heels, because this tilts up the metatarsals at the back so that their heads press too much downward at the metatarso-phalangeal joints and cause sprains. The splintage of the foot in too tight a boot also causes atrophy of the intrinsic muscles from pressure and disuse, so that they become unhealthy and accumulate fatigue products and probably uric acid. The circulation of the whole foot becomes impaired in these cases, the tarsal joints suffering in common with the rest of the part. Walking in the manner above described entails the relaxation of all the arch-raising muscles, with obvious results.

Faradic treatment given in the manner I have explained yields surprisingly rapid results in such cases. The nutrition of the whole foot is quickly improved, and in most cases metatarsalgia disappears. As a preliminary to voluntary exercise after surgical operation it is highly to be recommended. It is waste of time, and discouraging to the patient, to begin re-education before these muscles are in at least a fair state of nutrition, and I regard it, after seeing the surprisingly good results that it yields, as essential in the satisfactory treatment of flat-foot. It is often impossible or extremely difficult to develop the small muscles by voluntary exercise alone. This applies especially to those cases that have been repostured by surgical methods, so that the muscles are relaxed after a long period of overstretching with the accompanying atony.

It is very important that the treatment should be given with care and intelligence, because the muscles are completely at the mercy of the operator, and treatment must progress by easy stages from a gentle beginning, otherwise the muscles will be over-fatigued and the condition aggravated. The contractions must be rhythmic, they must not last too long, and they must be divided by periods of complete relaxation. A Smart-Bristow coil is almost essential, as the best results cannot be obtained with the other coils in common use at the present time.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

LABOUR IN A CASE OF ENCEPHALITIS LETHARGICA.

THE following case came under our care at the Aberdeen Maternity Hospital, and as the condition seems to be very rare, these notes may prove of interest.

Mrs. L., a primipara, was admitted to the Aberdeen Maternity Hospital on February 12th, 1921, with the history that she had been suffering from "sleepy sickness" for ten days. The patient was stated to be nearly at term.

She was very drowsy, but could be roused to answer questions sensibly. She had a dull, vacant, mask-like facies, no wrinkle being present on the brow or face. The eyelids drooped, and could not be raised to the full extent. Movements of the face and tongue were sluggish, but there was no limitation of ocular movements and no nystagmus. Reflexes were normal with the exception of the knee-jerks, which were exaggerated, and the abdominal reflexes, which were absent. The pupils responded sluggishly to light. The patient was very constipated and the mouth was very dirty. The child was presenting by the vertex, and the head was engaging the brim of the pelvis; the foetal heart sounds were heard distinctly in the middle line below the umbilicus, and the rate was normal.

On February 13th the patient became restless and seemed less lethargic; attempts to bear down were noted. Shortly after this the membranes ruptured and the os was found to be fully dilated. Bearing-down efforts were poor during the second stage and seemed to be sluggish, but the patient did not seem to appreciate much pain, though when questioned she stated she felt the pains. The head was delayed at the outlet, owing as it seemed to insufficient expulsive powers; delivery was therefore completed with forceps under a very light anaesthesia of chloroform and ether. The child weighed 9 lb. 9 oz. The placenta came away thirty-five minutes later, and during this time the patient became very lethargic; this condition continued for twenty-four hours, and it was with great difficulty that she could be roused at all. During this time it was noted that the left pupil was smaller than the right, and that there was a left external strabismus; there was incontinence of urine. On being questioned she would stop in the middle of her answer and apparently go to sleep. On February 17th she became less lethargic and took at times some interest in life, displaying interest in the baby when it was shown to her. When questioned regarding it, she had no recollection whatever of the labour. The baby was quite healthy and showed no signs of drowsiness or oligopnoea at birth or after. On the tenth day of the puerperium the patient was transferred to the City Hospital, her condition being much improved.

It will be seen that in this case pregnancy seemed to be unaffected by the disease, but the lethargy was exaggerated for the first few days after labour, and especially for the first twenty-four hours. The patient slept through the first stage of labour without giving any sign that labour was in progress, and the end of the second stage was delayed on account of defective expulsive efforts. The third stage was normal in every respect and no excess of blood was lost. The puerperium, except for the conditions noted above, was uneventful and the uterus underwent normal involution.

