

by coagulation does not apparently affect the specific haemagglutinin content.

In order to ascertain whether the same is true in the case of the non-specific auto-agglutinin—agglutinin A—the blood from a patient known to be strongly auto-agglutinative, as the result of infection, was drawn into a cold paraffin tube, rapidly centrifuged, and the plasma tested with the native red cells. Auto-agglutination occurred with the same rapidity and nearly, if not quite, to the same degree with the plasma as when the blood serum of the same patient was added to the same native red cells.

Although the occurrence of specific and non-specific haemagglutinin in the blood serum is thus evidently not the result of coagulation changes in the blood plasma, since they are present in the plasma before coagulation takes place, the question still remains whether haemagglutinins exist as such in the living uninjured blood while it is still circulating in the body.

It is difficult to believe that non-specific auto-agglutinin is present in the free state in the circulating blood (even in disease), for if so, unless some mechanism exists by which the agglutinating effect of this substance on the native red cells is prevented, clumping of the red corpuscles would occur during life. We must remember, however, that the blood is a fluid of which the physical and chemical equilibrium is easily upset, and that the mere withdrawal of the blood from the blood vessels may injure it sufficiently to bring about a regrouping of its chemical and physical aggregates, and other changes which may be recognized as an alteration in the haemagglutinative reactions in the blood when shed.

The subject is one of fundamental importance, because that which is true of haemagglutinogens and haemagglutinins may probably be also true of other bodies in the blood stream which play important parts in the immunity reaction, and in the defence of the body against infection.

I am hopeful that a future investigation into the behaviour of haemagglutinins in the living blood may throw further light on immunity problems.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

A CASE OF IDIOSYNCRASY TO NOVARSENO-BILLON.

THE following case of idiosyncrasy to novarsenobillon seems worthy of record.

The patient, a youth of 18, of moderately good physique, but somewhat anaemic, was admitted into hospital for treatment of syphilis on May 12th, 1920. Four small ulcers were present on the glans penis and skin of the prepuce; there were condylomata around the anus; inguinal and cervical adenitis were present, as well as ulceration of the tonsils. The organs appeared healthy, but the urine contained a trace of albumin. *Spirochaeta pallida* was recovered from the sore by the dark-ground illumination method, and the Wassermann test was positive. On May 14th 0.45 gram of novarsenobillon dissolved in 10 c.cm. freshly distilled water was given intravenously, and intramuscularly 1 grain of mercury in the form of a cream. These doses were repeated on May 22nd, when the patient looked quite well, the sores were healing, and the albuminuria had disappeared. He continued to appear well until the early morning of May 25th, when, after a report that the patient could not be roused, the orderly medical officer found him in a state resembling that following an epileptic fit. When I saw him at 10 a.m. he had just vomited and was unconscious. He was lying on his side with the legs drawn up; the pupils were widely dilated, but reacted to light; knee-jerks present, but exaggerated; no ankle-clonus; Kernig's sign and retraction of the neck absent. There was general hyperaesthesia of the lower extremities; also incontinence of urine; temperature 101° F., pulse 88; respirations normal. This condition altered little during the next forty-eight hours; there were no convulsions, and the patient could swallow milk placed in his mouth in small quantities. The bowels remained confined. Adrenalin solution mxv, three times a day, was given at first hypodermically and later by the mouth. Calomel also was administered. Lumbar puncture, on the 25th, showed clear fluid under high pressure, containing no globulin; the cell count was under 10, and the fluid was negative to the original Wassermann test. No growth was obtained from cultures made either from the cerebro-spinal fluid or from the blood. The calomel having acted, the motions were passed involuntarily. On May 27th the patient's condition was somewhat improved; the pupils were not so widely dilated, but he was still unconscious. There

was no paralysis, but about midday he had a slight convulsion rather like an epileptic fit. The adrenalin was stopped and 160 c.cm. of blood was withdrawn by venipuncture. On May 28th the patient was much improved; the eyes were opened and the pupils were normal. He seemed to take notice, but did not speak until the next day, when the temperature was normal, the incontinence ceased, and he took his food well. On the night of May 30th he was restless and delirious. Subsequently continued progress was made; headache, paralysis, and other residual complications were absent. The blood pressure was not ascertained.

Fifteen other men were injected intravenously, on the morning of May 22nd, with novarsenobillon in doses varying from 0.45 gram to 0.75 gram; the conditions were precisely similar, yet none of these fifteen showed the slightest trace of reaction. The case recorded was the first reaction which caused me anxiety in over 5,000 injections of salvarsan and its compounds.

