

the submaxillary, and in the remaining one the sublingual gland. The relapses occurred from the tenth to the thirtieth day and always at a distinct interval after subsidence of the primary swelling. In one case a chronic recurring soft swelling of the parotids persisted for over eleven weeks.

All the above cases were in adult males of 18 to 40 years of age; seventeen were second attacks and one claimed to have celebrated his third attack.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

TREATMENT OF DELIRIUM TREMENS.

YEARS ago, while in practice in South America, where I had considerable experience of it, I found the treatment of delirium tremens most unsatisfactory. I tried everything then recommended, including potassium bromide in half-ounce doses by the rectum every four hours, without much effect. The war having called me back out of retirement, I chose asylum work, and learned much about hypnotics; first, perhaps, that hyoscine in pharmacopoeial doses is useless. I confirmed the late Charles Mercier's statement that it is harmless at any rate up to doses of one thirty-third of a grain; that its effect, even then, is very transient, and that this dose may be repeated at frequent intervals, say every four hours, if necessary. In sudden emergencies, and for immediate effect, I look upon it as the best hypnotic. In adequate doses it has never failed me, and it has never given a moment's anxiety. A colleague, who suffered from "heart disease" with anasarca, orthopnoea, and insomnia, found it the most satisfactory of all the hypnotics in his case until, after fourteen doses of one seventy-fifth of a grain each, it completely lost its effect. For prolonged use, sulphonal would, but for its high price, supplant all other hypnotics except hyoscine. I often give thirty grains night and morning, and I have never had any cause to repent doing so. Owing to its slowness in action I prefer not to give it three times a day, lest the doses should overtake one another. I have never met any one who has seen a case of haematoporphyria. In addition to its hypnotic effect, sulphonal appears to me to be the only mental sedative we have for prolonged use.

On taking charge of this institution I was instructed that the guardians objected to the use of alcohol. This was somewhat of a disappointment, for I had been looking forward to testing Dr. Francis Hare's recommendation to treat the delirium with alcohol. Failing that, I fell back on hypnotics. Here are short notes of the first case:

A publican, aged 40, was admitted on December 20th, 1918, in an excited and violent state, suffering from delusions of persecution. The heart and lungs were normal. At 4 p.m. he was given hyoscine hydrobromide (gr. $\frac{1}{3}$), and was ordered sulphonal (gr. 30) night and morning. At 8 p.m., as he was still very agitated and restless and had had no sleep, he was given a hypodermic injection of hyoscine hydrobromide (gr. $\frac{1}{3}$), and calomel (gr. 5) was ordered. He slept for two hours, but then became unmanageable. At 1 a.m. the hypodermic injection (gr. $\frac{1}{3}$) was repeated, and 1 oz. of white mixture ordered. He slept for an hour and a half, but again became unmanageable, and was given another hypodermic injection. In the evening he again became unmanageable, and the injection was repeated; he slept for a few hours, but next morning he was noisy and violent, though he seemed stronger. The pulse was 100, and the skin cool and dry. The hyoscine was not repeated, but the sulphonal was continued. On the morning of December 23rd it was reported that he had slept well, and in the evening the dose of sulphonal was reduced to 20 grains. On December 24th he looked well, and the pulse was 76. On the next day the sulphonal was given up.

It will be noticed that the first efficient dose of hyoscine broke his sleeplessness. The others carried on until the sulphonal could act, and between them I think we may safely claim that they cured in three days what threatened to be a severe attack. This man was in good physical condition, and scarcely caused anxiety. Not so the next—fat, bloated, and a soaker all his life. He was a bad subject for any disease, and most unpromising as a case of delirium tremens.

