

was quite without any induration about its edges, and had all the appearance of being of recent origin; it was about an inch in diameter. It was closed by a purse-string suture. The abdominal cavity was then sponged as dry as possible, a large quantity of liquid and solid faeculent matter being mopped out of the pelvis and two drainage tubes inserted. The patient became very collapsed and pulseless towards the end of the operation. He was put back to bed and the usual methods adopted to try and overcome the shock. He passed a very restless night, with continual vomiting of darkish brown fluid. He died about 3 p.m. next day, never having got over the shock of the operation.

Post-mortem examination of the bowel was made by Captain Caldwell, in the presence of Colonel Sir A. W. Mayo-Robson. No ulceration or disease of any kind could be made out. The rent was on the free side of the bowel, and the suture had completely closed it, rendering it water-tight.

The portion of the bowel affected was sent, at Colonel Mayo-Robson's suggestion, to Professor S. G. Shattock, pathologist to the Royal College of Surgeons, for examination. The report received states that there is no evidence of either ulceration or new growth nor of any diverticulum. Thus no cause to explain the rupture can be assigned.

I desire to express my thanks to Lieut.-Colonel A. R. Henchley, D.S.O., R.A.M.C.(T.), for his permission to publish notes of this case.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

ASPIRIN IDIOSYNCRASY.

THE following case of aspirin idiosyncrasy is of interest, after Dr. Karunaratne's case and the subsequent correspondence on the subject:

On August 22nd a man, aged 34, awoke with a severe attack of neuralgia, and at 9.15 a.m. took 10 grains of aspirin. An hour later he noticed that his eyelids and lips were beginning to swell. This was rapidly followed by difficulty in swallowing and in breathing through the nose. A rash then appeared all over the body. I saw him at 11.15 a.m., and he then had marked oedema of the eyelids, lips, and gums, and running at the nose and eyes. The arms, chest, and abdomen were covered with an urticarial rash. The pulse was 80 and the temperature normal. Two hours later the symptoms began to subside, and when seen at 5.30 p.m. the same day there was only slight oedema of the eyelids and upper lip; the pulse was 72 and the temperature normal. He could swallow without difficulty and breathe easily through the nose. He had a similar attack in November, 1918, after taking 5 grains of aspirin. On that occasion the symptoms started three and a half hours afterwards, and the attack lasted for twenty-four hours. At that time he was told that he had influenza. In April, 1918, he had an operation for mastoid disease, and since has taken aspirin only on the two occasions mentioned, and each time the same symptoms occurred. Before the mastoid operation he had taken aspirin several times without any untoward symptoms. Since the operation he has had a bad attack of neurasthenia, which lasted until three months ago.

He has been subject to nasal catarrh, but has not had nasal polypi, enlarged tonsils, or asthma.

Shanklin, I. W.

R. F. BOLT.

TRENCH FOOT LEADING TO GANGRENE.

SOWAR G. S., 12th Cavalry, was admitted to No. 1 Indian General Hospital, Karachi, on February 13th, 1919.

History.—The patient stated that he was exposed to damp and cold in the trenches in Mesopotamia for several days in the winter of 1918. He was admitted to No. 20 Casualty Clearing Station on December 8th, 1918, for swelling and oedema over both feet and the lower part of the legs, with severe pain, blisters, and marked discoloration of the skin over the affected parts. Later on the distal parts of the right foot shrivelled and turned black, ulceration and sloughing set in, and amputation was performed through the metatarso-phalangeal joints on January 8th, 1919. In the left foot an abscess formed below the internal malleolus which burst and continued discharging for some time. He had an irregular temperature throughout.

On admission a boggy swelling with oedema was present on both feet and the lower two-thirds of both legs

with slight greyish discoloration of the skin. He was unable to walk, and movements of both feet were very limited and painful. The operated stump of the right foot was discharging through several small sinuses. The probe could go about half an inch up, striking bare bone. There was no sinus in the left foot. The general health was very weak, and he was emaciated and anaemic. He was put on tonics, and a eusol bath was given to the right foot morning and evening. The wound has healed; the oedema is less, but the boggy swelling is about the same. The general health slightly improved. The x-ray report is as follows:

Right Foot.—All the metatarsal bones are necrosed; the shaft of each appears to form one large sequestrum, which is gradually becoming reduced in size and density and is surrounded by a growth of new bones.

