with Dr. Murray that only malignant tumours grew on transplantation, and cited an instance of innocent adenomyoma of the uterus which had done so.

Dr. James A. Murray, in reply to Dr. Gaskell, said that sterilization would be an ideal method, but was not possible to carry out in the animal body. It might, however, be possible to sterilize cells cultivated in vitro. One could not protect the deep surface of an experimental area from sapprophytes. He agreed with Dr. Leitch that no from saprophytes. He agreed with Dr. Leitch that no definite line could be drawn between malignant and benign tumours.

DEMONSTRATIONS.

PROTEIN SKIN TESTS IN ASTHMA.

In the Pathological Department of the College of Medicine, on July 20th, Dr. Mackenzie Wallis demonstrated the cutaneous reactions with various proteins. He had grouped several closely related types of protein together and com-bined them into six tests. For example, all the various animal proteins, including epidermal, fur, feathers, etc., were used together. If a positive skin reaction was obtained the particular type of protein causing this reaction had then to be determined separately. The skin was cleansed with alcohol or ether, and a small drop of an alkaline solution of the group proteins placed upon it. With a sharp knife or needle the skin is scratched sufficient to break the skin surface without producing bleeding. A positive reaction shows in a few seconds by a zone of hyperaemia spreading outwards from the area tested. This is followed in from twenty to thirty minutes by the production of a definite uticarial wheal.

In many cases of asthma the patient was found to give positive reactions to one or more groups. The largest proportion of cases reacting to these skin tests were found to be sensitive to pollens. In the animal group of proteins feathers appear to be most prominent. Care had to be taken to avoid producing too severe a reaction in a highly sensitive person, and the tests should not be done imme-

diately after an acute attack.

RENAL FUNCTION TESTS.

In the Pathological Department of the College of Medicine, on July 22nd, Dr. Mackenzie Wallis demonstrated with the College of Medicine, on July 22nd, Dr. Mackenzie Wallis demonstrated with the College of Medicine, on July 22nd, Dr. Mackenzie Wallis demonstrated with the College of Medicine, on July 22nd, Dr. Mackenzie Wallis demonstrated with the College of Medicine, on July 22nd, Dr. Mackenzie Wallis demonstrated with the College of Medicine, on July 22nd, Dr. Mackenzie Wallis demonstrated with the College of Medicine, on July 22nd, Dr. Mackenzie Wallis demonstrated with the College of Medicine, on July 22nd, Dr. Mackenzie Wallis demonstrated with the College of Medicine, on July 22nd, Dr. Mackenzie Wallis demonstrated with the College of Medicine, on July 22nd, Dr. Mackenzie Wallis demonstrated with the College of Medicine, and the College of strated micro-chemical methods of estimation of urea in blood, sugar in blood, and sugar in urine. These methods possessed the advantage that they could be easily applied without any inconvenience to the patient. Small quantities of blood were required for these estimations, and this could be obtained by a simple prick of the finger. The blood could either be weighed by absorbing it on specially prepared filter paper, and weighing on a torsion balance, or the blood could be drawn up into small graduated pipettes.

The blood was extracted with distilled water, and estimations of urea and sugar made upon the extracts. mations of urea and sugar made upon the extracts. The use of the tungstic acid method of precipitation of blood proteins devised by Folin and Wu in America rendered such observations possible. It was possible to make an estimation of the blood urea and blood sugar in a very short time; the estimation of the urinary sugar content could be carried out simultaneously. With these methods it was possible within the space of one hour to obtain considerable information which was of value in diagnosis of renal insufficiency.

THE Journal of the American Medical Association reports that among the precautions taken during an epidemic of diphtheria and searlet fever at Monon, Indiana, public meetings had been prohibited, all schools closed, and no child under 16 years of age was allowed in the streets.

It is reported that during the first six months of 1921 31,885 births have been registered in Paris, while for the whole twelve months of 1913 there were only 48,746; in 1913 there were 31,916 marriages in Paris, while 26,282 took place during the first six months of 1921.

By recent legislation in Chile owners of factories employing fifty or more women over 18 years of age must, within six months, provide day nurseries for the children of their employees; plans must be approved by the health authorities; not more than twenty five children may be placed in any one room, which must be in charge of a competent person paid by the employer.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

LOCAL ANAESTHESIA IN THE REDUCTION OF FRACTURES.

