

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

ULCERATIVE GINGIVITIS: VINCENT'S ANGINA.

DURING the period of the war attention has been attracted to an ulcerative condition of the gum margins which is associated with the organisms described by Vincent. There would seem to be an idea on the part of certain writers that this is a disease discovered during the present war. Such is not the case. The clinical condition has been well recognized by dental surgeons for the last twenty years, cases constantly occurring in the clinics of the various dental hospitals. In John Hunter's famous work on the teeth there is an excellent description of this condition in the section on "Scurvy of the gums."

Amongst recent writers the credit of drawing attention to the subject should, I think, be given to J. S. Marshall of Chicago, who described the condition in the following words:

The clinical characteristics are the formation of ulcers at some point of injury, which at first appear in nowise different from the ordinary form of a localized ulcerative stomatitis, but which, after the lapse of twenty-four to forty-eight hours, begin to spread rapidly along the margins of the gingivae in all directions, involving both jaws, and sometimes extending to the hard palate and the floor of the mouth. The margins of the gums assume a general ulcerative condition, accompanied by swelling, redness, and considerable congestion of the parts, which bleed easily. Later they become covered with a dirty white or yellowish-white pellicle or membrane—somewhat resembling the thrush film—which sloughs off after a day or two, destroying the festoons and leaving a ragged surface. The denuded surface is very red and covered with coarse granulations, which bleed upon the slightest provocation. The gums are loosened from the necks of the teeth and the borders of the alveolar processes are exposed. Pus mixed with blood exudes from the inflamed tissue about the necks of the teeth. The breath and excretions are very fetid and salivation is profuse. In these respects the symptoms resemble mercurial pyalism. The ulcerated surfaces are exceedingly sensitive and motions of the tongue and lips on this account are very painful. Food is taken with difficulty. Accompanying the local manifestations there is a general febrile condition, temperature ranging from 100° to 101° F., thirst, loss of appetite and general malaise, sleeplessness, and irritability of temper.

On the appearance of Vincent's publication it was apparent that there was a close similarity between the throat condition he described and that of the gums, and bacteriological examination showed that the latter condition was associated with the so-called Vincent's organism.

During the present war the condition has become widespread, and we have yet to find the real cause. One writer has suggested that it is to be found in the constant inhalation of putrescent matter.

The disease is seldom found in a clean mouth; by a clean mouth I mean one where the gingivae are normal. The ulceration usually starts around badly fitting crowns, in the deep pocket posterior to the lower third molar, and in mouth breathers around the necks of the lower incisors, but it may begin in any position where there is periodontal disease—in other words, in pre-existing "stagnation areas." These areas usually harbour organisms of the staphylococcal group, but in the case of Vincent's angina they have become infected with the organisms of that disease, which, as we know, are exceedingly toxic in character.

Treatment should be directed towards the irrigation of the pockets and the local application of drugs considered to have a specific action on the organism. Arsenical preparations have been advocated, but I have not found that they possess any advantage over iodine. Areas that cannot be easily irrigated should be eradicated, and it is most important that any mouth breathing should be corrected; as long as this is present the condition is extremely difficult to combat.

My principal object in writing this note is not so much to draw attention to the pathology of the condition, but to record the fact that we are dealing with a condition which was well known and recognized by dental surgeons long previous to the present war.

J. F. COLYER, F.R.C.S., L.D.S.,

Honorary Consulting Dental Surgeon, Croydon War Hospital, and The Queen's Hospital, Sidcup.

Reports of Societies.

EYE-STRAIN IN GENERAL PRACTICE.

At a meeting of the Medical Society of London held on February 4th, with Dr. JAMES STOWERS in the chair, Major WALTER BROADBENT, R.A.M.C.(T.), read a paper on inter-lobar empyema and other surgical complications of the thorax, which was discussed by Dr. DE HAVILLAND HALL and Mr. HUGH LETT.

