the optimum isolation medium for urinary examination for our convalescents is still *sub judice*, as is also the question of the advisability of enriching the urine with albumin prior to incubation.

Serological Tests.

The routine method employed is macroscopical only. We have recently adopted Dreyer's suggestions of always incubating at 55° C., using his standard emulsions for all Widal reactions, and of using considerable volumes of diluted serum, bacterial emulsion and normal saline. The results so far obtained have been excellent. We do not find the drop method to be of sufficient accuracy for routine use on a large scale. In carrying out a reaction with *B. typhosus* we test the serum in triplicate against this organism, *paratyphosus* A and *paratyphosus* B, and we propose to employ Dreyer's method of curve-recording by multiple examinations at stated intervals. This procedure, of course, is not in our case so much for purposes of diagnosis as, by a systematic investigation of large numbers of convalescents in terms of Widal's reaction, of obtaining some light on several interesting problems that have emerged from our work. One of these is the question of the effect of inoculation on carriage, which, in the light of data we have already collected, appears to be favourable. Much further study, however, will be required before any definite statement can be made as to this. As regards Bordet-Durham reactions with strains of organisms isolated from convalescing and convalescent patients, we have used twenty-four hour emulsions heated at 58° C. for one hour. In all other respects the procedure is the same as in the case of Widal reactions. We do not find it necessary to check our macroscopical results by microscopy, because we are not aware that the latter procedure does more than intensify a well-marked end result already obtained by macroscopy alone.

This, roughly, is an outline of the attempts being made at Addington to deal with the carrier problem, and it is only designed to indicate here in a general way what is being done. Unfortunately, the experiences of the moment do not permit of a more elaborate statement, which must be reserved for our official report.

A PRELIMINARY NOTE ON CHRONIC POISONING BY EMETINE.

By H. H. DALE, M.D., F.R.S.

(From the Department of Biochemistry and Pharmacology, Medical Research Committee, the Lister Institute.)

A FEW weeks ago my opinion was asked as to the possibility of producing symptoms of poisoning by the long-continued administration of emetine in individually harmless doses. Those who have had experience of the treatment of amoebic dysentery with emetine have evidently been alive to the possibility of such a cumulative action. Dr. Low, for example, in a recent article in this JOURNAL (November 13th, p. 715), mentions diarrhoea, secondarily arising during treatment with emetine, as possibly caused by the alkaloid, and suggests that an unduly continued use of the latter in too high a dosage may eventually produce symptoms of intoxication. But there seems to be no certainty on the point, and little hope of attaining such by clinical observation alone, owing to the difficulty of deciding whether local effects on the alimentary canal, or more general effects of toxaemia, are to be attributed to emetine, or to the condition which has led to its being administered. On the other hand, I failed to discover any record of direct uncomplicated experiment on the point. It was evidently desirable, therefore, that the matter should be put to the test of experiment on healthy animals. The investigation is still in its initial stage, but the indications that a cumulative action can be produced are already so positive, that it seems desirable to make mention of the results even at this early period, in view of the practical importance of their implications.

At present I have made experiments only on a small number of cats and rabbits. The question as to what doses, in either of these species, can be regarded as physiologically equivalent to the doses normally employed in human therapeutics, can only be answered by further experiment. Up to the present I have used a dosage which, in proportion to the weight of the subject, would be regarded as rather high for continued administration to man. If we take 65 kg. as the weight of an average man, a dose of 1 grain for such a patient is about 1 mg. per kilogram. So that 5 mg. for a cat weighing 3 kg. corresponds to rather more than 1½ grains for the average man. This is the order of dosage with which I have experimented up to the present—individual hypodermic injections of 5, or occasionally 10 mg., for animals of 2.5 to 3.5 kg. Such a dose, given once only, has no perceptible action of any kind on the animal, and it may be repeated daily, up to a point, without obvious effect. There is considerable individual variation in respect of the number of such daily injections which can be tolerated with full maintenance of health. It has been as few as three in one case, and as many as ten in another. But in all the experiments which hitherto have been carried on as long as a fortnight, symptoms of intoxication have sooner or later appeared, have become rapidly intensified with persistence in the daily injections, and have terminated fatally. In rabbits a profuse diarrhoea, attended with rapid emaciation, has been the most prominent effect. In cats this symptom has been seen, but is apparently of secondary importance, and may be absent altogether; the most prominent effect in this species is pronounced lethargy and somnolence, deepening to a terminal coma. The pathological examination of the material, in which I am fortunate in having the co-operation of Dr. P. P. Laidlaw, has barely been begun. It is only possible to mention, therefore, with all reserve, that there is evidence of damage to the liver and kidneys, in addition to the expected signs of intestinal irritation.