Left Foot.—Irregularity of shaft of second and third metatarsal bones.

Right Leg.—Necrosis of lower end of fibula, the whole of the lower third of tibia appears to be a large sequestrum round which new bone is forming.

Left Leg.—Necrosis of lower end of fibula. The whole of lower third and part of mid-thirds of tibia appears to be one large sequestrum which is surrounded by growth of new bone.

The presence of a large number of septic sequestra presumably lying in a box of new bone formation is the unusual and interesting feature of the case. There are absolutely no signs of any abscess formation. I must thank Lieut.-Colonel R. W. Anthony, I.M.S., Officer Commanding No. 1 Indian General Hospital, and Major L. P. Stephens, I.M.S., Surgeon Specialist Karachi Brigade, for permission to send these notes for publication.

K. N. GOYAL, Captain I.M.S.(T.O.),

Karachi.

No. 1 Indian General Hospital.

Reports of Societies.

TRENCH FEVER.

At a meeting of the Section of Epidemiology and State Medicine of the Royal Society of Medicine on October 24th, the President, Dr. E. W. GOODALL, in the chair, Major W. BYAM, R.A.M.C., read a paper on trench fever: its epidemiology and endemology. He defined trench fever as a blood infection communicable from man to man by means of the louse, characterized by recurrent pyrexia, headache, giddiness, pain in the lumbar region and limbs often of considerable severity, conjunctival congestion, sweating, moderate leucocytosis at the height of the fever, and slight enlargement of the spleen.

The habits of the louse were described, and an account was given of some experiments tending to show that lice migrated more readily from the person of a febrile man to that of his neighbour than when the original host was normal. The experimental work of the Trench Fever Committee was summarized, and that of other observers, leading to the following amongst other conclusions:

1. Lice fed on trench-fever patients may be infective in from five to eight days from the first feed.
2. Such lice are certainly still infective up to the twenty-third day.
3. The excreta of such lice are infective.
4. The presence of *Rickettsia* bodies in the excreta of lice is highly correlated with the infectivity of such excreta.
5. As little as 0.1 mg. of infective excreta injected subcutaneously may produce the disease.
6. Lice can become infective on an afebrile patient.
7. The blood may still be infective so late as the 443rd day of the disease.
8. Infection probably does not occur by the mouth or by inhalation.

In the ensuing discussion, to which Dr. BUCHANAN, Dr. ARKWRIGHT, Mr. BACOT, Dr. BROWNLEE, Dr. CARMALT-JONES, Dr. CHALMERS, and Dr. BUTLER contributed, there was some difference of opinion as to the cogency of the experiments purporting to show that lice migrated more readily from a febrile patient. The probability of the disease becoming widespread in civilian life was debated, the general opinion being that this was unlikely. Attention was drawn to the value of hyperaesthetic skin areas in the differential diagnosis.

Lieutenant Sohan Lal Bhatia, I.M.S., attached Infantry, I.A.

Near Sabieh, Egypt, on September 19th, 1918, for conspicuous gallantry under intense fire. The enemy put down a heavy barrage where he had established his aid post. In the midst of this he carried out his work with an absolute disregard of his personal safety. The skilful way the wounded were dressed by him, in spite of the adverse conditions, afterwards elicited the admiration of the medical officers in the dressing stations.

Lieutenant (temporary Captain and acting Major) Gerald Evan Spicer, 107th Field Ambulance, R.A.M.C.

He was in charge of a detachment of bearers during the operations around Moorseele from October 14th to 17th, 1918. He worked unremittingly throughout, establishing posts for the collection of wounded and going up to the regimental aid posts, and on occasions forward of these posts, frequently under heavy shell and machine-gun fire. Owing to his gallantry and tireless devotion to duty the wounded were rapidly and successfully evacuated.

