treatment of eye injury belongs to a highly specialized branch of surgery, and should not be undertaken in a light-hearted manner by the general practitioner. If the doctor is in any doubt he should not hesitate to obtain expert advice. In his evidence before the Workmen's Compensation Committee Mr. Pooley (Q. 19,787) states that in Belgium special hospitals or wards, subsidized by the State, undertake the treatment of eye injuries for small fees. In this country the general opinion is against State interference, but both employee and employer have the right to demand adequate medical attendance.

SUMMARY.

What is the position of the workman and employer at the end of the period under review?

Workmen.—Forty-four men have lost the use of one eye and nineteen have developed nystagmus.

Settled for lump sum	19
Working full time	98
On half difference	11
Playing	35

Time lost at five turns a week=17,250 shifts.

Employer:

Loss of output corresponding to time lost by workmen.
Expenditure in compensation, £8,286.
Liability of 68 unsettled cases.

It is the custom of employers to reserve a lump sum for unsettled cases. In the Yorkshire coal field one mutual indemnity society has reserved nearly three-quarters of a million pounds for all unsettled cases (Gillhespy, Q. 5731, Workmen's Compensation Committee). The money thus put by is not available for the purpose of expansion of work, and is a very considerable drain on small employers.

REFERENCE.

[1] T. Lister Llewellyn, *Journal of State Medicine*, August, 1920, p. 238.

THE DROOPING SHOULDER SIGN OF PHTHISIS.

BY

W. C. RIVERS, M.R.C.S., D.P.H.,

TUBERCULOSIS OFFICER, BARNSLEY DISTRICT, WEST RIDING, YORKS.

OF the last 50 consumptive cases (to go no further back) sent me for diagnosis, in just half there has been present a physical sign not mentioned in any British textbook. On the affected side, or (generally) the side of more extensive or older disease, the point of the shoulder and the nipple are lower than on the other side; the nipple is also smaller and seems to lie further back. Behind, the scapula is lower—its inferior angle may reach 3 in. below that of its fellow—and is at a different distance from the spine, mostly nearer to it. Muscular atrophy also is noticeable, a little of the pectorals, but far more of the upper part of the trapezius. The superior border of that muscle, instead of running straight from neck to shoulder, is flattened, wasted, hollowed out, so that, as compared with the opposite side, much less of it shows above the clavicle when viewed from the front, and above the spine of the scapula when viewed from behind. The sign occurs indifferently in men and women, although more marked in the former; and as regards association with the type of phthisis, in this order of descending frequency—juvenile hilus cases, a rather large proportion; third stage cases (Turban-Gerhardt), very nearly half; first stage cases, nearly half; second stage cases, about a quarter. I have seen it develop in the course of a few weeks. Photographs may be seen in a book of mine.[1]

The above is the sign in full force. Krönig[2] says that in early tuberculosis of one apex the scapula of that side may be further from the spine, and often lower, than its fellow; in respiration its movement may lag; while in males and nulliparous females the corresponding nipple has likewise a lower level. The textbooks of Schröder[3] and of Bandelier[4] cite different authors who have noticed atrophy of the shoulder muscles on the affected side, while the latter mentions Aufrecht's observation, that on the side of disease the acromial end of the clavicle, mostly higher than the sternal one, may dip below it.

As to causation, the sign is pretty certainly tuberculotoxic in origin; a somewhat similar asymmetry described in lunatics is unaccompanied by muscular atrophy. The characteristic unilateral trapezius atrophy suggests that the weakening of this muscle in its upper part causes the corresponding half of the shoulder girdle to sag with the weight of the arm. The natural muscular inferiority of the left side has nothing to do with it, for the right trapezius is oftener affected than the left, agreeably with the fact that the right lung is more frequently tuberculous. I have seen a case, too, where the trapezius on the healthy side was much bigger, although scarred by a penetrating gunshot wound. Pottenger,[5] like Fischer, describes spasm of the muscles overlying a tuberculous apex, ascribing it to reflex irritation reaching the muscle from the chronically inflamed lung by nervous paths (sympathetic to the cord and thence motor). The spasm goes on to pulpy degeneration. He does not mention atrophy, which seems to me far commoner than either spasm or pulpiness. Probably the spasm quickly goes on to atrophy. In bone and joint tuberculosis muscular spasm and atrophy are very common phenomena.

