Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

ACUTE NEPHRITIS FOLLOWING INFLUENZA.

DURING the recent pandemic of influenza our chief attention has been given to the prevention of pneumonia, but on November 5th another sequel was brought to my notice in the form of three cases of acute nephritis. I think it wise to examine carefully the urine of those patients who are obviously worse than the majority of those infected, since a warning may thus be received. At the outset the symptoms of influenza and acute nephritis are somewhat similar, both having a sudden onset, a feeling of chilliness, pain in the back, and occasionally nausea and vomiting, but there is no doubt of the diagnosis when, as a rule, within twenty-four hours puffiness of the face and eyelids and sometimes ankles leads us to examine the urine.

Case 1.—M. E., aged 10 years, female. Attack of influenza November 2nd. On November 5th, headache, backache much increased. Nausea, vomiting, and extreme pallor, in contradistinction to flushed face of influenza. Urine, 10 oz. in twenty-four hours, specific gravity 1025; acid, smoky, albumin, blood, epithelial tube casts. Face, eyelids, back of hands, legs and ankles oedematous. On November 8th patient more restless, persistent vomiting; uraemic convulsions and death on November 9th.

Case 2.—S. W., aged 14 years, female. Attack of influenza November 2nd. On November 5th, general puffiness, with intense headache and vomiting. Patient sleeps nearly all day. Urine, 17 ounces in twenty-four hours, specific gravity 1026; acid, albumin, epithelial granular tube casts. Headache and vomiting improved, and after November 9th urine increased in amount and gradually returned to normal. Recovery.

Case 3.—H. M., aged 3 years, female. Attack of influenza November 2nd. On November 5th, headache, vomiting, puffiness of face, and pallor. Urine, 10 ounces in twenty-four hours, specific gravity 1028; acid, albumin, blood, and casts. Urine became less daily, and headache, vomiting, and oedema increased. On November 9th there was suppression of urine, photophobia, dyspnoea, uraemic convulsions, and death.

In each case the attack of influenza was severe, with high temperature and intense myalgic pains, the urine containing a copious amount of urates; on the fourth day the urine of acute nephritis was passed. After the fourth day the temperature in no case was high or constant. Treatment consisted in limiting fluids and proteins, giving thin gruels and fruit juices for the first two or three days, followed in the case that recovered by junkets, custards, and vegetable soups. In each case a simple diaphoretic mixture was prescribed, with hot wet packs. Rectal injections of 40 grains of potassium bromide and 20 grains of chloral did not control the convulsions.

I think the above cases are of interest, since all occurred in females under 15 years of age and all started on the fourth day of an attack of influenza. Chronic nephritis is a more common sequel of influenza than acute nephritis. The cases show the importance of examining the urine during epidemics such as these.

Wrexham. A. LLOYD DAVIES, M.B.

A CASE OF INTRAPERITONEAL TRAUMATIC RUPTURE OF THE BLADDER.

TRAUMATIC rupture of the bladder is by no means a common injury, and when it occurs is very apt to be overlooked. This is particularly the case when the rupture is intraperitoneal and unassociated with other injuries, such as fractured pelvis, etc., which serves to focus attention on the bladder. The following case may be of interest:

Sgt. M. was admitted on July 20th, 1918, suffering from retention of urine and hypogastric pain but with no evidence of shock. The catheter did not afford much relief and the urine contained blood. The lower abdomen was rigid and tender to pressure. There was very little to indicate the nature of the lesion until the history of the illness from its onset was thoroughly investigated. It appeared that on the evening before admission the patient was spending a convivial evening with some friends. After indulging in a certain amount of beer he attempted to go downstairs to pass urine. At the top of the stairs he tripped and fell headlong, and then found that he was unable to urinate. With this history a provisional diagnosis of rupture of the bladder was made. He was catheterized just before operation, and it was highly disconcerting that a large quantity of urine was obtained, as this did not seem to accord with the diagnosis of ruptured bladder. However, it was possible to explain it on the supposition that the point of the catheter had passed through the rent in the bladder into the peritoneal cavity, or that the rent was temporarily closed by omentum. I opened the abdomen through the sheath of the right rectus. The peritoneal cavity contained blood-stained urine. With the patient in the Trendelenburg position the rent in the bladder was readily discovered on the postero-superior aspect. The hole, which easily admitted a finger, was closed with catgut, and rendered secure by a layer of Lembert sutures. A large drainage tube was placed in the pouch of Douglas, and, in addition, the bladder was drained for a few days by a catheter in the urethra. The urine remained alkaline for some time but eventually became normal under the effect of urotropine. There was no further complication, and the patient was discharged to his unit on September 24th.