Temporary Captain Frederick Reginald Sturridge, R.A.M.C., attached 2nd Royal Scots Fusiliers.

From the commencement of the advance east of Ypres to Vichte he displayed great courage and devotion to duty. On the night of October 13th-14th, 1918, at Slypscappelle when the enemy put down a heavy barrage and caught two companies in the open, causing a large number of casualties, he immediately rushed his stretcher bearers forward and established his aid post where the casualties had occurred, in spite of the fact that it was in the open, and that the enemy was still shelling heavily. Throughout he behaved admirably.

Temporary Captain (acting Major) Christopher Sullivan, 75th Field Ambulance, R.A.M.C.

He was in charge of the advanced dressing station during the action at Bearevoir on October 5th, 1918, when over 300 cases were passed through his post. He was very short-handed, but by his personal courage and devotion to duty he animated all ranks and successfully evacuated the wounded under very heavy shell fire.

Temporary Captain Edward Cowper Tamplin, R.A.M.C., attached 9th Battalion Scottish Rifles.

During continuous operations east of Ypres, from September 28th to October 26th, 1918, he has carried out his duties with conspicuous success as battalion medical officer. He has never failed to get all wounded expeditiously evacuated, frequently under heavy fire. His fearless devotion to duty has been an inspiring example to all who have worked with him.

Captain James Thompson, R.A.M.C., attached 2nd Battalion Bedfordshire Regiment.

During the operations near Preux-au-Bois, on November 4th, 1918, he showed great coolness and devotion to duty in attending to wounded under heavy machine-gun and shell fire. Entirely disregarding his own personal safety, he moved about among the wounded, attending to men of all units, and by his untiring energy he was instrumental in saving many lives. He has always set a very fine example to stretcher-bearers and others working under him.

Temporary Captain William Tudhope, 17th Field Ambulance, R.A.M.C.

For conspicuous gallantry and devotion to duty near St. Quentin on September 15th-19th, 1918. He was in charge of a section of bearers and brought them up under very heavy shell and machine-gun fire. He got in touch with the battalion and cleared their wounded soon after zero hour. He continued throughout the whole day and following night to supervise the evacuation of the wounded until this was accomplished.

Temporary Captain (acting Major) Alexander Wilmot Uloth, 132nd Field Ambulance, R.A.M.C.

He showed great gallantry and untiring devotion to duty whilst in command of bearers during the operations from September 29th to October 1st, 1918, near Bellicourt. At a very critical period, and when casualties were heavy, he successfully organized relay posts and led a party of bearers during the night of September 29th-30th to a position in the line whence he was able to carry out an immediate evacuation of the wounded.

Temporary Captain Robert William Lessel Wallace, R.A.M.C., attached 9th Battalion East Surrey Regiment.

For great gallantry as regimental medical officer. On the night of October 8th-9th, 1918, when the enemy counter-attacked at Niergnies during a relief he remained out during the night in what had then become "No Man's Land" tending the wounded after most of his staff had become casualties. Again, on October 16th, when his aid post received several direct hits, he carried on his work where best he could in close proximity to the enemy. Thanks to his fine devotion to duty throughout, a large proportion of wounded were brought in.

Captain Rene Edward Amos Weston, C.A.M.C., attached 2nd Canadian Field Ambulance.

For conspicuous gallantry and devotion to duty. On the morning of September 27th, 1918, near Bourlon Wood, he came into a heavy barrage in order to dress the wounded. This is only one of several examples of the manner in which he performed his duty. His absolute disregard of personal safety is admirable.

Captain (acting Major) Michael White, No. 1 Field Ambulance, R.A.M.C.

For conspicuous gallantry and devotion to duty when in command of brigade stretcher-bearers on October 17th-18th, 1918, near La Vallee Mullatre. Undeterred by enemy fire he kept in close touch with the battalions, frequently visited their aid posts, and maintained the steady and rapid evacuation of all casualties. His coolness and resource inspired his men, and his skilful leading undoubtedly saved many lives.

