therefore be ascribed to the usual source—i.e., a child incubating chicken-pox—and the only source, apart from the patient with the herpes, that I could discover was that the infection had been introduced on the clothes sent in to the convalescent patients from outside.

Of course, it is very difficult to find out the exact source of such an outbreak, but the association between herpes zoster and the cases of chicken-pox which has recently been discussed struck me as being exceedingly interesting.

I am, Sir, yours faithfully,

G. RICHARDSON, M.D., D.P.H.,
Assistant County Medical Officer of Health,
Carlisle.

Dec. 6th, 1913.

THE ANATOMY OF THE PELVIS.

To the Editor of THE LANCET.

SIR,—May I correct a mistake in the remarks attributed to me in the paper by Dr. Batty Shaw and Mr. R. Higham Cooper on a Change Occurring in the Pelvis in a Case of Prepuberal Atrophy of the Testicles, which appeared in your issue of Dec. 6th? I am represented as saying that "the spine of the negro, unlike the European man's, shows a curvature with the convexity backwards." This is of course incorrect, the curve of the dorsal region of the spine in the two races being identical, although in negroes a smaller anterior convexity of the lumbar portion of the vertebral column has been stated to be present.

The point that I tried to make clear when the paper was read is that pelves of a similar type to that exhibited by Dr. Batty Shaw's interesting case are commonly associated with kyphosis, and are in consequence known as "kyphotic pelves." In such cases the sacrum stands higher and further back in the pelvis than usual, thus greatly increasing the antero-posterior diameter and tending to make the lumbo-sacral angle less prominent. The negro pelvis which I showed exhibited this condition in an extreme degree, but without kyphosis, so far as I can ascertain from an examination of the spine. But its general resemblance to the pelvis in Dr. Batty Shaw's case, and the fact that it belonged to a negro of over 6 ft. in height, renders the comparison of some interest.

I am, Sir, yours faithfully,

London, Dec. 8th, 1913.

DOUGLAS E. DERRY.

IN recognition of her services to the hospital as Lady Mayoress, Miss Crosby, daughter of Alderman Sir Thomas Boor Crosby, has been appointed a governor of St. Bartholomew's Hospital.

ASSOCIATION OF REGISTERED MEDICAL WOMEN.—

At a meeting of this association held on Dec. 2nd, the following resolution was carried:—"That the Association of Registered Medical Women—while recognising that the proposed scheme for a Women's Medical Service in India in many respects offers improved conditions for the work of women under the Dufferin Fund—desires strongly to protest against the scale of remuneration offered, which is entirely inadequate for the work which the medical women are asked to undertake, and also the subjection of medical women to a lay committee, for the constitution of which no guarantee is offered, yet which has the power of punishment for acts of which the committee may disapprove. The Association feels that these defects will be fatal to the success of the scheme, since no first-rate medical women will consent to work under such conditions." At the same meeting a resolution was passed condemning artificial feeding as performed in prisons upon sane and resisting persons by lay direction.

THE NATIONAL INSURANCE ACT.

THE REPRESENTATIVE BODY OF THE BRITISH MEDICAL ASSOCIATION AND THE INSURANCE ACT.

AT the recent Special Representative Meeting of the British Medical Association held in London under the chairmanship of Mr. T. J. Verrall, the following recommendations were moved by the chairman of Council, Dr. J. A. Macdonald, and adopted, the words following "10s. 6d." in the first being the result of two amendments:—

That where any medical practitioner not devoting his or her whole time to the work is called upon by a lay body to express an opinion as to the capacity or incapacity of an insured person, the lowest fee such practitioner should accept should be 10s. 6d., exclusive of expenses, after the practitioner in attendance has been given an opportunity of consultation in the case.

That the medical referees under the National Insurance Act should be appointed by the Commissioners and removable only by them; that they should be whole-time officers and practitioners of not less than ten years' standing; that the appointments should be pensionable, and that the commencing salary should be not less than £750 per annum.

That such portion of the unallocated funds in the hands of Insurance Committees as were attributable to insured persons who have been attended individually as private patients at their own expense should be distributed as a set-off to the medical bills of these patients.

That, in order to check the extension of medical aid institutions and to assist the profession in combating them where established, the Association endeavour to enlist the support of the staffs of voluntary hospitals, not only in refusing professional recognition to the medical officers of these institutions, but also by refusing treatment to patients sent by them to hospitals, except in cases of grave urgency.

A rider excluding the last resolution from application to institutions whose medical officers have retained their posts with the consent of the Council of the Association was approved by the meeting.

A motion deprecating the appointment of a special committee to promote the interests of non-panel practitioners was moved and lost, and a resolution was moved by Dr. B. G. Morison and carried:—

That the Representative Body take such instant and vigorous action as shall induce the Government and the Commissioners to grant to insured persons and the medical profession free choice of doctors, whether the doctor is on or off the panel.

THE TREATMENT OF TUBERCULOSIS.

IN a recent circular the Local Government Board has asked for particulars of actual expenditure incurred by councils upon sanatorium schemes during the half year ending Sept. 13th, 1913, and of estimated expenditure for the following six months, and for financial estimates specified in regard to the financial year 1914–15. The Board appends observations as to the organisation of schemes for institutional treatment of tuberculosis and upon the procedure to be adopted in developing them. A memorandum follows describing the arrangements proposed by the Board in regard to the distribution of the maintenance grant towards the cost of schemes for institutional treatment. A draft agreement is included which is to be entered into between county councils or corporations and Insurance Committees for the institutional treatment of tuberculosis, prescribing the conditions under which the former are to appoint tuberculosis officers and to provide dispensaries, shelters, and accommodation in sanatoriums and hospitals.