Lastly, the sign has great practical value. It is clear, objective, definite. It has commended itself to the general practitioners of my district, and to a Pensions Board. In children's phthisis, in chronic bronchitis complicated by a little patch of tubercle, it comes like a beacon.

REFERENCES.

[1] *Three Clinical Studies in Tuberculous Predisposition*, London, Allen and Unwin, 1917. [2] Krönig: *Die deutsche Klinik am Eingange des Twanzigsten Jahrhunderts*, 1907, p. 653. [3] Schröder and Blumenfeld: *Handbuch der Therapie der Chronischen Lungenschwindsucht*, 1904, p. 88. [4] Bandelier and Roepke: *A Clinical System of Tuberculosis*, Hunt's translation, 1913, p. 42. [5] Pottenger: *Beiträge zur Klinik der Tuberkulose*, Bd. 22, H. 1.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

OPHTHALMOSCOPIC APPEARANCES IN CERTAIN RARE CASES OF DIABETES.

THE ophthalmoscopic appearances in diabetes mellitus do not usually present any characteristic changes; in a few cases diabetic retinitis is detected (7 per cent. in a consecutive series of my own cases); but in certain very rare instances, associated with a special blood condition, a striking change is seen. The retinal blood vessels, instead of having the normal deep red colour, *all* appear milky white or pinkish white, whilst the rest of the fundus has the normal red colour.

To the naked eye the blood in diabetes does not usually present any striking alteration in appearance, but in a few very rare cases the blood is light pink in appearance. It has the colour of blood-stained pus, and is thicker than normal blood, being in appearance somewhat similar to anchovy sauce, but with a brighter tint. In some of these cases the ophthalmoscopic changes in the retinal vessels just described have been detected. It has been stated that chemical examination has shown that the fat in the blood has been increased in these cases, and the condition has been described as "lipaemia."

I do not know by whom the ophthalmoscopic changes were first described. I read of them ten years ago, and a small number of cases are on record; but as the condition is not well known, the following brief note may be of interest to those who are devoting attention to ophthalmoscopic examinations in medicine:

A man, aged 22, was sent to me for consultation by Dr. H. Ramsden of Dobcross, on account of severe diabetes mellitus. Sugar had been detected in the urine six months previously. Thirst and diuresis had been prominent symptoms, and he had suffered from a carbuncle on the neck. In the routine examination of the blood I was surprised to find that it had not the ordinary deep red colour, but was light pink in colour and very thick. It had the appearance of blood-stained pus, or of anchovy sauce, but with a brighter tint. I examined the eyes with the ophthalmoscope and detected what I expected—the peculiar changes in the appearance of the retinal vessels of which I had read many years ago. All the retinal blood vessels and branches thereof were white; the retinal veins were cream white, the retinal arteries were cream white with a slight pinkish tinge. The optic discs were normal. The rest of the fundus had the normal red colour. Vision: R. §; L. §. This ophthalmoscopic appearance is probably characteristic of the blood condition just described.

I fixed an appointment for a further blood examination, but the patient was too ill to keep the appointment. It

was not therefore proved that the peculiar appearance of the blood in this case was due to "lipaemia." Moreover, the older methods of estimation of fat and allied substances in the blood have been criticized by modern physiological chemists. But the striking ophthalmoscopic changes and the marked alteration in the appearance of the blood were changes which could be recognized by the naked eye without other methods of examination. The ophthalmoscopic appearances just described are, therefore, those found in certain rare cases of severe diabetes, in which the blood has been very pale and thick, like blood-stained pus; such blood condition in cases previously recorded having been attributed, rightly or wrongly, to lipaemia.

Manchester. R. T. WILLIAMSON, M.D., F.R.C.P.

SEVERE TETANUS SUCCESSFULLY TREATED BY LARGE DOSES OF ANTITETANIC SERUM.

THE case of tetanus which I report below is of interest because of the short incubation period, and because a cure was effected by the use of antitetanic serum, high doses of which were given without any apparent ill effect to the patient.

A boy, aged 9, fell and received an abrasion, about half an inch in diameter, of the skin of the right knee. This became septic, and four days later he complained of what appeared to be toothache, accompanied by stiffness of the jaws. On the seventh day after the accident the father, who had been a soldier, suspected tetanus and brought the child to hospital.