Captain Henry Parks Whitworth, R.A.M.C.(S.R.), attached 6th Battalion King's Own Scottish Borderers.

For marked gallantry and devotion to duty near Cuernet on October 16th-17th, 1918. In spite of heavy shell fire he showed utter disregard of his personal safety in tending the wounded. Twice his aid post was hit by a shell, but he carried on and performed most valuable work in dressing the wounded until he was seriously wounded.

Captain Edward Albert Woodward, 8th Field Ambulance, A.A.M.C., attached 29th Battalion Australian Infantry.

At Bellicourt during September 29th-30th, 1918, with his regimental aid post, in an open trench under heavy shell and machine-gun fire, he carried on day and night dressing and attended the wounded. He showed a total disregard of danger and untiring devotion to duty under the most trying conditions, working without rest for forty-eight hours.

The following are the correct names and designations of the officers mentioned, and not as printed in the *London Gazette* of the dates indicated: August 22nd—Surgeon Lieutenant Commander (acting Surgeon Commander) Arthur Douglas Cowburn, R.N.V.R., Surgeon Lieutenant William Wilson Rorke, R.N., Surgeon Lieutenant Alexander Elder Sanderson, R.N.; September 16th—Surgeon Commander Percy H. Boyden, R.N.

Universities and Colleges.

UNIVERSITY OF OXFORD.

THEODORE WILLIAMS scholarships in human anatomy and in physiology have been awarded to J. H. Fletcher and T. C. T. K. Cross respectively.

UNIVERSITY OF LONDON.

PHYSIOLOGICAL LABORATORY.

DR. A. D. WALLER, F.R.S., professor of physiology in the University, began his course of advanced lectures on physiology on October 29th. The lectures, which are being given in the Physiological Laboratory of the University, South Kensington, and not as previously advertised, deal (a) with the energy balance of the human body, (b) electrical signs of emotive phenomena. The lectures are delivered on Wednesdays at 5 p.m.

ROYAL COLLEGE OF SURGEONS OF EDINBURGH.

Honorary Fellowship.

THE important work performed by the medical forces of the navy and army in the recent war, and its share in bringing about the victorious result, is not always fully realized. To carry on a great war not only a wise commander-in-chief, an able general staff, and a brave army is needed; but an efficient medical staff well organized is also essential if the troops are to be kept in health and condition to respond to the demands made upon them by their generals. Never in the history of war have the medical branches of the forces of the empire attained to such a high standard of efficiency as they have during the war of 1914-18. This is due not only to magnificent organization by the heads of those departments, but also to the courage, ability, resource and devotion to duty of the whole personnel, and no praise is too high for their work.

Recognizing these facts the Royal College of Surgeons of Edinburgh, on October 15th, unanimously resolved, on the motion of the President, Dr. R. McKenzie Johnston, that the following names, representative of all the branches of the Medical Services, be added to the Roll of its Honorary Fellows, for distinguished services in the great war.

Sir William Norman, K.C.B., R.N., late Director-General Naval Medical Department.

Sir Robert Hill, K.C.M.G., C.B., C.V.O., Director-General Naval Medical Department.

Lieutenant-General Sir T. H. John Goodwin, K.C.B., C.M.G., D.S.O., K.H.S., Director-General Army Medical Department.

The Honourable Major-General William Rice Edwards, C.B., C.M.G., K.H.P., M.D., Director-General Indian Medical Service.

Major-General G. L. Foster, C.B., Director-General Medical Services Overseas Military Forces of Canada.

Major-General Sir N. R. Howse, V.C., K.C.B., Director Australian Army Medical Service.

Colonel W. H. Parkes, O.M.G., C.B.E., Director New Zealand Medical Corps.

Colonel P. G. Stock, C.B., Director South African Medical Corps.

Rear Admiral W. C. Braisted, U.S.N., Administrative Head of the Medical Service of the United States Navy.