Dr. H. A. DES VŒUX read a paper on the symptoms of eye-strain as met with in general practice. He said that the symptoms were hardly ever attributed to the eye as a possible cause, the patient declaring that the eyesight was perfect and the oculist usually saying that the defect was so slight as to be negligible. The following syndrome was produced by eye-strain (including migraine): Fears and panics; depression of spirits and vitality; fits or attacks (including fainting); giddiness, dizziness, and vertigo; fatigue; indigestion; paralysis (functional); disorders of sleep; train vomiting. The paper was based on an analysis of 100 cases, consisting of 35 males and 65 females. In women the symptoms tended to be intensely aggravated at or about the catamenia. The age limit was very wide, but most of the patients could trace back symptoms to early youth or childhood. If surrounding conditions were favourable to their production the symptoms would first show themselves in a minor degree in childhood and become quite manifest about 15 to 25. The greatest success in treatment was attained at this age. The general health showed no alteration which would account for the symptoms; many complained of indigestion, without signs or symptoms of dyspepsia or any indication of disease or disturbance of the liver. Some patients suffered from colitis, but in most the eye-strain symptoms preceded this disease. Heart disease was conspicuous by its absence.

Analysis of Symptoms.

Headache or migraine was present in 60 to 70 per cent. of the patients. In some it constituted the chief if not the only sign; in others it was trifling or slight. The commonest seat of the pain was the frontal region, sometimes beginning on one side and passing to the other, sometimes beginning on both sides. Often it was definitely in the eyes, "through the eyeballs," "at the back of the eyes," with some tenderness of the eyeballs. The pain, however, might be vertical, occipital or temporal, but never parietal alone.

Depression of spirits was noted in 30 per cent., appearing generally to be due either to the frequent attacks and the dread of their recurrence, or caused by inability to take an active part in life, or by having to give up an occupation which was congenial or the only source of income. In some cases depression was the only marked symptom.

Fatigue was mentioned in about 40 per cent., produced apparently by the constant bodily suffering. Many had been typical neurasthenics and had been treated as such. As with migraine, it often began in the morning.

Fears and panics were often mentioned. Fears took the ordinary forms of unreasoning dread of what was going to happen, or some approaching catastrophe, or of a pending illness. The panics not un seldom took the form of claustrophobia.

Indigestion was frequently complained of, and was a marked symptom in 30 per cent. In most it was quite atypical; a want of appetite, distaste for food, and fullness or a little flatulence. The abdomen frequently felt normal, but in some cases there was undoubtedly definite and severe indigestion, with flatulent distension. Constipation was often marked, and in practically all the cases had always previously been assigned as the cause of the trouble. Disorders of sleep were very common. Insomnia was much complained of in twelve cases, but most patients mentioned some discomforts about sleep; it was often heavy, sometimes very restless. Whether the sleep was absent, intermitting, restless, or accompanied by dreams and nightmare, waking up unrefreshed was the ordinary result. Dropping to sleep during the day was frequently mentioned.

Giddiness or vertigo was present in one-fourth to one-third of the cases, of a similar type to that produced by other causes.

Attacks were complained of by many patients. Certain of these were undoubtedly true fainting or syncopal seizures. The fainting so common in crowded hot rooms, concerts, etc., was probably of ocular origin. Some of these seizures conformed in every respect to *petit mal*, and attacks of complete unconsciousness might occur. There might be some close relationship between eyestrain and epilepsy.

Among other symptoms noticed were an inability to concentrate; a feeling of unreality sometimes almost of dual personality; muscular twitching of the face, arms or legs, or

highly paid Royal Engineers, and, other things being equal, strict regard should be had to that list.

An officer might be given an option, when the exigencies of the service permit, of serving in India for a definite period, and while there he should be provided with free quarters and rations, or an adequate allowance in lieu thereof.

The attention of Parliament should be drawn to the gross injustice and the unfair treatment meted out to the officers who had the misfortune to belong to the Territorial R.A.M.C. before August 4th, 1914.—I am, etc.,

Edinburgh, Feb. 7th.

J. W. L. SPENCE.

Universities and Colleges.

UNIVERSITY OF CAMBRIDGE.

At a congregation held on February 9th the following medical degrees were conferred:

M.D. — H. J. Gauvain, G. L. Keynes.

UNIVERSITY OF LONDON.

At a meeting of the Senate on January 23rd a committee was appointed to inquire into the question of the admission of Dominions' soldier and sailor scholars medically unfit for further service to the university as internal students.

Regulations were adopted, to be in force during the war, by which external students passing the first examination for medical degrees Part I in December may be admitted to the second examination in the following March.

Studentships.—Candidates for the Lindley Studentship and the University Studentship in physiology, value £100 and £50 respectively, to undertake research in physiology, must send their applications to the Academic Registrar, from whom full particulars can be obtained, by April 30th and May 31st respectively.

