

of kala-azar in Mesopotamia is negative. Perhaps when the Mosul area has been more opened up we may obtain some positive evidence from that direction; but meanwhile the matter must be considered unsettled.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

TREATMENT OF CHILBLAINS.

As chilblains are now prevalent I send prescriptions for applications which I have used for many years, with or without the internal administration of calcium chloride, according to the state of the patient.

For Unbroken Chilblains.
R. Tinct. capsici ... 3 ss
Lin. camph. co. ... 3 ss

Misce.

To be painted frequently over the affected area.

For Broken Chilblains.
R. Ung. resinae ... 3 ss
Ung. acidi carbolic ... 3 ss
Zinci oxid ... 3 ij
Vaselin ... ad 3 ij

Misce. Ft. ung.

London, W.

T. MARK HOVELL.

SEVERE ANAPHYLAXIS: RECOVERY.

THE fatal case of anaphylaxis after diphtheria antitoxin recorded in the BRITISH MEDICAL JOURNAL of November 8th (page 596) prompts me to record an equally severe case with recovery.

The patient was a man suffering from compound fracture of the tibia. He had the usual doses of antitetanic serum, and had been rendered sensitive to horse serum. When seen by me on August 23rd, 1919, he was suffering from erysipelas spreading from the wound and spreading bronchopneumonia. His condition was critical, and it was decided to give him 30 c.c.m. of polyvalent antistreptococcal serum intravenously. This was diluted in saline, but the mistake made was that no effort was made to desensitize the patient before administration. Within a minute after the injection he complained that he was choking, grasped his larynx, and breathed jerkily and spasmodically. He became cyanosed at once, his lips, cheeks, and neck almost assuming a black colour, and the pulse was flickering; breathing ceased in full inspiration.

The foot of the bed was raised immediately, and artificial respiration commenced by forcibly pressing in the lower ribs, whilst the mouth was cleared of much mucus by the nurse. I decided to try and relieve the spasm by making him take in any air which could be got in through a chloroform mask. A nurse held the mask, fairly well saturated with chloroform, over his mouth and nose whilst I continued to try and force in his chest, thereby getting a little air in with a mixture of chloroform. At the same time he was given 30 minims of adrenalin solution and atropine gr. $\frac{1}{10}$ subcutaneously. Very soon chloroform began to have its effect, for in about five minutes the patient breathed, and when fully under the anaesthetic breathed normally. The cyanosis disappeared and the pulse returned; when counted it was 150 to the minute and of very low tension.

About one hour later the patient was comparatively well, and the next morning the desired effect from the serum was manifest; the general condition was much improved, and the temperature and pulse only a little above normal. He eventually made an excellent recovery.

The decision to try chloroform in a man who was apparently dying seemed a bold one, but when it is remembered that death occurs from anaphylaxis with the chest in full inspiration, and that the condition appears to be a spasm of muscle fibres in the fine bronchi, there seemed only one thing to be done, and that was to try and relieve the spasm by an anaesthetic. It should also be remembered that it is not possible to produce anaphylaxis in an animal while it is under the influence of ether.

The death recorded on November 8th was after the administration of diphtheria antitoxin given as a prophylactic. Is this advisable? (1) May not this first dose render the child sensitive to horse serum, and risk a catastrophe should it require a horse serum at any future date? (2) Diphtheria antitoxin is antitoxic, and not antimicrobial.

Colchester.

WM. T. MUNRO, M.D., D.P.H.

Reports of Societies.

WAR LESSONS IN SPINAL SURGERY.

At a meeting of the Section of Neurology of the Royal Society of Medicine, held on November 13th, the president, Dr. W. ALDREN TURNER, being in the chair, Mr. PERCY SARGENT read a paper on some lessons of the war applied to spinal surgery.