Surgeon-General M. W. Ireland, United States Army Medical Corps.

Médecin Inspecteur-Général Sieur, Professor of the Val-de-Grâce Military Hospital.

Lieutenant-General Leopold Melis, K.C.B., Inspecteur-Général du Service de Santé de l'Armée Belge.

Maggiore Generale Commendatore Lorenzo Buonomo, of the Ispettorato di Sanità Militare, Rome.

Surgeon-Director-General Professor Tadao Honda, Director-General Naval Medical Service (Japan).

In referring in suitable terms to the personal career of each, the President pointed out that the honorary Fellowship was very rarely awarded. Prior to the 400th year from the foundation of the College only about thirty-four honorary Fellows had been created, while in the last fourteen years one addition had been made in the person of Lord Rosebery on the occasion of his opening the new hall and museum extension. He hoped those now admitted as honorary Fellows would accept the award as an honour, just as the College felt honoured by the addition of their names to the roll.

It had been arranged that the installation should be made at a public meeting, to be followed by a banquet to the honorary Fellows. Much to the regret of the college and many others, the railway strike caused so many difficulties in the arrangements that the public functions had to be dispensed with.

CONJOINT BOARD IN SCOTLAND.

THE following candidates have been approved at the examinations indicated:

FINAL EXAMINATION.—J. B. W. Telford, H. Jennings, M. Sidawi, T. F. Miford, T. R. Sinclair, I. R. Macphail, J. A. A. Duncan, G. C. Field, J. T. Dier, J. R. Larson, L. Rifkind, Mandayam Anandampillay Parthasarathy Iyengar, W. G. Wilson, G. Beveridge, N. J. Patterson, G. L. Stanley, A. H. B. Hudson, D. A. Diaz.
D.P.H.—C. R. Merrillees, C. M. G. Elliott, P. M. Tolmie, Martha L. Hamilton, R. J. M. Horne, R. N. McKinstry, T. B. Gilchrist, J. J. Galbraith, J. E. Allan, R. C. Robertson, W. A. Lehem, Annie M. Madin.

Obituary.

ARTHUR NEVE, F.R.C.S. EDIN.,
Surgeon, Kashmir Mission Hospital.

We regret to record that Mr. Arthur Neve died at Srinagar, Kashmir, on September 5th. He was born at Brighton in 1858, and was educated at Brighton Grammar School and in Edinburgh. He took the diplomas of L.R.C.P. and S. Edinburgh in 1880, and that of F.R.C.S. Edinburgh in 1884. After serving as house-surgeon to the Livingstone Memorial Dispensary of the Edinburgh Medical Missionary Society he was appointed to the Kashmir Mission Hospital of the Church Missionary Society, and went out to India in 1882 to be assistant to the late Dr. Edmund Downes, whom he succeeded in charge of the Srinagar Medical Mission towards the end of that year. For thirty-seven years Mr. Arthur Neve was head of the hospital, working in association with his brother, Dr. Ernest Neve.

Arthur Neve won a great reputation in India as a bold, skilful, and successful surgeon. In 1901 he was awarded the Kaisar-i-Hind gold medal; in 1909 he was vice-president of the International Medical Congress, Bombay, and from 1910-12 president of the Indian Medical Missionary Association.

When off duty, in his few holidays, his favourite relaxation was mountaineering in the Himalayas, and in 1911 he received the Back award of the Royal Geographical Society. He was the author of a *Guidebook to Kashmir and the Northern Himalayas*, which has reached its tenth edition, of *Picturesque Kashmir*, and of *Thirty Years in Kashmir*, 1913. Soon after the beginning of the war he volunteered for service, and on April 8th, 1915, received a temporary commission as major in the R.A.M.C. He served as surgical specialist successively in the Kitchener Indian hospital at Brighton, in the Dartford war hospital, and finally in France, and was mentioned for good service by the Secretary of State. After the armistice he returned to his work in Srinagar, where, in addition to his regular hospital work, he was superintendent of the State Leper Asylum. The Maharaja of Kashmir ordered a public funeral, the guard being furnished by the Kashmir Imperial Service Infantry and by the 3rd Punjab. The mourners included all classes, races, and many different religions, who united to pay a tribute of true respect to a well-beloved and disinterested friend who had done so much for Kashmir and its people.