The reduction of fractures under local anaesthesia was first attempted by Conway in 1885, and was reported on by Lerda and Quenu in 1907 and 1908, but the method has not come into general use, probably owing to the fact that, at first sight, the injection of any solution into the bruised tissues in the vicinity of a recent fracture appears to be risky. However, in the following small series of cases in which the method has been given a trial no untoward result has occurred, and in every case the reparative processes have proceeded normally.

Technique.

The injection is made around the site of fracture with a 10 c.cm. or 20 c.cm. Record syringe, the last two or three cubic centimetres being injected before the fractured ends of bone. This can generally be done from two skin punctures so situated as to avoid important structures. solution used is 1 per cent. novocain. to each 10 c.cm. of which is added one drop of adrenatine chloride solution (B.P.); the amount injected varies from 10 to 60 c.cm. It is essential that syringe, needles, and solution be sterilized by boiling—no other method of sterilization is admissible.

After five minutes the fractured ends of bone can be moved into position without pain, and a splint applied in the usual way. The limitation to the use of this method is the occasional difficulty in finding the exact site of the fracture; it is increased where there is swelling.

The following cases were treated in the casualty depart-

ment of the Hampstead General Hospital:

Case 1.—H. B., chauffeur, aged 32, suffered an oblique fracture

Case 1.—H. B., chauffeur, aged 32, suffered an oblique fracture of the lower third of the right radius. It was twice reduced under general anaesthesia, and finally un er local. The result was firm union, with good flexion and extension, but slight limitation of p onation.

Case 2.—E. W., a boy aged 15, had a transverse fracture of the lower third of the right rad us with separation of the lower ulnar epiphysis. Considerable difficulty was experienced in finding the exact site of fracture. Novocain was twice employed, but, the position not being considered perfect, reduction was performed under nitrous oxide. The result was good union with full range of all movements.

Case 3.—P. L. P., a man aged 80 presented Colles's fracture of the right side with fracture of the ulnur styloid. It was considered that as he was very frail etherization would involve grave risk, and local injection was employed; reduction was effected without pain. Union is now firm, with good movements in all directio s.

Case 4.—A. S., a butler aged 67 hal an oblique fracture of

ments in all directions.

Case 4.—A. S., a butler aged 67. had an oblique fracture of the middle third of the shaft of the left humerus. He suffered from chronic bronchitis and marked emphysema. Local injection was successfully employed. There is firm union, with some limitation of extension of the elbow-joint.

Case 5.—T. P., aged 60, had a Colles's fracture on the right side. Reduction under novocain injected locally was painless. Union is now complete, but the wrist is rather stiff and finger flexion is not perfect.

flexion is not perfect.

The method is of value especially in cases where a general anaesthetic is contraindicated. A preliminary x-ray plate would in some cases be of very material assistance.

> R. A. H. Fulton, M.B., Ch.B.N.Z., Late Resident Medical Officer, Hampstead General Hospital.

LOCAL ABSCESS FOLLOWED BY ERYTHEMA SCARLATINIFORME.

Cases of erythema scarlatiniforme due to septicaemia or pyaemia are not unusual, but we rarely find them associated with local abscess formation. Two such instances have come under my observation. The second, which I saw recently, proved perhaps the more interesting.

A boy, aged 11, having no previous history of erythema, was taken ill with febrile symptoms, sickness and slight vomiting, followed by a bright rash resembling that of scarlet fever. When I saw him the chest, back, and inner sides of the thighs were covered by the rash. The temperature was 99° F. The following day the temperature rose to 102°F. and the rash spread to the face. The fauces, soft palate, and uvula were congested, but the tonsils were practically unaffected. There was no enlargement of the glands behind the sterno-mastoid. With a rash so intense I would have expected the patient to be more profoundly ill to justify the diagnosis of scarlet fever. On further examination a small abscess of the heel was discovered, with enlargement of the corresponding inguinal glands. The rash faded and entirely disappeared in a couple of days and was followed by a very slight desquamation of the skin. Later, the glands of the groin suppurated and from the pus evacuated Staphylococcus aureus was cultivated and a streptococcus which corresponded with Streptococcus faecalis.