In some respects, he said, gunshot injuries of the spine differed from those usually met with in civil practice. The primary outstanding difference was that of wound infection. The gunshot wound was invariably compound whilst the fracture-dislocation was not. The majority of wounds in which the cord was directly or indirectly implicated did not lend themselves to early radical incision. Whether or not a patient with a gunshot injury of the spine died of meningitis depended almost wholly upon whether or not the dura mater had been torn, and in no circumstances was it justifiable to open the intact theca in the presence of a septic wound in order to ascertain the state of its contents. It became evident in the earliest days that the escape of cerebro-spinal fluid almost certainly meant death from meningitis unless the leak could be stopped, and this, in an otherwise favourable case, he always regarded as one of the few definite indications for early operation. In many cases the theca had been punctured by a fragment of bone which, remaining *in situ*, plugged the hole which it had made, and prevented both the escape of cerebro-spinal fluid and the ingress of micro-organisms. An operation which uncorked the theca in the presence of a septic wound enormously decreased the chances of recovery. Mild infections of the spinal membranes from which the patient recovered might produce intrathecal adhesions such as gave rise later to that loculation of cerebro spinal fluid which so closely resembled the meningitis *circumscripta serosa* described by Horsley.

The second outstanding difference concerned the manner in which the cord was damaged. Most of the injuries of civil life were produced either by the massive displacement of one part of the vertebral column upon another, or by a crushing fracture of the vertebral bodies, whereby part of the comminuted bone was squeezed backwards so as to contuse and compress the cord. Momentary displacements of the two vertebrae upon one another, with immediate rebound, might also injure the cord. In any case the damage was most commonly produced by direct violence, and the result might vary from a slight contusion up to a complete shearing across of the cord. The cases of gunshot injury comparable with these were those in which a spent bullet or shrapnel ball, impinging upon some part of the spine, entered the vertebral canal, driving fragments of bone before it. But when a missile of high velocity struck some part of a vertebra without entering, or directly violating the contents of, the vertebral canal, effects were commonly produced which were less often seen in the spinal injuries of civil life. The resulting changes in the cord were usually described as concussion phenomena, and the lesions varied from transient oedema up to total disintegration of the cord at the point of maximum intensity. Momentary or very short-lived loss of function had been observed many times, not only from actual hits, but also as the result of the bursting of a high explosive shell close to the patient.

Morbid Anatomy of Cord Lesions.

After referring to the description of the morbid anatomy and histology of the damaged spinal cord given by Dr. Gordon Holmes in his Goulstonian Lectures (1915), Mr. Sargent said that in the light of these observations the pre-war conception of haematomyelia needed revision. Minute haemorrhages were present in every cord which had been at all severely damaged, and were relatively unimportant, but in fracture-dislocation haemorrhages of any size were very rare. Similarly, whilst a slight extramedullary and extrathecal haemorrhage was commonly met with in recent examples of gunshot wounds, a haemorrhage of sufficient extent to cause symptoms of compression was rarely encountered. On the other hand, a small amount of effused blood within the theca might perhaps give rise later to adhesions and loculation of the cerebro-spinal fluid.

THE R.A.M.C. AS A CAREER.

SIR,—In the JOURNAL of October 11th one may read an address given by Sir John Goodwin, K.C.B., C.M.G., D.S.O., Director-General A.M.S., on "The R.A.M.C. as a Career," and in the same issue appears an article in which attention is drawn to the fact that the recent appeal of the War Office to medical practitioners to accept temporary commissions in the R.A.M.C. has met with a poor response, notwithstanding the pecuniary inducements offered.

The Director-General appears to believe that his service offers great attractions to young medical men as a permanent career, and he naively asserts that were he starting life again as a newly qualified man he would unhesitatingly choose it for himself. A very pleasing picture is drawn of his ideal commanding officer of a hospital, but one cannot help wondering if such a man would be likely to find favour in the eyes of the powers that be, and in a service in which proved inefficiency, even in war time, may be followed by appointment to the highest posts.

When I was a medical student the R.A.M.C. was chiefly recruited from those whose professional qualifications were below the average, and one of the ironies of the past few years is that civilian practitioners of repute have had as their "superior" officers some men for whom they could have but scant respect; but, nevertheless, they were expected to bear with patience and due humility the ineptitudes of these officials, who knew full well that they could look to the great Whitehall red-tape machine for support.

My advice to any newly-qualified medical man who contemplates entering the R.A.M.C. is to ponder well before he puts his future welfare in the grip of a soulless machine in which if at some time or under certain circumstances he should show symptoms of independence, individuality, or initiative, he will be in danger of being "crushed," and his call for justice will be as the voice of one crying in the wilderness.