On admission he complained of pain in the back, stiffness of the jaws, and pain and difficulty on swallowing. Temperature 98°, pulse 120, respirations 30. He lay in bed on his back with rigid neck muscles, slight head retraction, and typical "risus sardonicus"; he could barely force the tip of his little finger between his teeth. Neither at this nor at any other time were there convulsions. On the evening of the third day there was slight arching of the back for a couple of hours. Sleeplessness and thirst were marked during the first four days. He showed no signs of improvement until forty-eight hours after admission; during the subsequent six days all the signs and symptoms disappeared gradually with the exception of the sardonic appearance, which can still be slightly noticed. He was discharged from hospital, cured, on the twenty-sixth day.

The following treatment was carried out: On admission the patient was given an anaesthetic and the wound was excised, a good margin of healthy tissue being removed all round. The cavity was washed out with hydrogen peroxide, left open, and dressed daily with tinct. iodi. Antitetanic serum was given intrathecally (after lumbar puncture), intramuscularly, and subcutaneously. The doses, expressed in units, were:

First day	... intrathecal,	1,500	... intramuscular	10,500
Second day	... ,,	3,000	... ,,	12,000
Third day	... ,,	*nil*	... ,,	18,000
Fourth day	... ,,	3,000	... ,,	15,000

Fifth, sixth, and seventh days, 6,000 units intramuscularly
Eighth day, 6,000 units subcutaneously
Ninth day, 3,000 units subcutaneously
Tenth, eleventh, and twelfth days, 1,500 units subcutaneously.

Altogether, 94,500 units were given. A rise of temperature was noted during the first four days regularly at 6 p.m., three hours after the injection of serum. On the first day it rose to 101°, on the second to 102°, and on the third and fourth days to 105°. There was no evidence of ill effect, and the boy looked quite well in spite of these high temperatures. To prevent bringing on convulsions, an anaesthetic was given for all injections except the subcutaneous. There was a marked serum rash, which cleared up soon after serum treatment was discontinued. In addition, a mixture of potassium bromide gr. viij and chloral hydrate gr. viij was given thrice daily. The bowels were kept freely open. The diet consisted at first of nourishing fluids given frequently and in small quantities; later a light diet was given, and eventually ordinary diet.

A previous case, that of a woman, aged 37, in whom the incubation period was seven days, received similar treatment, except that the total dose of serum amounted to 33,000 units in four days—6,000 units intrathecally and the rest intramuscularly. In this case there were severe generalized convulsions every quarter of an hour, and death occurred on the fourth day.

The Royal Portsmouth Hospital. T. V. CAREY, M.B.

THE report of the Gordon Memorial College at Khartoum has just been circulated; it contains an account of the varied activities of this well known institution. The College has now recovered from the limitations imposed upon it by the war, the vacancies in its scientific staff have been filled, and with Major R. S. Archibald, D.S.O., M.D., in place of the late Dr. Chalmers, at the head of the Wellcome Tropical Research Laboratories, a continuation of the series of researches noted by Dr. Chalmers in the present report is to be expected.

Reports of Societies.

GASTRIC AND DUODENAL ULCERS.

AT the meetings of the Royal Glasgow Medico-Chirurgical Society held in the Faculty Hall on December 3rd and 17th, 1920, a discussion took place upon the "Treatment of gastric and duodenal ulcer." Professor RALPH STOCKMAN, representing the physician's point of view, pointed out that questions regarding treatment and subsequent results were by no means identical in gastric and in duodenal ulcers. Diagnosis was often very difficult and mistakes not infrequently occurred. Fortunately, in this discussion, diagnosis was not under consideration; they were dealing with accurately-diagnosed gastric and duodenal ulcers. It was known that gastric ulcer was common in anaemic young women and that duodenal ulcer frequently occurred in men in the prime of life and apparently in perfect health otherwise, but the reasons were unknown. Other facts were known, such as age incidence and morbid anatomy, but regarding the basic cause of these ulcers we were still very much in the dark. It was not known whether they were primary lesions, or secondary lesions following upon other unrecognized deeper lying causes. The importance of this in reference to treatment was self-evident, and if cleared up it might explain much in our failure to treat many of these cases more successfully.

