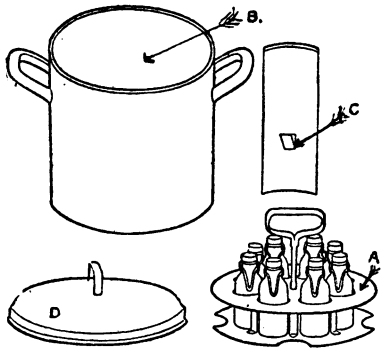
properties of the fluids treated was the *maintenance* of a moderate temperature (145°–170° F.) for a sufficient period (twenty to thirty minutes). We would anticipate that milk treated by the "flash" method referred to above would either be like sterilized milk in its characteristics (if the temperature were high enough to render it free from micro-organisms) or, alternatively, would not be sterile.

In New York these methods are regarded as being ineffective imitations of a real safeguard. Properly pasteurized milk, such as has been distributed at less than cost from the Nathan Straus dépôts, is a satisfactory and safe supply. Mr. Nathan Straus devised a home pasteurizer, simple both to construct and to operate. It is not patented, and any tinsmith can readily construct it from the specification. There are no gauges to read. Only the proper quantity of boiling water applied for the indicated period is needed. Its effectiveness depends upon the specific heat of water in relationship with that of milk and to the respective quantities of each. The correctness of the calculations has been tested experimentally and verified by experience.



	SIZE I. Eight 3 oz. Bottles.	SIZE II. Eight 6 oz. Bottles.	SIZE III. Six 8 oz. Bottles.	SIZE IV. Six 16 oz. (pint) Bottles
Height of pan ...	10⅜ in.	10⅜ in.	12 in.	11¾ in.
Diameter of pan	10⅜ in.	10⅜ in.	10⅜ in.	10⅜ in.
Distance of top of bracket from bottom of pan	3 7/16 in.	4⅜ in.	4¾ in.	6⅜ in.
Amount of water	5 quarts	6¾ quarts	7½ quarts	9 quarts

Directions for the Use of Milk Pasteurizer—System Nathan Straus.

1. Only use fresh filtered milk which has been kept cold, and proceed as follows:
2. Set the bottles, after they have been thoroughly cleaned, into the tray A, fill them to the neck, and put on the corks or patent stoppers.
3. The pot B is then placed on a wooden surface (table or floor) and filled to the three supports C (inside section, showing bracket for tray in the pot) with boiling water.
4. Place tray A, with the filled bottles, into the pot B, so that the bottom of the tray rests on the three supports, and put cover D on quickly.
5. After the bottles have been warmed up by the steam for five minutes remove the cover quickly, turn the tray so that it drops into the water. The cover is to be put on again immediately. This manipulation is to be made very quickly, so that as little steam as possible can escape. Thus it remains for twenty-five minutes.
6. Now take the tray out of the water and cool the kettles with cold water and ice as quickly as possible, and keep them at this low temperature till used.
7. Before use warm the milk—in the bottles—to blood heat. Never pour it into another vessel.
8. The milk must not be used for children later than twenty-four hours after pasteurization. Never use remnants.
9. The advantages of pasteurization over other systems, such as sterilization or boiling, consist in the lower degree of heat applied, which is sufficient to kill all noxious germs, while the nourishing quality and good taste of the milk are retained.

Pasteurization on the large scale calls for an equipment not readily described, nor understood, without the aid of complicated plans and diagrams. It is sufficient to say that milk after being placed in sterile receptacles is kept at the indicated temperature for twenty to thirty minutes by means of steam. The receptacles are then closed and sealed, refrigerated, packed in ice (in hot weather), and dispatched.

The experience of Mr. Nathan Straus extending over a period of twenty-eight years in New York, his continued and ever-increasing confidence therein, but above all the formal endorsement thereof by the municipality, justify the proposition that the pasteurization of milk supplies, with the exception of such as reaches the standard of "Grade 1, Certified," should be the immediate aim of all who are interested in public hygiene.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

ERYTHEMA SCARLATINIFORME.