Surely it is a better fate to wear out retaining one's self respect than to rust out as part doctor part soldier, but chiefly clerk, even though weighed down by the burden of so-called "honours." How great must be a people who could win the war in spite of manifold handicaps!—I am, etc.,

Cardiff, Nov. 7th.

W. M. S.

THE SERVICES.

SIR,—As an old naval surgeon and temporary major R.A.M.C., I have read the letters of your correspondents concerning the naval and military medical services with great interest. Except in the hour of dire necessity, both the Admiralty and War Office treat the medical profession with scant ceremony and absolutely no sympathy. This I can vouch for from painful personal experience after eight and a half years in the one and four years in the other service.

I would suggest that instead of the separate naval, military, and air force medical services, the whole three be amalgamated into a general war medical service. A broken leg is a broken leg and a case of measles is a case of measles, whether ashore or afloat. Moreover, naval medical officers have often served on land and R.A.M.C. officers in ships before now. There are many minor difficulties and some major to be met with in my scheme; but, after all, "difficulties were made to be overcome," and I believe a solution to many legitimate grievances would be found in my suggestion, which is not made without due consideration.—I am, etc.,

Sevenoaks, Oct. 18th.

GERALD SICHEL, F.R.C.S.

MEDICAL APPOINTMENTS UNDER THE MINISTRY OF PENSIONS.

SIR,—Would it not be possible to classify medical officers who wish to attend medical boards in the following way?

(a) Discharged and demobilized doctors who have nothing to come back to.

(b) Discharged or demobilized doctors who have to rebuild their practices.

(c) Discharged or demobilized doctors who are in partnership.

(d) Medical men who have had experience on medical boards but have never served in the Forces.

Preference should be given to medical men who fall in (a) and (b). The reasons for employing those in (a) are obvious—namely, that their whole attention and

unbiased opinion can be given both for the good of the pensioner and of the State; also it is a means of obtaining for them a living. It is not possible for all medical men to purchase practices.

Those in class (b) should come next according to the size more or less of their practices. In class (c) one must consider the number of medical men who are in partnership, for it is quite possible for two or more men to be in partnership and for each to be employed on Medical Board examinations, and thus taking from their less fortunate brother practitioners. If medical men who are in partnership wish to sit on the boards, only one of the firm should be allowed to do so.

The last class (d): these doctors have had the satisfaction of increasing their practices owing to other medical men being called up, and in the majority of cases have not endured the hardships of serving abroad; in fairness to those who have returned, they should voluntarily decline to accept any more boards, as medical men who have been demobilized and have nothing to do would only be too thankful for the opportunity of taking their places as an only means of their livelihood.

During my experience of Medical Board work I have noticed that the busy general practitioners are constantly consulting their timepieces, presumably wondering how many more cases there are to see before they are free to continue their private visits; therefore their attention is divided, and that generally means neglect of proper examination, resulting in injustice to the pensioner or to the State.—I am, etc.,

November 17th.

DISCHARGED MEDICAL OFFICER.

GENERAL MEDICAL COUNCIL ELECTION (SCOTLAND).

SIR,—Will you allow me through your courtesy to thank the registered medical practitioners of Scotland for again electing me as their representative on the General Medical Council, and to say that I shall spare no effort to merit this renewed expression of their confidence?—I am, etc.,

Edinburgh, Nov. 18th.

NORMAN WALKER.

Universities and Colleges.

UNIVERSITY OF OXFORD.

MR. T. B. HEATON, B.M., B.Ch., has been appointed Lee's Reader in Anatomy.

At a congregation held on November 15th the degree of doctor of medicine was conferred upon W. J. Pearson and F. C. Gladstone.

UNIVERSITY OF CAMBRIDGE.

At a congregation held on October 31st the following medical degrees were conferred:

M.D.—W. C. Hodges, R. G. Canti.
M.B., B.Ch.—L. P. L. Firman-Edwards, E. W. Williams.
M.B.—F. N. V. Dyer.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

MEETING OF COUNCIL.

AN ordinary Council was held on November 13th, when Sir George Makins, President, was in the chair.

Diploma of Membership.—Diplomas were granted to seventy-eight candidates found qualified at the recent examinations.