I am aware that the dosage above indicated is somewhat, though not greatly, in excess of that which is habitually employed in human treatment. I deliberately so chose it in order to obtain evidence with a minimum delay on the important question, whether a repetition of individually subtoxic doses of emetine can produce a cumulative poisoning of serious importance. The answer is already very definitely affirmative. I am fully conscious, also, of the care needed in applying results, obtained with experiments on different species, to human therapeutics. But, with all allowance for differences in dosage and conditions, I cannot believe that these results are without significance in indicating a serious danger in pushing the administration of emetine beyond a certain point. My object is not to suggest any modification in the accepted dosage and rate of administration, but rather to reinforce, with the aid of direct evidence, the warning, which has already been sounded from other quarters, against the indiscriminate and unguarded use of emetine beyond the limits which expert observation has laid down for its employment with safety and benefit.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

METHOD FOR QUICK DETECTION OF *S. PALLIDA*.

WITH reference to the method of detecting spirochaetes described by Dr. Alfred C. Coles in the BRITISH MEDICAL JOURNAL of November 27th, p. 777, the following is a simple method of demonstrating *S. pallida* which may be of interest. It is well known, but I am unable to say whose original method it is.

Take a smear of blood and serum from the sore, the exudate being obtained after cleaning and rubbing or scraping the sore, or making a small incision in its margin. The sore should not previously have been treated with antiseptics, or, if it has, should be dressed for several days with a simple saline dressing.

1. Fix in 1 per cent. glacial acetic acid and 8 per cent. formalin. Rough dry the slide.
2. Wash in alcohol and flame off.
3. Gently heat in a 5 per cent. solution of tannic acid.
4. Wash in water and stain with slightly warmed ammoniated silver nitrate solution. (To a 5 per cent. solution of silver nitrate add ammonia solution until the precipitate first formed is just dissolved; add a few more drops of silver nitrate solution until the precipitate just reappears.)
5. Wash in distilled water and dry.

The films should be chestnut coloured. If they have

only become yellow the staining from the tannic acid onwards should be repeated at once.

The slides must not be mounted in balsam, but examined in neutral cedar-wood oil in the ordinary way. The spirochaetes are very clearly demonstrated by this method.

W. H. S. STALKARTT, M.D., F.R.C.S.E.,
Fleet Surgeon, R.N.
Devonport.

FALLOPIAN TUBE AND OVARY IN INFANTILE HERNIA.

IN a female child aged 5 months, breast fed, a swelling was noticed on the right side six weeks before admission. It came down several times, but had returned. On September 17th the swelling came down and did not return. When admitted (September 19th) the child, which was well nourished, presented a right inguinal hernia and an umbilical hernia. On the operating table the bowel was returned and the sac exposed. On opening it, it was found to contain the right tube and ovary; the uterus lay just at the neck of the sac, and could be pulled into it. The tube and ovary were firmly adherent to the sac. The ovary was slightly cystic. The adhesion was ligatured and cut, and the operation concluded in the usual way.

H. H. TAYLOR, F.R.C.S.,
Surgeon to the Royal Alexandra Hospital for Children, Brighton.

Reviews.

OSLER AND McCRAE'S SYSTEM OF MEDICINE.