PARLIAMENTARY REPRESENTATION OF UNIVERSITIES.

UNDER the new Reform Act the representation of universities has been increased by 6. The number of members now allotted is: Oxford, 2; Cambridge, 2; London, 1; Wales, 1; Durham, Manchester, Liverpool, Leeds, Sheffield, Birmingham and Bristol, 2; Aberdeen, Edinburgh, St. Andrews and Glasgow (together), 3. The principle of proportional representation is introduced for universities represented by two or more members. The Irish University representation, like the other representation of Ireland, remains unaltered.

The Services.

THE AUXILIARY R.A.M.C. FUNDS.

Officers' Benevolent Branch.

WE have received a letter from Major A. C. Farquharson, R.A.M.C.(T.F.), a member of the Committee of the Auxiliary R.A.M.C. Funds, but as it is not quite self-explanatory we propose, with his sanction, to explain the situation to which he wishes to call attention.

In the first place it is to be remembered that there are two funds managed by the same committee—the one for the benefit of officers, the other for that of non-commissioned officers and men. The remarks we have to make refer only to the fund for officers (the Officers' Benevolent Branch), which is for the benefit of the Special Reserve, Territorials, and those holding temporary commissions in the R.A.M.C. The funds were established at a meeting, under the chairmanship of Sir Alfred Keogh, on June 26th, 1916. A scheme was submitted to this meeting, which has since been modified in certain respects, the most important being that the original limitation to orphans has been altered so as to allow assistance to be given to the children of officers totally disabled. The rule that orphans of officers who are non-subscribers to the fund shall have no claim on its benefits appears to be maintained and would, we assume, apply to the children of disabled officers.

An account of the work of the Officers' Branch Fund down to the end of 1917, furnished to us by the honorary secretary, was published in the JOURNAL of January 12th, p. 71. The first annual general meeting was held on October 26th, 1917, but we were unable to give a report of the proceedings at the time as reporters were not admitted. We learn that the accounts made up to September 30th, 1917, showed that a sum of a little over £4,000 had been received in subscriptions and donations, and that of

this sum £3,800 has been invested in new War Loan at 5 per cent. As already reported, the annual meeting approved grants amounting to £160 to the orphans of four officers with temporary commissions and two officers in the R.A.M.C.(Territorial). We find that at this meeting Major W. T. F. Davies, D.S.O., M.D., urged that an appeal should be made to the profession throughout the United Kingdom, a suggestion which we had ventured to put forward on June 24th, 1916, when the Fund was about to be formed. We gather that at the annual general meeting Major E. H. T. Nash (T.C.) also expressed the view that an appeal should be made to others not serving in the Auxiliary Branches of the Corps. In speaking on this point, Major Farquharson said that his own experience of an effort in this direction at Christmas, 1916, had not been encouraging; he had sent out a large number of letters but had only received £6 from civilian practitioners engaged in part-time duties in the Northern Command and not connected with hospitals. The note of his speech in the report of the first annual general meeting issued by the Funds has given the erroneous impression that this was the whole result of his appeal. The response from officers was good: he received in donations and subscriptions some hundreds of pounds, and the late secretary of the Fund acknowledged that if all the other Commands had done (at that time) half as well as the Northern Command the success of the Fund would have been assured. "The R.A.M.C. did splendidly, the civilian practitioners did not." Major Farquharson goes on to deprecate optimistic and fanciful estimates of the amount of donations that will be expected.

The sum received in donations down to September 30th, 1917, appears to have been £2,548, and we gather that nearly the whole of this has been in gifts from officers holding commissions in the Auxiliary Branches R.A.M.C. The number of subscribers in 1916 (six months) was 503; at the end of 1917 it had been increased to over 1,200.

EXCHANGES.

Medical Officer in charge of a cavalry unit in France desires exchange with medical officer serving in England.—Address, No. 599, BRITISH MEDICAL JOURNAL Office, No. 429, Strand, W.C.2.

Medical Officer in charge of a motor transport unit in France desires exchange with medical officer serving in England.—Address, No. 600, BRITISH MEDICAL JOURNAL Office, No. 429, Strand, W.C.2.

Obituary.