PIERCE POWER, Major R.A.M.C.,
Specialist in Dermatology, Western Command.

CAESAREAN SECTION FOR ECLAMPSIA: MOTHER AND CHILD SAVED.

In November, 1920, there was admitted to St. Mary's Hostel, Croydon, a young primipara, who expected to be delivered early in January of the new year. She had had a fit and did not feel well. I saw her about half an hour afterwards; she had a violent convulsion as I examined her, and became unconscious and continued convulsed until the time of operation about an hour and a half later. The urine was loaded with albumin, there was no sign of labour, the foetal heart could be heard. I feared that both mother and child were doomed unless Caesarean section was at once performed. I sought out my colleague, Dr. E. M. Cowell, who quickly and brilliantly operated. I anaesthetized with open ether, and after that the mother had no other convulsion; she made a quick recovery, although some albumin continued in the urine. The child, though small, did well.

If done in time, Caesarean section is a dramatic and successful way of dealing with eclampsia.

Croydon.

G. GILBERT GENGE, M.D.Lond.

Reports of Societies.

TOXAEMIAS OF PREGNANCY.

At a meeting, held on December 2nd, of the Section of Obstetrics and Gynaecology of the Royal Society of Medicine, the President, Professor HENRY BRIGGS, being in the chair, Mr. CLIFFORD WHITE read a paper on sodium bicarbonate tolerance in the toxæmias of pregnancy. He reviewed Sellards's work on bicarbonate tolerance as a proof of the presence of acidosis, and pointed out the simplicity of this compared with other means of demonstrating the condition.

The patient had 1 drachm of sodium bicarbonate by mouth every three hours, the urine being tested by litmus before each dose. The number of drachms administered before the urine became alkaline was noted; if more than 2 drachms (8 grams) of bicarbonate were required, the existence of some degree of acidosis was indicated. The greater the quantity required, the greater the degree of acidosis. The test was simple, harmless, and apparently reliable.

In a series of patients tested in this way Mr. White had found that cases of pregnancy toxæmia that were clinically severe had a larger tolerance than the mild cases. In a severe case of eclampsia 20 drachms might be required before the urine became alkaline. A series of normal puerperal cases were tested as controls.

Dr. LAPHORN SMITH was sure that the value of sodium bicarbonate in the treatment of the toxæmias of pregnancy was underestimated. The urine of every pregnant woman should be examined at intervals, and if any albumin were found sodium bicarbonate should be prescribed, and the patient put temporarily on a vegetarian diet; she should also be instructed to drink at least six glasses of water a day. This simple plan would lead to a great diminution in the death rate from eclampsia.

Etiology of Eclampsia and the Pre-eclamptic State.

Dr. JAMES YOUNG and Dr. D. A. MILLER read a paper in confirmation of the explanation of eclamptic toxæmia

pectoris complicated by double aortic aneurysm. The attacks were apt to come on after the least exertion. A skiagraph revealed a large dilatation of the heart and a gourd-shaped swelling of the ascending aorta. The diaphragm was pressed down into the abdomen, accounting for the pulsation to be felt in that region.

The cardiac dilatation was gradually reduced by a three months' course of "Nauheim" resisted exercises, and the chest movement subsequently re-established by selected breathing exercises. (These exercises were demonstrated before the Medical Society of London on November 8th, 1920.) A second skiagraph was taken six months afterwards, when it was found that the heart was reduced to the normal dimensions, and had assumed its proper position in the chest. The gourd-shaped swelling of the aorta had nearly disappeared, and the abdominal and thoracic pulsations were no longer to be felt, neither was there any thrill. The anginal symptoms disappeared, and gradually the patient was able to resume his ordinary occupation. I saw him a month ago—that is, after a lapse of twelve years, and he had no recurrence of his anginal symptoms.

Case 2.—A man, aged 72, consulted me in 1909 suffering from angina pectoris, which prevented him from following his favourite occupation of salmon fishing. He was unable to go upstairs to bed without help, and had had three attacks of angina in the last four months. He had fixed chest, emphysema, and cardiac dilatation. The second sound in the aortic area was replaced by a blowing murmur. After six months' treatment his heart was reduced, his chest made mobile, and he was able to go back to his salmon fishing. I last heard of him five years ago, when he had no recurrence of angina.