THE first edition of this excellent encyclopaedia of general medicine came out in seven volumes between the years 1907 and 1909. We now are able to welcome the issue of the second edition in five volumes which have all appeared at one time. By a general condensation, an increase in the size of the page, and by augmenting the number of pages in each volume, the editors have succeeded in reducing the number of volumes from seven to five—a heroic performance worthy of the most widespread imitation, for who is not familiar with the tendency to expansion that proves irresistible to most authors as years advance and editions increase in number? Yet only a few of the articles in the first edition have been excluded, and these deal with subjects such as "Inheritance and disease," and "Life Insurance," that have required no radical overhauling during the few years that have elapsed since their publication. They can still be referred to in the first edition of the *System*. The editors have further made notable changes in the general arrangement of the articles in their five volumes—always a matter of options and arbitrary decision—with every appearance of success. The first two volumes deal with all the various bacterial and parasitic infections, and with diseases of metabolism and of the respiratory tract. The third volume is devoted to diseases of the digestive and urinary systems. The fourth volume is occupied with disorders of the heart, vessels, blood, and ductless glands; the fifth with diseases of the nervous and locomotor systems. In every system of medicine a place has to be found for the rarities and miscellaneous débris of disease that do not fit in elsewhere. The editors have very cleverly managed this in the last volume, an arrangement that does as little violence to the nature of such obscure disorders as achondroplasia, microcephaly, and facial hemiatrophy as any classification we have yet seen.

The individual articles composing the second edition of this *System* are characterized by the same virtues as those in the first, to which reference was made in the reviews published in the BRITISH MEDICAL JOURNAL as the several volumes made their successive appearances. While all are excellent, it is not unfair to say that some are better than others, as, indeed, is only to be expected. Discriminative mention, always an odious task, is inevitable in the review of so important a work as this *System*, although it can hardly avoid injustice. Among the most sound and satisfying articles are those by the editors dealing with disorders of the heart and vessels, the kidney, the group arthritis deformans, and syphilis. Dr. Futcher's accounts of gout and diabetes are first-rate pieces of work, and so are Dr. Poynton's "Rheumatic Fever," Dr. L. Brown's "Tuberculosis," Dr. Garrod's article on renal disorders, Dr. Cushing's articles on the brain, and Dr. Opie's "Diseases of the Pancreas." For full-dress expositions, those on "Diseases of the Peritoneum" and "Congenital Cardiac Disease," by Dr. Rolleston and Dr. Maude Abbott, are models of what writers on medical subjects should aim at producing, and could hardly be bettered. Many of the illustrations in the five volumes of the *System* are good; the paper and printing leave nothing to be desired, the indexes are full, and there are not so many misprints as appeared in the first edition. The *System*, as a whole, contains all that the practitioner of medicine requires, with the exception that it excludes the consideration of mental disorders. It is well arranged, clearly written, full of advice on the many points of diagnosis and treatment that most require elucidation. The editors are to be congratulated upon the skill and care they have lavished upon its production; there is good reason to hope that the second edition of the *System* will enjoy, as it deserves, the great measure of success attained by the first.

[1] *A System of Medicine by Eminent Authorities in Great Britain, the United States, and the Continent.* Edited by Sir W. Osler, Bt., M.D., F.R.S., assisted by T. McCrae, M.D., F.R.C.P.Lond. In five volumes. Oxford Medical Publications. Second edition, thoroughly revised. London: H. Frowde; Hodder and Stoughton. 1915. (Roy. 8vo, pp. 5,541, 92 plates; 248 figs. in the 5 vols. 35s. net per vol.; £7 15s. net per set of 5 vols.)

PHTHISIS AND DUST.