Glasgow.

F. ANDERSON MURRAY, M.D.

Reports of Societies.

LIVERPOOL MEDICAL INSTITUTION.

THE first ordinary meeting of the eighty-third session took place on October 27th, with the President, Dr. J. E. GEMM: LL in the chair. Mr. EDGAR STEVENSON read a note on the treatment of septic ulcer of the cornea by chauffage, first described to him by Mr. Harrison Butler about twelve months ago. During this year Mr. Stevenson had treated a considerable number of septic ulcers of the cornea by this method with exceptionally good results, and he considered it far in advance of any other method of treatment. In addition to the rapid healing of the ulcer, an important point was that with chauffage the resulting scar was much thinner than that following healing by any other method. Dr. G. F. R. SMITH read an interesting

note on post anaesthetic complications.

Dr. Dingwall Fordyce read a paper on the significance and treatmen of some abnormalities of the urine in children. He held that thorough examination of a child includes chemical and microscopical examination of the urine, which might disclose the presence of pus cells and motile bacilli. These were never present in great numbers in a perfectly healthy child, but there were a considerable number of children, probably for the most part girls, whose urine was in this condition, and yet who were "fairly well." The bacilli belonged to one of the types of the coli group, and the exact site of the infection was impossible to determine in young children. He stated that the essence of both preventive and "therapeutic" treatment was correct diet and the avoidance or cure of septic foci. A common statement in the textbooks was that sugar was rarely found in the urine in children, but in a recent series of 100 unpicked cases of ailing children evidence of sugar in the urine was certainly present in 10. However slight and fleeting the positive test results might be, an explanation should be sought for them. In a large proportion of cases the presence of a positive test corresponded with indiscretion in diet or digestive disturbance, and disappeared on correction of such. In other cases a septic process was the cause. Clinically the experience in the matter of the connexion between acidosis and glycosuria poi ted to laevulose being a common form of the sugar present. Cases in which glucose was the sugar present should be carefully watched and tested, with a view to counteracting any morbid tendency.

ANTIGONOCOCCAL SERUM.

AT a meeting of the North of England Obstetrical and Gynaecological Society held at Liverpool on October 21st, with the President, Mr. Carlton Oldfield (Leeds), in the chair, Miss Ivens (Liverpool) read a paper on the use of antigonococcal serum as an adjunct to conservative surgery in gonococcal infections, basing her remarks on the results of its administration in 40 cases in the majority of which salpingitis had been the prevailing feature. Nicolle's serum from the Pasteur Institute had been employed. The serum was administered as follows: (1) By intraperitoneal injection during laparotomy. (2) By subcutaneous injection after dilution with normal saline. (3) By vaginal serum packs alternating with packs of 10 per cent. salt solution mixed with 5 per cent. carbolic lotion. It was pointed out that the administration of salt solution at the time of serum injection diminished the incidence of anaphylactic phenomena. In the majority of cases the pus tubes were opened up and 20 c.cm. of serum injected into them or left in the pelvis. The tubes were not removed unless very extensively damaged and the abdomen was closed without drainage. All the patients had made an immediate recovery and the results in cases of salpingo-oöphor tis, endocervicitis, and arthritis, and more

especially in puerperal gonococcal infections, were excellent. A large number of cases had been followed up and were in good health, presenting a marked contrast to cases treated without serum. Three cases required further operation, but the possibility of reinfection was present. Miss Ivens considered that the results she had obtained warranted extended stury and experiment with a reliable serum.

THE Harrogate Medical Society held its second meeting of the session at the Clinical Laboratory (by permission of Dr. Sinclair Miller and Dr. F. B. Smith) on October 20th. Dr. A. MANTLE presided and there was a large attendance of members. Part of the evening was devoted to the examination and discussion of pathological specimens from recent cases of clinical interest. Dr. MILLER read a paper on basal metabolism, and this was followed by a demonstration of the portable Benedict apparatus by Mr. KENDRICK of the Sanborn Company, London. Drs. BAIN, EDGECOMBE, SABERTON, BERTRAM WATSON, and others discussed the paper and the value of the apparatus as applied to clinical work.

Revielus.

THE CHEMISTRY OF COLLOIDS.