In cases of intraperitoneal rupture of the bladder the rent is usually on the postero-superior aspect. Some authorities attribute the frequent occurrence of the rupture at this site to compression of the bladder against the sacral promontory, but the most likely explanation is the scarcity of muscular fibres at this point of the bladder wall. Whatever the explanation, it is providential that it should occur at a point which is fairly accessible to the surgeon.

To judge from the mortality rate, intraperitoneal rupture of the bladder is a grave injury. Without operation the death-rate is given at 98 per cent. Approximately about 50 per cent. of cases recover if operated upon. As might be expected, the more prompt the operation the better the prognosis. Attempts at confirming the diagnosis by distending the bladder with boracic lotion or gas are of doubtful value and may cause considerable harm by setting up sepsis.

GEORGE BLAIR, Capt. R.A.M.C.

Hill House Hospital, Minster, Ramsgate.

Reports of Societies.

TESTS OF PHYSICAL EFFICIENCY.

AT a meeting of the Section of Epidemiology and State Medicine of the Royal Society of Medicine, held on January 10th, the President, Lieut.-Colonel E. W. GOODALL in the chair, Lieut.-Colonel MARTIN FLACK, C.B.E., read a paper on some simple tests of physical efficiency.

Colonel FLACK described in detail five tests extensively employed by him in the Royal Air Force—namely: (1) The pulse rate at rest, sitting, standing, and after the subject had raised his body weight the height of a chair five times in fifteen seconds, together with the length of time of return to the normal standing rate; (2) the length of time the breath could be held before and after exercise; (3) the measurement of the vital capacity by means of a modified gas meter; (4) the expiratory pressure recorded on a mercury manometer; (5) the length of time the subject could maintain an expiratory pressure of 40 mm. of mercury after full expiration and full inspiration, and the response of the pulse during this effort. The standards of these tests had been worked out on selected successful flying officers, and a considerable body of statistical evidence was produced showing that success in these tests, particularly the last, was closely correlated with efficiency as flying officers; officers judged on quite other grounds, whether military or medical, to be good pilots passing the tests well, while the great majority of failures would have been definitely rejected by the tests. Colonel Flack emphasized the opinion that the tests revealed some cause of ill success, the exact nature of which would need clinical investigation and might vary from individual to individual, that he was not advocating the stereotyping of a routine examination or suggesting that any such routine would replace clinical observation. He thought that the tests, with suitable modifications of standards, might have a field of usefulness wider than the Air Force and be applied in connexion with studies of physical efficiency and fatigue in industry as well as in school clinics.

Sir R. DOUGLAS POWELL, in opening the discussion, remarked that although he could not discuss the technical details of Colonel Flack's work he was impressed by the importance of the tests and the probability that their generalization to other classes would give valuable information.

Dr. LEONARD HILL, F.R.S., observed that it was very gratifying to him to see the way in which pure physiological work had been adapted to practical ends by the

was deeply impressed by his rare and winning personality. Th ugh suffering and much crippled he had an extraordinary capacity for work, and a contagious optimism that was a valuable asset in that uninviting spot. He had to return to Boston in the autumn of 1915. There were constant recurrences of the carcinoma, necessitating frequent operations, which he bore with uncomplaining heroism. Secondary disease of the lungs developed, of which he died December 18th, 1916. With many of the common virtues, industry, courage, and kindly humour, there was in addition a subtle charm of character which left a deep impression on all who met him, and he will live in minds made better by his presence. W. O.

THERAPEUTICS OF ARSENIC.