DR. ANDERSON MURRAY'S memorandum in the BRITISH MEDICAL JOURNAL of November 12th (p. 796) raises an old question—namely, whether these cases of scarlatiniform rashes which follow septic wounds are not to be regarded as cases of scarlet fever, mild or severe, and hence whether they ought not to be isolated as such. Books vary in the significance their authors attach to "surgical scarlatina": Goodhart and Still, as well as Edmund Owen, pronounce the condition to be scarlet fever proper—with emphasis. The eighth edition of Osler's *Medicine* is more equivocal.

I have had three cases in the last twelve months similar to those mentioned by Dr. Murray. All three followed septic wounds of the type one has been taught to associate with streptococcus and which are seen often in erysipelas—that is, septic superficial wounds with a little thin pus and little or no surrounding local reaction. In one case, that of a little girl, there was a very intense rash with high temperature and vomiting; wholesale desquamation followed, and an axillary abscess; the original wound was on the hand. In the second case, of a lady aged 60, there was a small septic crack between the toes which gave rise first to lymphangitis up the leg and later to the scarlatinal rash. Desquamation was slight in this case. The third case, of a little boy, showed a bright rash with a temperature of 100°F.; after sixty hours he was free from any symptoms and signs except the original wound. No case had any tonsillitis, but in all the palate shared the rash and the tongue was of the "strawberry" type.

Now, scarlet fever is associated with the streptococcus, and the question arises: "When does a streptococcal case become infective for scarlet fever?" I do not think many would wish to dogmatize on such a point, but I submit that, once a septic focus—tonsil, middle ear, or wound—has given rise to a scarlatiniform rash, there is ample justification for regarding the patient as infectious for scarlet fever, and he should be isolated until the septic focus is no longer septic, and until any desquamation has ceased. The absence of septic tonsillitis is no diagnostic criterion; scarlet fever usually includes septic tonsillitis, probably because it is from the tonsils that the infection commonly becomes generalized; when, however, the generalization comes from a wound I would not expect a tonsillitis.

The severity of scarlet fever is said to have been reduced very greatly of late years by efficient isolation of mild cases, and I believe that in surgical cases of this kind all terms such as "septic rashes" and "erythema scarlatiniforme" would be better abolished, the cases being isolated and treated as scarlet fever until all signs of possible infectivity have ceased. I am encouraged to express this opinion by the fact that others far more experienced than myself share it. On the other hand, I know that there is a large body of opinion in favour of less arbitrary distinctions in these cases. It is in the hope of eliciting further information born of experience that I venture to send these notes.

Broadstairs. MARTIN O. RAVEN.

INGUINAL HYSTEROCELE.

THE patient whose case is described below was a female infant ten weeks old, whose mother was a primipara; delivery was at full time and the confinement normal. The mother noticed a "rupture," and two days later (August 16th, 1921) brought the baby to the King Edward VII Hospital, Cardiff, on her doctor's advice.

On admission the infant was well nourished and in no apparent pain. Examination revealed an ovoid swelling, the size of a small plum, situated in the left inguinal region. On palpation this was found to be fluctuating, somewhat tense, containing a small round movable body, corresponding in size to the infant ovary. All attempts to reduce the swelling failed. A diagnosis of irreducible hernia of the left ovary was thereupon made, and immediate operation deemed advisable.

Operation.

This was performed by Mr. Geary Grant. The hernial sac was large, and, on being opened, was found to contain the left tube and ovary and the fundus of the uterus; very slight further traction produced the right tube and ovary; the neck of the sac was very constricted, rendering the return of its contents difficult. The redundant portion of the sac was then removed, and the opening closed with two interrupted catgut ligatures. The external oblique was sutured with a continuous catgut ligature and the skin with horsehair. The operation was completed in twenty minutes. Recovery was uninterrupted, and the infant was discharged from the hospital with the wound soundly healed.

The above case is one of interest, inasmuch as hernia of the uterus is somewhat of a rarity. Da Costa in his *Modern Surgery* (1915 edition) describes it as a surgical curiosity, and in 1905[1] only 37 cases had been reported. Hernia of the uterus is most often found in middle-aged women who have borne children. In half the reported cases it was associated with malformations and defects, for instance, uterus bicornis, bipartitus, absence of one ovary, or hermaphroditism. It is more often on the left side in inguinal hysterocele, and is usually irreducible. In 8 reported cases it was associated with pregnancy.