The Physical Properties of Colloidal Solutions, by Dr. E. F. Burton, is one of a series of monographs on physics edited by Sir J. J. Thomson and Professor Horton. The first edition appeared seven years ago; the second is now before us. The general form and scope have not been altered, but a large amount of fresh detail has been added

to bring the work up to date.

The book deals with colloidal solutions from the physical standpoint, and attention is chiefly devoted to consideration of the ultramicroscope, the Brownian movement of particles and the optical properties of colloidal solutions; these subjects are dealt with very clearly and fully. The difficult question as to the nature of the surface forces responsible for producing the stability of colloidal solutions is dealt with more briefly, and the phenomena of adsorption in particular are very briefly dismissed. The final chapter of five pages on the application of colloidal solutions might well be omitted, for, as the author says in the preface, this is a topic which requires a treatise in itself. Special attention is given to those problems of colloidal solutions about which the existing knowledge is sufficiently definite to make possible a mathematical treatment; consequently it is chiefly concerned with suspensoid colloids and not so largely with emulsoid colloids. Those problems of colloidal chemistry which are of chief direct interest to the biologist receive relatively little attention. Nevertheless, the book will be found very instructive by the biochemist, for it gives an indication of the real extent of existing accurate knowledge concerning the properties of colloidal solutions. The biochemist and the physiologist have to work with living tissues which are an extraordinarily complex mixture of emulsoid colloids. The reactions occurring in the living tissues were inexplicable by the laws governing the reactions of true solutions, but the partially revealed laws of colloidal solutions suggest possible explanations for a certain number of phenomena hitherto obscure. Unfortunately, whenever a new form of energy is discovered there is a tendency to attribute to it all phenomena for which there is no other convenient explanation. The properties of colloids are uncertain, and the forces which exist on the surface of colloidal particles and determine their behaviour are imperfectly understood, yet there has been a strong tendency to explain all reactions of living tissues for which there is no other convenient explanation by saying that they are due to the colloidal state. Furthermore, the fact that all living tissues are composed of colloids, and the fact that colloidal solutions can behave in a very mysterious manner, have led to the wholly unwarranted idea that colloidal solutions ought to have special therapeutic virtues.

Dr. Burton's book is a very useful corrective to some of the rather loose ideas that have accumulated concerning

¹ The Ph. sical Properties of Colloidal Solutions. By E. F. Burton B.A., Ph.D. Toronto. Second edition. Monographs on Physics Series London: Longmans, Green, and Co. 1921. (Med. 8vo, pp. 221; 18 figs. 12s. 6d. net.)

be greatly missed in the district. He was laid to rest in the churchyard of his parish church in the presence of many members of the local profession and large numbers of sorrowing patients. Dr. Woodroofe was a member of the Bradford Medico-Chirurgical Society, and took an abounding interest in the work of the British Medical Association, being at the time of his death a joint secretary of the Bradford Division. He had also been a member of the Bradford Local Medical and Panel Committees from their commencement. He leaves a widow and three sons, one of whom joined him in practice a year ago.

WE regret to have to record the death of Dr. J. W. STEPHENS of Cardigan; it was due to double pneumonia and came as a distressing surprise to his many friends. He was born at Kilgarren, three miles from Cardigan but in the county of Pembroke, and his long residence in the border town made him well known in the northern part of Pembrokeshire and the southern part of Cardiganshire, as well as in part of Carmarthenshire. He was educated at St. Bartholomew's Hospital, and took the diplomas of M.R.C.S. and L.R.C.P. in 1888. He was at the time of his death the senior practitioner in Cardigan. He was M.O.H. for Cardigan Urban and Rural District Councils and for the port, Admiralty surgeon and agent, inspector of seamen, port, Admiralty surgeon and agent, inspector of seamen, and medical inspector of schools in Cardiganshire and Pembrokeshire. He was a J.P. for the county of Pembroke and the borough of Cardigan. In a tribute to his memory published in the Cardigan and Tivyside Advertiser of October 28th, Sir John Lynn-Thomas, K.B.E., F.R.C.S., wrote: In early life he was a keen athlete and a vigorous football player. . . . He soon became absorbed in practice, closely following the development of medicine and surgery, and the community gained by his alertness and progressiveness and by his gained by his alertness and progressiveness and by his continued studentship. . . . His enthusiasm and progressiveness in the evolution of his calling took up more time than his not too robust constitution could afford. In my opinion he paid the great sacrifice for his patients' sake at too early an age. In him the Cardigan Memorial Hospital Scheme has lost an enthusiastic and progressive worker. His attitude towards the value of hospital treatment properly organized was distinctive, and had he been spared he would have been a pioneer in educating people with regard to the place which a hospital takes in the building up of a sound organization for the pre-vention of avoidable human shipwrecks in sudden storms of illness.