A man, aged 52, was admitted as an epileptic on August 26th, 1919. It was reported that he had always been a heavy drinker and had been strange for more than a year. His first epileptic seizure occurred nine months ago, and he was a patient in the infirmary in a strait-jacket in May, 1919. His memory had

often been a blank of late, and on the morning of his admission he was found on the floor covered with bruises. He was at first treated with paraldehyde; he did not sleep, and became very excited, restless, and hallucinated. On the evening of August 29th it was obvious that he was suffering from delirium tremens. At 7.30 p.m. he was given hyoscine hydrobromide (gr. $\frac{1}{3}$). He slept for over four hours, but as he was very restless when he woke he was given gr. $\frac{1}{3}$. On August 30th it was reported that he had slept well; he was ordered sulphonal (gr. 30) night and morning. He slept well that night, and woke rational in the morning. On September 1st the dose of sulphonal was reduced to gr. 20 night and morning, and on the following day it was stopped. On September 5th he had recovered.

F. WYATT-SMITH, M.B. Cantab.

Constance Road Institution,
East Dulwich, S.E.

Reports of Societies.

TREATMENT OF MALARIA IN ENGLAND.

Incidence in England: Importance of Efficient Treatment.

At a meeting of the Medical Society of London, held on November 24th, the President, Mr. V. WARREN LOW, being in the chair, Lieutenant-Colonel S. P. JAMES opened a discussion on the treatment of malaria in England. He said that since March 1st of this year medical practitioners had been obliged to notify all cases in which a patient upon whom they were in professional attendance was suffering from malaria, and since the order came into force nearly 14,000 patients had been so notified, and the weekly number of notifications showed no signs of diminution. The number of official notifications had increased from 598 in March to 1,172 in October, together with 405 additional cases reported by the Ministry of Pensions; for the first three weeks of November there were 918 official notifications, and 1,247 additional cases reported by the Ministry of Pensions. A map was exhibited showing that cases of malaria were now distributed almost everywhere in England and Wales, so that a thorough knowledge of the diagnosis and treatment of the disease must be communicated as widely as possible to medical practitioners throughout the country. From the point of view of treatment the most important cases were those in which the treatment of an acute relapse had not been successful in preventing a fatal issue. The number of deaths registered as due to malaria was usually, in this country, between 50 and 60 per annum, but in 1917 the number rose to 86, in 1918 to 108, and in the present year, if the rate of mortality now prevailing continued, the number would be 280. During the first three months of 1919 there were 70 deaths, and a most disquieting feature was that most of them were of young men and men in the prime of life; the same was true of the deaths in 1918. Another serious feature was that there was evidence that in at least some instances death might have been prevented if all medical practitioners in England had had a sufficient knowledge of diagnosis and treatment of the disease. In the hope of preventing some avoidable deaths the Ministry of Health issued a note which was published in the leading medical journals of August 16th this year. With a view to early inquiry into the deaths which might occur, it had since been arranged that registrars throughout the country should send immediately to the Ministry a certified copy of the registration of a death attributed to malaria.

The total number of cases of malaria contracted in England which had been discovered and notified since September, 1917, now amounted to 414. Among these cases occurring in the civil population the great majority (75 per cent.) had been in children under 15 years of age. In these indigenous cases, as in a fatal case of exotico malaria which was described, some of the patients received quite inadequate quinine treatment even after a definite diagnosis of malaria had been made. Serious cases of malaria occurred in great numbers during the war on ships returning home from Dakar, Sierra Leone, and other West African ports, and in these also quinine treatment was inadequate.

Having in view that in present circumstances a practicable method of treatment must be a simple and inexpensive routine, Colonel James said that he believed that

"NEW LAMPS FOR OLD" IN OBSTETRICS.

SIR,—In your issue of to-day I notice that Dr. Fairbairn, who appears to be one of the "New Lamps," says, *inter alia*, "The other great change in our methods is to rely more on Nature." But I have always understood that this "method" was exactly what Mother Eve had to put up with; and it is a sorry confession of ineptitude on the part of the profession if we have to admit that we have not yet discovered a safe method of helping nature when help is required—as it undoubtedly is in 50 per cent. of cases in this country. To come to more recent times, I notice on page 701 the record of a certain Dr. Park of Liverpool, between the years 1769 and 1830. He attended 3,900 cases, and put on the forceps twice. Here was "a campaigner of the old school," yet his practice was remarkably like that advocated by the so-called New Lamps. One can easily imagine the agony that at least half of these poor women must have endured through want of assistance.