IN the Milroy Lectures this year Dr. COLLIS gave a most interesting account of the industrial pneumonoconioses[2] met with in those who work at dusty trades, and produced a mass of evidence to show that the inhalation of siliceous dust promotes the development of pulmonary tuberculosis in a marked degree. The dangers of the prolonged or repeated inhalation of dust have long been known; possibly Hippocrates refers to them, certainly the elder Pliny describes the use of respirators to protect the lungs of workers in lead. Industrial pneumonoconiosis has even made its way into literature, for it seems reasonable to suppose that it was the cause of the hero's death in Hardy's novel, *Jude the Obscure*. Dr. Collis goes fully into the medical literature of the subject from a historical point of view, and has no difficulty in showing that siliceous and granite dusts work havoc on the lungs when inhaled. They are particularly associated in the mortality tables with what is called "dust phthisis"; it is interesting to note his conclusion that some dusts, such as coal, not only appear to have no power of producing pneumonoconiosis, but even may possess some inhibitory influence on phthisis. Certain other dusts, such as limestone and plaster-of-Paris, are said to be negative in their action, but most dusts undoubtedly have an injurious influence on the lungs should they be inhaled in large quantities. Among the pulmonary disorders to which occupational dusts give rise are bronchial asthma, pleural adhesions, bronchitis, pneumonia, and, as has been mentioned already, phthisis. Dr. Collis goes fully into the questions raised by these observations, and illustrates the pulmonary changes produced by these conioses with a number of excellent skiagrams and photomicrographs. There is good reason to hope that the pneumonoconioses, like other occupational diseases, will in the future be suppressed by the activity of H.M. Home Office until they become as extinct as the dodo. A vast amount of good work in this direction has been done by this office during the past few decades, as, indeed, is shown by not a few of the statistics quoted by Dr. Collis. His lectures should be read by all medical men who have to treat the workers in dusty industries, in factories, mines, quarries, stone yards, and the like.

[2] *Industrial Pneumonoconioses With Special Reference to Dust-Phthisis.* By E. L. Collis, M.B.Oxon., H.M. Medical Inspector of Factories. Milroy Lectures (1915). Reprinted from *Public Health*, the official organ of the Society of Medical Officers of Health. 1915. (Imp. 8vo, pp. 42; 21 figures.)

A DOCTOR IN HIS LIBRARY.

DR. STUART M. CHISHOLM has collected into a volume bearing the title *Recreations of a Physician*[3] a number of papers read before various societies, some of which have been published in the *Journal of the American Medical Association* and in the *Albany Medical Annals*. Of the

[3] *Recreations of a Physician.* By A. Stuart M. Chisholm. New York and London: G. P. Putnam's Sons. 1914. (Demy 8vo, pp. 339. 7s. 6d. net.)

It must not, however, be thought that Dr. Steeves neglected the work of his profession. He was specially interested in sanitary science, of which he had an extensive practical knowledge and on which he wrote several useful papers, one of which was published in the *Nineteenth Century*. For many years he was M.O.H. for Toxteth, Liverpool; physician to the Urban District Hospital; and U.S.A. sanitary inspector for the Port of Liverpool. He was a vice-president of the Liverpool Medical Institution, and when, some years ago, he left Liverpool to reside in London, the appreciation in which he was held by his professional brethren and many friends was shown by a handsome testimonial. Since the war began his experience in sanitary science and attainments as a physician led to his being given a command in the National Guard of the City of London. Dr. Steeves was, until a few weeks before his death, actively engaged in examining recruits in addition to his practice and other duties. After a week's acute illness it was found necessary to perform an operation.

In his younger days Dr. Steeves was an athlete, and continued to be a fine amateur billiard player and good golfer. In fact, anything he took in hand he did well. He will be greatly missed by all who had the privilege of knowing him, for his gentle, attractive, sympathetic personality endeared him to all.

He leaves a widow, but no family.

COLONEL RODERICK MACRAE, C.I.E., Bengal Medical Service (retired), died in Edinburgh on December 5th, aged 64. He was born on May 25th, 1851, educated at Edinburgh University, where he graduated as M.B. and C.M. in 1873, and entered the I.M.S. as surgeon on March 31st, 1875, becoming surgeon-major on March 31st, 1887, and surgeon-lieutenant-colonel on March 31st, 1895. He was placed on the selected list for promotion from April 1st, 1901, was promoted to full colonel on February 12th, 1905, and retired, on completion of five years' service in the administrative rank, from March 1st, 1910. His first five years of service were spent in military duty, during which he served in the second Afghan war from 1878 to 1880, was present in actions against the Ghilzais at and near Jazdalak, accompanied Sir Charles Gough's column to Sherpur, and took part in operations in the Kohistan, Logar, and Maidan valleys, receiving the Afghan medal with a clasp. He then entered civil employment in the province of Bengal, and during the next twenty years held many important civil surgeoncies in succession, among them those of Jalpaiguri, Sarun, Champarun, Gaya, and Dakka, at the last being also superintendent of the vernacular medical school in that city. As an administrative medical officer he held the post of inspector-general of civil hospitals in the Central Provinces, in Burma, and in Bengal successively, being the first and last Bengal officer to hold that post in Burma. A good service pension was conferred upon him from December 3rd, 1909, and after his retirement, on June 24th, 1910, he was decorated with the C.I.E. Since his retirement he had resided in Edinburgh. He contributed two articles to the *Indian Medical Gazette* in 1894, the one on cholera and preventive inoculation in Gaya gaol, and the other on flies and cholera diffusion. He was a Fellow of Calcutta University, and administrative medical officer E.B.S. Railway. He is survived by a widow and family.