The Services.

AUXILIARY R.A.M.C. FUNDS.

THE usual quarterly committee meeting of the Auxiliary Royal Army Medical Corps Funds was held on October 28th, at 11, Chandos Street, Cavendish Square. Six grants were made to cases in the Benevolent Branch for the orphans of officers, amounting to £158, and forty-six grants in the Relief Branch for widows and orphans of the rank and file, amounting to £1,366.

These Funds are for the relief of widows and orphans of commissioned officers, and man of

These Funds are for the relief of widows and orphans of commissioned officers, non-commissioned officers, and men of the rank and file of the Royal Army Medical Corps, Special Reserve, Territorial Force and New Armies, and also for the relief of the children of those who have been so severely dama ed in the late war that they need help for the education of children.

Requests for relief should be addressed to the honorary secretary, at the offices of the Funds, 11, Chandos Street, Cavendish Square, W.1.

DEATHS IN THE SERVICES.

Colonel Herbert St. Clare Carruthers, Madras Medical Service (retired), died suddenly of heart disease on September 19th. He was the son of Captain F. ancis John Carruthers, of the Indian Army, was born at South Stoueham, Southampton, on April 18th, 1856, and educated at Charing Cross Hospital; he took the diplomas of L.R.C.P. and S. Edin. in 1878, and entered the I.M.S. as surgeon on September 30th, 1878; he became surgeonmajor and lieutenant-colonel after twelve and twenty years' service respectively, and was promoted to colonel on June 30th, 1908, when he filled the post of Inspector-General of Civil Hospitals, Burma, retiring on September 30th, 1914 He served in the second Afghan war of 1878-80, receiving the medal, and rejoined for service in India during the late war.

Anibersities and Colleges.

UNIVERSITY OF CAMBRIDGE.

At a Congregation held on November 5th it was agreed to present an address to Professor G. D. Liveing, who held the Chair of Chemistry from 1861 to 1908, and has resided in the University for every term since he matriculated seventy-five years ago at the age of 19. The address was read by the Public Orator, Mr. T. R. Glover, and was received with applause. It is almost seventy years since Dr. Liveing started the first laboratory for students in Cambridge.

The Senate approved a Grace relating to the granting of titular degrees by diploma to qua ified women students in pursuance of the decision of October 20th, 1921.

The following medical degrees were conferred:

The following medical degrees were conferred:

M.D.—R. J. Hearn. M.B., B.CH.—T. H. Somervell. B.CH.—G. W. Mitchell, R. B. P. Lansdown.

G. B. Batten, M.D. Edin., I. S. Hirsch, M.D. Columbia, E. R. Morton, M.D. Toronto, and C. W. S. Saberton, M.D. Manch., have been approved for the diploma in medical radiology and electrology.

UNIVERSITY OF LONDON.

THE following have been appointed associate examiners for the session 1921-22: Medicine, Dr. C. Bolton, F.R.S., Dr. W. P. S. Branson, Sir J. Charlton Briscoe, Bt., and Dr. Cecil Wall. Surgery, Mr. C. C. Choyce, C.M.G., Mr. H. S. Clogg, Mr. W. Sampson Handley and Mr. C. A. R. Nitch.

The Lords Commissioners of H.M. Treasury have, on the nomination of the University, appointed Dr. T. D. Lister, C.B.E., an Income Tax Commissioner for the University in the place of Sir Cyril Jackson, resigned.

Applications for the University chair of chemistry, tenable at St. Thomas's Hospital Medical School (salary £300 per annum), must, be received by the Academic Registrar of the University not later than the first post on November 19th.

Medical Relus.