F. T. Andrews, of Chicago, has made the most complete collection of hernia of the female pelvic organs: 366 cases were investigated, and of these 46 showed a hernia of the tube alone, 80 of the tube and ovary, 176 of the ovary alone, 43 of the non-gravid uterus, and 30 of the pregnant uterus. In the 46 cases of hernia of the tube alone, 27 were inguinal, 14 femoral, and 2 obturator; in the remaining 3 the variety is not stated. The ages of the patients ranged from birth to 46 years.[1]

With regard to the etiology of inguinal hysterocele in infants, it seems reasonable to believe that the relative shallowness of the infant pelvis (compared with that of the adult) is an important factor, inasmuch as pelvic organs in the adult tend to become intra-abdominal in the infant and are therefore much more likely to be herniated. Mr. Geary Grant had previously operated on a case of double hernia of the ovary alone in a child of 4 years, and he diagnosed the present case prior to operation as a hernia of the ovary. I am much indebted to him for permission to publish the notes of this case.

C. C. R. DOWNING, M.R.C.S., L.R.C.P.,
House Surgeon, King Edward VII Hospital, Cardiff.

A CASE OF QUADRUPLET PREGNANCY.

ON Thursday, November 10th, just before midnight, I was sent for to a woman, aged 38, who had been married ten years, but had had no family; she had had a miscarriage at five months on January 31st of this year.

She complained of pains in the abdomen, and being pregnant thought that she was in labour. Her last menstrual period had ceased on June 21st, but on palpation I found the uterus as big as if it were at the full period of gestation. After questioning the patient with regard to her menstrual history, I came to the conclusion that, as I could palpate the parts of more than one foetus, I was dealing with a miscarriage of a twin pregnancy with hydramnios.

On vaginal examination the os was well dilated and a premature foetal head was presenting in the normal position. The pains went steadily on and the patient delivered herself of a male foetus. An examination was made and the second was found well in the vagina in the occipito-posterior position, and this was delivered with the next pain, also a male. With the next pain two feet of a third protruded from the vagina still in their bag of membranes, and on delivering this it was rapidly followed by the two feet of a fourth; both of these were also males.

On placing my hand on the uterus a violent contraction took place and expelled the placenta, which was about the size of an average full time placenta, and had all four umbilical cords inserted close to the centre. There was one chorion and four amniotic sacs. There was very little haemorrhage and not a great quantity of liquor amnii.

The patient, who is a small dark haired, fresh complexioned, bright woman, did not seem at all exhausted and said that she felt quite well enough to get up. She has made an uninterrupted recovery.

Walkden, near Manchester. HENRY BATESON, M.D.

[1] Keen: *Surgery*, vol. iv.

British Medical Association.

CLINICAL AND SCIENTIFIC PROCEEDINGS.

EAST YORK AND NORTH LINCOLN BRANCH.

A CLINICAL MEETING of the East Yorks Division was held in the board room of the Hull Royal Infirmary on November 11th, with Dr. H. L. EVANS in the chair, when Dr. F. C. EVE showed a series of interesting cases.

CASE I.

A case simulating cervical rib. A female, aged 28, ten days after a normal confinement had a sudden onset of pallor and coldness in the right hand, and also pain in the hand and ulnar forearm which had persisted ever since (six weeks). There was no swelling. Examination showed a very weak grip, wasted thenar and hypothenar muscles, slight patchy ulnar anaesthesia and a very small right radial and brachial pulse; the heart was normal. Although two *x*-ray photographs showed no cervical rib, mechanical pressure on the artery and lower brachial plexus seemed assured and operation was advised. Mr. Upcott found no cervical rib or fibrous band, and could only assume that the nerve and artery were stretched owing to a low origin relative to the first rib. He excised half an inch of the first rib to ease the situation. Two days later the right radial pulse was much better though not equal to the left, and the pain in the hand and forearm had disappeared. The ten-day interval at the onset excludes anaesthetic palsy, but is rather suggestive of thrombus formation; this, however, would not explain the nerve symptoms.

Mr. HAROLD UPCOTT, in commenting on this case, showed four specimens of cervical rib, and mentioned another case in which he had resected a portion of the first rib to relieve pressure on the brachial plexus. The diagnosis between cervical rib and first rib pressure could only be made by *x*-ray examination.