DR. RAVAUT has contributed an interesting number on the treatment of syphilis, malaria, and amoebiasis, to the well-known Collection Horizon.[2] In the first part, that devoted to syphilis, a good account is given of the most up-to-date treatment. Eight arsenical injections and forty-six mercurial are recommended during the first two months, and it is pointed out that the sooner the treatment is begun after the original infection, the better the chances of completely sterilizing the patient. The dangers of arsenical injections are duly considered; the author's experience is that the new salts, which have replaced the old salvarsan, are so much safer as to be practically devoid of risk.

In malaria, as in syphilis, the sooner treatment is commenced after the onset of symptoms, the better the chance of permanent cure. Abrami's doses, which are recommended (3 grams or 45 grains a day), are larger than those usually given by English workers (30 grains a day). Some of Abrami's cases manifestly were not followed up long enough for accurate statistics to be founded on them. In chronic malaria, called by the author *paludisme secondaire*, the importance of combining quinine with arsenic is properly insisted upon. Most physicians who have had experience of this disease have used this method for years.

The suggestion that arsenicals should be used in amoebic dysentery does not rest on any such sound basis as their employment in the two diseases just dealt with. There is no proof that arsenic is in any way specific against *E. histolytica*, and though in chronic cases of dysentery its general tonic action may be beneficial, there does not seem to be any great justification in using it in ordinary acute cases of the disease. Ravaut's cases have not been followed up long enough to determine whether they were really cured—that is, completely sterilized of the amoebae. Results as good as his with the combined treatment could have been produced by one or other of the emetine methods alone. Ravaut calls attention to the chronic resisting type of case, which apparently is not influenced by any form of treatment; more work on this very important matter is urgently required. Bacterial dysentery and diarrhoeas of different varieties are not dealt with in the book.

PURIFICATION OF RURAL WATER SUPPLIES.

IN *Rural Water Supplies and their Purification*[3] Sir A. C. HOUSTON's object is to show the intelligent country householder how he can purify almost any water supply to any standard of safety required. We fear that the author is unduly optimistic as to the amount of time and thought that the average individual will give to the subject, and even the reader who has had a training in elementary chemistry will require to study this little book with the interest of an enthusiast to avoid mistakes. The author's main aim is to indicate how 10 gallons of water each day can be purified by the use of excess of lime, chlorine, alum, etc. The book is concerned chiefly with non-filtration processes of water purification, and the writer, as a pioneer in the use of lime and chlorine for this purpose, is able to give facts and figures drawn from a rich experience. The practical sanitarian will, however, ask himself whether Sir Alexander Houston has not taken too narrow a view of the problem, and whether it would not be better to improve the whole supply at its source by structural alteration of the filtration plant, etc., rather than every day to treat 10 gallons in a cistern.

After all, water for ablution and washing purposes will require to be rendered innocuous, and, in part, this will be effected by heat. It would seem, therefore, that the average individual would find it simpler, safer, and cheaper to boil the water required for drinking rather than to provide himself with the reagents, burettes, balance, indicators, etc., required to treat scientifically the water with chemicals. The author does indeed state that sterilization by means of heat "from the point of epidemic water-borne disease" has no equal, and is applicable to every kind of water, and he would have done well to discuss the method at greater length, and to compare it with the others as regards simplicity, cost, and efficiency.

One lays down the book with the feeling that water purification, which can be easily accomplished by communal and collective effort, presents great difficulties to the individual. The work will be very helpful to all confronted with this problem, whether they be laymen or experts. It is an advantage to have the conclusions of a distinguished leader like Houston available in a handy little volume.

[2] *Syphilis, paludisme, amibiase.* Traitement initial et cure de blanchiment. By Paul Ravaut. Préface du Professeur Fernand Widal. Collection Horizon. Paris: Masson et Cie. 1918. (Cr. 8vo, pp. vii+88. Fr. 4.)

[3] *Rural Water Supplies and their Purification.* By Sir Alexander Cruikshank Houston, M.B., D.Sc., F.R.S.Ed., Director of Water Examination, Metropolitan Water Board. London: John Bale, Sons, and Danielsson, Ltd. 1918. (Demy 8vo, pp. xv+136; 19 figures. 7s. 6d. net.)

NEW YEAR HONOURS.

THE following is a continuation of awards for valuable services in connexion with the war:

C.B.E.

Colonel William George Beyts, A.M.S., Assistant Director of Medical Services, Bombay Division.