Dissection.—The Council passed a resolution expressing the satisfaction with which it had learnt that the control of unclaimed bodies of deceased persons in England and Wales had been transferred to the Minister of Health, and urging that the question of the shortage of "subjects" for the education and examination of medical and dental students in London and the provinces should engage the sympathetic attention of the Minister at an early date. It was determined that the regulation that candidates for the Licence in Dental Surgery should have performed dissections at a recognized medical school during not less than six months be suspended.

The vacancies in the Court of Examiners and in the Board of Examiners in Dental Surgery, occasioned by the retirement of Sir Herbert F. Waterhouse, will be filled up at the ordinary Council on December 11th.

Board of Scientific Societies.—Sir George Makins and Sir Charles Ballance were re-elected as representatives of the College on this Board.

ANNUAL GENERAL MEETING OF FELLOWS AND MEMBERS.

The annual general meeting of Fellows and Members will take place at the College on Thursday next, November 27th, at

3 p.m. The honorary secretary of the Society of Members informs us that the following resolutions will be sent in:

1. That this thirty-fourth annual meeting of Fellows and Members again affirms the desirability of admitting Members to direct representation on the Council of the College, which as now constituted only represents those Members who also hold the Fellowship; and that it does so in order that the constitution of the Council of the Royal College of Surgeons of England shall be in keeping with modern ideas of true representation.
2. That as the Royal College of Surgeons is composed of about 19,000 persons, of whom nearly 18,000 are engaged in general practice, this annual meeting requests the President and Council to nominate at least two Members in general practice to represent the interests of general practitioners in the management of College affairs.
3. That the President is hereby invited to make a statement to this meeting as to the views of his Council on the subject of the second resolution.

CONJOINT BOARD IN ENGLAND.

THE diplomas of L.R.C.P. and M.R.C.S. have been conferred upon the following seventy-nine candidates who have passed the final examination in medicine, surgery, and midwifery, and have complied with the necessary by-laws:

W. J. McE. Allan, F. T. Allen, G. F. Baxter, Grace M. Beaven, W. H. Bennett, E. J. Bilcliffe, C. M. Billington, Alice Bloomfield, M. R. Bœ, J. V. C. Braithwaite, P. C. Brett, H. Brookman, A. R. Campbell, J. D. M. Cardell, Marjorie C. Chaper, O. T. J. C. de H. Clayre, Enid M. M. Cobb, H. Cohen, H. N. W. Collins, R. G. Dunsie, Sarah H. Davies, A. K. Day-Lewis, J. P. De Silva, W. H. Dixon, H. Donovan, K. M. K. Duff, G. P. Evans, V. N. Fenton, W. D. Forrest, Dorothy W. Gowers, C. Griffith-Jones, E. A. Hardy, H. W. Hardy, W. G. Hay, H. L. Heimann, E. P. Hicks, F. B. Hobbs, H. C. Hopkinson, Mabel M. Ingram, J. A. Iswariah, Shankar Ramchandra Joglekar, R. B. P. Lansdown, L. Lavine, R. C. B. Ledlie, H. T. Le Vieux, F. G. Lewtas, N. J. Macdonald, J. S. Moore, G. Y. Oliver, Si-yi G. Overton, W. G. Owen, J. C. Panw, W. W. Payne, H. W. Pigeon, Eleanor M. Reece, A. H. Richards, S. Rose, M. Sarkies, E. R. Sarrs, Ruth M. Scott, C. G. D. Siggs, J. V. A. Simpson, D. F. Standing, C. M. Strong, W. S. R. Thomas, R. Thurst, W. G. Tilleke, Ruth C. Townshend, G. M. Trist, D. L. Tucker, W. Walsham, W. E. M. Wardill, Ette A. Wharton, A. C. S. Whiteway-Wilkinson, Margaret A. Williams, T. Williams, C. B. Wilson, M. L. Young, T. F. Zerolo.

Obituary.