Professor Stockman thought that to obtain the clear view necessary for the immediate question of treatment and its results, it was necessary to consider the recent and the chronic ulcers apart. It was certain that many people had acute ulcers of stomach and duodenum without any definite symptoms, and that the ulcers healed of themselves and probably never gave rise to further trouble. But if pain, indigestion, haemorrhage, or other symptoms supervened, so that we were fairly sure that we had an ulcer to deal with, clinical experience had put in our hands fairly efficient methods to allay these symptoms and presumably to induce healing. Absolute rest in bed was a first essential, so was light, easily digested food. Attention to the bowels and the administration of bismuth carbonate, magnesium carbonate, and possibly precipitated calcium carbonate, seemed in most cases to cause healing in from three to five weeks. A dietetic treatment based upon Lenhartz's was found to be, on the whole, successful. Treatment was generally stopped too soon, and it was most important to endeavour to make sure that the ulcer was soundly healed. It should be possible to prevent its becoming chronic, for nearly all the prolonged ill health of gastric and duodenal ulcers was due to the ulcers becoming chronic and refusing to heal. Regarding systematic drug treatment to produce sound healing, physicians had shown a great want of enterprise. A marked feature was that many patients who had had gastric and duodenal ulcers kept well for long periods, but relapsed under worry, business and domestic strain, and exposure to cold. Anaemia should be carefully attended to. It was the chronic ulcer which gave trouble in practice. Many of its victims were never free from indigestion, pain, and poor general health; they had constantly to diet themselves; they might have recurrent haemorrhages, and their working capacity was greatly lowered. Medical treatment had shown lack of enterprise and initiative, and the treatment outlined above seemed to be the best we could do. Surgery claimed much regarding operative interference. While operation for perforation, pyloric stenosis, deformities, obstruction by adhesions, invasion of the pancreas, liver and gall bladder, often showed brilliant results, this was by no means invariably so. Cases of severe haemorrhage sometimes came into this category, but not often. The performance of gastro-enterostomy for the cure of uncomplicated chronic or recurrent ulceration did not stand on anything like this secure basis, and possibly it should not be done at all for this purpose. Regarding the claims made for it, almost every test showed it wanting. The strict rest and diet after the operation did good, but recurrences and trouble occurred afterwards very much as in unoperated cases. Regurgitation of bile was a dreadful sequel to the operation. In the past year, when discussing gastric ulcer at the British Medical Association annual meeting, Moynihan

medical men, progress is extremely difficult for obvious reasons which I will not press. Secondly, medicine must be represented on the Board of Admiralty. Surely, after the experience of the past few years, all combatant officers realize what an enormous factor in winning a war efficient medical and sanitary organization has become and how the importance of this factor will tend to increase as medical science advances. This being so, how can any board consider itself fully competent to control a fighting service without medical representation?

Should the above reforms ever materialize, it follows that other grievances, professional and financial, will become much easier to rectify. Discontent is a drag on the efficiency of any body of men, and everything in reason should be done to remove it. It is no exaggeration to say that the Royal Naval Medical Service is at the present time seething with discontent; a fact which saddens anyone who has the welfare of the Senior Service at heart. —I am, etc.,

January 9th. "ANXIOUS."

The Services.

THE ARMY OF THE BLACK SEA.

IN the dispatch, just published in the *London Gazette*, from General Sir G. F. Milne, Commander-in-Chief of the Army of the Black Sea, it is stated that the health of the troops has been good, the greatest zeal, foresight, and skill having been displayed by the R.A.M.C., under the Director of Medical Services, Major-General Sir M. P. C. Holt, K.C.B., K.C.M.G. By July, 1919, most of the men suffering from malarial relapses had been sent home, and there had been practically no primary malaria since the army left Macedonia. Besides purely military duties, it had been necessary for the medical services to undertake, in conjunction with our allies, the sanitary supervision of the port and town of Constantinople—a task of peculiar difficulty owing to the constant transit of refugees and the many epidemics prevalent in that part of the world. The Inter-Allied Sanitary Commission, which supervised this work, was presided over first by Colonel W. H. Nickerson, V.C., C.B., C.M.G., and later by Major-General Holt, D.M.S. The health of the population and the absence of epidemic disease were the best testimony to the work of this Commission. They gave devoted services also to the sick refugees and wounded from South Russia, numbering some 10,000. General Milne records, likewise, his appreciation of the excellent work performed by Queen Alexandra's Imperial Nursing Service, and by the ladies of the Voluntary Aid Detachments.

The names of the following additional medical officers are mentioned for distinguished and gallant services:

Captain and Brevet Major (acting Lieut.-Colonel) R. E. Barnsley, M.C., and Captain W. Bird, of the 84th Field Ambulance, R.A.M.C.; and temporary Captain H. C. Mitter, 84th Field Ambulance, I.M.S.