Dr. Henry Hallett Dale, F.R.S.

Dr. Alfred Eichholz, Senior Assistant Medical Officer, Board of Education.

Dr. Samuel Lyle, Commissioner of Medical Services, Ministry of National Service.

Lieut.-Colonel Ellacott Leamon Ward, I.M.S., Inspector-General of Prisons, Punjab.

O.B.E.

Dr. Alexander M. Elliot, Head Quarters Medical Examiner, British Red Cross Society.

Dr. Alfred C. Ferguson, Commandant and Medical Officer, Thirsk Auxiliary Hospital, Yorkshire.

Dr. John Temperley Grey, Donor and Medical Officer, Stanmore House Auxiliary Hospital, Lenham.

Dr. Robert William Johnstone, Commissioner of Medical Services, Ministry of National Service.

Mr. John Reuben Lunn, F.R.C.S., Commandant, "The Cecils" Auxiliary Hospital, Chappell Croft, Sussex.

Dr. Hugh Allan Macewen, Medical Inspector, Local Government Board.

Mr. Frank Cole Madden, F.R.C.S., Senior Surgeon, Kasr-el-Ainy Hospital.

Captain Lionel E. C. Norbury, Surgeon, British Red Cross Hospital, Netley.

Major David Valentine Rees, T.D., Operating Surgeon, Brecon and Builth Auxiliary Hospitals.

Dr. Edward Coleridge Roberts, J.P., Senior Medical Officer, Grovelands Auxiliary Hospital, Southgate.

Major Charles S. de Segundo, V.D., Deputy Commissioner of Medical Services, Ministry of National Service.

Dr. Prideaux G. Selby, Medical Officer, Auxiliary Hospital, Sittingbourne, Kent.

George Robert F. Stilwell, Medical Officer, Balgowan Auxiliary Hospital, Beckenham, Kent.

Lieut.-Colonel Frank S. C. Thompson, I.M.S., Superintendent, Presidency Jail, Bengal.

Dr. George M. Winter, J.P., Chairman Torquay Food Control Committee.

M.B.E.

Dr. John Adams.

Dr. Wm. Stacey Aslett, Medical Officer, Knighton Auxiliary Hospital, Leicestershire.

Dr. Wm. Baigent, Officer in Charge, Northallerton Auxiliary Hospital, Yorkshire.

Dr. George S. Brock, British Red Cross Hospital, Italy.

Dr. James Culross, Medical Officer in Charge, Newton Abbot Auxiliary Hospital, Devonshire.

Dr. George Hoyle, Commandant, The Plains and Brooksbank Auxiliary Hospital, Elland.

Dr. H. F. Powell, late Transport Officer, Cheltenham Group of Hospitals.

Dr. James Simcock, Assistant County Director for Heaton Chapel Division, Lancashire Branch, British Red Cross Society.

Dr. John C. Smyth, Commandant and Medical Officer, Fairfield Auxiliary Hospital, Malvern.

Dr. John Wallace, Commandant, Ashcombe House Auxiliary Hospital, Weston-super-Mare.

Honorary Member of the Civil Division.—Dr. Ali Effendi Fahmi El Shiati, Principal Medical Officer, Benha Hospital, Soudan.

The Sydenham District Medical Society has considered this aspect of the question at several meetings and has recently unanimously resolved:

> That, subject to any mutual arrangement between the practitioners concerned, where a doctor (A), during the war, acquires patients who would presumably have gone to an absent colleague (B), he is at liberty to continue in attendance on payment to B of a purchase price equivalent to the fees earned during the last completed year of B's absence, with the addition of 25 per cent.

It is fully realized that the resolution of a local medical society can only be binding on its own members, but it is hoped that its publication may lead to a wider discussion, and if the scheme meets with approval to its general adoption.—I am, etc.,

H. M. Stewart,
Honorary Secretary, Sydenham District Medical Society.

Dulwich, Jan. 14th.

MEDICINE AND THE LAY PRESS.