We are indebted to Professor McKerron for permission to publish this case.

W. F. THEODORE HAULTAIN, O.B.E., M.C.,
M.B., B.Ch., Obstetric Physician, Maternity Hospital.
G. O. THORNTON,
House-Surgeon, Maternity Hospital.
Aberdeen.

HERPES AND VARICELLA.

THE following case illustrating the herpes-varicella association may be of interest to record for the following reasons: First, there seems no possible doubt as to the varicella infection having been passed on from the herpes case, as both patients were inmates of the same house, standing by itself right out in the country; moreover, during the possible incubation period of the varicella no visitors came to the house nor had any cases occurred in the neighbouring farms or villages as far as I could ascertain. Secondly, taking the incubation period of varicella as fourteen days it would appear that herpes can remain infectious for at least seven days from its eruption.

On January 27th I was called to see a girl aged 25 who was complaining of pain in the right iliac fossa, simulating appendicitis. On January 28th a few vesicles were noted in this area, and on the following two days a typical herpetic eruption came out over the right buttock, groin, vulva and inner side of thigh; there were no vesicles elsewhere on the body. Three weeks later, on February 18th, the patient's small brother, aged 4 years, developed the typical eruption of varicella; during the whole intervening period he had been in and out of his sister's room daily.

I might add that I was quite unable to elucidate the origin of the herpetic infection; the patient, however, worked in a clothing factory some four miles away from her home.

Desborough. G. F. P. GIBBONS, O.B.E., M.B.Lond.

IN view of the recent reports of the apparent relationship between herpes and varicella, the following cases appear worthy of note: During the first week in January, 1921, I saw a girl, aged 9 years, who had a typical varicella rash. One week later a younger sister was brought to me complaining of pain in the fifth right intercostal space, and on the following day there appeared a herpetic eruption confined to this region.

Both children soon got well, but during their convalescence a third child in the same house had an attack of varicella. There were no other cases of varicella which I attended at the time, so I was led to suppose that the herpes in the second case acted as a link between the two cases of varicella.

Fochriw, Glam. T. STENNER EVANS, M.B., B.S.Lond.

TREATMENT OF LOCAL LEISHMANIASIS.

THE note by Colonel Erskine Risk on the treatment of Baghdad boils by scraping (February 19th, p. 267) leads me to say that it is by far the most satisfactory method of treatment hitherto suggested.

During 1917 and 1918, while serving in Mesopotamia, large numbers of Indians suffering from these sores came under my care, and I had ample opportunity to observe the results of treatment. My routine treatment was to scrape the sores thoroughly with a sharp spoon, and then to cauterize the base with pure carbolic. I treated more than two hundred cases in this way, and the average length of time which elapsed before the sores were completely healed was seventeen days. I found that sores on the face healed more quickly than on any other part of the body after scraping.

As far as I could ascertain recurrences were very uncommon, and the scars left were far less obvious than when the sores had been treated by any other method. The secret of success lies in the thoroughness of the scraping, especially at the edges of the sore.

Newmarket. NORMAN GRAY, M.D., B.Ch.Cantab.

Reports of Societies.

CHEMICAL ESTIMATION OF GASTRIC FUNCTION.

AT the meeting of the Medical Society of London on February 18th, Sir W. HALE-WHITE presiding, a discussion took place on the chemical estimation of gastric function.