INSPECTOR-GENERAL ADAM BRUNTON MESSER, R.N. (retired), died at Eastbourne on October 11th, aged 81. He was the youngest son of the late Adam Messer of Blainslie, and was educated at Edinburgh Academy and at Edinburgh University, where he graduated M.D. in 1858. He entered the navy as surgeon in 1859. As surgeon of the *Curacoa* he served in the New Zealand war of 1863-64, when he was in medical charge of the Naval Brigade at the battle of Rangariri, was mentioned in dispatches for gallantry in attending the wounded under fire, specially promoted to staff surgeon, and received the medal. In May, 1867, he was appointed to the *Melville* hospital ship at Hong Kong, and in 1873 to the *Pearl*, the flagship of Commodore Goodenough on the Australian station; in 1875 he was present when the Commodore was killed by a native with a poisoned arrow, on a small Pacific island. He received the thanks of the Director-General for a report on the poison used in arrows, which was published by the Admiralty. He also wrote a valuable report on the Fiji islands, which led to the annexation of these islands by Great Britain. In 1877 he joined the *Temeraire* in the Mediterranean, then commanded by Captain (afterwards Admiral Sir) Michael Culme-Seymour, and in 1881 the *Northampton*, flagship of Sir Leopold McClintock on the North American station. As D.I.G. he was in charge of the naval hospitals of Plymouth and Malta successively. He was appointed Inspector-General in 1892 and retired in 1896. He became honorary physician to the Queen in 1899, and held the same appointment to King Edward and King George, and received the two coronation medals. On February 8th, 1904, he was awarded a Greenwich Hospital pension. He also had gained the Sir Gilbert Blane Gold Medal.

COLONEL ALFRED HENRY ANTHONISZ, R.A.M.C. (retired), died at Coonoor, Nilgiri Hills, South India, on October 27th, aged 74. He was born at Colombo on December 22nd, 1844, educated at Aberdeen, where he graduated M.B. and C.M. in 1867, and entered the army as assistant surgeon on April 1st, 1871, being posted first to the staff, and then, in 1873, to the 108th Foot, now the 2nd Battalion of the Royal Inniskilling Fusiliers. He became colonel in 1899, and retired in 1904. He served in the Egyptian war of 1882, receiving the medal and the Khedive's bronze

star; in the Sudan in 1885, at Suakin, gaining a clasp, and in the South African war in 1899-1900.

CAPTAIN M. P. BHARGAWA, I.M.S., was reported as killed in action, on the Indian frontier, in a casualty list published on October 25th. He took a temporary commission as lieutenant on October 5th, 1916, and was promoted captain after a year's service.

Medical News.

As a memorial of Professor J. Dejerine, Madame and Mlle. Dejerine have placed a fund at the disposal of the Paris Society of Neurology for research in neurology.

COLONEL A. H. TUBBY, C.B., C.M.G., will read a paper on some surgical experiences of the war in the Near East at the meeting of the Hunterian Society to be held at the School of Oriental Languages, Finsbury Circus, on Wednesday, November 26th, at 9 p.m.

THE annual dinner of past and present students of St. Mary's Hospital, postponed owing to the railway strike, will be held at the Connaught Rooms on Friday, January 9th, 1920, when Sir Almroth Wright will take the chair at 7.30 p.m.

WE are informed that the British Federation of Medical and Allied Societies (late Medical Parliamentary Committee) has secured permanent offices at 5, Vere Street, Cavendish Square, London, W.1.

M. DE LANESSAN, formerly Governor-General of Indo-China and Minister of Marine in the Waldeck-Rousseau Cabinet in 1900, who has died at the age of 76, was originally a member of the medical profession.

THE Chadwick trustees will award in the year 1920 a Chadwick gold medal and a prize of £100 to the naval and military medical officer respectively in the British service who during the past five years of war has most distinguished himself in promoting the health of the navy and army. The prize will be awarded on the nomination of the Directors-General of the Naval and Army Medical Services respectively.

SIR MALCOLM MORRIS presided over a luncheon on November 7th, at the Criterion Restaurant, in connexion with the private representation at the Alhambra Theatre of a cinematograph film, entitled "The End of the Road," approved by the National Council for Combating Venereal Diseases. The speakers included Lord Downham, Chairman of the London County Council and formerly President of the Local Government, Dr. Mary Scharlieb, Mrs. A. C. Gotto, General Secretary of the Council, and the Chairman.