CASE II.

A case of injury to the left cervical sympathetic nerve and right lower brachial palsy by direct violence had the following history: A bag of meal weighing 14 st. fell 18 feet on to the neck of a strongly built, youngish man who was stooping slightly. He was able at once to walk 100 yards, bearing strongly to the left in spite of strong contra-pressure; he was not unconscious. No bruising or swelling appeared, but there was pain and weakness in the right fore-quarter. Examination a few days later showed: (1) Injury to the left cervical sympathetic nerve, evidenced by smaller palpebral angle, larger pupil, increased left facial sweating, and by pupil reaction to cocaine. The adrenaline eye test indicated a preganglionic lesion. (2) Injury to the right first thoracic nerve was evidenced by weak intrinsic muscles of the hand. The tentative diagnosis was a simultaneous injury to those two nerves at their emergence by a temporary forward subluxation of the spine at this level. Partial anaesthesia of the right thumb and index finger extending up that side of the arm was not explained. *X*-ray examinations were negative, and there was no muscular wasting. The case showed improvement after five weeks.

CASE III.

A case of disseminated sclerosis, improved by salvarsan, was that of a healthy young man with a negative Wassermann reaction. The onset of weakness in the legs was insidious; three years before. There was no obvious cause. Recently he became unable to walk. His reflexes showed a spastic paraplegia, and there was no pain or evidence of spinal pressure. The writing was much more shaky than before. Hence disseminated sclerosis was diagnosed, although nystagmus, intention tremor, and scanning speech were absent. Two weeks' rest in hospital did no good. Then six intravenous injections of N.A.B. (0.15 to 0.60 gram) made his legs much stronger. He could not walk yet. Two more injections are due.

CASE IV.

A case of melancholia, improved by thyroid extract, was that of a woman, aged 53, past the menopause, formerly bright and active, but now for six months silent, brooding and self-accusative. Thyroid was suggested by the full and unwrinkled condition of the forehead skin. Thyroid extract (gr. 3, t.d.s.) has made this and her general condition much more normal, though by no means cured.

Dr. EDMUND BARKER mentioned a case of neurasthenia associated with psoriasis which was treated with thyroid extract. The patient improved under this treatment, and the psoriasis disappeared.

Dr. E. S. SIMPSON gave statistics of cases of melancholia in the East Riding Asylum, where thyroid extract had been tried (20 grains thrice a day). Generally speaking, there was some improvement in adolescent and adult cases, but none after the climacteric.

CASE V.

A case of splenic leukaemia, in which the spleen was very large, contracted wonderfully after six *x*-ray exposures; but he

were to be found. He devoted himself to the work and was most regular in his attendance both in office and in camp, and, although an enthusiast, was most delightful to work under, full of old-fashioned courtesy and kindness. He was broadminded and welcomed new developments, such as the formation of the cadre of a general hospital, the formation of a training school for R.A.M.C., the addition of a D.A.D.M.S. Sanitation. He also took great interest in the training of the V.A. detachments in the divisional area, so that they could be relied on to work in concert with the R.A.M.C. in case of emergency. One is glad to think that he lived to see the organization which he had initiated successfully pass the test of actual war in Gallipoli, Egypt, and Palestine as the R.A.M.C.T. of the 54th Division. Elliston was awarded the C.B. on retirement; he was also a Knight of Grace of the Order of St. John of Jerusalem—a well-deserved recognition of the sterling work he did for St. John Ambulance in East Anglia extending over a period of many years. He has died honoured and at a ripe age, and we have lost a good friend, a good patriot, a good organizer, and one in whom the sense of duty was always supreme.