Dr. J. H. RYFFEL, in opening, gave a summary of chemical work on the stomach, and dealt in particular with the two test meals most generally used—namely, that of Ewald (tea and toast) and that of Boas (oatmeal gruel). After showing a large number of gastric-analysis charts, with the curves for acidity and for free hydrochloric acid, Dr. Ryffel summarized the results of his observations by saying that in carcinoma ventriculi the only distinctive type was carcinoma of the pylorus, with no free HCl, high mineral chloride, lactic acid, and blood with the "coffee grounds" appearance. Cases of carcinoma in which there was no gross obstruction were far less distinctive. Lactic acid was usually absent, free HCl was absent, and the physiologically active HCl was low, but this held good of many other conditions as well. Mineral chloride was nearly always high, but it was occasionally high in other conditions with low HCl, such as pernicious anaemia. Occasionally in these cases the free and the active HCl were normal; the mineral chloride was high, but high mineral chloride might be found in ulcer of the body of the stomach, especially with regurgitation. The presence of blood would not distinguish from ulcer. Blood might be due to trauma during aspiration of the meal, and in this connexion he had found it necessary to insist on examination of the faeces for blood in every case. If blood in the gastric contents was due to slight trauma during aspiration, no blood would be found in the faeces; blood also might be found in the faeces when it was not appreciable in the gastric contents. Spectroscopic examination of the faecal extract for acid haematin and haematoporphyrin, in addition to the ordinary tests for blood, was very useful. In simple ulcer, especially ulcer of the body of the stomach, the HCl was not by any means always above normal, and here again the bleeding was capricious; blood might be absent from the stomach but present in the faeces, or absent from both. Whether the older form of test meal or the fractional meal were employed, cases needed to be further tested by the examination of the faeces for blood, and, of course, all such tests could only be usefully employed in conjunction with the clinical study of the case.

Dr. J. A. RYLE was specially interested in the diagnostic possibilities of the fractional method of gastric analysis, and thought it of first importance to keep the method as simple as possible. The fractional test meal might at a sitting definitely establish a diagnosis of pyloric stenosis. In active pyloric or duodenal ulceration a very striking curve was obtained. In all fractional tests it was of special importance that the resting juice of the stomach should be carefully examined.

Mr. E. C. DODDS said that valuable information might be obtained with regard to gastric secretion by taking the percentage or tension of the carbon dioxide in the alveolar air. He gave examples of the typical diphasic curve of tension of CO_2 obtained in taking the meal, and said that he believed the rise which was shown was gastric in origin, due to secretion of hydrochloric acid, and that the fall was due to gastro-intestinal secretion, probably pancreatic.

Dr. T. I. BENNETT urged that if any valuable estimate of gastric function was to be made, it must be made by some method which tested samples taken at every phase in the gastric scale. Any gastric test which was taken at a fixed point after the ingestion of a meal must be liable to grave fallacy, and in proof he showed curves illustrating the variation of gastric function at different times in normal persons.

Dr. R. L. MACKENZIE WALLIS also gave particulars of gastric tests and advocated the Ewald test meal, because it enabled a complete analysis to be made, not only of the total acidity and the free HCl, but of the mineral chlorides as well, and these mineral chlorides furnished a definite indication of regurgitation or neutralization such as was met with in carcinoma of the stomach.

Dr. G. GRAHAM wanted a more complete chemical analysis than was usual with the fractional test meal alone. One could not do a complete chemical analysis every quarter of an hour, but it should be possible to do a complete analysis at the end of the hour. If the test meal was going to be done it should not be started until it was certain that the patient was no longer constipated.

Dr. W. H. WILLCOX also urged the need for chemical accuracy with the test meal. In the fractional test meal one worked with such small quantities that there was considerable danger of error in the acidity and hydrochloric acid determinations thereby made. He thought that the fractional test meal had not completely supplanted the older method of the hour test, which remained a very valuable means for eliciting the condition of the stomach.

Dr. RYFFEL, in reply, agreed with Dr. Willcox that the old form of test meal was by no means outdone. Certainly it would be an improvement, if it were practicable, to combine the fractional method with the other. In answer to a question as to the usefulness of determining ferment activity, Dr. Ryffel said that he had done practically nothing in this line himself, being somewhat hesitant about accepting the idea that rennin determination would practically reflect pepsin.

HABITUAL DISLOCATIONS.

AT the meeting of the Subsection of Orthopaedics of the Royal Society of Medicine on March 1st the subject of recurrent or habitual dislocations was introduced, and several cases were shown by Mr. O. L. Addison, Mr. H. A. T. Fairbank, and by others who took part in the subsequent discussion.

