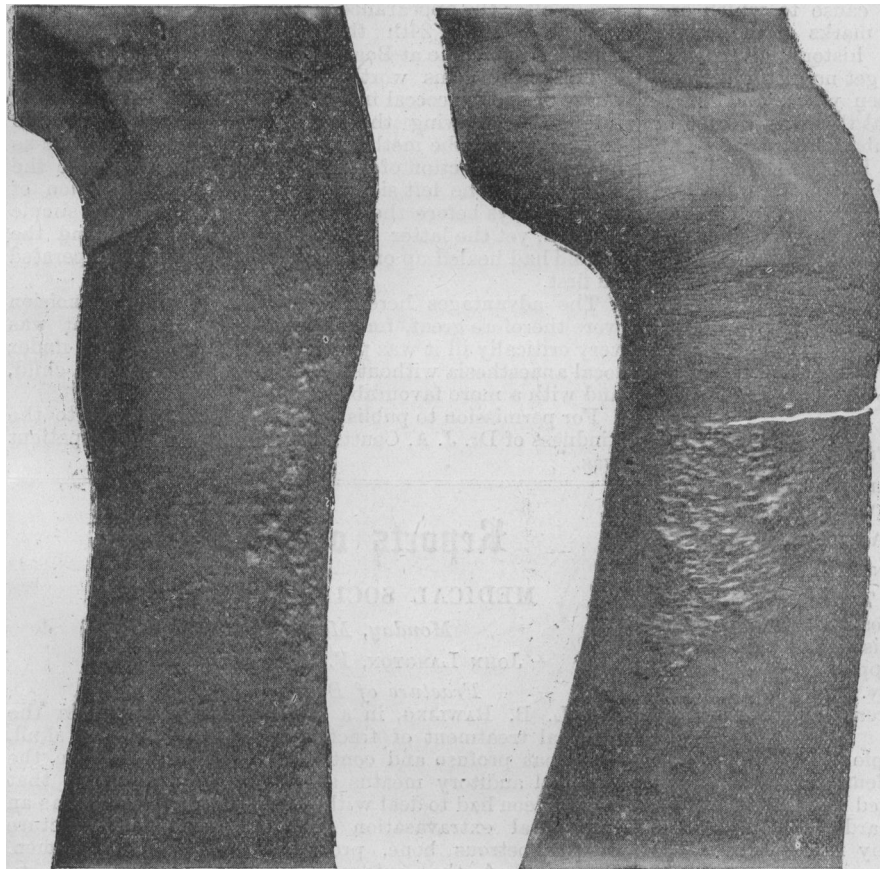


Memoranda: MEDICAL, SURGICAL, OBSTETRICAL.

THE SKIN LESIONS CAUSED BY THE MILLEPORAE.

AMONG the many forms of dermatitis caused by various animal and vegetable agencies, one of the most severe is that inflicted by the hydroids of the hydrocoralline millepores. The stony colonies of these hydrocorallines are generally called "corals" by the dwellers on coral reefs, and the Malays have given them the name of "Karang gatal," or itchy corals. In most of their obvious characters these colonies closely resemble the harmless madrepora corals, which possess no power of causing skin lesions. In the case of the millepores, the injury is inflicted by numerous thread cells, whose spent threads may be seen waving over the surface of colonies kept under observation, and the injury that they cause may be very severe.

The immediate signs of contact with a colony are acute erythema and severe pain. In cases in which the contact



area is large, papules rapidly form and become pustular, and a very extensive desquamation follows.

In the case figured, the flexor surfaces of both forearms were extensively affected. The patient was a Chinaman, who, in his efforts to avoid being knocked down by a wave, had grasped a colony of the millepore. Large pustules formed later on the sites of the stings, and the desquamation was extensive. One curious feature of the lesion is its lasting nature, for the site of a sting will remain red, and will sweat profusely, for more than a fortnight after contact with the colony. It is of interest that the different facies of the species *Millepora* possess different powers of stinging, and the sting of the facies *Alcicornis* is more severe than that of *Complanata* or *Verrucosa*.

FREDERIC WOOD JONES, B.S.Lond.

THE TREATMENT OF PROLONGED CASES.

IN a hospital resembling that built by the late Sir John Jaffray at Birmingham for the purpose of relieving the congestion of a large city hospital (an institution in which the patients require active treatment, which is neither a

convalescent home nor a hospital into which patients are received first hand), the question of the means of promoting a quick return to health of those who have missed the first period of their allotted time is not easy.

A number of the cases suffer from wounds which have not healed by first intention, the cause sometimes, but not always, being an invasion of the wound by micro-organisms; others are tuberculous cases which have required surgical aid. The crux of the treatment of these prolonged cases would seem to be a constant ringing of the changes in the use of the various methods to promote healing at our disposal.