By the death of Dr. THOMAS LAFFAN, Cashel, co. Tipperary, which occurred in his 76th year, an able and many-sided personality has been lost to the profession in Ireland. A son of the late Mr. D. Laffan, solicitor, Dr. Laffan was a well-known politician, philanthropist, and controversialist. He was formerly demonstrator in anatomy in the Catholic University, Dublin. Old students will recall the strenuous and successful fight he made for the conferring of degrees (*ad eundem*) on graduates of the old Catholic University by the Senate of the National University, he himself being one of the first recipients. He contributed many articles to the French and English medical press, and was the author of an essay on the grievances of Poor Law medical officers. He was a past president of the South-Eastern (Ireland) Branch of the British Medical Association, and for several years acted as its representative at the Annual Representative Meeting, where he frequently enlightened and amused, by his contributions to debate, his British colleagues. He was surgeon to the Cashel Infirmary, and enjoyed a lucrative practice. He was a member of the Cashel Urban Council. As a speaker and writer of independent thought on Irish National affairs he was also widely known.

WE regret to record the death, on February 7th, of Mr. W. H. JALLAND, of York, after a long illness. He was born at Nottingham, and received his medical education at Guy's Hospital, taking the diplomas of M.R.C.S. in 1870, L.R.C.P. in 1871, and F.R.C.S. Eng. in 1873. After holding the offices of house-surgeon and resident obstetric officer at Guy's Hospital, Mr. Jalland joined Mr. W. D. Husband, of York, who was a very active member of the British Medical Association. Mr. Jalland became a member of the Association, and retained his membership throughout the whole of his professional career. He was president of the Yorkshire

Branch in 1894, and vice-president of the Section of Surgery at the annual meeting at Sheffield in 1908. He was for over thirty-four years surgeon to the York County Hospital, and for some years a member of the house committee. On his retirement in 1914 from the office of surgeon the committee elected him consulting surgeon, and recorded its appreciation of the value of his professional work for the hospital, and the indefatigable energy he showed in assisting it financially, both by his own gifts and by his influence with others. He was surgeon to the 1st Volunteer Battalion West Yorkshire Regiment (York Rifles) for over seventeen years, and retired with the rank of surgeon-major. He was much interested in ambulance work, was president of the York centre and a Knight of Grace of the Order of St. John of Jerusalem. Since the war began he had given much time to the military hospital in Haxby Road, of which he was surgeon. Mr. Jalland was a J.P. for the North Riding of Yorkshire, and deputy lieutenant for the West Riding; he was sheriff of York in 1896. He is survived by his widow, a daughter, and a son; another son, a lieutenant in the East Yorkshire Regiment, was reported missing and subsequently presumed killed after the Suvla Bay landing.

SURGEON-GENERAL SIR ADAM SCOTT REID, K.C.B., Indian Medical Service (retired), died of pneumonia in a nursing home in London on February 2nd, aged 69. He was born on April 4th, 1848, educated at Edinburgh University, where he graduated M.B. and C.M. in 1869, and entered the I.M.S. as assistant surgeon on March 31st, 1872. He became surgeon on July 1st, 1873; surgeon-major on March 31st, 1884; surgeon-lieut.-colonel on March 31st, 1892; brigade-surgeon-lieut.-colonel on June 9th, 1897; full colonel on May 19th, 1899; and surgeon-general on June 16th, 1902; and retired on March 25th, 1907. He served in Afghanistan in 1879-80 (medal); in the Chin-Lushai campaign on the North-East Frontier of India in 1889-90, with the Burma column (medal and clasp); and in the North-West Frontier campaign of 1897-98, when he took part in the relief and defence of the Malakund, in the relief of Chakdara, and in the operations in Bajaur and in the Momund country, was mentioned in dispatches, and received the medal with two clasps. On his promotion to the administrative grade he was posted as administrative medical officer and sanitary commissioner of the Central Provinces, and during his tenure of that office initiated and presided over a conference on malaria at Nagpur in 1901. In February, 1902, he was appointed inspector-general of civil hospitals in the Punjab, and on June 16th, 1902, surgeon-general of the Punjab Command, holding that post till his retirement. Except for the three years May, 1899, to June, 1902, during which he held civil administrative appointments, his whole service was spent in military employ. He was granted a good service pension on December 2nd, 1901, was made a C.B. on June 26th, 1903, and promoted to K.C.B. on June 23rd, 1911.

