

children with high myopia now established in connexion with the elementary school system, and working after the model inaugurated in London. This scheme of education can be secured in some public schools by favour of the head masters. Mr. Bishop Harman, who has oversight of the London blind schools and myope classes, informs us that this boy would not be admitted to a myope class, but entered for a blind school. His vision would be too bad to do the work of the myope class, and the grave risk of further deterioration of vision makes it necessary that the boy should learn Braille at a time when he can do it with the greatest ease; so that, should the worst be realized, he would have command of the recognized means of communication amongst the blind, and of a full literature.

INTELLIGENCE TEST.

"J. A. M."—We understand that the most satisfactory apparatus for carrying out tests for mental deficiency is the test material for the measurement of intelligence devised by Mr. Ferman, Professor of Education, Leland Stanford Junior University. The material can be obtained from Messrs. H. K. Lewis and Co., Ltd., 136, Gower Street, W.C.1, price 3s. 6d. net.

INCOME TAX.

"A. H. G." inquires if the cost of a six months' post-graduate course in radiology can be treated as a professional expense in calculating the profits of his general practice including radiology.

* * We think not. The expense seems to represent outlay in improving his mental equipment, and is analogous to the expense of purchasing *additional* machinery or instruments.

"T. N. C." inquires whether the cost of replacement of a motor car is to be measured according to the original cost of the car displaced as a maximum.

* * We have dealt with this point before, and can only say here that the official evidence put before the Royal Commission by the Board of Inland Revenue justifies, in our opinion, a claim to the full cost of the replacement, provided that the car purchased does not cost more than the old car would have done in present circumstances.

"H. E. B." inquires as to the inclusion of certain income in the Schedule D return.

* * He can include the "regular salary as district medical officer" but not, as we think, the "pension for disturbance out of former office under the guardians"; in the latter case no expenses are chargeable against the income and there seems to be no reason, therefore, for departing from the strict legal procedure.

"A. M." asks if a medical practitioner can deduct (a) £500 spent in purchasing a "panel," and (b) the cost of purchasing a small car.

* * No; in both cases the cost represents an outlay of capital sunk by our correspondent in the purchase of a practice and equipment. The cost of *replacing* the car will normally be deductible as an expense of maintenance.

LETTERS, NOTES, ETC.

TREATMENT OF ERYSIPELAS.

DR. E. T. LARKAM (Birmingham) writes: Amongst the many fairly recent suggestions for the treatment of cutaneous erysipelas an old effective method by means of the local application of the *strong* solution of perchloride of iron (liq. ferri perchlor. fortis) has not, to my knowledge, been mentioned. In 1893, when a house-surgeon, I had to treat a virulent case following amputation of a toe; in four days the erysipelas had spread just above the knee, in spite of the application of ichthyol, painting a broad band of liquor iodi fortis above the upper limit of the disease, and the internal administration of large doses of tincture of perchloride of iron. I thoroughly painted the limb with the strong iron solution, continuing the painting two inches above the upper limit of the disease on healthy skin; at the same time I applied lint soaked in the iron solution and covered the limb with cotton-wool. This dressing was carried out twice daily. The erysipelas spread but slowly during the next forty-eight hours, and in three days became totally arrested. I have had many such cases since, including the so-called idiopathic facial variety, and have invariably used this remedy, with unflinching success.

POSTURE IN DEFAECATION.

"R. B. G." writes, with reference to Dr. D. de V. Hugo's communication (December 11th, 1920, p. 923), that he remembers an address given by Professor Chiene on "Movement in life," wherein he emphasized the benefit of what he called the "caddy-hunker" position in defaecation as witnessed by him on the wayside in South Africa, with resulting large well-formed stools, as compared with the broken-up and

ill-formed faeces of those who adopted the ordinary sitting posture on the modern closet. His advice was—"defaecate slowly" and "micturate slowly."

* * We are glad to say that Dr. Hugo was in error and that Emeritus Professor John Chiene, C.B., is still happily living in retirement in the Midlothians.

A TEAPOT STIRRER.

DR. LACHLAN GRANT (Ballachulish) has designed a simple means for obtaining a better and quicker infusion of tea in an ordinary teapot. This consists of an attachment of aluminium fixed to the inside of the cover of the teapot. By turning the knob of the lid the contents are agitated and the infusion is hastened. Thus the lid need not be lifted in order to stir up the contents with a spoon, nor need the teapot be waved about as some old-fashioned ladies used to do. The "stirrer" can be attached to teapots made of earthenware, porcelain, or metal. Teapots so fitted are, we understand, manufactured by Messrs. Gibson and Sons, Limited, Albany Potteries, Burslem, Stoke-on-Trent.

RABIES IN SOUTHERN INDIA.

THE annual report of the Director of the Pasteur Institute of Southern India, Coonoor, shows a further increase of 347 in the number of patients annually undergoing treatment for rabies; land has been purchased for the erection of two new lines of quarters—one for indigent and one for paying patients. In the year ending February 29th, 1920, six patients died from hydrophobia during the course of treatment; eight died less than fifteen days after the completion of treatment, and twenty-four more than fifteen days after the completion of treatment. The last are classed as failures, giving a rate of 0.75 per cent. The patients comprised 3,000 Asiatics, 100 Europeans, and 75 Eurasians.

THE DECLINE OF LATINITY IN FRANCE.

WE can only speculate as to the psychological reason that led the French to frenchify scientific terminology, more particularly in anatomy and pathology. Molière, it is true, brought medical dog latin into disrepute by his satire in *Le medecin malgré lui*, but the change into the vernacular took place so long after Molière poked fun at the mediaeval practitioner that they do not seem to stand in the relation of cause and effect. The explanation would no doubt be that it is much simpler to deal with French names than Latin, but it may be doubted whether the change is really of the nature of a simplification. It seems simpler to speak of the pudic nerve than the shameful nerve, the gluteal muscles than the buttock muscles (*muscles fessiers*). The practice of naming operations and diseases after their supposed inventors is carried to an extreme in France, and such inventors are invariably, or almost invariably, French. The only exceptions we can recall are Bright's disease, Addison's disease, and, occasionally, Barlow's disease, but for the last named there is a Frenchman who has a reversionary interest. So far as we are aware, no other country has pushed Chauvinism to this degree in matters scientific, and we venture to hope that Latin will preserve its ascendancy. Owing to differences of pronunciation—in which we English are the greatest sinners—even Latin ceases to be a uniform spoken language, but it is universally understood when written. Be it remarked, however, that in France Latin is no longer compulsory, so that some present-day students, medical and pharmaceutical, are unable to tackle even a simple prescription in that classical language.

CORRECTION.

THE name of Mr. G. E. Elkington was incorrectly printed in the list of successful candidates for the diploma of F.R.C.S. Eng., published in our issue of December 18th, p. 956.

VACANCIES.

NOTIFICATIONS of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 29, 30, 32, 33, and 34 of our advertisement columns, and advertisements as to partnerships, assistantships, and locum tenencies at pages 31 and 32.

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