IT is with great regret that we announce the death, at the age of 54, of Dr. BRYARS of Mount Pottinger, Belfast. He had suffered from a serious illness about eighteen months ago, but had recovered and resumed his practice. On the morning of November 21st he was suddenly seized with apoplexy, and died in a few hours. He received his medical education in Dublin and Edinburgh, and, after taking the triple qualification in Scotland, he practised for six years in West Hartlepool. He then settled in Belfast, where he has carried on a large and laborious practice for twenty-four years; he was for many years a member of the board of Poor Law guardians, and for two their chairman. He was a greatly liked and trusted by his patients, and respected by all with whom he came into contact. Much sympathy is felt for his widow and family. His eldest son is in the reserve of the R.A.M.C., and is preparing for the final medical examination; his second son is a lieutenant in the Royal Irish Fusiliers, 8th Battalion.

VERY deep regret will be felt by a large circle of patients and friends on hearing of the death on December 5th of Dr. JOHN J. AUSTIN of Clifton Street, Belfast. He had been in his usual health when he was attacked by pneumonia, which ended fatally about the fifth day. He was 57 years of age. He had a distinguished career in Queen's College, Belfast, and graduated M.D. in 1882. After practising for a few years in Larne he settled in Belfast, and rapidly gained one of the largest practices. The deep and implicit trust of his patients was well deserved. He was most painstaking, careful, and skilful. His success in obstetrics in private practice was great. He left nothing to chance, and no detail was too small. He carried the same qualities into all his work. Dr. Austin was of a retiring disposition. He held no public appointment, but was at one time honorary physician to the Johnston Memorial Orphan Training School, an institution in which he took the warmest interest. His wife predeceased him seven years ago. Much sympathy is felt for his three daughters and only son.

The Services.

INDIAN MEDICAL SERVICE.

APPOINTMENTS DURING THE WAR.

IT was recently announced in the press that after the open competitive examination held last July for admission to the Indian Medical Service no similar examination would be held during the continuance of the war, but that such appointments as might be required to meet the absolutely indispensable needs of the service would be made by nomination by the Secretary of State. To assist him in making these appointments, which, as already announced, will be limited in number to the absolutely indispensable needs of the service, Mr. Chamberlain has appointed a Selection Committee, who will summon and interview such applicants as may appear to be *prima facie* suitable, and make recommendations for appointment.

Applications for appointment should be addressed to the Secretary of the Military Department, India Office, Whitehall, S.W., and should contain concise particulars of the applicant's medical degrees and career. Applicants must be over 21 and under 32 years of age at the time of application. Particulars regarding pay, promotion, etc., in the service can be obtained from the Secretary, Military Department.

EXCHANGE DESIRED.

LIEUTENANT R. N. MOFFAT, R.A.M.C.(T.F.), attached 1/4th Queen's Own (Royal West Kent Regiment), Jubbulpore, India, wishes to find substitute (Lieutenant or Captain), so as to enable him to transfer to a unit at home. Details can be obtained from the Secretary (No. 5997), British Medical Association.

Universities and Colleges.

UNIVERSITY OF EDINBURGH.

THE following candidates have been approved at the examinations indicated:

FINAL EXAMINATION (*Forensic Medicine*).—Fakir Chand, E. Chapelle, Bhaskar B. Gadgill, J. A. C. Guy, Balkrishna R. Handoo, N. K. Henderson, J. R. S. Mackay, P. D. M'Laren, M.A., C. P. Penberthy, J. C. Preston, Satyendra N. Seal, J. M. Smellie, D. G. Stoute, Daya R. Thapar, J. M. Watt, Tin Po Woo.