Case 3.—A nurse, unmarried, aged 44, in 1895 had endocarditis, intensified by overwork and worry, and lifting a heavy patient. During three months she had six attacks of angina pectoris induced by exertion and preceded by high temperature. She was seen in January, 1896, in consultation with the late Dr. Marshall, senior physician to the Bristol Hospital, and her local doctor, Mr. White of Nailsea. She had a large amount of cardiac dilatation, which was treated as above, and made a complete recovery; twenty-five years afterwards her health was maintained, and she is now matron of a nursing home.

Of 200 cases of angina pectoris treated during twenty years by these methods 185 have been relieved.—I am, etc.,

London, W.1., Dec. 15th.

ERNEST KINGSCOTE.

Medico-Legal.

CHARGES OF FRAUD IN INSURANCE PRACTICE.

At the Manchester Assizes on November 29th, before Mr. Justice Acton, John Thomas Godfrey, M.B., Ch.B., of Royton, pleaded not guilty to charges of fraudulent conversion of goods and attempting to obtain money by false pretences. The charges were preferred by the Lancashire Insurance Committee. Counsel for the prosecution said the indictments containing the nine counts fell into two distinct parts. The first three counts contained a series of three charges of attempting to obtain from the Lancashire Insurance Committee sums in respect of fees for attendance on certain patients whom, the prosecution suggested, Dr. Godfrey never, in fact, attended. The remaining six charges related alternatively to three specific charges. It was stated that, having received, on account of certain persons, drugs and chemical appliances, the defendant converted them fraudulently to his own use; or alternatively, that he obtained the drugs and appliances from a chemist at Royton on the false pretence that they were required for the use of the patients named. The inference that the prosecution asked the jury to draw was that these goods were never intended to reach the patients at all, and that they were fraudulently converted by the defendant to his own use. In regard to the first part of the case, counsel said that the three patients were invalid men. Counsel suggested that the only inference the jury should draw from the detailed circumstances of the case was that the doctor intended the people who received certain certificates to understand that the attendances had, in fact, been made, and, with regard to the second group of charges, that the drugs named were, in fact, required for the patients set down. Three witnesses denied having received treatment, prescriptions, drugs, or dressings from the accused, and the three ex-service men stated in evidence that they had not consulted the defendant on the dates mentioned.

Dr. Godfrey, giving evidence on his own behalf, said that he had bought his practice at Royton about two years ago; he had over a thousand panel patients on his list, with some forty ex-soldiers and sailors, and he had some 5,000 to 7,000 private patients. On an average, fifty or sixty people attended at his surgery during the day. He had his own store of drugs, and if he treated a panel patient with them, he sent in an account to the chemist for an equivalent quantity to that he had used, following the usual custom. All the witnesses mentioned were treated by him on the dates stated on the certificates. Having

referred in some detail to the circumstances of the various charges, Dr. Godfrey, in reply to his legal representative, said that from first to last, in these attendances or for these drugs he had never any intention in his mind of defrauding this Government department of a single penny. Four witnesses were called for the defence, and certain witnesses for the prosecution were recalled.

His Lordship, summing up, told the jury that the ultimate issue to be decided was: Of two witnesses, one of whom said black and the other said white, whom did they believe? A good deal of the somewhat detailed examination and cross-examination they had heard was only of value in so far as it guided the jury to a conclusion on the degree of credibility to be attached to one side or the other. The jury, after an absence of twenty-five minutes, returned a verdict of guilty on the first six counts, and sentence of three months' imprisonment was passed.

In some of the newspaper reports of the trial, including those published in the *Manchester Evening News* and the *Manchester Evening Chronicle*, the accused is described as a "coloured doctor."

Universities and Colleges.

UNIVERSITY OF EDINBURGH.

At the graduation ceremonial held in the M'Ewan Hall on December 17th the following degrees were conferred. Most of the successful candidates for degrees were students in the Faculty of Medicine, and out of a total of 85 medical degrees about a quarter went to women students. Principal Sir J. Alfred Ewing performed the "capping" ceremony.

M.D.—J. B. Alexander, S. Arnott, P. W. P. Bedford, H. P. Caithness, Frederick Dillon, Jean D. Don, F. J. G. Johnstone, G. J. I. Linklater, Isobel M. MacLulich, Ada J. Macmillan, J. McC. A. Macmillan, J. M. D. Scott, J. M. Smellie, E. T. A. Stedford, R. M. Stewart, Gladys Ward.