Sir,—You have opportunely and effectively rebuked "Our Medical Correspondent" of the *Times*, on account of the harm he may have done or may do, by publishing in the lay press his somewhat undigested and perfunctory opinions on medical theories of disease; yet it seems to me one may read these views of his, however misleading, with equanimity, knowing how little they will affect medical opinion as a whole. But when "Our Medical Correspondent" deals with matters of public policy, such as the proposed Ministry of Health, or the question of handing over the medical officers of the R.A.M.C. holus bolus to the tender mercy of his new found friend the Director of Medical Services to the Ministry of Pensions, I am much more concerned as to the amount of harm which he may do.

However unreasonably, the public is apt to take the views of this anonymous member of the medical profession as representing the considered opinion of the profession as a whole upon matters which (to our discredit be it said) we have discussed little, and as to which we have as yet decided nothing.

Two thoughts arise: (1) The British Medical Association should at the earliest possible moment reconsider and redefine its policy on such vital matters as the establishment of a Ministry of Health, a State Medical Service, and the future treatment of our war-disabled men. (2) Some means should be found of rendering innocuous such pronouncements as those of "Our Medical Correspondent" in the *Times*.

As expressions of opinion, if published in a medical journal, "Our Medical Correspondent" might quite justifiably state his views, over his own signature. The medical profession would know how to appraise them, but published in a great newspaper to the public, who may regard them as authoritative, serious harm may result to the State and to the medical profession. My temporary employment in the R.A.M.C. prevents me from signing my name.—I am, etc.,

"Samoth."

January 12th.

The Services.

TEMPORARILY COMMISSIONED OFFICERS AND ACTING RANK.

In the Journal of March 16th, 1918, p. 330, the substance was given of a General Routine Order applying to the Expeditionary Forces, which laid down that an officer of the R.A.M.C. (Regular, Special Reserve, Territorial Force, or Temporary) below the rank of major, holding an appointment definitely assigned to a major in war establishments, might be granted the acting rank of major to fill a vacancy. Temporarily commissioned officers granted such acting rank would receive the pay and allowances of a major with special provision for the adjustment of their gratuity.

In reply to various inquiries, we understand that the following is a correct statement of the special provision in question:

> In the case of a temporary officer given such acting rank he will be granted the pay and allowances of major. As regards his gratuity, no further contract gratuity will be issued while the officer holds the acting rank of major. If the officer's services are terminated while the acting rank is still held, the gratuity will be calculated as laid down in Art. 497 (6) of the Pay Warrant, and that amount will be issued less the amounts already received under the contract. In the event of the officer ceasing to hold the acting rank, the contract conditions will again apply, and any gratuity that may have fallen due under these conditions will then be issued.

OFFER OF REGULAR COMMISSIONS R.A.M.C.

We believe that in 1916 medical officers serving temporarily in the army were invited to apply for permanent commissions in the R.A.M.C., and a number of those who applied were subsequently chosen for this purpose on the recommendation of their superior officers. At the close of last year commanding officers of medical units abroad were, we understand, again instructed to furnish lists, arranged in order of merit, of Special Reserve, Territorial Force, and temporarily commissioned officers R.A.M.C., who desired permanent commissions in the corps, and could be specially recommended. The terms of appointment were announced to be as follows:

1. Officers will be appointed in the permanent rank of lieutenant, but if already holding the rank of captain will be granted the temporary rank and pay of captain for the period of the war. If holding the rank of lieutenant, they will be promoted to the rank of temporary captain for the period of the war on the completion of one year's service in the usual way.
2. Commissioned mobilized service as a medical officer rendered since the beginning of the war will be permitted to reckon for substantive promotion to captain.
3. Previous service will count towards retirement on retired pay or with gratuity under the provisions of Article 540 (11) Pay Warrant.
4. Officers who have drawn a gratuity will not be required to refund it, but no further gratuity will be issuable.
5. The limit of age is 28 years, but approved candidates will be allowed to deduct from their age the period of their mobilized service if such deduction will bring them within the age limit.

Universities and Colleges.

UNIVERSITY OF LIVERPOOL.

The following candidates have been approved at the examination for the diploma in Public Health:

Shaikh Ghulam Mohamed, P. P. Wright.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

A quarterly Council was held on January 9th, when Sir George Makins, president, was in the chair.

Donations to the Library.—The thanks of the Council were given to Mr. Alban Doran for presenting to the library five volumes of his literary contributions, together with five other volumes of pamphlets and articles, mainly on anatomical and gynaecological subjects.