FINAL EXAMINATION (*Public Health*).—Johannes J. Ackermann, Fakir Chand, E. Chapelle, Demetrius Colombos, T. F. Corkhill, W. J. F. Craig, W. H. Ferguson, Bhaskar B. Cadgil, J. A. C. Guy, Balkrishna R. Handoo, C. Harris, N. K. Henderson, Margaret M. M'Garrity, Marjorie I. S. M'Gregor, J. R. S. Mackay, P. D. M'Laren, J. O. Marais, Isabella Morison, G. A. Paris, C. P. Penberthy, J. C. Preston, Satyendra N. Seal, J. M. Smellie, D. G. Stoute, Daya R. Thapar, J. M. Watt.

FINAL EXAMINATION (*M.B., Ch.B.*).—*W. Brownlie, T. F. Corkhill, H. F. Ferguson, *G. W. M. Findlay, Pratul Kumar Ghosh, R. L. Impey, H. B. Kirk, A. J. M'Ivor, Premrai Trambakrai Majmundar, Kumud Sankar Ray, A. J. D. Rowan, C. I. Stockley, G. M. Torrance, R. A. Warters, J. A. C. Williams, W. Williams, Tin Po Woo, Margaret Kirk Jolly Wright, P. H. Young.

* With distinction.

UNIVERSITY OF GLASGOW.

UNIVERSITY COURT.

AT the meeting on November 23rd the Principal (Sir Donald MacAlister) called attention to the communication issued by the War Office to the effect that students who at or before the close of the present winter session will be qualified for entry to one of the examinations for third-year students in medicine and duly enter for the examination will not be attested until after its conclusion, and, if they are successful, will be included in the class of fourth-year medical students under Lord Derby's scheme, who are to continue their professional studies with a view to graduation in medicine. The Court determined that in March, 1916, qualified candidates who had completed eight terms of medical study should be admitted to the third

professional examination, the subjects of which might be taken singly or together.

At a meeting of the Court on December 9th the Principal intimated the election of Professor Noël Paton to be an assessor to represent the Senate for the next four years, in place of Professor Muir, of whose services the Principal expressed high appreciation.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

AN ordinary Council was held on December 9th, when Sir W. Watson Cheyne, President, was in the chair.

Issue of Diplomas.

Diplomas of Fellowship were granted to seven candidates found qualified at the recent examination for which twenty-three candidates presented themselves. The successful candidates were as follows:

David John Harries, M.D., B.S.Lond., L.R.C.P., M.R.C.S., University College, Cardiff, and University College Hospital, London.
Arthur Tudor Evans, M.A., B.C.Cantab., L.R.C.P., M.R.C.S., Cambridge University and Middlesex Hospital.
Arthur Hughes Southam, M.Ch., M.B., M.A.Oxon., L.R.C.P., M.R.C.S., Oxford University, St. Bartholomew's Hospital, and Manchester University.
Arthur Chance, M.D.Dub., F.R.C.S.I., L.R.C.P., M.R.C.S., Dublin University and St. Bartholomew's Hospital.
William Hugh Cowie Romanis, B.A.Cantab., L.R.C.P., M.R.C.S., Cambridge University and St. Thomas's Hospital.
Reginald Harold Bridge, M.B., Ch.M.Sydney, Sydney University and St. Bartholomew's Hospital.
Michael George O'Malley, M.B., B.Ch., B.A.O., National University Ireland, University College Dublin, St. Bartholomew's and Middlesex Hospitals.

Diplomas were issued to thirty-one candidates found qualified for the licence in Dental Surgery.

The Dalhousie and other Universities.

The Dalhousie University, Nova Scotia, the University of Toronto, and Queen's University, Kingston, Ontario, were added to the list of universities whose graduates in Medicine and Surgery may present themselves for examination for the Fellowship without first becoming members of the College, under the conditions of paragraph 2, section 4, of the regulations for the Fellowship.

Medical News.

THE library and offices of the British Medical Association, including the editorial office of the BRITISH MEDICAL JOURNAL, will be closed on Christmas Day, and on Monday, December 27th. The library and offices of the Royal Society of Medicine will be closed from December 24th to December 28th, both days inclusive.