Mr. LAMING EVANS (the President) defined such dislocation as the condition of a joint which, after dislocation had occurred and had been reduced and had remained reduced, offered a subnormal resistance to redislocation, and in fact suffered repeated dislocations by slight force. The terms "recurrent dislocation" and "habitual dislocation" were accepted as synonymous, though the term "habitual dislocation" was the more accurate. Of these dislocations, that of the shoulder-joint was by far the most common, partly owing to the fact that 50 per cent. of all dislocations occurred at the shoulder, partly because of the methods of reduction in unskilled hands, partly because of defective after-treatment, and partly because of the pathological lesions inflicted by the original injury. Habitual dislocations might be due to osseous, capsular, ligamentous, tendinous, or muscular causes. The pathological lesions which might be present were most various, and this meant that on occasion different methods of treatment must be adopted. He divided the methods of treatment into five: (1) Palliative, by appliances of various material and design; (2) physiological, in the direction of increasing the tone of muscle, tendon, and ligament; (3) reefing operations upon the capsule, either by plication or by excision and overlapping; (4) repair of ruptured tendons and musculo-tendinous insertions; (5) muscle transplantation. A fair trial of mechanical support and physiological toning should be given in all cases before operative measures were adopted. Reefing operations had undoubtedly been followed by many successes and not a few failures. Muscle transplantation had been performed by detaching the posterior fibres of the deltoid, passing them round the neck of the humerus, and fixing them in front, so that they offered support to that part of the capsule which was weakened both in subglenoid and subcoracoid dislocations. Opinions differed with regard to the fate of the transplanted muscle. Some held that it retained its contractile power, others that it underwent fibrous degeneration and acted as an additional extracapsular ligament. He gave an account of a case of his own in which Clairmont's operation was performed six months previously, so far with a satisfactory result, although the shoulder had been dislocated very easily, even by the act of sneezing.

became F.R.C.S.I. in 1874. He held the D.P.H. of Cambridge and of the Irish College of Surgeons, and was made an honorary M.D. of the Royal University of Ireland in 1896. In 1867 he was elected professor of hygiene in the Royal College of Surgeons of Ireland, and for more than half a century he had charge of the public health of the city of Dublin, where his greatest public services were rendered. Upon many occasions his opinion was invited by public bodies abroad as well as in Ireland, and he always readily placed his great experience at their disposal. As a sanitary scientist his name was known throughout Europe, and he was elected to the honorary membership of a number of foreign learned societies, including the Swedish Academy of Medicine and the Hygienic Associations of Paris and Bordeaux. He was a past president of the Royal Institute of Public Health, of the Leinster Branch of the British Medical Association, and of the Irish Medical Schools' and Graduates' Association. In 1884 he was elected president of the Royal College of Surgeons of Ireland, and in the same year the honour of knighthood was conferred upon him by Queen Victoria "in recognition of his scientific researches and his efforts to improve the state of public health in Ireland." The distinction of a Companionship of the Bath was bestowed upon him in 1899, and in 1902 he was awarded the Harben gold medal by the Royal Institute of Public Health. The list of works from his pen is long, and includes volumes on the chemistry of agriculture, the chemistry of food and a manual of hygiene, but perhaps his chief works were *The History of the Royal College of Surgeons in Ireland* and *A History of Medicine in Ireland.* Sir Charles Cameron was a man of extraordinary energy and activity, but as he always worked in a most methodical manner he never seemed hurried. He found recreation in a change of occupation, and the holidays he allowed himself were spent chiefly in attending medical and other congresses. He held high office in Irish Freemasonry, and he was the founder of the Corinthian Club, a well-known social club in Dublin. He married in 1862, Lucie, daughter of the late Mr. John Macnamara, a noted Dublin solicitor; she died in 1883, and he is survived by a son and two daughters.

PHINEAS SIMON ABRAHAM, M.D.,

Consulting Dermatologist to the West London Hospital, Hammersmith.

