day in the new medical building, and comprised many features of scientific and social interest. There were microscopical and bacteriological exhibits, Roentgen ray exhibits, exhibition of liquid air, library exhibits, lantern demonstrations and exhibits in the hygiene laboratories, and micro-projection of biological specimens, models, and experiments illustrating the physiology of the special senses. Music, concerts, and an informal dance were provided. The main interest of the evening's proceedings, however, naturally centred in the opening ceremony by the Governor-General of Canada, Earl Grey, which took place at 9.15 in the anatomical laboratory, a magnificently proportioned and large room on the third floor. Upwards of 2000 guests were present, comprising the leaders of social and professional life in Montreal. Upon the platform, among other university and city dignitaries, were Dr. Peterson, the principal of the University, Dr. Shepherd, dean of the medical faculty, and Professor J. G. Adami, professor of pathology in the University. After Dr. Peterson and Dr. Shepherd had welcomed their excellencies, Earl Grey delivered an apt and eloquent address, in the course of which he announced that Lord Strathcona had cabled from England that he would give a further sum of £20,000 in order that the new building might be equipped in a fitting manner. This makes a sum of £110,000 given by Lord Strathcona towards the cost of erecting and equipping the new building, in addition to providing the magnificent site. Indeed, without the aid of Lord Strathcona the aspirations of the medical faculty as regards building and equipment could not have been realised. The building, as will be seen from the accompanying illustrations, both in construction and arrangement, is commensurate with the great reputation of the medical school of McGill University. A striking feature of the building is the library, to which Sir William Osler and Dr. Casey Wood of Chicago

¹ THE LANCET, July 8th, 1911, p. 125.