outward rotation of the limb, so that walking becomes the most important of the curative exercises.

It may be noted that the arch is restored by placing the foot in its proper relation to the leg. It is not forced into place, as Dr. Lovett thinks, but is relieved from pressure by balancing the weight toward the outer border of the foot.

Dr. Lovett, on the contrary, "attaches little importance to whether or not the foot is pronated" (out of gear), but relieves the strain by the use of a sole plate of indifferent shape, which, in so far as it restrains deformity, does it by direct pressure on the sole.

Apparently because "feet vary in shape as much as do our faces," he does not recognize a standard of symmetry as influenced by posture, or its relation to functional efficiency, or the importance of the two as safeguards against strain and disability. Neither does the esthetic appeal to him, although he must admit that the habitually abducted, or as he terms it, pronated foot, or the flat foot, even if efficient, is certainly unlovely in appearance, and often a source of mortification to its possessor.

Dr. Lovett thinks that painless flat foot should be left alone, and as far as the adult is concerned, the opportunity for treatment, even if desirable, is rarely offered. There is, however, a very important class of this type of deformity that should not be let alone, namely, that of children. Pain at this period of life is rather unusual, but weakness and awkwardness are the inevitable consequences of the distortion. I am convinced, therefore, that the energetic treatment of such cases, with the aim of restoring symmetry, and as it were, remolding the foot, is of very great importance, not only for its immediate utility, but as a preventive of future disability.

That improper use and deformity do not necessarily entail disability, and that treatment may relieve symptoms without restoring functional effectiveness are matters of common knowledge, as true of feet as all other forms of bodily weakness.

With most of Dr. Lovett's "heresies" which he has summarized at the end of his paper I am practically in accord. Nor do I question the accuracy of his observations or the success of his treatment.

Our vital difference is on an important principle—whether unfavorable mechanical conditions do not predispose to disabling strain and deformity under favoring circumstances, as is believed by those who examine candidates for military service, for example, and whether treatment designed to restore mechanical efficiency is not likely to be of more permanent value than one which aims merely at relief of symptoms.

ROYAL WHITMAN, M.D., New York.

The Hunan-Yale Medical School and Hospital at Changsha

To the Editor:—May I state briefly something of the situation in medical education in China. The Medical Commission of the Rockefeller Foundation has recommended support by the foundation of four centers for medical education in China. One of these four is the Hunan-Yale Medical College and Hospital at Changsha, the capital of Hunan Province. This institution represents a joint agreement between Yale-in-China and a society of Chinese representing the Hunan government, for the development of a first-class school of medicine, nursing schools for men and women, respectively, a modern teaching hospital, and a diagnostic and research center for central China. The hospital, medical preparatory school, and nurses' schools are now in operation. The standards are the highest possible. The aim is quality and not quantity of work.

The support of the Rockefeller Foundation and the rapid growth in Changsha make a large increase in the medical and nursing staff necessary within the next two years. Both laboratory and clinical branches require trained men. Dr. Hume, the head of the Yale-in-China medical staff, will be in the United States until August 1, and will welcome inquiry from qualified applicants, or from men now graduating in medicine or in hospital positions, who wish to investigate

these great opportunities in the orient. Address Dr. E. H. Hume, 5 White Hall, Yale University, New Haven, Conn. The scope of the Hunan-Yale institution is not limited to Yale men.

ALFRED C. REED, Changsha, China.

Alcohol and the Harrison Narcotic Law

To the Editor:—Why cannot The American Medical Association father and support an amendment to the Harrison Narcotic Law placing alcohol and its by-products under its provisions? Alcohol is a narcotic and is doing more to degrade the American people than either opium or cocaine. Such an amendment would require only a majority vote of Congress to pass. It would not trespass on the doctrine of states' rights. It would be constitutional. It could be easily administered and enforced as a revenue measure, as a part of the Harrison law now in force. It would put an end to the liquor business. JOHN G. WILSON, M.D., Montrose, Pa.

Queries and Minor Notes

ANONYMOUS COMMUNICATIONS and queries on postal cards will not be noticed. Every letter must contain the writer's name and address, but these will be omitted, on request.

INQUIRY ON THE HARRISON LAW

To the Editor:—I enclose a note received from the Treasury Department in answer to an inquiry whether the Harrison law applied to novocain, orthoform, aesthesin and alypin.

The object of the law, of course, is to prevent people obtaining cocaine for use for its intoxicating effects.

Can you tell me whether any or either of the four preparations mentioned above have been so employed and what are the constitutional symptoms?

E. HOCHHEIMER, M.D., New York.

The following is the Treasury Department decision:

(T. D. 2194, NARCOTIC LAW)

Persons using or having in possession, cocaine, alpha or beta eucaine or any of their salts or any synthetic substitute for them, required to register, pay the special tax and comply with all the provisions and regulations issued under the authority thereof, of the act of Dec. 17, 1914, known as the Harrison Narcotic Law.

TREASURY DEPARTMENT

Office of the Commissioner of Internal Revenue

WASHINGTON, D. C., April 26, 1915.

Synthetic substitutes. In exempting from its provisions certain preparations and remedies, the act (Sec. 6) expressly excludes from such exemptions "preparations which contain cocaine or any of its salts or alpha or beta eucaine or any of their salts or any synthetic substitute for them." To effect the obvious purpose of this provision of the act, the words "synthetic substitutes" are held to apply to any artificial substance or preparation which is or may be substituted for cocaine, alpha or beta eucaine, or any of their salts as ordinarily prescribed or used, and not necessarily to a purely synthetic substitute which, chemically, is identically the same as the drug for which it may be so substituted.

Further, both the title and Sec. 1 of this law include "opium or coca leaves or any compound, manufacture, salt, derivative, or preparation thereof," and under a liberal interpretation of the word "derivative" from a chemical point of view, the several cocaine substitutes would also be clearly included.

Manufacturers of, dealers in, and physicians prescribing any such substitutes, as above defined, should therefore register and otherwise conform to the requirements of this law and the regulations issued thereunder.

W. H. OSBORN, Commissioner.

Approved: William P. Malburn, Acting Secretary of the Treasury.

ANSWER.—The intent of the ruling is to define the words "synthetic substitutes" as they appear in Section 6 of the Harrison law. They are here held to apply to "any artificial substance or preparation which is or may be substituted for cocaine, alpha or beta eucaine or any of their salts as ordinarily prescribed or used, and not necessarily to a purely synthetic substance which chemically is identically the same as the drug for which it may be so substituted." In a word, the Treasury Department makes the distinction turn on therapeutic rather than on chemical characteristics. Anything is a substitute for cocaine which can be used in place of cocaine (that is, to secure the same effects), regardless of chemical identity or resemblance. But this ruling is clearly only a transitory one. What are the "synthetic substitutes" that may be used in place of cocaine and that must con-