THE death occurred at Catcliff, Bakewell, Derbyshire, on January 15th, of Dr. PHILIP SHELDON FENTEM. He was the son of the late Thomas Fentem, F.R.C.S.Eng., and was born at Eyam on November 8th, 1841. After being apprenticed to his father he proceeded to Edinburgh. He took the diploma of M.R.C.S.Eng. in 1863, and the degree of M.D.Edin. in 1865. He settled in Bakewell in 1865. He was the first M.O.H. for the Urban District of Baslow and for the Northern Division of the Bakewell Rural District, and afterwards was appointed M.O.H. for the whole district. He retired from the post of district medical officer and public vaccinator for Bakewell District in 1916, having held these offices for forty-seven years. He was actively interested in ambulance work, and was an honorary life member of the St. John Ambulance Association. He took an active share in local affairs as churchwarden, member of the Local Board, and one of the original Governors of Lady Manners School, Bakewell. Dr. Fentem belonged to the best type of general practitioner. His quiet courage enabled him to meet the difficulties of rural practice, but he was perhaps at his best as an obstetrician. Sir James Young Simpson advised him to remain in Edinburgh and specialize in that work, but the charm of a country life called him. He made a fine collection of old oak furniture,

and on that subject was an authority. Though of a retiring disposition, all knew that behind his reserve was a kind and generous heart, and many sought his advice in their troubles, not as a medical practitioner only, but as a true friend. He was for many years a member of the British Medical Association, which his father had joined soon after its inception. He married the daughter of Mr. Robert Mackay, of Fountain House, Loanhead. She died in 1909. He leaves one son, with whom he has been in partnership many years, and two daughters, to mourn his loss.

Medical News.

DR. E. RYAN, J.P. (Crumlin), has been elected a member of the Monmouthshire County Council.

DR. S. RIDEAL, public analyst for Chelsea, has been elected president of the Society of Public Analysts.

AT a meeting of the medical profession in Guildford, held on December 29th, 1917, it was unanimously decided that it was necessary that the fees for medical attendance in Guildford and district must be raised.

A QUARTERLY meeting of the Medico-Psychological Association of Great Britain and Ireland will be held at the Maudsley Hospital, Denmark Hill, London, S.E., on Thursday next, at 2.30, when Lieut.-Colonel F. W. Mott, M.D., F.R.S., will read a paper on war psychoses and psychoneuroses, and demonstrate the microscopic changes in the brains of fatal cases of shell shock and gas poisoning. It is hoped also that Professor Marinesco of Bucharest will give a microscopic demonstration.

INFANTILE beriberi due to breast-feeding by mothers with the disease in a latent or declared form has been recognized in two forms: (a) the chronic aphonic lasting for several weeks, with a hoarse voice and a dilated and hypertrophied right heart, and (b) the acute pernicious cardiac, lasting from several hours to two days, and characterized by intense and incessant crying. In addition, J. Albert (*Philippine Journ. Sc.*, 1917, vol. xii, p. 166) briefly describes the pseudo-meningitic form in infants of five to six months, or somewhat older than the ordinary cases. Ptoxis giving the infants an idiotic expression is a prominent feature; drowsiness, retraction of the head, and upward rotation of the eyes also occur. The right side of the heart is shown by x rays to be enlarged. In two out of the three cases there was a history of previous aphonia, thus suggesting that the meningeal symptoms were due to a second attack of beriberi. The cases were rapidly cured by the extract of tiqui-tiqui, which is a specific for infantile beriberi.

THE report presented and adopted at the annual meeting of the Scottish Poor Law Medical Officers' Association early this month stated that it had not been necessary to warn any applicant against accepting an appointment because the information supplied by the secretary, Dr. W. L. Muir, 1, Seton Terrace, Glasgow, as to the area, population, difficulties of locomotion, etc., had been sufficient to deter applicants. The claim made upon the Highlands and Islands Medical Service Board was for a guarantee of a dwelling-house, rent and taxes free, expenses of a professional nature, and a free income of not less than £300 a year. It was thought that it would be well that the medical officers should formulate their grievances and appoint a deputation to interview the Board. The position created by the action of some parish councils in adding the whole of the old age pensioners to the list of medical officers was under consideration. A suggestion had been made that a capitation grant of nine shillings for medical attendance and medicine should be paid by the parish council for each old-age pension case.