Dr. Fairbairn talks of the old tactics of force; but unfortunately a child can only be delivered by force, which must be exerted either by the mother or else by the doctor. I have attended a larger number of cases in the course of thirty-five years' general practice than even the venerable Dr. Park; and I am pleased to think that I have been able to save my patients all severe pain in at least 50 per cent., by giving chloroform and using the forceps; and that the results are better than those of the lying-in hospitals quoted in your issue of to-day's date. The reason is that the forceps are used early, and the placenta removed immediately after the birth of the child. One can only presume that nature welcomes and appreciates this help.

There is ample material at every large hospital for the practical teaching of obstetrics, but at present this is wasted, and men are forced to learn after starting in practice.—I am, etc.,

North Shields, Nov. 29th.

F. C. MEARS.

THE MEMBERS OF THE ROYAL COLLEGE OF SURGEONS OF ENGLAND.

SIR,—I was present at the annual meeting of the Royal College of Surgeons on Thursday last, and once again witnessed and heard the farcical proceedings. A number of elderly Members made their annual attempt to persuade the Council to admit Members to the Council, which by charter is confined to Fellows. This year it was an appeal *ad misericordiam*, with touching references to the great war and the suitability of the time of peace for a reconciliation, together with, in one case, a personal reference, in doubtful taste, to the President. The speeches were received with indifference, and the stock reply was made by the President to the effect that the resolutions would be placed before the Council. The usual reply will appear next year.

What is the use of this nonsense? In my opinion, the only question is whether the Council are not doing something for the Members which they ought to be doing. They manage the library efficiently, the museum is splendid, and the examinations are probably satisfactory. Is there anything else which they should be doing for us, the Members—that is, the general practitioners? For instance, at the same time as this meeting, there was being held a conference of panel practitioners at which the new conditions of service under the Insurance Act were being discussed. This is a matter of vital importance to Members. Have the Council done anything to make the terms acceptable to Members? Have they done anything—at any time—to improve the medical service that could and should be given to the public by general practitioners—had they the consulting practitioners behind them? Do the Council know anything whatever about Insurance Act work, which concerns the Members so deeply? Finally, is it part of the duty of the Council to consider such questions? If so, there ought to be some representation of Members on the Council. If not, it does not matter whether they are represented or not. We are going to have consultants connected with Insurance Act work. Probably a Government will offer the Fellows five shillings for a consultation and report, and the Council will demand two guineas and look to the Members to back them up. The Government may rise to seven and six with a floating sixpence to cover notepaper, etc., and there will be enough impecunious men in Harley and Wimpole Streets to take it on.

I suggest that the attack should be taken up upon more modern lines. Prove first that there is a case for the admission of Members to the Council. Then let the matter be put before the Divisions of the British Medical Association and strong representations be sent up. Anyway, do not let the silly proceedings continue as they are. It is degrading to the Members.—I am, etc.,

London, E., Dec. 1st.

P. I. WATKIN.

Universities and Colleges.**ROYAL COLLEGE OF SURGEONS.****ANNUAL MEETING OF FELLOWS AND MEMBERS.**

THE annual meeting of Fellows and Members was held at the College on November 27th, when the PRESIDENT, Sir George Makins, was in the chair.

THE PRESIDENT, in presenting the annual report, an abstract of which was published in our issue of October 25th, p. 548, called attention to the principal points. He stated, in reply to Dr. LAWRENCE, that Mr. Victor Bonney was the only nominee of the Council who had been elected on the Consultative Committee of the Ministry of Health, and also that no action had been taken with regard to the honorary Fellowship of enemy aliens.

Dr. BRINDLEY JAMES, President of the Society of Members of the Royal College of Surgeons of England, called attention to the vast amount of distinguished surgical work which Members of the College had done during the late war. He considered this entitled them to some share in the affairs of the College, and moved:

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.

Dr. F. W. COLLINGWOOD, in seconding the motion, said that the present would be a favourable opportunity to commemorate peace after the great war, and also to commemorate the names of the Members who had died for their country by inaugurating a new era in the College by admitting Members to direct representation on the Council. Dr. VINRACE and Dr. FITZGERALD supported the motion, which, on being put to the vote, was carried, twenty-six votes being given in its favour.