THE second social meeting of the Royal Society of Medicine for this session will be held on D cember 7th, when Fellows and their friends will be received by the President and Lady Bland-Sutton at 8.30 p.m. During the evening Sir Berkeley Moynihan will deliver a short address on "Medicine in Art," with lantern illustrations. On Monday, November 28th, Dr. Guelpa will give a lecture before the Society on the treatment of diabetes by "disintoxication."

THE annual dinner of the Cambridge Graduates' Club of St. Bartholomew's Hospital will take place on Wednesday, November 30th, at 7.30 p.m., at Frascati's Restaurant. with Sir Humphry Rolleston in this chair. Those intending to be present are asked to write to Mr. R. M. Vick, The Warden's House, St. Bartholomew's Hospital, E.C. 1.

AT a meeting of the New York Academy of Medicine on October 20th Sir Harold Stiles was the guest of honour and read a paper on "Surgical tuberculosis in children and its relation to the milk problem.'

THE Lady Priestley Memorial Lecture of the National Health Society will be given by Professor Edward Mellanby at the house of the Royal Society of Medicine (1, Wimpole Street, W.) on Wednesday, November 16th, when Sir James Crichton-Browne will take the chair at 5 p.m. The subject of the lecture is vitamins and health.

THE thirty-eighth annual dinner of the past and present men students of the Leeds School of Medicine will be held at the Queen's Hotel on Wednesday, November 16th, at 6.30 p.m. for 7 p.m., when Dr. W. H. Maxwell Telling will preside.

AT a meeting of the South-West of England Tuberculosis Subgroup of the Society of Medical Officers of Health, held at Bristol on October 27th, with Dr. B. A. Peters in the chair, it was agreed that future meetings should be held on the same date and at the same place as the West of England Branch of the Society. A subcommitte was appointed to make representations to the Ministry of Pensions with regard to the drawing up of reports. Several recently advertised sanatorium appointments carrying a salary of £500 to £700 per annum, with board and residence, having been confined to unmarried men, the subgroup requested the council of the society to urge the Ministry of Health not to sanction such advertisements, as being against the best interests of the patients and the status of the tuberculosis branch of the public service. A resolution was also passed that the security of tenure now granted to medical officers of health ought to be extended to the tuberculosis service.

THE first American Birth Control Conference is being held in the Hotel Plaza, New York, from November 11th to 13th, and it has been announced that following the conference clinics will be opened in several of the southern States where there are no laws prohibiting them.

WE are informed by its President, Mr. C. V. Drysdale, D.Sc., that the Malthusian League, whose object is to educate public opinion to the necessity for birth control, has established a pre-maternity, maternity, and child-welfare centre at 153A, East Street, Walworth, S.E.17. Whenever the circumstances clearly point that on medical, hygienic, eugenic, or economic grounds, restriction or spacing of births is necessary, medical advice and instruction will be given on this matter. Two doctors and a nurse will attend at the centre.

A SHORT course of lectures and clinical demonstrations in heliotherapy, with special reference to surgical tuber-culosis, will be given at Leysin, Switzerland, from January 10th-14th, 1922, by Dr. Rollier and his assistants. Applications must be received by Dr. Rollier, Les Frêmes, Leysin Village, before December 15th, from whom further particulars can be obtained.

THE annual meeting of the Radiological Society of North America will be held at Chicago from December 7th to 9th; among the speakers will be Dr. Guilleminot of the Faculty of Medicine, Paris, and Dr. Wintz of

THE third Argentine National Antituberculosis Conference was held at La Plata from October 23rd to 28th, and, in addition to addresses on different aspects of the disease, such matters as compulsory insurance against sickness and the necessity for cheap housing were discussed.

THE Ministry of Health is issuing a number of pamphlets THE MINISTRY OF HEALTH IS ISSUING A number of pamphlets giving popular instruction on the subject of food and nutrition. One report in this series, by Dr. J. M. Hamill, was discussed recently in a leading article in this JOURNAL (October 29th, p. 713), when the value of its publication at the present time was emphasized. A memorial is now being organized by the Bread and Food Reform League from members of the medical profession and of scientific from members of the medical profession and of scientific societies to the Minister of Health, suggesting that the next pamphlet to be published by the Ministry should make direct reference to the important mineral content of oatmeal and whole wheatmeal, and the necessity for grinding in a digestible form. As bread forms the principal food of a large section of the population, especially children, the memorial suggests that the value of finely g ound whole wheatmeal bread and the importance of the germ being retained in household bread should also be pointed out.

