and of taking part in a research programme with the local medical school. I mentioned the present wave of discontent among peripheral hospital consultants. "I can only speak personally—and for my own specialty," he said. "We're fairly lucky here in being kept reasonably up to date with modern equipment, on which we are becoming more and more dependent. On the whole, we have few worries about recruiting junior staff. But, to try to keep our technicians in the laboratory away from local industries, we've attempted to fit them into a higher grade by widening their scope of responsibility—for example, by starting them doing additional chromosome analysis or medical photography. Also, after all, we pathologists are conditioned by our training to be full-timers, and the principal job of a pathologist in a district hospital is the

service to patients. We don't expect private earnings (though I do pay two of my three children's school fees out of coroner's work)—but then, of course, we don't work such long hours. Many of my clinical colleagues work terribly long hours, and nights, and if they were discontented I wouldn't be at all surprised. The secrecy about merit awards means that I don't know how many consultants here have them but I suspect they're very few indeed. There's also no demand for private practice around here. So, in general I would support any idea of more pay for these people—the hardworking and over-worked clinicians—than for the ancillary departments such as pathology and radiology. But for myself, I don't think I'm badly paid, and I wouldn't readily change my job or leave this part of the world."

ONE HUNDRED YEARS AGO

Notes on Books from the British Medical Journal, 19 February 1870

A Clinical Note-book for Hospital and Private Practice has been sent to us by Dr. FAIRBANK of Lynton. It is published, at Dr. Fairbank's request, by Messrs. Smith of Long Acre. Its great recommendation is its portability. It is small enough to be carried in the side-pocket without the slightest inconvenience. The pages are ruled in columns, and will much facilitate stated records of pulse, temperature, etc. Although it is obviously not large enough to permit of detailed notes, yet its regular use at the bedside would certainly much assist note-taking afterwards, and in many instances would afford sufficient records for the purposes of the practitioner. A perforated outline plate, for making sketches of the chest and abdomen, is enclosed with it.

The Cure of the Great Social Evil, with Special Reference to Recent Laws, delusively called Contagious Diseases' Acts. By FRANCIS W. NEWMAN.—If Professor Newman were not so very respectable an authority, when he keeps within the limits of his knowledge, we should, we fear, have been tempted to put him down as a blusterer on sensational topics.

This pamphlet is, however, worth reading as an instance of earnestness, for which we must feel great respect, minute insight into the phenomena and results of human passions, which excites our admiration, and complete ignorance of some elementary facts, a knowledge of which is indispensable for the proper treatment of the subject. What can we say to an author who gravely asserts that "foul disease, with incalculable result," may be created in a woman by promiscuous intercourse with healthy men? and that "chemists class alcohol with opium"?

Nocturnal Enuresis and Incontinence of Urine. By FREDERICK G. SNELLING, M.D.—A list of thirty-three causes of incontinence is given, and no less than thirteen prescriptions are detailed for the treatment of the various local and constitutional states, present in persons who cannot hold their urine. Dr. Snelling's pamphlet is not, in our opinion, a good *résumé* of the subject, nor do we find in it any new facts or opinions of importance.

NEW APPLIANCES

Height-adjusting Sandal

Mr. B. LAWSON, West Hill Hospital, Dartford, writes: A height-adjusting sandal with two Velcro strap fasteners has been devised for estimating the correct height of shoe for equating difference of leg length.

The necessity for this sandal arises because many errors occur when using classical methods for measuring leg length, particularly when surgical shoes of over 24 mm. in height are required. If a platform raise or surgical shoes are ordered and are incorrect an expensive alteration may be required.

The sandal, 25 cm. long and 9.5 cm. wide, consists of a leather sole with a leather block heel retainer (see Illustration). It has a basic height of 9 mm., with an additional

three or more lifts of 12 mm, and one of 6 mm. The lifts are made of rubber. The raise at the heel is made up of one lift of

12 mm. plus 6 mm. outside the heel and 6 mm. inside the heel, so that the basic lift is 24 mm. in height.

The construction is simple and can be made in any occupational therapy department. It can be applied over the bare feet or over existing shoes and is retained in place by means of two Velcro straps. The lifts are kept in position by the weight of the patient, the friction of the rubber, and the tension of the Velcro straps. The patient is then able to assess the equalization of leg length by walking on the sandal instead of balancing on stationary blocks.

These sandals have been made for me by Messrs. Masters & Sons, 177 Grange Road, London S.E.1.