THE annual general meeting of the London Cremation Company Limited will be held at 324, Regent Street, W., on Monday next at 3 p.m.

WE regret to have to announce that Dr. George Allan Heron, consulting physician to the City of London Hospital for Diseases of the Chest, died on December 10th, aged 71.

THE Royal Institution, following an example set by many theatres in London, has arranged that for the present the discourses usually given on Friday evening shall be delivered at 5.30 p.m. The first will be given on January 21st by Sir James Dewar, on problems in capillarity; the second, by Dr. Leonard Hill on January 28th, on the science of clothing and the prevention of trench feet; and the third, by Professor William Bateson on February 4th, on fifteen years of Mendelism.

The Queen's Gift Book is a most attractive volume containing the work of many authors and artists of distinction; it has been published to aid Queen Mary's Convalescent Auxiliary Hospitals, institutions for the relief of soldiers and sailors who have lost their limbs in the war. The need is great; already between two and three thousand names appear on the registers of Dover House and Roehampton House, the convalescent hospitals where the artificial limbs required are fitted to these patients, and more than a thousand cases are ready or nearly ready to be admitted. Workshops and fitting rooms have been installed, and it is hoped that over seventy limbs a week will presently be supplied. The purchaser of the *Queen's Gift Book* not only makes a contribution to this work, but will buy stories or poems from the pens of all the most popular British writers living, and illustrations in line or colour by the most skilful artists and illustrators of the present day. The book is, in fact, one that everybody should buy and enjoy; we cannot imagine that half a crown could be expended to anybetter purpose. It is published in London, New York, and Toronto, by Hodder and Stoughton.

Letters, Notes, and Answers.

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

THE telegraphic addresses of the BRITISH MEDICAL ASSOCIATION and JOURNAL are: (1) EDITOR of the BRITISH MEDICAL JOURNAL, *Attiology, 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.

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

QUERIES.

INCOME TAX.

ENQUIRER 1 asks whether the gratuity payable to medical officers leaving the navy is liable to income tax.

*** There are several forms of gratuity, but we presume that our correspondent refers either to a gratuity for wounds or injuries or a gratuity to a retiring officer not entitled to superannuation. Such payments appear to be regarded as of a capital nature and not subject to income tax; a pension being an annual payment would of course be on a different footing entirely.

LETTERS, NOTES, ETC.

IRISH UNION HOSPITALS.

DR. THOMAS LAFFAN (Cashel) writes: I take exception to that paragraph in your Irish correspondent's letter, in which he writes of the exclusive power of Irish union hospital physicians to send on grave cases to Dublin. Now if we are deprived of the power of keeping these cases in our hospitals and only sending on those which, from their rarity, can only be dealt with by hospital men whose patients are recruited from all Ireland, a deadly blow will have been struck at a great provincial hospital system. It is not red tape which is at stake, but the efficiency of a network of hospitals which has been growing yearly in popularity and efficiency.

*** What our Irish correspondent protested against was the red tape of the Local Government Board's regulations, which do not permit Poor Law medical officers, whether they are dispensary or workhouse doctors, to send Poor Law patients requiring immediate operations or other treatment which cannot, in some instances, be performed at their homes or at the workhouse hospitals, to Dublin and other hospitals without first sending such patients to the workhouse, where they must wait perhaps one or two weeks for a meeting of the board of guardians to give the medical officer the necessary permission to send them away. It is evident that Poor Law patients whose only chance of recovery depends on as early an operation as possible, may be sacrificed to meaningless departmental red tape which has no better justification than to prevent the possibility of the occasional abuse of Poor Law medical officers sending for treatment to city and other hospitals patients who are not entitled to free treatment at the expense of the ratepayers.

SEA-SICKNESS AND ACIDOSIS.

A. W. S. writes: Among the theories concerning the etiology of sea-sickness, has an acidosis ever been considered? Sodium bromide has sometimes proved effectual, in which cases the soda as well as the bromide has to be considered, and the combination of chloretone with the three bromides is still more alkaline. Perhaps some ship surgeon might think it worth while to investigate this question.