

THE ITALIAN HOSPITAL.

At the annual general meeting on March 17th the report put in showed that the average number of beds daily occupied throughout the year was 42, the patients admitted being 843, in addition to 14,732 out-patients; the work for the year in all departments was thus the heaviest hitherto recorded.

PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

PUBLIC VACCINATORS AND THE SUPERANNUATION ACT.

R. B., to whose previous inquiry our answer was given on April 14th, 1906, page 897, writes again asking for "the authority for the substance of our reply," and whether he can reclaim the amount of the deductions therein referred to.

. The point in dispute between our correspondent and the clerk to the guardians of his union is now practically settled. When the Superannuation Act was passed it was generally considered that public vaccinators would come within its provisions, but some doubts were soon raised on this point, and a more careful study of the Act led to this becoming a very doubtful question, as public vaccinators are not specially mentioned in the Act, nor are they (in a legal sense) *officers* appointed by the guardians. They are really only contractors who (by the provisions of the Vaccination Acts) undertake by a special contract with the guardians to do certain work on specified terms, which contract can be put an end to at any time by either of the parties thereto giving twenty-eight days' notice to the other of the intention to put an end to the same. The legal question whether under such contracts public vaccinators could be regarded as officers of the guardians has been referred for the opinion of counsel, and their decision was given at some length, the following being a summary of such opinion:

"Medical officers of the guardians who are entitled to superannuation under this (the Superannuation) Act are not entitled to a further allowance in respect of the office of public vaccinator if they hold such, as Section 19 of the Superannuation Act lays down that only those emoluments are to be included that accrue to the officer *in virtue of the office* for which he claims superannuation.

(Signed) "R. Reid.
"M. Greenwood."

It must be evident that if a public vaccinator cannot claim superannuation under the Superannuation Act there can be no justification for making any deductions from the payments due to him for the work done by him in accordance with the terms of his contract. Our correspondent should at once make a claim for payment of all deductions which have been made in the past from his remuneration for services as public vaccinator.

VACCINATION AWARDS.

A PUBLIC VACCINATOR, whose work was inspected for the Local Government Board last summer, asks whether other public vaccinators inspected about the same time have yet received their grants for successful vaccination.

THE STANDARDIZATION OF DISINFECTANTS.

THE Council of the Royal Sanitary Institute has adopted a report by the Standardization Committee, which is to the following effect: The Committee is of opinion that no one method of testing disinfectants can indicate their relative values under every possible condition. These must be specially determined for the given case required, and where penetration is important the "thread method" is indicated. For general purposes, on account of its simplicity of working, the Committee recommends the "drop method," as described in the *Journal of the Royal Sanitary Institute*, vol. xxiv (1903), page 424. The test should be carried out with pure broth cultures of the typhoid bacillus and sterilized distilled water used as a diluent of the disinfectant, all nutrient broth having a constant reaction of + 15. Where special conditions exist which may interfere with the activity of the disinfectant the consumer should be advised to call for the same conditions to be embodied in the test.

The Committee charged with the work of which this report is the outcome, consisted of Mr. Wynter Blyth, Colonels R. H. Firth and Lane Notter, R.A.M.C., and Drs. C. Childs and S. Rideal (representing the Council of the Institute), and Dr. F. W. Andrewes (St. Bartholomew's Hospital), Professor Sheridan Delépine (Manchester), Mr. Walter Hills (the Pharmaceutical Society), Dr. E. Klein (St. Bartholomew's Hospital), Dr. Allen Macfadyen (Lister Institute of Preventive Medicine), Dr. James Ritchie (Oxford), Professor C. Hunter Stewart (Edinburgh), and Professor G. Sims Woodhead (Cambridge).

LETTERS, NOTES AND ANSWERS TO CORRESPONDENTS.

COMMUNICATIONS respecting Editorial matters should be addressed to the Editor, 2, Agar Street, Strand, W.C., London; those concerning business matters, advertisements, non-delivery of the JOURNAL, etc., should be addressed to the Manager, at the Office, 429, Strand, W.C., London.

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

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

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

CORRESPONDENTS not answered are requested to look at the Notices to Correspondents of the following week.

MANUSCRIPTS FORWARDED TO THE OFFICE OF THIS JOURNAL CANNOT UNDER ANY CIRCUMSTANCES BE RETURNED.

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, and not at his private house.

TELEGRAPHIC ADDRESSES.—The telegraphic address of the EDITOR of the BRITISH MEDICAL JOURNAL is *Atiology, London*. The telegraphic address of the MANAGER of the BRITISH MEDICAL JOURNAL is *Articulate, London*.

TELEPHONE (National).—
EDITOR, 2631, Gerrard. GENERAL SECRETARY AND MANAGER, 2630, Gerrard.

Queries, answers, and communications relating to subjects to which special departments of the BRITISH MEDICAL JOURNAL are devoted will be found under their respective headings.

QUERIES.

X RAYS asks: What is the best means of running an x-ray coil off alternating 220-V. main? The coil is made for mercurial interrupter, and is now run from accumulators. Is aluminium or iron and carbon rectifier satisfactory?

J. W. W. asks for advice as to the cause and treatment of the following condition: A gentleman, aged 70, who suffers considerably from gout is greatly troubled by excessive salivation especially after meals. The saliva is very salt and acrid. There is no local irritation, the teeth are all sound, and diet does not seem to affect the condition. Remedies for gout have been extensively tried.

DR. SIDNEY MATHEWS (Crawley, Sussex) asks for suggestions as to the lesion in the following case, which he certified as "rupture of the lung." The patient, a male, aged 57, alcoholic history, not used to motor travelling, went to a place nine miles away in the morning, passed an abstemious day and returned at 6 p.m. He then had some tea and bread and butter. This was followed at 6.30 by a little vomiting and intense pain in the epigastric region. At 6.45 he was almost pulseless and a morphine injection of $\frac{1}{4}$ gr. relieved the pain but slightly. At 8.20 the pain was much the same, the face symmetrically emphysematous and emphysema present over both clavicles and the upper part of chest. A surgical consultation was held, and in view of a possible gastric rupture, laparotomy performed; this showed that all the abdominal organs were in a sound state. After the operation the emphysema continued to increase and death occurred twenty-three hours after the commencement of illness, the eyes by that time being quite closed by emphysema and all the upper part of the chest involved. No necropsy could be obtained.

INCOME TAX.

TAXES inquires whether, in making his income-tax return, he should include salaries from club appointments in his general professional income under Schedule D, or whether they should be separately given under Schedule E.

. Such income should not be included in the general return, but stated separately on the form relating to Schedule E.

"THE SINEW WHICH SHRANK."

DR. E. D. DINGLE (Derby) writes: In last Sunday morning's lesson the following verse occurs (Genesis xxxii, 32): "Therefore the children of Israel eat not of the sinew which shrank, which is upon the hollow of the thigh, unto this day, because he touched the hollow of Jacob's thigh in the sinew that shrank." It would, I think, be interesting to know what the "sinew that shrank" was, and if it is still true that the children of Israel eat not of it. Can any of your readers give information on the point?

. The "sinew which shrank" is traditionally supposed to be the popliteus muscle, or at least some part of the muscles or tendons at the back of the thigh. We are informed that strictly observant Jews do not eat this portion of the animal, and Jewish butchers, when supplying such