Dr. FINUCANE said that the Members, being by far the larger in number, had a right to some voice in the management of the College affairs. Whether it involved any fundamental alterations in the charter of the College, or whether it would be possible to co-opt or nominate two or more Members, might be left to the good sense and justice of the Council, which might be expected to adopt the simplest course. The government of the College at the present time was either despotic or bureaucratic. He moved:

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.

Dr. DUNSTAN, who seconded the motion, said that the College should follow the present-day trend of public opinion by giving its Members some representation in the conduct of its affairs. It would not be long before there would be a Labour Government in power, which would probably take the necessary steps to give Members the representation they desired.

Dr. EDMOND ROCHE having spoken in support of the motion the PRESIDENT put it to the meeting, when it was carried; twenty-five voted in its favour and none against.

Dr. A. K. BARRETT proposed a motion inviting the President to make a statement as to the views of the Council regarding the proposed nomination on the Council of two Members in general practice to represent the interests of general practitioners.

The PRESIDENT said that the resolution would be discussed by the Council, but he could not give any forecast of its decision. Special committees had in the past been appointed to consider similar resolutions, and the Council had come to the conclusion that it was not in the interest of the College that the Members should be represented on the Council.

The proceedings terminated with a vote of thanks to the President for taking the chair.

Primary Fellowship Examination.

The following have passed the First Professional Examination for the diploma of Fellow:

Wm. Anderson, Helen R. Ashton, E. M. Atkinson, J. T. Blackburn, L. R. Broster, Edith K. Budden, N. St. J. G. D. Buxton, H. W. B. Cairns, O. L. Chapman, R. M. Clarke, J. H. Cobb, A. J. Cokkinis, Gwendolen C. Colton, E. A. Crook, D. I. Currie, P. P. Debono, H. R. Dew, L. A. Dingley, R. Fowler, Hilda M. Garlick, S. Ghosh, J. F. Gill, C. L. Gimblett, Marie L. P. Goetze, W. A. Hewitson, F. C. Hunt, Lily G. Illi, L. M. Ingle, J. A. Jenkins, Gladys H. E. H. J. Jones, J. M. Keegan, T. P. Kilner, D. Krestin, C. Lambrinudi, J. V. Landau, B. L. Laver, R. J. McN. Love, K. MacCormick, A. L. McGregor, Wm. MacMurray, R. P. S. Mason, Isabella M. Mears, C. H. Medlock, J. M. D. Mitchell, W. E. M. Mitchell, J. B. G. Muir, T. P. Noble, H. C. W. Nuttall, C. A. Raison, C. S. L. Roberts, A. E. Roche, J. J. McL. Shaw, W. Shaw, J. L. Shellshear, L. R. Shore, A. I. Silverman, H. J. D. Smythe, L. A. Spedding, H. E. R. Stephens, H. C. Trumble, N. S. B. Vinter, H. M. Wharry, F. W. Widgery, N. J. Wigram, E. A. Willson, H. H. Woollard, H. W. S. Wright.

UNIVERSITY OF LONDON.

THE University Chair of Pathology, tenable at Middlesex Hospital Medical School, is vacant owing to the appointment of Dr. C. H. Browning to the Gardiner Chair of Bacteriology in the University of Glasgow. The salary is £800 per annum. Further particulars can be obtained from the Academic Registrar, University of London, South Kensington, S.W.7. Applications (12 copies) must be received by him not later than January 27th. The Paul Philip Reitlinger prize, founded by Mr. Albert Reitlinger in memory of his son, a student of the Middlesex Hospital Medical School, who died on December 3rd, 1911, has been awarded to Mr. B. I. Evans for his essay on English poetry in the twentieth century. Next year the prize will be awarded for the best essay embodying the result of some research on a medical subject carried out by the candidate.

The Services.

HONOURS.

FOREIGN DECORATIONS.

THE following decorations have been awarded by the Allied Powers for distinguished services rendered during the course of the campaign.

Conferred by the President of the French Republic.