MINISTRY OF PENSIONS: THE "OFFICERS' FRIEND."

WE are asked to announce that disabled officers and nurses who served during the great war, and widows and dependants of officers deceased can obtain helpful advice and information regarding their rights under the regulations of the Ministry of Pensions, by applying to the "Officers' Friend," Ministry of Pensions, Cromwell House, London, S.W.1, or the "Officers' Friend," at any of the Regional Offices of the Ministry, Burton Court, Chelsea, S.W.1; Newcastle-on-Tyne; Manchester; Bristol; Leeds; Nottingham; Birmingham; Edinburgh; Dublin; Belfast; or Cardiff.

HONOURS.

ORDER OF THE BRITISH EMPIRE.

THE following appointments to the Order of the British Empire are announced for services in connexion with the war:

O.B.E. (Civil Division).—Dr. M. A. Johnston de Lavis Trafford, senior medical officer, Red Cross Hospital, Turin.

M.B.E. (Civil Division).—Dr. W. L. Chubb, medical officer, Minley and Farnborough Court Auxiliary Hospitals, Farnborough; Dr. Edmund Lloyd, a Church Missionary Society doctor in charge of relief and hospital work at Gaza.

DEATHS IN THE SERVICES.

LIEUT.-COL. STANDISH DE COURCY O'GRADY, C.M.G., D.S.O., R.A.M.C., died at the Military Hospital, Malta, on December 23rd, aged 47. He was born at Dresden on July 27th, 1872, and educated at Trinity College, Dublin, where he graduated M.B., B.Ch., and B.A.O. in 1886. Entering the army as surgeon lieutenant on July 27th, 1898, he became captain in 1901 and lieutenant-colonel on March 1st, 1915, and was appointed temporary colonel on October 30th, 1916. He had also qualified as a specialist in State medicine at the R.A.M.C. College. He served in East Africa in the Somaliland campaign of 1904, was mentioned in dispatches in the *London Gazette* of September 2nd, 1904, and received the medal with a clasp. In the recent war he was thrice mentioned in dispatches: in the *Gazette* of February 17th, 1915, May 29th, 1917, and December 30th, 1918; received the 1914 star, with the war medal and the Victory medal, the D.S.O. on June 3rd, 1917, and the C.M.G. on January 1st, 1919.

Obituary.

JOHN WILLIAM SIMPSON, M.D., F.R.C.P.EDIN.,

Physician, Royal Edinburgh Hospital for Sick Children.

ON January 11th the news of the death of Dr. J. W. Simpson came as a sudden shock to medical circles in Edinburgh. Dr. Simpson, it was known amongst his friends, had undergone a serious operation some months ago, but he had made a good recovery, and hardly any one knew that he had been attacked with pneumonia until that disease proved fatal in some four days. His death falls heavily upon the Royal Edinburgh Hospital for Sick Children, of which he was one of the physicians; for within a very few years this institution has lost by retirement, by death, and by removal from Edinburgh no fewer than five of its senior medical and surgical staff.

Dr. Simpson was educated at Dollar and later at the Edinburgh Royal High School. He then passed to the University of Edinburgh, where he graduated as M.B. and C.M. in 1896, and as M.D. in 1906. He became a Member of the Royal College of Physicians of Edinburgh in 1899 and was elected a Fellow in 1903. He held several medical posts in Edinburgh in the years following upon his graduation, such as house-surgeon, house-physician, and house-surgeon to the eye wards in the Royal Infirmary, and physician to the Cowgate Dispensary. Then he was appointed registrar and resident medical officer to the Hospital for Sick Children, and finally became one of the physicians to that institution. During the years in which Dr. Simpson was holding these appointments he was also building up an excellent consulting practice in the diseases of children, and was making several additions of value to the literature of that subject, of which the most outstanding was his *Guide to the Feeding of the Infant during the First Year*. He also contributed articles on infantile maladies to the *Edinburgh Medical Journal*, to the *Scottish Medical and Surgical Journal*, and to the BRITISH MEDICAL JOURNAL, and in every case his contribution contained facts worthy of record.