We are indebted to Dr. MICHAEL BEVERLEY for the following appreciation: To know George Elliston was to love him. These few words express what we who were thus privileged felt on reading of his death. During the greater part of my professional life I was intimately associated with the two brothers William and George Elliston of Ipswich. I therefore readily comply with the request of his family to write a short appreciation of the one who has now joined his brother in the "Great Beyond." Little, however, can be added to the words with which I commenced. George Elliston was highly esteemed by all who were brought into contact with him, either professionally or otherwise. Adhering strictly to the etiquette and dignity of his profession, especially in his public work, which often demanded great tact and judgement, he was able to accomplish great things in improving the sanitation of the districts committed to his charge, and although he implicitly adhered to the axiom, "Sanitas, sanitas, omnia sanitas," he never allowed the utopian schemes of faddists to influence his judgement. His long connexion with the St. John Ambulance Association was to him a labour of love. How much appreciated that devoted work was, the well deserved honours he received abundantly testify. It was once my good fortune to witness a practical illustration of this: Chancing to be passing near the Horse Guards on the occasion of one of the Victorian celebrations—the crowds were enormous, and many were taken ill—I recognized the tall figure of my friend in the midst of it with his stretchers and ambulances; through his personal help and superintendence it was wonderful to see how quickly the fainting and incapable were removed and order restored before the approach of the Royal cortège; it made a great impression on me at the time. An English gentleman of the true type, his old-world courtesy and natural bonhomie, made George Elliston a *persona grata*—indeed, *gratissima*—in the circle in which he moved; friends he had in legion, enemies none.

SIR JOSEPH REDMOND, M.D.,

Physician to the Mater Misericordiae Hospital, Dublin.

THE death of Sir Joseph Redmond, M.D., F.R.C.P.I., took place at his residence in Dublin on November 26th. For the past year he had not enjoyed his usual health, and latterly suffered from heart trouble with the more common complications. Sir Joseph Redmond was the son of the late Mr. Denis Redmond, Sandford, Ranelagh, Dublin. He received his early education at the Jesuit School, Belvedere College, Dublin. He became a Licentiate of the Royal College of Physicians in Dublin in 1878; he was elected a Fellow in 1884, and was President from 1906 to 1908. He was senior physician, Mater Misericordiae Hospital, Dublin; consulting physician, National Hospital and Coombe Hospital, Dublin. He was also a Fellow of the Royal Academy of Medicine in Ireland, and was an ex-president of the Section of State Medicine. He was censor and examiner of the Royal College of Physicians and the Conjoint Board. He read many papers at the meetings of the Medical Section of the Royal Academy of Medicine. Sir Joseph Redmond was very popular amongst the members of his profession, and was a highly esteemed citizen of Dublin.

WILLIAM STOKER, F.R.C.S.I.,

Surgeon to Jervis Street Hospital, Dublin.

THE death of Mr. William Stoker, F.R.C.S.I., which occurred recently at his residence in Dublin, caused much regret amongst the profession in Dublin and a large circle of friends. Mr. Stoker was born in Dublin seventy-eight years ago and came of a family which has been very long connected with the medical profession, to which it gave many well known and distinguished members. He graduated in arts in the University of Dublin and was admitted in 1873 a Fellow of the Royal College of Surgeons in Ireland. He was only a short time qualified when he was appointed surgeon to Jervis Street Hospital, a post he held down to the time of his death. He was a lecturer in the Old Ledwich School of Medicine, and when that body was taken over by the medical school of the Royal College of Surgeons he was appointed Professor of Surgery in that College. He was for many years a member of the Council of the Royal College of Surgeons in Ireland and never failed in the annual elections to be returned amongst the first in the list. Amongst many other offices he was examiner in surgery under the conjoint schemes of the Royal Colleges of Surgeons and Physicians, Ireland, and examiner in forensic medicine in the old Queen's University. He was a man of fine physique and enjoyed such very good health up to the time of his death that he looked a much younger man than his age. In his student and younger days he was devoted to athletics, particularly to rowing and cricket.

WE regret to record the death of Dr. WILLIAM MUNN HUNTER, which took place on November 10th at Eckington, near Sheffield, at the advanced age of 94. Dr. Hunter was educated at the University of Glasgow, where he graduated M.D. and C.M. in 1862. After a short period of medical practice in Paisley, with his brother, the late Dr. J. B. Hunter, he went to Eckington, where he built up a large general practice, and was highly esteemed by all classes of the people, retiring from practice only a few years ago. He was an old member of the British Medical Association. His wife predeceased him some thirty years ago, but he is survived by nine of his eleven children.

Universities and Colleges.

UNIVERSITY OF OXFORD.

Scholarships.

A WAR Memorial Scholarship of £100 per annum is offered for competition at University College on December 6th, and is confined to intending medical students.