Légion d'Honneur.—Officier: Major General Sir Michael Thomas Yarr, K.C.M.G., C.B., A.M.S. *Chevalier*: Captain (acting Lieut.-Colonel) Duncan Campbell L. Fitzwilliams, R.A.M.C.(T.F.), temporary Captain Alan Edward Staffurth, R.A.M.C.

Croix de Guerre: Temporary Captain Oscar Glennie Donovan, C.A.M.C.

Conferred by the King of the Belgians.

Croix de Guerre: Temporary Captain (acting Major) Douglas Edward Crosbie, M.C., R.A.M.C.

Conferred by the Sultan of Egypt.

Order of Nile.—3rd Class: Lieut.-Colonel and Brevet Colonel (temporary Colonel) Walter Holland Ogilvie, C.M.G., I.M.S., temporary Captain (acting Lieut.-Colonel) William Angus, R.A.M.C. 4th Class: Majors Dodington G. R. S. Baker, I.M.S., Samuel Hubert Seecombe, A.A.M.C.; Captains Charles Henry Allen, O.B.E., R.A.M.C.(T.F.), Hubert Horan Brown, I.M.S.; temporary Captains Roland Hurst Hadfield, and William Noel Montgomery, R.A.M.C.

Obituary.

THE LATE DR. HUGH LOGAN CALDER.—Dr. H. G. Langwill (Leith) writes: In last week's brief obituary notice no reference was made to one important aspect of Dr. Calder's work—namely, as a teacher of clinical surgery. Up till the 'nineties the only hospital in the Edinburgh Medical School where facilities for clinical instruction for lady students were provided was Leith Hospital, and in these early days of teaching practical surgery to ladies Calder took an active part (in association with the late W. A. Finlay). His bedside and operative teaching was always eminently practical and full of interest to the student. Widely read in his subject but a man of few words, he had the knack of seizing the vitally important features of his subject and imparting clearly the essential facts of the case before the student, so that to many a lady practitioner to-day the news of his death will recall with regret the figure of "Hugh"—as he was affectionately called—with his incisive speech, promptness of decision, and deftness in execution. Naturally shy, he took no part in public work beyond his many years of hospital service; but to his brethren loyalty and absolute sincerity were ever his characteristics, though he would not accept office in the Leith Practitioners' Association, of which he was practically the "begetter."

Medical News.

THE Unhealthy Areas Committee of the Ministry of Health has recently heard evidence as to the high mortality in slum areas in London within which, it is estimated, an aggregate of 184,000 persons live. In the Tabard Street area, to which Dr. Waldo, in his capacity as coroner for Southwark, has so often called attention, the death-rate between the years 1904 and 1908 was 36.8, as against an average of 14.9 for the rest of London.

THE Mayor of Kensington (Dr. A. J. Rice-Oxley) opened last week a laboratory which has been provided at the Kensington and Fulham General Hospital. He spoke of the advantages of such a laboratory, especially in respect of preventive medicine, and invited medical practitioners in the neighbourhood to take an interest in its working.

A MEETING of the Harveian Society will be held at the Medical Society's rooms, 11, Chandos Street, W.1, on Thursday, December 11th, at 8.30 p.m. Sir James Galloway will give an address on the external signs of certain internal diseases.

DR. HARRY CAMPBELL will deliver the first Savill Memorial lecture on "The integration and disintegration of the mental personality," on Wednesday, December 10th, at 5 p.m., at the West End Hospital for Diseases of the Nervous System, 73, Welbeck Street, W.

ON All Souls' day (November 2nd) a number of his former pupils gathered at the grave of Professor Dejerine; a few speeches were made, and flowers were placed on the tomb.

THE first number of a monthly journal entitled *Surgical Appliances* has been issued. It contains notes of interest to instrument makers and gives special prominence to the manufacture and adjustment of artificial limbs. It contains also particulars of the British Artificial Limb Makers' Association, established in 1917. The publishers are W. B. Tattersall, Ltd., 40, Fleet Street, and the annual subscription is 10s. post free.

AT a meeting of the Royal Sanitary Institute to be held at 90, Buckingham Palace Road, S.W.1, on Friday, December 12th, at 3 p.m., Dr. H. Scurfield, M.O.H. Sheffield, will open a discussion on mothers' pensions.