IN aid of the appeal to the general public on behalf of St. Bartholomew's Hospital, which was inaugurated at a luncheon at the Mansion House, Mr. George Robey, C.B.E., is organizing a concert, to be held on Sunday, November 30th, at 2.30 p.m., at the London Coliseum. Contributions towards the People's Peace Year Commemoration Fund in aid of St. Bartholomew's Hospital may be sent to Viscount Sandhurst, Treasurer of the Hospital, London, E.C.

THE United States Public Health Service is calling on medical practitioners to volunteer their services for an effort to prevent a recurrence of last year's epidemic of influenza. A conference was recently held at New York at which a number of bacteriologists agreed to unite in a collective study of the causative agent of the disease. This conference marks the beginning of a Federal, State, and municipal effort.

MR. JOHN D. ROCKEFELLER has given to the General Education Board founded by him in 1902 the sum of \$4,000,000 to be used for the improvement of medical education in the United States.

DR. W. O. BEDDARD, of the Inner Temple, has been called to the Bar.

THE war library and museum in Paris (39, Rue du Colisée) owes its origin to a gift made to the French Government by M. and Mme. Henri Leblanc. The library comprises books, periodicals, maps, and manuscripts relating to the war; and the museum, models, pictures, photographs, medals, and so forth. Contributions of medical interest are invited. The secretary is M. P. Fontana.

A NEW journal of military surgery, *La Revista delle Battaglie* (Review of Battles) has been founded in Italy. The address is 16, via dei Nazareni, Rome.

A QUARTERLY meeting of the Medico-Psychological Association of Great Britain and Ireland will be held at 11, Chandos Street, W.1, under the presidency of Dr. Bedford Pierce, on Tuesday, November 25th, at 2.45 p.m. Papers will be read by Dr. C. Hubert Bond, commissioner of the Board of Control, on the need for schools of psychiatry, and by Major W. S. L. Shaw, I.M.S., on the treatment and administration of mental diseases in India.

A NURSE discharged or demobilized from any of the services and in receipt of retired pay (or a gratuity) for a disability due to or aggravated by war service is entitled to assistance from the Ministry of Pensions, and any nurse suffering from a disability she believes to be due to or aggravated by war service who is not receiving retired pay (or a gratuity) is entitled to have her claim to retired pay and medical treatment considered. Applicants are advised, where possible, to furnish evidence of the causation or aggravation of the disability by service, and to obtain medical evidence of the present condition. Communications should be addressed in writing to the Secretary, M.S. 2 (Officers), Ministry of Pensions, 14, Great Smith Street, Westminster, S.W.1. A nurse who merely requires advice on these matters should apply to the Officers' Friend, Ministry of Pensions, Westminster House, Millbank, S.W.1.

At a preliminary meeting of medical officers of infant welfare centres, held recently in London, it was resolved to ask the Association of Infant Welfare and Maternity Centres (which is a section of the National League for Health, Maternity, and Child Welfare) to convene a meeting with a view to the early formation of a permanent organization of such officers. The association willingly agreed to this, and a meeting has been fixed for Tuesday, November 25th, at 5 p.m., at the Royal Institute of Public Health, 37, Russell Square, W.C.1.

DR. GUTHRIE RANKIN left £54,362. Among the legacies was one of £500 to his old friend, Sir William Babbie, V.C. In memory of his wife the testator bequeathed £1,000 each to the Provident Fund of Epsom College, the Samaritan Fund of the Dreadnought Hospital, and the Samaritan Fund of the Royal Waterloo Hospital for Children and Women.

The annual meeting and dinner (10s. 6d. without wine) of the Old Epsomian Club will be held in the Oak Room of the Trocadero Restaurant on Thursday, December 11th, 1919, Mr. S. Maynard Smith, C.B., in the chair. As there is important business to be transacted before dinner, the annual meeting will be held at 6 p.m., the dinner following at 7.30 p.m. The list of addresses of members of the club is to be reprinted, and it is desired that members will write to Mr. E. M. Corner, 37, Harley Street, W.1, or Mr. R. Farrant, Westminster Hospital, S.W.1, signifying their present address and whether they intend to be present at the dinner.