Scholarships in Natural Science, most of which are open to intending medical students, are offered at University, Balliol, Oriel, Lincoln, Magdalen, Christ Church, and St. John's, examining in combination on December 6th, and at Jesus College on December 17th.

Appointment of Examiners in Medicine.

The following appointments are announced:—In Organic Chemistry: Edward Hope, M.A., Fellow of Magdalen College. In Human Anatomy: Professor Arthur Thomson, M.A., Student of Christ Church. In Human Physiology: Martin W. Flack, B.M., M.A., University College. In Materia Medica and Pharmacology: Reginald St. A. Heathcote, D.M., New College. In Pathology: Professor Henry Roy Dean, D.M., New College. In Forensic Medicine and Public Health: Francis J. Stevens, D.M., Exeter College. In Medicine: Harold Batty Shaw, M.D.Lond. In Surgery: Sir William Thorburn, M.D.Lond. In Obstetrics and Gynaecology: George H. A. Comyns Berkeley, M.B.Cantab.

UNIVERSITY OF GLASGOW.

THE University Court announces in our advertisement columns that forms of application for permission to commence the study of medicine in April, 1922, may now be obtained from the Registrar of the University, to whom they must be returned not later than February 13th, 1922.

LONDON INTER-COLLEGIATE SCHOLARSHIPS BOARD.

FIFTEEN medical entrance scholarships and exhibitions, of an aggregate total value of about £1,300, tenable in the Faculty of Medical Sciences of University College and King's College, and in the medical schools of Westminster Hospital, King's College Hospital, University College Hospital, the London (Royal Free Hospital) School of Medicine for Women, and the London Hospital, will be offered for competition on Tuesday, June 27th, 1922. Full particulars and entry forms may be obtained from the Secretary of the Board, S. C. Ranner, M.A., the Medical School, King's College Hospital, Denmark Hill, London, S.E.5.

Medical News.

THE next social evening of the Royal Society of Medicine will take place on Wednesday next, December 7th, and not as stated last week, on November 30th. At 8 p.m. the President and Lady Bland-Sutton will hold a reception, and at 9 p.m. Sir Berkeley Moynihan will deliver a short address on medicine in art, which will be illustrated.

AMONG the honours conferred in connexion with the inauguration of the new system of government in Malta was the knighthood conferred upon Sir Philippo Sciberras, M.D.Malta. The first Minister of Health in the new government of Malta is Professor Mifsud, M.D.Malta.

A MEETING of the subscribers to the War Emergency Fund will be held on Wednesday, December 7th, at 5 p.m., in the rooms of the Medical Society of London at 11, Chandos Street, Cavendish Square, W.1, when a report upon the work of the fund since its foundation will be presented.

THE Council of Epsom College will shortly award a St. Anne's Home Scholarship of £42 a year to the orphan daughter of a medical man between the ages of 7 and 12. Full particulars can be obtained from the Secretary at the office, 49, Bedford Square, London, W.C.1.

THE National Council for Combating Venereal Diseases, 80, Avenue Chambers, Southampton Row, W.C.1, has issued the first number of *Health and Empire*, its new monthly journal; the price is 6d. Introductory notes are signed by the President, Lord Gorell, and Sir Malcolm Morris.

WE have recently been informed that post-graduate courses have been held in Vienna during October and November, and that a new course began on December 1st. The subjects dealt with include anatomy and physiology; medicine, surgery, orthopaedics and the diseases of children; eye and ear diseases; skin diseases; venereal diseases; urology and the use of *x* rays in the diagnosis of diseases and injuries of the head. Full particulars can, we understand, be obtained from Professor Wenckebach, 1, Medizinische Univ.-Klinik, Lazarettgasse 14, Wien IX.

ON the occasion of the centenary celebrations of the birth of Louis Pasteur, there will take place from May to October, 1923, an inter-allied exhibition of hygiene at Strasbourg, the city where Pasteur spent his life from 1849 to 1854, as professor of chemistry. This exhibition will be organized under the auspices of the Pasteur Institute of Paris, and of the city and the University of Strasbourg. Individuals and societies interested in the Urban Public Health Section of this exhibition may obtain further particulars from l'Exposition interalliée d'hygiène, Strasbourg 1923, 2e section (Hygiene urbaine), 1, Quai Lezai-Marnésia, Strasbourg.