To many in a wider circle Dr. Simpson was known and admired as a Rugby football player of the first rank; he shone in the nineties of the last century in many a stubborn contest, both for his old school (the Royal High School) and for his country in international games, in thirteen of which he played against England, Ireland, and Wales. He continued in touch with the game after ceasing to play by acting first as a member and later as the president of the Scottish Rugby Union Committee. He added fishing and golf to the outdoor sports of which he was fond; and in his passing to and fro in the streets of Edinburgh one could not fail to note the swing and the lithe strength of the athlete. To many patients and to a large circle of friends Dr. Simpson's death will be a real bereavement. The funeral, at the Dean Cemetery, took place on January 14th.

Universities and Colleges.

UNIVERSITY OF OXFORD.

Radcliffe Travelling Fellowship, 1921.

AN examination for a Fellowship of the annual value of £200, and tenable for three years, will be held during the present term, commencing on Tuesday, February 22nd, at 10 a.m. Candidates must not have exceeded four years from the time of passing the Final B.M. examination. The successful candidate must before election declare that he intends to devote himself during the period of his tenure of the Fellowship to the study of medical science, and to travel abroad with a view to that study. The examination will occupy four days. Papers will be set in physiology, pathology, and preventive medicine, and a subject will be proposed for an essay; there will also be a practical examination in pathology. Any candidate desiring to offer in addition a special branch of either medicine or surgery must send notice of this to the Regius Professor of Medicine on or before February 2nd. All intending candidates should send their names, addresses, qualifications, etc., to the Regius Professor of Medicine, University Museum, on or before Wednesday, February 2nd.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

A QUARTERLY COUNCIL was held on January 13th, when Sir Anthony Bowlby, President, was in the chair.

The President reported that the Prince of Wales would honour the College with his presence at the Hunterian Festival Dinner on February 14th, and receive the diploma of Honorary Fellowship, to which His Royal Highness was elected on July 24th, 1919.

The Diploma in Public Health was issued to thirty candidates found qualified by the Conjoint Colleges. In Tropical Medicine and Hygiene diplomas were granted to twenty-five candidates. In Psychological Medicine diplomas were issued to four candidates.

An alteration in the fees for the several examinations for the Licence in Dental Surgery was necessitated by changes in the regulations which have now come into force. Under these the examinations in general and dental anatomy and physiology are separated from the examinations in general dental surgery and pathology and form part of the first professional examination; and candidates who have passed the Preliminary Science Examination can present themselves for examination in general and dental anatomy and physiology after completing six months' study during the ordinary sessions at a recognized medical and dental school.

The Onodi Collection.—The Council accepted this collection (of nasal anatomy) as a gift from the Onodi Committee, and undertook the preparing and mounting of the specimens for display. The thanks of the Council for the donation was accorded to the donors.

The French Academy of Medicine.—A letter was read from Sir D'Arcy Power reporting the attendance of the College delegates at the centenary celebrations of the French Academy of Medicine in Paris on December 20th-23rd, and a letter from the secretary of the French Academy acknowledging the receipt of the address of congratulation presented by the delegates on behalf of the College.

Medical News.

A DINNER to Major-General Sir Robert Jones, K.B.E., C.B., will be held on January 31st, at 7 p.m., at the Midland Adelphi Hotel, Liverpool, on the occasion of the presentation of his portrait by his old colleagues and friends at the Royal Southern Hospital, Liverpool. The Earl of Derby will preside. Tickets, £1 1s. each, can be obtained from Mr. T. R. W. Armour, 42, Rodney Street, Liverpool.

THE Liverpool and District Overseas Medical Officers will hold their third annual dinner at the Midland Adelphi Hotel, Liverpool, on Friday, February 11th, 1921, when the Director-General, Army Medical Service, Lieut.-General Sir John Goodwin, K.C.B., C.M.G., D.S.O., hopes to be present. Tickets may be obtained from the honorary secretary, Captain G. F. R. Smith, 19, Queen's Drive, Mossley Hill, Liverpool.

THE annual dinner of the Hunterian Society will be held on Wednesday, February 2nd, at the Trocadero Restaurant, at 7 p.m. for 7.30, with Dr. A. C. Jordan, President, in the chair. Ladies will be invited. The price of the dinner is 16s. 6d., exclusive of wine.

WE are asked to state that the Council of the National Medical Union has made a protest against the regulations with regard to the new insurance record cards, which they consider involve a breach of confidence between the patient and medical adviser.

A PAPER on "Medicine in India" will be read by Dr. Cecil Webb-Johnson before the East India Association on Monday, January 24th, at 3.30 p.m., at 3, Victoria Street, Westminster, S.W. Sir Ronald Ross will preside.