THE current number of the *Nordiskt Medicinst Arkiv* (Bd. 50, Heft 3-4) presents a remarkable feature in the number of papers which are written in the English language. It has been a rare occurrence hitherto to note a single paper in English. Of eleven papers, nine now appear in English and two in German. The *Nordiskt Arkiv* has always maintained a high standard for the contributions it accepted, and this somewhat new departure will tend to make it more generally read and appreciated among the English-reading races, and more specially among the surgeons of the British empire and America. The current number contains articles upon the surgical treatment of the reflex dyspepsia associated with chronic constipation, the examination of gall stones by x rays, the prognosis of otogenic sinus phlebitis, septic lung diseases in connexion with clearing out of teeth, on sliding hernia,

appendicitis and the functions of the gall bladder. This delicate expression of cordiality in the Scandinavian countries towards the English language may, perhaps, be taken as the expression of sympathy and encouragement in our fight for what is right and true and free.

HERMANN KÜTTNER (*Muench. med. Woch.*, August 14th, 1917), consulting surgeon in the German navy, has drawn attention to the fact that the explosive action of projectiles in the body is not confined to the rifle bullet. This effect of the rifle bullet had, he says, in recent wars been the cause of numerous mistakes and false accusations, but omits to confess that the Germans floundered heavily into this pitfall early in the present war. Küttner recognized that fragments of shells and bombs may inflict a single wound of entry and numerous wounds of exit. He has seen a whole series of such cases, and he believes that they are not rare. He has seen not only single wounds of entry and multiple wounds of exit inflicted by shell fragments, but with the x rays has demonstrated the presence of many fragments of shell in the body, though there was only one wound of entry. He reproduces photographs of two metal boxes for holding a gas mask outfit which had been struck by fragments from aerial bomb. Both boxes show a single hole of entry, while on the opposite side there were many large and small holes of exit. An analysis of the splinters from the bombs revealed no intrinsic explosive qualities, only nickel molybdc steel.

FROM several thousand examinations during the last three years J. A. Johnson (*Phillipine Journ. Sc.*, 1917, xii, Sect. B., 115) has been led by its varying morphological appearances to classify *B. leprae* into four groups: (1) The classical, common in comparatively recent macular and nodular lesions, and occasionally seen in old lesions becoming active again. (2) Fragmentary (degenerative) with (a) coarse, (b) fine granules; the granules are probably evidence of degeneration, as the fragmentary form is rare in active lesions and common in old inactive lesions, and in patients treated with chaulmoogra oil. (3) Solid form, (a) long, (b) short, is rare, and is found in the ulcer on the septum nasi, and at the margin of chronic ulcers. (4) Nocardial or streptothricial, non-acid-fast, the parent form of the others. Stricker and others have insisted on the diagnostic value in doubtful, especially anaesthetic, cases of *B. leprae* in the nasal mucus. Johnson found them in the nasal mucus of 12.9 per cent. of known anaesthetic lepers, that is, the cases in which their presence is likely to be of diagnostic value, and in 52 and 43 per cent. of known nodular and mixed lepers. He concludes that nothing is gained by examination of the nasal mucus in the presence of definite clinical evidence of leprosy, and that in the absence of clinical signs, acid-fast bacilli in the nasal mucus should not be regarded as prima facie evidence of leprosy. He attaches much importance to the examination of the blood during febrile paroxysms in doubtful cases.

THE report of the Government Veterinary Bacteriologist, Southern Rhodesia, for the year 1916-17, compiled by Mr. Bevan, M.R.C.V.S., the Government bacteriologist, states that over 2,500 smears and specimens from the field and almost as many from animals under experiment at the laboratory were examined. Of the former, 120 showed the parasites of African coast fever, 125 the parasites of other diseases, and 33 specimens of serum the presence of the virus of contagious abortion in cattle. It is stated that the more general application of the principle of "short-interval dipping" has to a large extent reduced the losses due to plasmoses of cattle. In practice there would appear to be three stages in the development of a herd: (1) The pioneer stage, when imported animals cannot be used for the improvement of the nucleus of native cattle unless inoculated, and when a heavy mortality of young stock must be expected from redwater and other diseases. (2) A second stage, when by systematic dipping the veld becomes tick-free and imported stock can be introduced with impunity, and the young progeny grow up and thrive free from disease. (3) A third stage, when animals bred upon such areas being susceptible to tick-borne diseases cannot be exposed to tick-infected veld, so that the market for them becomes restricted. Until, therefore, the practice of systematic dipping becomes universal, there are certain disadvantages associated with this method. There still exists the necessity of a satisfactory method of inoculation for the protection of imported bulls exposed upon infected veld, and efforts have been made during the last ten years to discover a means of conveying immunity. An epidemic amongst pigs was found to be due to a trypanosome of the *T. pecorum* group. The administration of antimony oxide had no apparent influence upon the course of the disease.