A SUCCESSFUL reunion dinner of the Prince of Wales's Hospital and North-East London Post-Graduate College was held at the Trocadero Restaurant, with Dr. Arthur Giles in the chair, on October 27th. It was unanimously decided that a Reunion Association be formed in connexion with the Hospital and Post-Graduate College, and a committee was appointed for this purpose. Dr. Jenkins Oliver, 1, Devonshire Place, W., and Mr. S. O. Rashbrooke, 15, Gordon Street, W.C., agreed to act as honorary secretaries, to whom all inquiries and communications should be addressed.

ACCORDING to *La Medicina Contemporanea*, the number of deaf-mutes in Portugal amounts to 75 per 100,000 inhabitants, a higher proportion than in any other European country.

THE annual address of the Newcastle-upon-Tyne and Northern Counties Medical Society will be delivered in the library of the Royal Victoria Infirmary on Friday, December 9th, at 4.45 p.m., by Mr. Herbert Tilley, F.R.C.S., Surgeon to the Ear and Throat Department, University College Hospital, London. Mr. Tilley's subject is "Some common diseases of the ear, throat, and nose." The annual dinner will be held the same evening in the Grand Assembly Rooms, Barras Bridge, at 7.15 p.m. Price of ticket 15s. Application to be made to Mr. Norman Hodgson, 14, Jesmond Road, Newcastle.

A MEETING of the Association of Economic Biologists will be held at 2.30 p.m. on Friday, December 9th, in the Botanical Lecture Theatre of the Imperial College of Science, South Kensington, S.W.7. The chair will be taken by the President, Sir David Prain, F.R.S. Professor J. H. Priestley, of the University of Leeds, will open a discussion on "The resistance of the normal and injured plant surface to the entry of pathogenic organisms."

AT the meeting of the Hunterian Society to be held on Wednesday next, December 7th, at 9 p.m., at Sion College, Embankment, E.C.1 (close to Blackfriars Bridge), Sir Henry Gauvain will read a paper on "Surgical Tuberculosis," which will be illustrated by lantern slides. All members of the medical profession are cordially invited to attend.

THE next New Zealand Medical Congress will begin at Wellington on February 27th, 1922. It will be opened formally by His Excellency the Governor-General (Viscount Jellicoe). The Section of Medicine will hold its session on February 28th; the principal discussion, on "Medical treatment of diseases of the alimentary tract," will be introduced by Dr. W. Marshall Macdonald. The Section of Midwifery and Gynaecology will meet on March 1st, when a discussion on "Maternal mortality" will be opened by Dr. Henry Jellett. The Section of Surgery will meet on March 2nd, the chief subject for discussion being "Cancer of the large bowel," which will be introduced by Dr. Robertson. The Congress will continue until March 3rd, when, in the evening, the annual dinner will be held.

THE *Times* announces that as a result of recent negotiations the control and distribution of help for Russian scientists has been entrusted to the Finnish official representative in Petrograd. So far some 90 tons of foodstuffs have been delivered from Finland for this purpose.

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.

"G. M.," a medical woman, has a nominal salary of £517 per annum, but from this £130 is deducted for board and lodging. She asks if she is liable on the £517?

*** On the facts stated, yes. If the terms of the appointment were that the salary was to be £387, *plus* board and lodging, the result would be the same so far as "G. M." is concerned, but the legal position would be different and the income tax liability would be on £387 only.

"S. B." has been separately assessed to tax on a fee of £3 3s. received from a medical board for acting as substitute for his chief.

*** If, as the word "chief" implies, "S. B." is acting as an assistant, the assessment is technically correct, the reason being that there are apparently no "profits," as distinct from the remuneration of employment, into which it can fall as a sundry receipt. With regard to "unexpected outlays incurred during the year," these would be allowable only where the income is assessable on the current year's basis—as in the case of an emergence of a new class of earning. We cannot say to what extent it is the practice to make such small separate assessments as the one in question.

"D. M." inquires, "What is the last day on which I can claim any further expenses for 1921-22," and "Can the purchase price of a car be deducted?"

*** The return already made is presumably based on the profits—that is, the excess of the receipts over the expenses—of the past three years. The expenses in the financial year