THE Board of Education (Midwives' Training) Regulations, 1919, draft copies of which were circulated recently, have now been confirmed without amendment, and can be purchased through any bookseller, price 1d., or from H.M. Stationery Office, Imperial House, Kingsway, London, W.C.2, price 1½d., post free.

AT a general meeting of the medical profession of Hampstead, called by the Hampstead Medical Society, on November 27th, 1919, a committee to be called the Hampstead Medical Committee was appointed with a general reference to watch over the interests of the profession in the borough, to act as arbiter or adviser in any questions submitted to it by both parties to a dispute, and to take over any outstanding matters not dealt with by the local Medical War Committee. It was resolved also to discontinue the war charge hitherto imposed, and to make an increase of fees of at least 50 per cent. beyond the pre-war charges on all medical accounts, this decision being notified in the lay press; and, further, to recommend to the local profession that medical accounts should be rendered quarterly instead of half-yearly as hitherto.

IT is announced that the governors of the Hospital for Consumption and Diseases of the Chest, Brompton, have decided that the superintendent of the laboratory and the medical officer in charge of the x-ray department shall be members of the Medical Committee of the hospital. A letter appears also in *The Times* from the house governor and secretary of the Wolverhampton and Staffordshire General Hospital stating that the board of management of that institution, acting on a suggestion of the Medical Committee, have lately elected both the pathologist and the medical officer in charge of the venereal department members of the Medical Committee, an alteration of the rules of the hospital being made for this purpose. These events point to a gradual change in the outlook of hospital staffs and managers towards the essential unity of the work of the hospital as a whole and of its laboratories and special departments.

A MEETING of the Australasian Medical Congress will be held in Brisbane in 1920. The last congress was held at Sydney in 1911. It was then decided to recommend the Federal Government to give increased financial assistance to an Australian institute of tropical medicine, and the Government granted a permanent subsidy. At the

congress at Brisbane the possibilities of white settlement in tropical Australia will be discussed, and the large amount of work done at the Institute will help to provide a basis for the discussion. Other subjects of debate will be the control of venereal disease, military surgery and hygiene, the dispute between the medical profession and the lodges, and the adjustment of health administration between the Commonwealth and the States. All the states of the Australian Commonwealth and New Zealand will be represented at the Congress.

THE current number of *Parasitology* contains a note by Dr. D. Keilin, reporting some observations by M. A. Ségué, which indicate that larvae of the house-fly may survive during the winter, feeding on snails and living within the shells. M. Ségué has proved that larvae of the house-fly readily penetrate the closed diaphragm of the shell and entirely devour the snail inside, and that, moreover, having destroyed one snail, they pass on to another. He found larvae in nine out of fifty snail shells taken off a wall in the middle of last January. Dr. C. J. Gahan, Keeper of the Department of Entomology, British Museum, asks for snails collected during this winter. They should be sent to him at the Natural History Museum, S.W.7.

MESSRS. SIEMENS BROTHERS AND CO., LTD. (of Palace Place Mansions, Kensington), have issued a new catalogue from which it appears that they now furnish dry cells and batteries in upwards of six hundred different sizes and shapes. Their keeping qualities have been tested in countries where the climate is not considered favourable to cell storage. The catalogue contains some useful advice on the cells suitable for the galvano-cautery and similar purposes. Particular attention is drawn to the "inert" cells, in which, until water has been added, no action takes place, so that they can be stored for an indefinite period without deterioration.

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*, *Attilology*, 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.

W. E. H. inquires as to certain expenses incurred in connexion with the conduct of the practice during his absence on military service.

* * *Locumtenent*.—Salary, fees, and cost of board and lodging provided are admissible expenses. It is difficult to suggest a figure for the board and lodging, as it would vary according to circumstances; perhaps £2 10s. a week would be reasonable.

Motor Expenses.—All running costs and repairs, also the expense of replacing the car as a whole as and when incurred are allowable expenses.

Rent, Rates, Lighting, and Heating.—For a rural practice we suggest that one-half would be the maximum allowable.