WE have to record with regret the death, on February 23rd, of Dr. Phineas Simon Abraham in his 75th year. He had never quite recovered from the serious illness from which he suffered last year, and had been failing for some weeks before his death. He was born in Jamaica; intending to become a mining engineer, he entered University College, London, and took the B.Sc. degree of the University of London. He attended also the Royal College of Science, Dublin, where he was a royal exhibitioner. Entering Trinity College, Dublin, he was first senior moderator in 1871, and gold medalist in natural science and scholar. He received the M.A. with distinction from the University of Dublin, and entered St. Bartholomew's Hospital with a science exhibition and scholarship in 1876. He took the diploma of F.R.C.S.I. in 1880, having in the previous year been appointed curator of the museums of the Royal College of Surgeons, Dublin. In 1885 he returned to London on appointment to be lecturer on physiology and histology at the Westminster Hospital Medical School. Shortly afterwards he was appointed dermatologist to the West London Hospital, and became a lecturer on that subject in the Post-Graduate College there. He was also at one time surgeon to the Hospital for Diseases of the Skin, Blackfriars. He was one of the principal founders of the Royal Academy of Medicine of Ireland and of the Dermatological Society of Great Britain and Ireland. He was president of the West London Medico-Chirurgical Society in 1910–11; he had also been president of the Irish Medical Schools' and Graduates' Association. During his term of office he founded and endowed the triennial gold medal awarded by the West London Medico-Chirurgical Society for distinguished services or for exceptional heroism in the discharge of medical duties. When the annual meeting of the British Medical Association was held in London in 1910 he was president of the Section of Dermatology. He was the author of many articles on dermatological subjects, among others those on leprosy and several other diseases of the skin in Sir Clifford Allbutt's *System of Medicine.* He took a particular interest in leprosy, was medical secretary of the National Leprosy Fund in 1889, and represented this country at the International Lepra Conference in Berlin in 1897. He edited also the *Journal* of the Leprosy Investigation Committee. Dr. Abraham, whose genial disposition won him many friends, is survived by his widow and a daughter.

The Services.

R.A.M.C. ROLL OF HONOUR.

THE official Roll of the Officers of the Royal Army Medical Corps who laid down their lives in the great war is now published. The total number of names given is 709, divided as follows:

Old and New Armies.		*Territorial Force.*	
Major-Generals ...	1	Colonels	2
Colonels	8	Lieutenant-Colonels	13
Lieutenant-Colonels	17	Majors	16
Majors	25	Captains	77
Captains	360	Lieutenants	5
Lieutenants	185		113
	596		

The list includes 4 V.C.s and 23 D.S.O.s. There are also the names of Sir Victor Horsley and Sir Charles Ball, 5 recipients of the C.M.G., and 2 of the O.B.E.

The Officers' Roll, comprising over 40,000 names in all, may be purchased from His Majesty's Stationery Office through any bookseller.

NEW RATES OF PAY FOR R.A.M.C. OFFICERS IN INDIA.

THE following revised rates of pay have been approved for officers of the R.A.M.C. in India. The new rates have effect from January 1st, 1920:

	Rs. per Mensem.
Lieutenant	650
Captain	800
Captain, after 6 years' total service	900
Captain, after 10 years' total service	950
Major	1,100
Major, after 15 years' total service	1,250
Major, after 18 years' total service	1,400
Lieut.-Colonel	1,550
Lieut.-Colonel, after 20 years' total service	1,650
Lieut.-Colonel, after 25 years' total service	1,850

Charge allowance for command of a British station hospital and specialist pay under para. 155 (*d*) iii and iv are admissible in addition.

DEATHS IN THE SERVICES.

COLONEL DAVID ERSKINE HUGHES, Bombay Medical Service (retired), died at Kensington on February 9th, aged 77. He was born on June 21st, 1843, the son of the late George Hughes, Writer to the Signet, Edinburgh; he was educated at Edinburgh, where he graduated M.D. in 1864, also taking the L.R.C.S.Edin. in the same year. He entered the I.M.S. on March 31st, 1866, became colonel on September 15th, 1892, and retired on September 15th, 1897. After sixteen years' military service he was appointed civil surgeon of Belgaum in 1882, and eight years later of Poona, the prize station of the Bombay Presidency. On promotion to the administrative grade he was posted as principal medical officer of the Bombay and Aden districts, retiring after his five years' tour of office in that part.

Lieut.-Colonel George Wardlaw Milne, R.A.M.C., died at Nordrach-on-Dee on February 7th. He was educated at the Universities of Edinburgh and Glasgow, graduating M.B. and C.M.Glasg. in 1901, and M.D. in 1911. He served as a civil surgeon in the South African war, gaining the Queen's medal; and subsequently joined the West African Medical Staff as a district medical officer in Nigeria; while in Africa he served as surgeon to the Uri-Omonohaa Expedition. He took a temporary commission as lieutenant in the R.A.M.C. on October 12th, 1914, became captain after a year's service, and on December 28th, 1918, was promoted to temporary lieutenant-colonel.

