the condition. There is no connexion whatever between tissue sensitivity and the susceptibility of micro-organisms to penicillin; hence there is no danger that desensitization would lead to any impairment of therapeutic effect.

Pediculosis

Q.—*Are there other hosts than man for Pediculus capitis and corporis and Phthirius pubis? If so, what?*

A.—There are no other natural hosts than man. Some American workers have shown that *P. humanus corporis* can be reared with considerable difficulty on the rabbit (Davis and Hansens, *Amer. J. Hyg.*, 1945, **41**, 1). The abdomen was shaved daily and the lice fed two or three times a day. Even so there was a high mortality, though it was just possible to rear two generations on this host.

Sexual Frigidity

Q.—*Is there any remedy for a fertile young married woman with markedly subnormal sexual desire associated with abnormal sleepiness? She is otherwise normal. Could the condition have an endocrine basis?*

A.—Sexual frigidity is rarely due to an endocrine cause, and more often is the result of a faulty outlook on sex matters or a failure on the part of the husband to rouse the sex-urge, which usually is latent in women and has to be developed by careful and patient education. In this case, however, the association of sleepiness raises the possibility of a hypothalamic or hypothalamic-pituitary disorder. The fact that she is fertile is evidence against any gross pituitary fault, but a lesion in the central nervous system should be excluded; so also should hypothyroidism. If no organic cause can be found hormone therapy is not likely to help, and the first step should be to make sure that the husband is fully aware of his duties in respect of love-making; one of the many books on the subject might help him. There should also be careful inquiry into the past history of the wife to see if there is any factor in her upbringing or any experience in earlier years which has given her a revulsion to the physical side of marriage.

Tests of Paternity

Q.—*Is there any reliable method of proving the paternity of a child who bears a strong resemblance to a suspected party and none at all to the supposed father?*

A.—No test yet devised will positively assign paternity to a child, but examination of the inheritable (blood-group) characters of the blood in relation to the supposed parents will in about one-third of the cases disprove the paternity of a particular man, for example, a husband who is not really the father. Broadly speaking, the child cannot have a group-character that it has not inherited from one or other parent. If all its group characters are accounted for in the blood of the husband and wife, then the husband can (not necessarily must) be its father. Any character not possessed by one or other of the couple must, on the other hand, have come from a man not the husband. Small samples of blood are needed from husband, wife, and child. Unfortunately, since medico-legal blood-grouping was discontinued at St. Mary's Hospital, it has become very difficult to get the tests done in this country.

INCOME TAX

All inquiries will receive an authoritative reply but only a selection can be published.

Cost of Books

N. E. asks whether the cost of replacing old editions of medical books with new editions is an allowable expense.

*** It depends on the nature of the earnings from which the deduction of such expenses is claimed. If the earnings are assessable under schedule D (e.g., are derived from general practice) such expenses are normally allowable. If, however, the earnings are assessable under Schedule E (as are the emoluments of an employment) such expenses are disallowed on the ground that they are not incurred necessarily in the performance of the duties of the employment but rather to put the taxpayer into a position to perform them.

Letters and Notes

Blood Products for Transfusion by Ship Surgeons

The normal issue for each ship will be six bottles of dried plasma or serum together with sterile distilled water for reconstitution and two sterile giving sets. If this is considered insufficient, increased supplies may be made after consultation by writing or in person with the transfusion officer concerned, but no more than six bottles will be issued to an accredited messenger without such consultation. Any material not used within six months should be taken as soon as possible to the nearest depot for inspection. Supplies will not be available through shipping chemists. Further supplies will be issued against the return of the empty or unused bottles and giving sets to any of the undermentioned centres:

London Docks.—The House Governor, London Hospital, Whitechapel. Tel.: Bishopsgate 8333. *Southampton.*—Dr. H. H. Gleave, Royal Southampton Hospital, Southampton. Tel.: Southampton 76211. *Plymouth, Falmouth, and Avonmouth.*—Regional Transfusion Centre, Southmead, Bristol. Tel.: Bristol 68021. *Cardiff and Welsh Ports.*—Regional Transfusion Centre (Welsh Board of Health), 19, Newport Road, Cardiff. Tel.: Cardiff 4521. *Liverpool.*—Regional Transfusion Centre, 102-4, Whitechapel, Liverpool, 1. Tel.: Royal 6314-5-6, Ext. 85. *Glasgow and West Scotland Ports.*—Glasgow and West of Scotland Blood Transfusion Service, 15, North Portland Street, Glasgow, C.1. Tel: Glasgow, Bell, 4111. *Edinburgh and East Scotland Ports.*—Edinburgh and South-East Scotland Blood Transfusion Service, Clinical Laboratory, Royal Infirmary, Edinburgh 3. Tel.: Edinburgh 26031, Ext. 179. *Newcastle.*—Regional Transfusion Centre, 78, Jesmond Road, Newcastle-upon-Tyne. Tel.: Jesmond 2992. *Hull.*—Regional Transfusion Centre, E.M.S. Hospital, Meanwood Park Colony, Tongue Lane, Leeds, 2. Tel.: Leeds 52651.

Gifts to Hospitals

The British Hospitals Association has prepared a memorandum which explains briefly how intending donors may still make gifts to hospitals with the assurance that their benefactions will be applied in accordance with their intentions and for the benefit of the particular hospital or locality in which they are interested. This object can be accomplished by taking care that the will, or deed of gift or directions, make it clear that the gift is to be treated as a capital fund, separate from the general funds of the hospital, or as a fund for some specific object of a capital nature. Such a gift may consist of money or of property. A point to be noted also is whether the gift is made before or after the "appointed day." Appropriate forms of words for use in making gifts to a hospital are included in the memorandum. These have been prepared by Chancery counsel at the request of the British Hospitals Association.

Buccal Ulceration and Menstruation

Dr. A. G. T. BROWN (Horley, Surrey) writes: I noted the question (March 15, p. 365) put by a doctor concerning his edentulous patient who suffered buccal ulceration near the time of menstruation and asking for the treatment. I saw a woman of the same age six months ago with the same trouble who had had all dental causes excluded. Stilboestrol gave her violent nausea but stopped the ulcers completely. In this case they were on the upper gum opposite the canine teeth. Subsequent trial with dienoestrol 0.3 mg. during the second half of the cycle taken every other day seemed to have prevented recurrence. Your correspondent may be interested in this treatment.

Correction

In our Epidemiological Notes of April 19 (p. 550) the statement "In Aberdeen 89 babies have died of gastro-enteritis during the past three months" was incorrect. Over this period 89 was the total number of deaths of children under one year; of these deaths 31 were due to gastro-enteritis.

All communications with regard to editorial business should be addressed to THE EDITOR, BRITISH MEDICAL JOURNAL, B.M.A. HOUSE, TAVISTOCK SQUARE, LONDON, W.C.1. TELEPHONE: EUSTON 2111. TELEGRAMS: *Aitiology, Westcent, London.* ORIGINAL ARTICLES AND LETTERS forwarded for publication are understood to be offered to the *British Medical Journal* alone unless the contrary be stated.

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MEMBERS' SUBSCRIPTIONS should be sent to the SECRETARY of the Association. TELEPHONE: EUSTON 2111. TELEGRAMS: *Medisecra, Westcent, London.*

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