(6) Rebuild the heel in front and behind the tube up to the level of the caliper tube. After this use full-sized lifts till the heel is built up to the height required (see fig. 6).

**Fig. 6.-** Position of the socket on the outer side of the heel \( \frac{3}{4} \) in. behind the outer corner.

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**THE TAIL-LESS TROOPER.**

**By MAJOR C. S. P. HAMILTON, D.S.O.**

*Royal Army Medical Corps.*

It is refreshing to find still one or two practical minded, common-sense doctors in our midst. We are all so scientific that ordinary horse sense seems fading into mere oblivion. Here is a practical tip given to me by an experienced Colonel in the I.M.S., himself both an expert surgeon and horseman. I asked him how to cure saddle sores, impetigo of buttocks, and buttock boils amongst mounted units. His answer was not autogenous vaccines, eusol, hydrarg. perchlor., spirit, ointments, violet rays or flavine, not even scraping or free incisions. He merely said “My boy, cut off the tail of your shirt.” This was tried, and after three years’ experience I have never found it to fail. In hot climates the shirt is a constant source of irritation to those who have to be in the saddle for many hours; those who don’t believe should try it. Yet another grave army disability is overcome. I don’t know what the Ordnance will think about it.

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**AS OTHERS SEE US.**

**By I. M. S.**

Confidential reports are one of the trials of the Service. They try those that give and those that receive, but there is a humorous side even to this exacting duty. The writer’s own case may serve as a text on which to hang a short sermon to his brother officers, especially the juniors, on the subject of *Equanimitas*, or the sense of proportion in relation to their own merits.

After seven years’ exemplary service he slipped up in one and the same