Universities and Colleges.

UNIVERSITY OF OXFORD.

AT a Congregation held on March 3rd the degree of Bachelor of Medicine was conferred on Philip G. Doyne.

UNIVERSITY OF CAMBRIDGE.

AT a Congregation held on March 5th the Board of Electors to the Sir William Dunn Professorship of Biochemistry was appointed as follows: Sir W. J. Pope, Mr. F. F. Blackman, Professor T. B. Wood, Mr. W. B. Hardy, and Professors W. M. Bayliss, J. N. Langley, J. Stanley Gardiner, and C. J. Martin.

The following medical degrees were conferred:

M.D.—E. J. Bradley.
M.B., B.CH.—A. G. Shurlock, N. W. Jenkin, H. B. Yates.
M.B.—E. E. Llewellyn.
B.CH.—F. N. Sidebotham.

UNIVERSITY OF LONDON.

THE following have been recognized as teachers of the University in the subjects and at the institutions indicated:

University College: Dr. G. Anrep (Physiology). *King's College*: Dr. James A. Hewitt (Physiology). *St. Thomas's Hospital Medical School*: Mr. B. C. Maybury, Mr. C. Max Page, and Mr. W. H. C. Romanis (Surgery). *Guy's Hospital Medical School*: Dr. N. Mutch (Pharmacology). *London Hospital Medical College*: Dr. C. B. Goulden (Ophthalmology). *Middlesex Hospital Medical School*: Dr. Eric L. Pearce Gould (Surgery), Dr. W. B. Tuck (Chemistry). *Royal London Ophthalmic Hospital*: Mr. B. T. Lang (Ophthalmology).

The Senate has resolved that in and after July, 1921, the first examination for medical degrees commence on the first Monday in July.

The regulations in the Faculty of Medicine for internal and external students (Red Book, 1920–21, pp. 268–9; Blue Book, September, 1920, p. 251) have been amended by the addition of the words "other than for Branch V" after the words "any candidate for the M.D. degree," and by the deletion of the words "in Branch V (State Medicine) of the thesis . . . written and of the practical portions of the examination."

Particulars regarding a further course of lectures on mental deficiency supplemented by a course of clinical instruction, arranged in co-operation with the Central Association for the Care of the Mentally Defective, to be held from May 23rd to June 4th, can be obtained on application to Miss Evelyn Fox, care of The University Extension Registrar, University of London.

Professor H. R. Kenwood has been appointed the representative of the University at the Congress of the Royal Sanitary Institute to be held at Folkestone in June. Dr. G. Newton Pitt has been reappointed to the Senate by the City and Guilds of London Institute for the period 1921–25. Professor Anne Louise McIlroy, O.B.E., has been admitted to the Faculty of Medicine.

Presentation Day will be held at the Albert Hall on May 5th instead of May 4th as formerly arranged.

Eight Beit fellowships for scientific research, of the annual value of £175, will be awarded in July. Forms of applications (which must be received by April 19th) and information can be obtained by letter only addressed to the Rector, Imperial College, South Kensington, S.W.7.

SOCIETY OF APOTHECARIES OF LONDON.

THE following candidates have passed in the subjects indicated:

SURGERY.—*†W. A. Bryce, *A. R. Crane, †Z. Khaled, *G. G. Rigby, *†B. W. Roffey.
MEDICINE.—*†W. A. Bryce, *†O. G. Fisk, *M. Foley, *B. W. Roffey, *†H. W. Swann, †J. Solomonoff, *†M. Tcherny.
FORENSIC MEDICINE.—W. A. Bryce, E. C. T. Clouston, O. G. Fisk, M. Foley.
MIDWIFERY.—A. G. L. Brown, R. E. Williams.
* Section I. † Section II.

The Diploma of the Society has been granted to Messrs. Z. Khaled and H. W. Swann.

Medical News.