M.B., Ch.B.—E. H. Ablett, Isabella M. M. Aitken, C. B. Brownlie, E. M. Byres, C. A. Calder, E. H. Connell, Mary E. Cripps, Elizabeth E. Critchley, Cornelia J. Cross, A. W. G. Cumming, A. H. Cuthbert, W. Eadie, J. W. Eijkelenboom, Dorothea M. Gall, R. M. Galloway, S. G. H. Gasson, Isabella A. Gillespie, I. Goldberg, Winsome D. Grantham, W. L. Grassick, H. A. C. Gregory, J. D. Grierson, E. F. Griffin, T. E. Hastings, H. H. Holden, W. L. Hunter, E. Isserow, R. Jackson, M. K. Jardine, J. P. Leckie, D. R. Lewis, J. K. C. Liddell, J. S. Macbeth, Flora Macdonald, Isabella J. Macfie, R. MacGarrod, A. L. McGregor, F. A. E. Meinel, P. S. Menon, J. D. Mill, Rosemary O. Morris, Deborah F. Morrison, H. Nichol, H. B. Pierce, C. L. Pieters, J. W. Rabkin, Roberta T. Rankin, Marion E. Reid, F. H. Reynolds, J. Riesnik, D. G. Robertson, Helena J. Robertson, John Robinson, G. V. S. Rodriguez, Eileen S. P. Rowney, J. G. R. Scarff, J. Smith, Dorothy M. Somerville, Helen C. Spencer, Marguerite Stewart, S. S. Sumner, J. B. Taylor, L. W. Thomas, J. A. Thomson, P. C. du Toit, O. H. Wild, Anna M. Williams, D. H. Williamson, Christine V. D. Willway.

D.P.H.—R. M. M. Bowman, G. Lillico, C. C. Philip.

* Commended for thesis.

† Highly commended for thesis.

‡ Awarded gold medal for thesis.

§ First-class honours.

|| Second-class honours.

UNIVERSITY OF LIVERPOOL.

The following candidates have been approved at the examination indicated:

FINAL M.B., Ch.B.—*Part I:* E. W. Ashworth, Eudora V. Beatty, J. R. Bhatia, D. Brown, Hilda Cantrell, A. Oathart, Marie B. Clarke, Mildred M. Clegg, R. W. Cockshut, H. Cohen, M. J. Cohen, C. Cookson, Gladys W. Darlington, J. B. Elleray, W. C. Evans, R. A. Galway, J. V. Hall, S. B. Hall, T. K. Hughes, Hilda F. Jefferson, Irene E. Kenworthy, Dorothy E. Knowles, Eleanor Lancelot, N. H. H. Longton, B. L. McFarland, F. Q. McKeown, Annie Mather, Vera M. Mitchell, J. H. Moorhouse, Annie R. Niven, Muriel Pickering-Jones, E. D. Pridie, Gertrude E. Pugmire, *D. Riding, J. E. T. Shirlaw, Enid F. Stowell, J. E. Sykes, N. S. Taylor, Mary A. Thomas, A. K. F. Tobin, L. F. Unsworth, S. A. Walker, C. H. Walsh, A. Weisberg, *C. A. Wells, Dorothy A. Williams, Grace H. Wood. *Part II:* A. V. Campbell, C. H. R. Carmichael, †E. N. Chamberlain, K. W. Cockshut, J. B. Elleray, E. H. Glynn, †P. R. Hawe, A. R. Jones, Beatrice M. Niven, N. S. Taylor.

* Distinction in Pathology.

† Distinction in Forensic Medicine and Toxicology.

UNIVERSITY OF DUBLIN.

The following candidates have been approved at the examinations indicated:

FINAL M.B., PART I.—*Materia Medica and Therapeutics, Jurisprudence and Hygiene, Pathology and Bacteriology:* *M. Bewley, *G. M. Irvine, *C. D. Dijkman, *D. Hugo, *C. E. Brunton, *L. O. Vercueil, *V. Robinson, *S. G. Rainsford, G. Blackall, C. E. Orendale, S. G. Weldon, M. W. Kaplan, W. B. E. McCrea, J. C. Gillespie, M. G. J. Powell, J. C. J. McEntee, C. J. U. Murphy, H. N. Krige, I. Marais, J. Lait, G. C. B. Robinson, J. B. Horan, F. M. Hilliard, G. C. Malherbe, R. H. Satchwell, W. S. Dickson, R. Lang, Margery Bouchier-Hayes, Beryl F. E. Cockle, J. V. Williams, I. F. A. de Villiers, W. E. Holmes. *Materia Medica and Therapeutics, Jurisprudence and Hygiene:* A. G. Bewley, Doris Holland, S. W. Russell, A. E. Phillips, N. McFalkiner, H. C. Dundon, H. L. Hanna, J. Devane, J. F. van Staden, J. J. P. Kelly. *Pathology and Bacteriology:* W. H. Smith, A. D. Ward, J. R. Craig, J. R. Wills, A. S. Bradlaw, Vera G. M. Menary, W. A. Murphy.