FOUR lectures on communicable diseases will be delivered by Sir Robert Armstrong-Jones at Gresham College, Basinghall Street, E.C., on January 25th, 26th, 27th, and 28th, at 6 p.m. Admission is free.

THE following course of Emeritus Lectures and Addresses has been arranged for the ensuing session at the Middlesex Hospital Medical School. Surgeon Rear Admiral Bassett-Smith will lecture on February 1st, 3rd, and 8th on Mediterranean fever, malaria, and trypanosomiasis respectively. Sir Alfred Pearce Gould will lecture on February 22nd on "Surgery—a progressive science, the latest word is not the last word." Sir R. Douglas Powell will lecture on February 25th and March 14th on "The etiology of phthisis." On March 1st, 3rd, and 8th Dr. W. McC. Wanklyn will lecture on "The future of the medical profession." On March 11th and 18th Sir James Kingston Fowler will lecture on "The treatment of tuberculosis," and on June 3rd Dr. C. Hubert Bond will lecture on psychiatry. Visitors are cordially invited to the lectures, which will be held in every case at 3 p.m.

A SESSIONAL meeting of the Royal Sanitary Institute will be held, jointly with the West of England Branch of the Society of Medical Officers of Health, on Friday, January 28th, in the Guildhall, Exeter, at 4.30 p.m., when a discussion on "The Sanatorium Question" will be opened by Dr. E. Ward, Tuberculosis Officer, Devon County Council.

THE annual general meeting and conversazione of the Harveian Society of London was held on January 13th. Dr. Turtle was elected president for the ensuing year. The retiring president (Dr. Hill) delivered an address on the great advances in the methods of treatment of disease of the oesophagus during the present century. The adjourned debate on the future of the Poor Law infirmary will be held at the Paddington Town Hall on Thursday, January 27th, at 8.30 p.m., when Dr. Stewart of the Paddington Infirmary and Dr. Dudfield, M.O.H. Paddington, will speak.

A SERIES of post-graduate courses is being arranged at the Manchester Royal Eye Hospital to commence early in February. There will be three courses, each consisting of twelve demonstrations; they will deal with (1) external diseases of the eye, (2) diseases of the fundus oculi, and (3) refraction. The fees are £3 3s. for each course, and those proposing to join should communicate with the honorary secretary, 28, St. John Street, Manchester.

CLINICAL instruction in the treatment of venereal diseases will be given to general practitioners by Colonel L. W. Harrison in the Male Department (Hut E) of St. Thomas's Hospital, each Friday at 5.30 p.m. Admission on presentation of card.

Letters, Notes, and Answers.

As, owing to printing difficulties, the JOURNAL *must be sent to press earlier than hitherto, it is essential that communications intended for the current issue should be received by the first post on Tuesday, and lengthy documents on Monday.*

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, 2630, Gerrard.
2. FINANCIAL SECRETARY AND BUSINESS MANAGER (Advertisements, etc.), *Articulate, Westrand, London;* telephone, 2630, Gerrard.
3. MEDICAL SECRETARY, *Medisecra, Westrand, London;* telephone, 2630, Gerrard. The address of the Irish Office of the British Medical Association is 16, South Frederick Street, Dublin (telegrams: *Bacillus, Dublin:* telephone, 4737, Dublin), and of the Scottish Office, 6, Rutland Square, Edinburgh (telegrams: *Associate, Edinburgh;* telephone, 4361, Central).

QUERIES AND ANSWERS.

INCOME TAX.

"R. M." has received some inquiries from the local inspector of taxes which are open to the construction that they are intended to elicit information as to the liability of the practitioner for whom our correspondent was acting during the war.

*** We suggest that "R. M." might inform the inspector that as the information could doubtless be supplied with equal facility by the other practitioner he feels he must demur to giving the information unless the income tax authorities require him to do so, in which case the inspector can perhaps supply a reference to the statutory authority. We have not previously had our attention called to an official request for particulars of payments made by one practitioner to another and very much doubt if the request has legal justification.

"J. H. T." originally possessed two motor cars for his practice; one was sold for £400 during his service in France, and has now been replaced by a car of another make costing £1,100.

*** Our correspondent can treat as a professional expense that portion of the £1,100 which represents the net cost of replacing (apart from any improvement) the old car. For instance, assuming that that car originally cost £450, and at the