THE portrait of Sir Anthony Bowlby, by Sir William Llewellyn, R.A., will be presented to him in the Great Hall of St. Bartholomew's Hospital on Friday next, March 18th, at 3 o'clock. It will then be handed by Sir Anthony Bowlby to Viscount Sandhurst, the Treasurer, who will receive it on behalf of the governors.

WHEN the Prince of Wales attends the presentation ceremony at the University of London on May 5th to receive the honorary degrees of Master of Commerce and Doctor of Science a presentation will be made to him by graduates and teachers. It has been resolved that the presentation shall consist of an illuminated fourteenth-century manuscript containing a narrative in French verse of the life and exploits of Edward, Prince of Wales—the Black Prince. It contains a fine miniature of the Black Prince, with the motto, "Ich Dene." This spelling is of interest, as it shows the original form of the Prince's motto, which is characteristic of the Gelderland dialect, and not the high German form, "Ich Dien," which became customary later. The Principality of Gelderland was at the time linked to this country by a strong alliance. Subscriptions from graduates and teachers, ranging from two guineas to 10s. 6d., and from undergraduates, ranging from 10s. to 2s. 6d., are asked for to defray the cost of purchasing the manuscript; they should be sent to Dr. Walter W. Seton, at the University, South Kensington, S.W.

AN "At Home" was given by the Lady Emmott, J.P., Mrs. Anstruther, and Dr. Christine Murrell at the London (Royal Free Hospital) School of Medicine for Women on March 3rd, when the laboratories and lecture theatres were open to the guests; and short talks on the past, present, and future of the school and hospital were given by Lady Barrett, C.B.E., M.D., M.S., Dr. Louisa Garrett Anderson, C.B.E., Professor Winifred Cullis, O.B.E., and Dr. Dorothy Hare, C.B.E.

PROFESSOR LOUISE MCILROY, M.D., who has just been appointed by the Senate of the University of London Director of the Unit of Obstetrics and Gynaecology at the London School of Medicine for Women—the first of its kind organized in London—was present at the afternoon party given by their Majesties at Buckingham Palace on March 3rd.

DURING the celebration of foundation week at University College, London, Sir Francis Younghusband, K.C.S.I., will give the foundation oration before the Union Society on Thursday, March 17th, at 8.30 p.m.

SIR WILLIAM COLLINS has been appointed Chairman, and Sir Thomas Barlow Vice-Chairman, of the Central Council for District Nursing in London.

THE Commission appointed by the National Council for Combating Venereal Diseases and sent out to the Far Eastern Ports under the aegis of the Colonial Office has completed its itinerary and will arrive in England on March 14th. The medical member is Dr. Rupert Hallam of Sheffield.

DR. R. A. LYSTER, County Medical Officer for Hampshire, has been appointed a member of the Central Midwives Board on the nomination of the Society of Medical Officers of Health.

AT a meeting of the Illuminating Engineering Society in the house of the Royal Society of Arts, John Street, Adelphi, at 8 p.m. on Thursday, March 17th, there will be a discussion on motor-car headlights.

AT the York Assizes on March 3rd, Leonard Mayland, described as a herbalist, pleaded not guilty before Mr. Commissioner Hugo Young, K.C., to an indictment charging him with performing an illegal operation on a domestic servant on November 24th. The jury found the prisoner guilty and he was sentenced to one year's imprisonment.

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, *Mediocre, 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.

"J. T." asks for information as to the cause of cramp. What part is played respectively by the circulation, nerves, and muscles.

INCOME TAX.

"RESIDENT MEDICAL OFFICER" receives from his Board a monthly statement in the following terms:

	£ s. d.
Salary for month	42 18 10
Less deduction for supplies	10 16 8
	32 2 2
Less superannuation	0 17 2
	31 5 0

The "deduction for supplies" represents the value of the board and lodging supplied; he asks whether he is assessable on the gross sum or on the net amount excluding the £10 16s. 8d. in question.

*** Our correspondent does not state the terms of his appointment. If he was appointed at a salary of £375 with board and lodging provided, then the value of the latter is not chargeable to tax; if, however, he was appointed at a salary of, say, £500, on condition that he bore the reasonable cost of