PART II.—Medicine (M.B.): *E. C. Smith, L. Herzenberg, C. E. McQuade, P. I. Levitt, D. de Bruijn, T. Radloff, J. H. B. Crosbie, E. G. Campbell, Nannette Norris, Mary Horan, I. Levy, M. E. McBrien, Nora Griffith, E. W. S. Deale, H. O. Hofmeyr. **Midwifery (B.A.O.):** *P. Jakobitz, *Margaretta T. Stevenson, D. de Bruijn, J. A. Acheson, J. C. Davis, E. G. Campbell, Alice E. Lawlor, P. M. J. Bobbett, L. Wigoder, J. C. Brennan, T. Radloff, A. S. Bradlaw, J. R. Craig, Edith F. Willock, Vera G. M. Menary, J. R. Waugh, R. V. Dowse, J. M. Semple, Mary Horan, R. H. Satchwell, H. O. Hofmeyr. **Surgery (B.Ch.):** *T. Radloff, C. E. McQuade, R. H. J. M. Corbet, F. Y. Pratt, R. W. Power, E. W. S. Deale, T. F. L. Cary, I. Levy, F. W. Shegog, Elinor D. Stopford, J. A. Smith, Elsie A. Burns, H. O. Hofmeyr, C. S. Wilson, Emily E. G. Baillie, Constance Mellrath, D. J. Browne, D. V. Latham, E. S. E. Mack, Ruth F. Flavelle, Nora Griffith, S. R. Hill, T. W. Panter.

D.P.H., PART I.—Chemistry, Bacteriology, Physics and Meteorology: S. J. Healy, S. K. Sen, F. W. Godbey, C. L. McDonogh, P. J. Lane.

PART II.—Sanitary Engineering, Sanitary Inspection and Report, Hygiene, Epidemiology, Vital Statistics, Public Health Law: S. J. Healy, P. J. Lane, S. K. Sen, J. P. Quinn, Mary C. Sheppard.

* Passed on high marks.

ROYAL COLLEGE OF PHYSICIANS OF EDINBURGH.

At the annual meeting of the Royal College of Physicians of Edinburgh, held on December 2nd, Sir Robert W. Philip was re-elected President for the ensuing year. The other office-bearers for the year were appointed as follows:—Vice-President: Dr. Harry Rainy. Councillors: Drs. John W. Ballantyne, Francis D. Boyd, George M. Robertson, Robert Thin, and James Lamond Lackie. Treasurer: Dr. Norman Walker. Secretary: Dr. J. S. Fowler. Honorary Librarian: Dr. John William Ballantyne. Curator of the Research Laboratory: Dr. J. J. Graham Brown.

George Sandison Brock, M.B.E., M.D., was elected a Fellow of the College.

At an extraordinary meeting, held on December 14th, Sir Robert Philip, President, in the chair, Drs. F. W. N. Haultain and John Macpherson, C.B., were elected as Representatives of the College on the Board of Management of the Royal Infirmary.

ROYAL COLLEGE OF SURGEONS OF EDINBURGH.

At a meeting of the College on December 15th the following candidates were admitted Fellows:

W. Barclay, W. G. Borrie, I. McW. Bourke, E. E. Bronstorff, F. R. Brown, J. Chisholm, J. L. A. Grout, G. M. A. Herzfeld, W. R. C. Heslop, R. L. Impey, M.C.S. S. Jesudason, F. H. Kennedy, G. E. Kidd, M.C., J. T. McCullagh, E. L. Mackenzie, M.C., J. Morlet, S. K. Mukhopadhyaya, H. C. W. Nuttall, W. T. Patterson, J. W. G. H. Riddell, M.C., H. D. Rollinson, Z. M. H. Ross, W. H. Simpson, A. C. Smith, J. E. Stacey, W. B. B. Taylor.

Medical News.

We are asked to state that the General Committee of the Royal Army Service Corps Memorial Fund is prepared to pay the cost, or part of the cost, of convalescent treatment for men who have served in the R.A.S.C. who are medically recommended for convalescent treatment and are unable to afford such treatment for themselves. Secretaries of hospitals are invited to bring such cases to the notice of the Honorary Secretary of the Fund, Kensington Palace Barracks, W.8.