Practical Anatomy.—The Council adopted the following resolution, proposed by Mr. H. J. Waring:

> That, in pursuance of the action taken by the Council in 1915, the president be requested to represent to His Majesty's Government that, in any legislation relating to the promotion of the public health, provision should be made for ensuring an adequate supply of material for the anatomical and surgical instruction of students and practitioners of medicine.

Obituary.

Dr. William Longbottom, who died at Sheffield on December 12th, 1918, was born at Leeds in 1858; he studied at Edinburgh in medicine in 1880 and soon after taking the diplomas of L.R.C.P. and S.Edin. settled in Sheffield. He built up a large practice there, and held appointments under the Sheffield Board of Guardians from 1888 until his death; he held also the honorary appointment of medical officer to the Girls' Orphanage of the National Union of Teachers. During the period of the war, Dr. Longbottom, though not in robust health, refused to spare himself, and continued to work at full pressure; thereby he enabled others, younger and more fit than himself, to undertake military work elsewhere. His exertions during the last four years shortened his life, and he was laid aside from work for a few months before his death. Dr. Longbottom had a striking personality. He was always ready to champion any cause that had to do with the uplifting of his profession, and his straightforwardness was the admiration of all who knew him. Naturally of a cheerful disposition he had a great influence for good, and was beloved by all who came in touch with him. Dr. Longbottom is survived by a widow and three daughters.

DR. JOHN ROBERTSON, who died at his residence in Brixton Road on January 8th after a short illness, was born in Scotland in 1849, and received his medical education at Aberdeen University. He took the diplomas of L.R.C.P. and S.Edin. in 1878, and after a period of practice in Aberdeen he removed to London, where he continued to work until his death. He was a member of the British Medical Association and of the Aberdeen Medico-Chirurgical Society. He had in recent years devoted himself entirely to *x*-ray and electro-therapeutic work. During a Zeppelin raid in September, 1916, Dr. Robertson's house was destroyed by a bomb, and he sustained injuries from which he never fully recovered.

Medical News.

MAJOR-GENERAL SIR M. P. C. HOLT, K.C.M.G., A.M.S., has been appointed a Knight of Grace in the Order of St. John of Jerusalem.

DR. G. I. AWBURN of Mottram-in-Longdendale, Cheshire, has been appointed a Commissioner of the Peace for the county of Chester.

THE United States Public Health Service has asked for appropriations amounting to £5,200,000 for the erection of hospitals providing 13,000 beds for sick and wounded discharged from the army.

THE New York Diagnostic Society, which was founded a year ago, intends to establish a hospital for diagnosis in New York. The building, to consist of six stories and a basement, will be provided with the most modern equipment for diagnostic investigations and tests. The institution is to be self-supporting. The cost of the site and building will be £50,000.

AT a special meeting of the Faculty of Insurance to be held on Tuesday, January 28th, in the Central Hall, Westminster, at 7 p.m., Mr. E. B. Turner, F.R.C.S., chairman of the Medical Committee of the National Council for Combating Venereal Disease, will deliver an address on Venereal Disease, an Urgent Health Problem. The chair will be taken by Sir Kingsley Wood, M.P., and a discussion on prophylactic treatment will be opened by Mr. P. Rockliff, president of the Faculty. Tickets may be obtained at 3 and 4, Sicilian House, Southampton Row, W.C.1.

SEVERAL courses of lectures and demonstrations, arranged by the Royal Sanitary Institute, will begin next month—the sanitary officers' course on February 17th, the course for women health visitors, tuberculosis visitors, school nurses, and school teachers on February 21st, for maternity and child welfare workers on February 24th, and for candidates preparing for the examination for inspectors of meat and other foods on February 21st. The courses are all well arranged and thoroughly practical. Further information can be obtained on application to the director and secretary, 90, Buckingham Palace Road, S.W.1.

THE Home Secretary has issued a scheme of compensation under the Workmen's Compensation (Silicosis) Act, 1918, for the refractories industries. The scheme provides for the payment of compensation in the case of the death or disablement of a workman caused by silicosis or by silicosis accompanied by tuberculosis, in all processes in the getting, handling, moving, breaking, crushing, grinding, and sieving of refractory material containing not less than 80 per cent. of silica. It applies to all mines, quarries, factories, and workshops at which any of the processes are carried on with a view to manufacture or sale, except mines or quarries in which such material is only occasionally worked. Copies of the scheme can be purchased through any bookseller.