SURGEON-GENERAL CHARLES JAMES, R.N.

It is certain that throughout all ranks in the navy many and sincere will be the regrets caused by the death of Surgeon-General Charles James, R.N., which recently took place after operation in a nursing home in London. He joined the Naval Medical Service in 1877 and served with distinction in all its ranks. He retired a few years ago on completion of the full period of service as surgeon-general of the Western Naval Command, including the R.N. Hospital, Plymouth.

Charles James from start to finish was devoted to his profession, of which he had profound and ripe knowledge ever at the service of humanity, and, above all, of the British sailor, who was to him "the salt of the earth and the salt of the sea." His Cornish ancestry and boyhood's days had bitten into him, body and soul, a love of the sea and all that therein is, which persisted from the cradle to the grave. He was a most lovable and warm-hearted man. A gentleman to his finger tips, he lived up to high ideals. He was absolutely unselfish, "upright-down-straight" in all his dealings, and ever ready to help a lame

dog over the thorny places of life's rough way. He loved his fellow beings and was one of those glad souls whose mission it is to bring sunshine wherever they go and so make others happy.

He leaves behind a widow and daughter, and a blank in a home of remarkable happiness which can never be filled, but the memories of which to those who knew will "ever smell sweet and blossom in the dust." While many to-day sorrow for his loss, it is certain no one has an unkind word to say of him.

JOHN THOMAS TIBBLES, M.R.C.S., L.S.A.,

Melton Mowbray.

We regret to announce the death, on September 18th, of Dr. John T. Tibbles of Melton Mowbray, at the age of 64 years. He was born at Leicester and educated at Charing Cross Hospital Medical School. He settled in Melton Mowbray early in the eighties and entered fully into the social, philanthropic, and political life of the town. He was very popular as a medical man, and his practice had a wide range. He was parochial medical officer for the district of Asfordby, and public vaccinator for Melton Mowbray and Asfordby parishes. He was connected as a surgeon with Holwell iron smelting works from the time of their construction. He entered fully into the practitioner's side of medical politics and worked strenuously to bring the health insurance scheme within the range of practical politics. His zeal was rewarded by his election as chairman of the Leicestershire Panel Committee. He was a member of the Leicester Medical Society and of the British Medical Association; he had been chairman of the Leicester Division and vice-president of the Midland Branch. He was a fluent speaker and keen debater, and this ability raised him in the esteem of his fellow practitioners and townsmen who elected him Town Warden. In addition to his professional and other engagements, he was a Fellow of the Royal Meteorological Society, and for twenty years made observations on the climatic conditions of Melton Mowbray, which were recorded by the society and utilized in various reports. He was a victim of overwork during the war, but his zeal was such that he knew no rest until sickness laid him aside; he bore a long illness of eighteen months with exemplary patience and fortitude. He leaves a widow and eight children; one son served as captain in the R.A.M.C. during the war, and two daughters are nurses.

SURGEON-GENERAL DAVID SINCLAIR, C.S.I., Madras Medical Service (retired), died in Edinburgh on October 11th. He was the second son of the late William Sinclair of Peterculter, was born on January 26th, 1847, and educated at Aberdeen Grammar School and at the university in that city, where he graduated M.B. and C.M. in 1869. He entered the I.M.S. as assistant surgeon in that year. He became surgeon-general on October 11th, 1899, and retired on November 15th, 1904. Previous to his promotion to be head of the Madras Medical Service in 1899 all his service had been spent in Burma, where he held the post for many years of inspector-general of prisons, and finally that of inspector-general of civil hospitals. He received the C.S.I. on December 31st, 1898.