MR. J. HERBERT PARSONS, C.B.E., F.R.C.S., D.Sc., has been elected President of the Illuminating Engineering Society. He was the first Chairman of Council of the Society and has taken a leading part in the sections of its work dealing with the influence of light on vision.

THE Ministry of Health has issued a revised list of the treatment centres for venereal diseases which have been approved by the Ministry up to the present date under Article III of the Public Health (Venereal Diseases) Regulations, 1916. The list also gives information as to the days and hours of the out-patient clinics and the days and hours for the irrigation of cases of gonorrhoea during the intervals between the clinics. Copies of the list can be obtained by those concerned on application to the Ministry of Health, Whitehall, S.W.

DR. INFROIT, Chief of the Central Radiological Laboratory in Paris, has recently died at the age of 46. He had undergone twenty operations for x-ray cancer, including amputation of the right arm and of the left hand at the wrist.

DR. MAURICE DEBOVE, professor of medicine, and for six years dean of the Paris Faculty of Medicine, has recently died at the age of 75. He was a voluminous writer on various medical subjects, and was the editor of a series of manuals of medicine, diagnosis, and treatment.

AFTER eighteen years' service in charge of the Assistance Publique in Paris, Monsieur G. Mesureur has been succeeded by Monsieur Mourier.

LIVINGSTONE COLLEGE, Leyton, which during the war was used as a hospital for wounded soldiers, has been reopened as a missionary college. The work of the twenty-third session is described in the annual report for 1919-20; an average of seventeen students entered each term, and included men from Australia, France, Switzerland, Sweden, Denmark, and Finland. Clinical instruction is given at Poplar Hospital, at the Seamen's Hospital, and at several medical missions; and there are in addition lecture courses. During the past year women students have been admitted for the first time.

Letters, Notes, and Answers.

As, owing to printing difficulties, the JOURNAL must be sent to press earlier than hitherto, it is essential that communications intended for the current issue should be received by the first post on Tuesday, and lengthy documents on Monday.

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

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

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

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

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

1. EDITOR of the BRITISH MEDICAL JOURNAL, *Aitiology, Westrand, London*; telephone, 2630, Gerrard.
2. FINANCIAL SECRETARY AND BUSINESS MANAGER (Advertisements, etc.), *Articulate, Westrand, London*; telephone, 2630, Gerrard.
3. MEDICAL SECRETARY, *Medisecra, Westrand, London*; telephone, 2630, Gerrard. The address of the Irish Office of the British Medical Association is 16, South Frederick Street, Dublin (telegrams: *Bacillus, Dublin*; telephone, 4737, Dublin), and of the Scottish Office, 6, Rutland Square, Edinburgh (telegrams: *Associate, Edinburgh*; telephone, 4361, Central).

QUERIES AND ANSWERS.

INCOME TAX.

"B. H. E." asks for advice as to claiming repayment in respect of tax paid as a full-time civil practitioner at a military hospital.

** We advise this correspondent to write to the inspector of taxes for the district in which the hospital is situated, explaining the circumstances and asking for the appropriate form for the claim. The army rate varied, as did the civilian rate, with the amount of the total income; the maximum was 3s. 6d., as compared with 6s.

"F. H. L." sold his practice and ceased work on June 30th.

** As the practice did not cease, our correspondent's liability is determinable on the three years' average basis only, but he is liable for the period to June 30th only—that is, on one-quarter of the assessment for the full year, the burden of the remaining three-quarters falling on his successor.

"E. H." inquires whether he is liable to super-tax as for 1920-21; his income for 1919-20 exceeded £2,000 owing to the receipt of army pay, but he has now retired and considers it unlikely that his present and future income will exceed £2,000 per annum.

** Yes; the liability is measured by the amount of income chargeable to tax for the previous financial year, and there appear to be no special provisions for 1920-21 which would relieve our correspondent of liability on that basis.

"C. B. A." inquires as to the basis of calculation of his income.

** If his practice was kept in being during his absence on military service his "income" is the average of the civilian earnings of the past three years, but our correspondent does not explain the facts sufficiently to permit of a definite reply.

CHRONIC NEURALGIA OF THE TONGUE WITH PERSISTENT GINGIVITIS.

DR. T. D. HALAHAN (Dowanhill, Glasgow) asks for suggestions in the following case of long-standing neuralgia of the tongue with persistent gingivitis: The affection began in November, 1914, following an abscess in connexion with a