Letters, Notes, and Answers.

ORIGINAL ARTICLES and LETTERS forwarded for publication are understood to be offered to the BRITISH MEDICAL JOURNAL alone unless the contrary be stated.

CORRESPONDENTS who wish notice to be taken of their communications should authenticate them with their names—of course not necessarily for publication.

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1. EDITOR of the BRITISH MEDICAL JOURNAL, *Aitology, Westrand, London*; telephone, 2631, Gerrard.
2. FINANCIAL SECRETARY and BUSINESS MANAGER (Advertisements, etc.), *Articulate, Westrand, London*; telephone, 2630, Gerrard.

3. MEDICAL SECRETARY, *Medisecra, Westrand, London*; telephone, 2634, Gerrard. The address of the Irish Office of the British Medical Association is 16, South Frederick Street, Dublin.

The address of the Central Medical War Committee for England and Wales is 429, Strand, London, W.C.2; that of the Reference Committee of the Royal Colleges in London is the Examination Hall, 8, Queen Square, Bloomsbury, W.C.1; and that of the Scottish Medical Service Emergency Committee is Royal College of Physicians, Edinburgh.

Queries, answers, and communications relating to subjects to which special departments of the BRITISH MEDICAL JOURNAL are devoted will be found under their respective headings.

QUERIES AND ANSWERS.

ULSTER MEMBER.—A M.P.S.I. cannot permit an unqualified assistant to dispense medicine except under the proper supervision of a fully qualified chemist. We would advise our correspondent, if his chemist should persist in ignoring his representations in this matter, to communicate with the Pharmaceutical Society (Ireland), 67, Lower Mount Street, Dublin.

INCOME TAX.

"LOCUM" inquires as to the proper method of assessment of fees received while acting for a local authority on terms of weekly notice; and as to the position of the tax officials who are sending communications through a friend's address, given by our correspondent to them some time ago.

* * All salaries, fees, wages, etc., paid by local authorities are assessable under Schedule E on the basis of the current year's receipts; at the same time, if our correspondent has been acting temporarily at various places during this financial year and in the three previous years, the authorities would, we believe, deal with the whole matter on a three years' average. In the circumstances we do not see what right the assessor for the town in which our correspondent's friend resides has to demand his present address, but we suggest that, having used that address, our correspondent has probably brought himself on to the assessor's list—in fact though not in law—and that the assessor's inquiry is directed towards obtaining a more recent address to which the matter might be transferred; if so, the satisfaction of the request would seem desirable from all points of view.

B. G. R. C. is employed by the Ministry of Munitions at a Government factory hospital. He inquires whether he is taxable at the civilian rate or at the "reduced rate chargeable on Government pay."

* * Our correspondent has in mind the special rate applicable to army and navy pay, to which he is not entitled. There is no difference between the ordinary civil rates of tax and the rates chargeable on Government salaries and fees other than army and navy pay.

LETTERS, NOTES, ETC.

HABIT AND CRAVING.

DR. ARTHUR KING (Wareham) writes: In your leading article on veronal (February 9th) there is a small point which is less hair-splitting and more practical than at first appears. Sir James Mackenzie, I take it, in effect says there is no such thing as a veronal habit because there is not the same craving as with morphine and the bromides, which produce their own peculiar, attractive, dreamy quiet, and that veronal is a means only to an end, while morphine has its thralldom in its means—that without craving there is no habit. Observation in not a few instances has suggested that craving and habit can be things apart, and that habit often persists after longing has died. The original act may be, no doubt, the result of desire, but every act tends to repeat itself, and, if not unduly complex, is performed automatically. "The cause of drunkenness is drink" is a statement of bald fact. If repeated vicious acts have not craving as a mainspring, the patient's cure should be almost simple, but to burke or scotch desire involves a more difficult problem.