A MEETING of the Lancashire and Westmorland Tuberculosis Society will be held at the Public Health Laboratory, Manchester, at 3 p.m., on November 27th, when it will be proposed to extend the society to include Cheshire. Professor Sheridan Delépine will open a discussion on infection and predisposition in relation to tuberculosis. Further particulars can be obtained from Dr. G. Jessel, County Tuberculosis Dispensary, Leigh, Lancashire.

The Times correspondent telegraphs that excavations adjoining the portico of the temple of Aesculapius at Epidaurus have brought to light a portico (stoa) with mosaics. Near the great reservoir two other buildings have been discovered, with columns, pedestals, and a statue of Hermes. The excavations at Epidaurus were begun by the Greek Archaeological Society in 1881. The reservoir lies about 500 ft. north of the portico which adjoins the temple.

A MEETING of the Supreme Economic Council is to be opened in Rome on Saturday (November 22nd). Among the subjects to be discussed, in addition to co-operation in the purchasing of food and the economic situation in South Russia, is a proposal for the establishment of an International Scientific Food Commission. The English deputation is headed by the Food Controller. As will be seen by the account given elsewhere in this issue of the annual report of the Medical Research Committee, a proposal to establish a Human Nutrition Research Board in this country is now under consideration, and we observe that among the delegates to Rome is Mr. A. W. Flux, a member of the committee which has been appointed to draw up a scheme. Mr. Flux, however, is an economist. It would, we think, have been well that the British delegation should have included a physiologist.

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.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, *Melisecca*, 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.

"C." asks for experience in the treatment of inoperable cancer by the method recommended by the late Dr. Lovell Drage.

DR. C. W. BRANSON (Bournemouth) asks for experience in the treatment of epilepsy by silver nitrate, and an estimate of the chances of success in a case of almost lifelong duration in a young man who also has albuminuria.

TREATMENT OF PRURITUS.

"SUBSCRIBER" asks for advice in the treatment of obstinate pruritus of axillae and breasts in a woman aged 48. The condition, which has now lasted some years, becomes pronounced on rise of blood pressure from any cause, or even when the patient becomes warm on exertion. Uncontrolled scratching follows and an attack leads to complete nervous exhaustion. One or two small nodules in axillary glands have lately appeared. Ordinary unguents and lotions have throughout failed to modify symptoms. Is the condition a menopause phenomenon likely to subside if the patient's health can be sustained?

INCOME TAX.

"P. H. B." inquires whether repayment can be obtained in respect of tax paid at the "earned" instead of at the special "service" rate of income tax.

* * The special service rate would not apply to payments made to him by a serving practitioner for whom he was acting as locum tenent, but in so far as he has paid tax on emoluments issued to him by the War Office for military hospital work at a higher rate than the appropriate service rate he can claim repayment.

The statement of claim should be sent to the inspector of taxes for the district in which the excessive tax was paid, and can be made within the three years following the year for which the payment was made.

"Z. Y. X." has been left a small estate in Chili, in trust, consisting of shares and house property. What should be the basis of his income tax declaration?

* * The Income Tax Act, 1918, Sch. D, Case v, Rule I, provides that "income arising from stocks, shares, or rents in any place out of the United Kingdom shall be computed on the full amount thereof . . . whether the income has been or will be received in the United Kingdom or not . . ." but in our opinion this rule does not apply to "Z. Y. X." "Income arising" must mean income arising to the person assessed. "Z. Y. X." does not directly derive his income from stocks, shares, and rents but from his "foreign possession," which is his right as a beneficiary in the trust estate. He is therefore entitled to base his return on the amount actually received in this country—for the past year on the receipts of that year, for the second year on the same figure, for the third year on the average of the two first years, and thereafter on the average of the three years prior to the year of assessment.

"G. F. O." inquires whether he is entitled to deduct the cost of removal from one town to another as a professional expense.

* * Apparently not. Our correspondent is assessable in respect of each practice separately, and the expense of removal is not strictly incurred in the working of either practice.

LETTERS, NOTES, ETC.

ANAESTHESIA IN TONSIL AND ADENOID OPERATIONS.

DR. WALTER GRIPPER (Wallington) writes: Dr. H. L. Hamilton may care to know of a method which I have used for a long time in giving ethyl chloride, especially to children for dental work. The bag and face-piece of a Clover or other inhaler are connected, and into the bag is dropped a tabloid tube of