Other expenses, such as telephone charges, a reasonable proportion of cost of domestic service to cover attendance at the surgery, cleaning of motor car, etc., cost of drugs supplied, medical periodicals and subscriptions, upkeep of instruments, etc., are allowable if and when laid out in the conduct of the practice as distinct from expenses incurred for private purposes or in improving or adding to the equipment of the practitioner.

LETTERS, NOTES, ETC.

MEDICAL OFFICER OF HEALTH, PORT ELIZABETH.

DR. ARCHIBALD KIDD (2, Sunnyside, Gravesend, Kent), late M.O.H. Port Elizabeth, writes: If candidates for the above appointment, advertised in your issue of November 22nd, will communicate with me, I shall be pleased to give them any information in regard to it that they may desire.

SCHOOLBOYS' WEIGHT.

DR. COURTENAY DUNN (Torquay) writes: Surely it is a fact that young growing animals of all species, when in a normal condition of health, increase in weight more or less regularly, and that any interruption to this regular increase in weight must be due to some want of assimilation, variation in amount or quality of food, or disease. This any Aylesbury duck breeder will have at his finger-tips. That boys do lose weight at boarding schools is an undoubted fact, and there are many causes to which this may be attributed. The boy may be unhappy in his surroundings, or it may be the work and confinement, the amount of actual rest, or even the food supplied. It is very difficult, unless one is intimately connected with the particular school, to say what reason there obtains. We know that it happens, but we do not always know why.

The tuck-shop is and always has been the cause of some trouble, but the master who allows "extra milk" lays himself open to the suspicion of either starving his pupils or receiving invalids amongst healthy boys. Both pretty serious charges.

I am afraid that it is true that the dietary is either insufficient in quantity or feeding value in schools of repute. A head is expected to be a scholar, a teacher, a disciplinarian, and a man not only able to pull along comfortably with undermasters and boys of every temperament, but to undertake the duties of rearing healthy and educated men. It is a large order. When as a matter of fact many of these men have obtained their reputations owing to the abilities of their undermasters, then it is a large order still.

THE MANDRAKE.

A CORRESPONDENT who was in Russia in 1917 met there a Russian who looked about 30 years of age but said he was nearly 70. He attributed his youthful appearance to the use of mandrake; he soaked the root in port wine and took three glasses occasionally. He produced a number of roots of mandrake, one of which was "exactly the shape of a man sitting." It is curious to find belief in the magical virtues of the mandrake still existing in Europe. It goes back to a very remote antiquity, and the literature is enormous. There is a short article on the subject in the *Encyclopaedia Britannica* (eleventh edition). The subject is discussed by Sir J. G. Frazer in his *Folk-Lore in the Old Testament* (London: Macmillan and Co., 1919), vol. ii, chapter vii, and may be pursued further in Professor Elliot Smith's remarkable volume *The Evolution of the Dragon* (London: Longmans, Green and Co., 1919).

AN IMBECILE'S MEMORY.

DR. J. PEREIRA GRAY (Exeter) writes: There is in the Exeter Poor Law Institution a man whose memory is so remarkable that I feel constrained to bring him to the notice of medical men. James C. is a native of Devonport, is 60 years old, and a certified imbecile. He has been in a Poor Law institution practically all his life. He has the facial expression and gait of an imbecile. He makes use of very few words, and has a tendency to repeat the same phrases over and over again. Yet this man, if given the number of any psalm taken at random, can repeat the psalm correctly. He can do the same with any hymn. He can give the right lesson for any Sunday in the year. But what I consider a still more remarkable feat is that if given any date he will name the day of the week on which that date fell. I have tested his memory on several occasions and his answers were invariably correct.

VACANCIES.

NOTIFICATIONS of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 33, 36, 37, 38, 39, 40, and 41 of our advertisement columns, and advertisements as to partnerships, assistantships, and locum tenencies at pages 34, 35, and 36.

THE following vacant appointments of certifying factory surgeons are announced: Ipswich (Suffolk), Steyning (Sussex), Whithorn (Wigtown), Workington (Cumberland).

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