THE Tuberculosis Society has arranged a conference of tuberculosis officers in the United Kingdom to discuss the scope of their work, the status of the personnel, the relation to existing public health service, remuneration, security of tenure, and superannuation. The conference will take place on Saturday, January 25th, at the Royal Society of Medicine, 1, Wimpole Street, London, at 7 p.m. The Tuberculosis Society submitted a memorial to the Prime Minister, the President of the Local Government Board, and to the Treasury in 1914, and it is suggested that this should form the basis of the discussion and resolutions at the meeting. The memorial recalls the recommendation of the Departmental Committee on Tuberculosis, 1913, that tuberculosis officers should be specialists in the work, and states that the recommendations of the Committee were generally endorsed by the Local Government Boards. The memorial represented that it was important that from the outset tuberculosis officers should be ensured satisfactory status and security of tenure. Dr. Dundas Grant will give an address on tuberculosis in relation to the upper air and food passages at a meeting of the Tuberculosis Society on Monday, January 27th, at 8.30 p.m., at 1, Wimpole Street.

THE Director of the Natural History Museum has added to the list of economic leaflets and posters a poster on "the louse danger," illustrated by a drawing of the clothes louse. The infection of relapsing fever, typhus and trench fever are enumerated as those proved to be conveyed by the louse, and directions are given for avoiding infestation. It is pointed out that regular washing of underclothing and bed linen, weekly if possible, will prevent lice from thriving, even should casual infestation occur. Hospital workers and others brought into frequent contact with verminous persons are advised to wear white linen overalls and to use undergarments impregnated with an efficient insecticide, but the substance to be preferred is not stated. The value of dry heat in the disinfestation of clothing or bedding is indicated, and it is stated that a temperature of 131° F. maintained for twenty minutes is fatal both to lice and nits, but the clothing must not be bundled. It is added that ironing with a hot iron, paying particular attention to the seams, is also effective. The insecticides recommended are light oils such as kerosene or petrol, which will be more effective against the nits if a small percentage of some essential oil such as sassafras be added. For immersion of garments a solution of lysol or cresol soap (soft soap 1½ lb., water 10 gallons, Jeyes' fluid 1½ oz.) is advised. Immersion for five minutes in a 2 per cent. solution is adequate for temperatures above 41° F. As to naphthalene, it is stated that the crude material retains its efficiency longer than the flaked product, and that evaporation is retarded if the naphthalene be mixed with soft soap and used as an ointment. Copies of the poster can be obtained from the Director of the Museum (South Kensington, S.W.7), price ½d., or free by post 1d.

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.

AUTHORS desiring reprints of their articles published in the BRITISH MEDICAL JOURNAL are requested to communicate with the Office, 429, Strand, W.C.2, on receipt of proof.

IN order to avoid delay, it is particularly requested that ALL letters on the editorial business of the JOURNAL be addressed to the Editor at the Office of the JOURNAL.

The postal address of the BRITISH MEDICAL ASSOCIATION and BRITISH MEDICAL JOURNAL is 429, Strand, London, W.C.2. The telegraphic addresses are:

1. EDITOR of the BRITISH MEDICAL JOURNAL, *Aitiology, 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 AND ANSWERS.

INCOME TAX.

Allowable Deductions.

H. E. G. inquires as to whether "general" expenses are allowable for tax purposes in computing the assessable income.

*** The answer is in the affirmative, provided that such expenses are reasonably attributable to the conduct of the practice, and do not represent an outlay of further capital. For instance, expenditure on drugs would be allowable if incurred for clients' prescriptions, but not if for special research work; on light and heat to the extent to which it referred to the professional and not to the domestic rooms; and so on. As to motor expenditure, see answer to "W. J. F." below; running cost is of course allowable.

W. J. F. inquires as to the basis of the allowance for the cost of renewing his car, having regard to present enhanced prices.

*** The question is one of distinguishing between "capital" and "revenue" expenditure. The first vehicle purchased