LIEUT.-COLONEL THOMAS JACKSON, Bombay Medical Service, died on leave at Melbourne, on October 16th, of heart failure, aged 54. He was born on January 18th, 1865, educated at Queen's College, Cork, and graduated as M.B., B.Ch., and B.A.O. in the Royal University of Ireland in 1890. He entered the I.M.S. on July 27th, 1892. After six years' military duty, he took civil employment as superintendent of Haiderabad Central Gaol, in Sind, in March, 1898, was appointed resident surgeon of St. George's Hospital, Bombay, and professor in the Grant Medical College, Bombay, in April, 1901, and, after acting as medical officer of Kathiawar Political Agency from June, 1906, to March, 1910, became surgeon superintendent and physician of St. George's Hospital. He served in the Sudan in 1896 in the Dongola expedition, receiving the British and Egyptian medals; and in the North-West Frontier of India campaign of 1897-98, gaining the Frontier medal with two clasps.

Medical News.

THE tablets in memory of Lord Lister, executed for University College by Professor Harvard Thomas, will be unveiled on Tuesday, November 11th, by Sir George Makins, President of the Royal College of Surgeons, and Sir J. J. Thomson, President of the Royal Society. The Duke of Bedford, President of the Lister Memorial Committee, will take the chair at 5 p.m.

THE Bradshaw Lecture before the Royal College of Physicians will be given on Thursday, November 6th, by Dr. A. P. Beddard, who has chosen the subject of chronic arthritis. The FitzPatrick Lectures will be given by Dr. Edgar G. Browne on November 11th and 13th. The subject is the origin and development of Arabian medicine.

MEMBERS who desire to receive regularly the half-yearly Indexes of the JOURNAL, SUPPLEMENT, and EPITOME are invited to send a request to that effect to the Financial Secretary and Business Manager, 429, Strand, London, W.C.2.

THE postponed annual dinner of past and present students of Charing Cross Hospital will take place at Gatti's Restaurant, on Wednesday, November 19th, at 7.30.

THE annual dinner of the staff and past and present students of the Royal Dental Hospital of London will be held on November 22nd at the Connaught Rooms. This is the first dinner since the war began. Particulars can be obtained from the Dean, Mr. W. H. Dolamore. It is hoped that Mrs. Lloyd George will unveil the roll of honour and distribute the prizes on Wednesday next, November 5th, at 5 p.m.

THE Medico-Legal Society held a successful dinner on Wednesday evening, October 29th, at the Holborn Restaurant, London, with the President, Mr. R. Henslowe Wellington, in the chair. The speakers included Mr. Samuel Osborn, F.R.C.S. (Master of the Society of Apothecaries), Sir William Collins, Master Watkin-Williams, Mr. J. A. Foote, K.C. (Chairman of the Bar Council), Dr. F. G. Crookshank, and the President.

A MEETING in support of the candidature of Professor Bolam, Dr. Macdonald, Mr. Turner, and Sir Jenner Verrall for election to the General Medical Council has been arranged by the Council of the Metropolitan Counties Branch of the British Medical Association. It will be held in St. James's Vestry Hall, Piccadilly, on Thursday next, November 6th, from 4 to 6 p.m.

DR. JOHN HEDLEY CROCKER has resigned the post of medical officer of health for Richmond, Surrey, which he has held for the last nineteen years.

A COURSE of lectures on housing problems and town planning in relation to public health is being given at the Royal Institute of Public Health, 37, Russell Square, W.C. The first lecture was delivered by Professor E. W. Hope, M.O.H. Liverpool, on October 29th. Subsequent lectures will be given on succeeding Wednesdays at 4 p.m.

MR. BONAR LAW was, on October 25th, elected Lord Rector of Glasgow University by 1,073 votes, against 726 given to Professor Gilbert Murray and 80 to the Socialist candidate, the Hon. Bertrand Russell.

SIR HENRY ALEXANDER MIERS, D.Sc., F.R.S., Vice-Chancellor of the University of Manchester, has been appointed a member of the Advisory Council to the Committee of the Privy Council for Scientific and Industrial Research.