THE famous Swedish prize entitled the Berzelius medal has been conferred on Professor E. Abderhalden, of Halle, for his researches on biochemistry.

THE President of the French Republic has made Dr. A. D. Bevan an Officer of the Legion of Honour for services rendered to medical science and education as president of the American Medical Association during

Six of seven defendants composing the Thompson Treatment Co., which sold a consumption cure, were, according to the Journal of the American Medical Association of October 15th, found guilty in the federal court of San Antonio, Texas, on the charge of using the mails

THE thirteenth course of Herter lectures was given at Johns Hopkins University on October 5th, 6th, and 7th, by Sir Arthur Keith, on the subject of "The differentiation of modern races of mankind in the light of the hormone therapy."

On September 25th a monument commemorating Cesare Lombroso was unveiled at Verona, his native town.

In an editorial notice in Deutsche medizinische Wochenschrift for October 13th, Professor J. Schwalbe protests vigorously against the custom of honouring prominent scientists in Germany by publishing "Festschriften." seems that these publications sometimes appear in a medical journal, and the subscribers who do not wish to pay as much, say, as 450 marks for a special number have to break the continuity of this particular journal to which they may be regular subscribers. As for the contents of this kind of publication, Professor Schwalbe speaks of them with withering contempt; the authors, he says, have often been whipped-up for the occasion, and the result is accordingly "literature" which, if the recipient of this honour ever troubles to read it, must materially diminish the pleasure the recipients are supposed to derive from such dedicatory works.

In the recent municipal elections many doctors have been elected to the town councils all over the country. In Leicester, for instance, two medical men gained seats, Dr. J. Donald and Mr. C. J. Bond; in Sheffield, Dr. W. D. Mart gained a seat with the large majority of 2,934.

THE school of hygiene of Johns Hopkins University, U.S.A., is preparing plans for an expedition for the purpose of studying problems of dietetics, nutrition, and sex among the Eskimos; Dr. Victor E. Levine, of the Creighton School of Medicine, Omaha, has already started with a small party to make a preliminary survey.

THE annual meeting of the Alberta Medical Association was held recently in conjunction with the clinical congress of the Alberta section of the American College of Surgeons at Calgary.

As was noted in the BRITISH MEDICAL JOURNAL of October 8th last (page 572), the twenty-seventh Congress of the Italian Society of Internal Medicine was made an opportunity for celebrating the ninetieth birthday of Professor Cardarelli and Professor Maragliano's fortieth Professor Cardarelli and Professor Maragliano's fortieth Websyle received a convey of the year as a clinical teacher. We have received a copy of the Neapolitan periodical La Riforma Medica, in which are given the letters of congratulation and homage sent to these well-known men of science on this occasion by distinguished pathologists, clinicians, and others from all the world over. Included among them are tributes from Oxford, from Cambridge, from the President of the British Medical Association, and from the Editor of the BRITISH MEDICAL JOURNAL.

Ketters, Aotes, 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. Attology. Westrand, London; telephone. 2630, Gerrard.
2. FINANCIAL SECRETARY AND BUSINESS MANAGER LAVertisements, 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.

- "P." asks for suggestions in the treatment of a case of leuco-dermia which has resisted all local applications and internal remedies. Is electricity of any value, and, if so, in what
- *C. S." asks whether extensive acne with numerous pustules, on the back and front of the chest and on the back of the neck of six years' duration, should be considered a disqualification in a candidate for a public service.

INCOME TAX.

CUIQUE SUUM' purchased a practice early in 1921, and is being assessed for 1921-22 on the previous three years' profits of his predecessor, who has acted as locumtenent or assistant since the transfer of the practice.

** As our correspondent points out, his own income is likely to be less than his predecessor's. There appear to be two means of redress open to him: (1) To claim that he succeeded to that portion of the practice which did not include surgical operative work, and that the three years' profits on which he is assessed should be exclusive of that source; or (2) to accept the assessment as it stands and lodge an application for its revision at the end of the year on the ground that there is a "specific cause" which renders the three years' average unfair, the "specific cause" being the payments made to his predecessor. The former course would be