DR. WILLIAM HENRY WHITEHOUSE, barrister-at-law, M.O.H. for Deptford, has been appointed coroner for the south-eastern district of London.

THE Ministry of Health has asked county councils to allow county medical officers to investigate any matter touching housing and report directly to the Housing Commissioner. The London Council, while agreeing that the Ministry should have the benefit of the medical advice at the Council's disposal, decided that any request for information should be made to the Council, and that any report by the medical officer should be made to the appropriate committee.

THE s.s. *Nagoya* arrived at the Port of London on October 25th with eight cases of plague on board. The vessel is being disinfected.

A RECENT Army Council Instruction provides that an officer who requires an artificial limb may either obtain it under Article 647 of the Pay Warrant, or be provided with it at one of the special fitting hospitals—namely, the Queen Mary's Hospital, Roehampton; the 5th London

T.F. Hospital (St. Thomas's Hospital, S.E.); Prince of Wales's Hospital, Cardiff; the Edenhall Limbless Hospital, Musselburgh (out-patients only); or the Ulster Volunteer Force Hospital, Belfast.

LAST January, at a conference called by the Presidents of the Royal Society and of the British Academy, and attended by representatives of many other bodies, it was resolved to establish a monthly popular journal of the progress of knowledge. A trust for its maintenance has been formed, and Mr. A. S. Russell, D.Sc., Reader-elect in Chemistry, Christ Church, Oxford, has been appointed editor. The first number of the new journal, which will be called *Discovery*, will be published by Mr. John Murray on January 15th, 1920, at the price of 6d. An editorial advisory council has been formed and a list of suitable writers on topics for 1920 selected.

THE London Jewish Hospital at Stepney Green, opened on October 26th by Lord Rothschild, has been founded almost entirely by small sums given by the Jews in the West End largely in the form of contributions of one penny a week, beginning in 1907. The site was acquired in 1909 and the building started in 1914. Work was suspended during the war, but was resumed last July, and it is now proposed to complete the front part of the hospital, which will have sixty beds, at an estimated cost of £50,000. Mr. Kiley, M.P. for Whitechapel, said that though it would be known as the Jewish Hospital qualification for admission would be neither race nor class, but need.

THE usual monthly meeting of the Executive Committee of the Medical Sickness Society was held on October 17th, when Mr. E. Bartlett, vice-chairman, presided in the absence of Dr. F. J. Allan. The secretary's report referred to the greater necessity of cover during incapacity of any kind owing to the high charges for locums. It was stated that, whereas £3 3s. to £4 4s. a week was the usual fee ten years ago, such sums as £8 8s. and £10 10s. a week were now quite common; the society's rates of premium were the same now as in 1884. The results of the new table for sickness and accident for women practitioners has been satisfactory and proposals were still being received. The sickness claims continued to be under the expectation, but there had been a slight increase in the number of influenza cases during the last few weeks. A new form of proposal and medical examination was approved. Prospectus and all particulars to be obtained from Mr. Bertram Sutton, F.C.I.I., Secretary, 300, High Holborn, W.C.1.

Letters, Notes, and Answers.

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

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

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

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

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

1. EDITOR of the BRITISH MEDICAL JOURNAL, *Aitology*, Westrand, London; telephone, 2631, Gerrard.

2. FINANCIAL SECRETARY AND BUSINESS MANAGER (Advertisements, etc.), *Articulate*, Westrand, London; telephone, 2630, Gerrard.

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

QUERIES AND ANSWERS.

INCOME TAX.

"A. B. C." inquires whether it is correct that his son should be assessed to income tax on a salary paid to him, as assistant, by "A. B. C." while "A. B. C." himself is not allowed to deduct that salary for the purpose of his own assessment.

"A. B. C." is assessable on his average earnings over the past three years, when he was apparently not paying the salary in question; and he cannot deduct from that average any special expense of the current year, even though it may take the form of a salary assessable on some other person. But at the end of the current year he may be entitled to an adjustment of the present assessment, because if he can then show that his total actual income is less by more than 10 per