Briefly, these are change of air, change of food, constant change of local treatment, treatment by vaccines, rest. Local treatment resolves itself into renewed stimulation by free drainage, congestion, depletion, immersion. With regard to drainage, rubber tubing gives a far better result than gauze wicks, which do not seem sufficiently cleanly in the treatment of sinuses, however narrow they may have become.

I have been singularly unfortunate in that I have scarcely ever seen a good result, either in my own cases or those of others I have been privileged to watch, following congestion treatment of a part by proximal constriction with a rubber bandage. The theory and simplicity of the method must appeal to every medical practitioner; but, personally, I have never materially hastened the return to health of any patient by this method as far as I am able to judge.

Cupping, on the other hand, has yielded splendid results in the treatment of surgical wounds which have not reacted as they should to the care bestowed on them. The local congestion produced by cupping, followed no doubt by temporary vasomotor paralysis and an active flooding of the part with fresh lymph, has led to rapid recovery; especially is this true in the treatment of empyemata. Of the many lotions in use, two seem to stand out rather more than the rest—namely, izal, which has a favourable action on tuberculous granulation tissue and tuberculous lesions of old standing; the other a solution of chloride and citrate of sodium. The action of these two salts is well known, and, when used in combination with citric acid given by the mouth in 30-grain doses thrice daily, the time of healing of sluggish wounds and tuberculous empyemata has been reduced by at least one-third. Severe com-

pound comminuted fractures in long bones have shown gratifying attempts at throwing off sequestra and rapid union under the influence of these methods.

The constant striving after something new in the practice of medicine brings home most forcibly the consideration that we can after all only place the patient in the best position for the patient to help himself.

C. N. SLANEY, M.R.C.S.,

Birmingham.

Resident Surgical Officer, the Jaffray Hospital.

A CASE OF HYDROPHOBIA.

A MAN attended suffering from what appeared to be hydrophobia, but the length of the incubation period made one pause before pronouncing a definite opinion.

Sixteen years previously he had been bitten by a mad jackal, which sprang up at him and fastened on his face. He strangled it, but its grip was so tight that only with difficulty could it be removed after death. He used native medicines and the wound healed without causing him any further trouble.

Two days before coming to us he had some slight fever, and on the morning of coming awakened at 4 a.m. with violent sickness. On admission the temperature was 101° F., with quick, irregular pulse, and he complained of not being able to eat or drink though suffering from great thirst. We tried him with a little water, and he made a great effort to swallow, but in the act he had such violent spasms that we desisted. He stayed with us all that day and night, the spasms becoming more frequent and independent of food or water. His speech, too, became more difficult and his pulse weaker, and every now and then he had a respiratory spasm. We tried to feed him by nutrient enemata, but that also caused the spasms, and he besought us not to attempt it. With great difficulty he managed to swallow two or three grains of rice rolled up into small pellets and sucked a little bit of cloth which had been previously soaked in water.

The next morning, at his own most urgent request, he was allowed to be taken home, and died that evening. From one who was with him after he left us I learned that he retained consciousness to the end, and never became violent. He had always been a strong man, leading an open-air life as a gardener, with no tendency to hysteria, and there appeared to be no other cause to which one could attribute the symptoms. The marks of the wound were visible on his face, and the history given was corroborated by others. We could get no history of any fresh inoculation during those sixteen years, and were, therefore, forced to the conclusion that this was a case of hydrophobia with an exceptional incubation period.

N. M. GAVIN, F.R.C.S. Edin.,
Irish Mission Hospital, Anand, Western India.

Reports

ON

MEDICAL AND SURGICAL PRACTICE IN THE HOSPITALS AND ASYLUMS OF THE BRITISH EMPIRE.

EAST LONDON HOSPITAL FOR CHILDREN.

DOUBLE EMPYEMA WITH PNEUMOCOCCAL INFECTION OF THE
SKIN AND CONJUNCTIVAE.

(Under the care of Dr. J. A. Coutts.)

[Reported by D. L. MORRISON, M.D. Edin.]

G. S., a fat healthy looking boy, aged 7 years, was admitted to the East London Children's Hospital, Shadwell, on August 9th last, with a one day's history of pain on the left side of the chest below the nipple. He was rather apathetic and inclined to be drowsy. The temperature was 103°, and the pulse 136. The breathing was easy and at the rate of 40 per minute.

Immediately below the left nipple there was slight dullness, harsh breath sounds, and pleuritic friction. Two days later the dullness had extended round to the back, and faint bronchial breathing was heard at the left base.

The complexion was of a healthy red, but soon the patient became flushed. The flushing, which was a prominent feature throughout the illness, presented a mottled appearance, extending down over the chest and arms.

By August 17th the breathing had become much distressed, the patient had assumed a very bloated look, and altogether he appeared extremely ill. There was absolute dullness and oegophony at the left base, with some impairment of resonance also at the right base. On the left base being explored, thin pus containing pneumococci was obtained.

Next day a piece of rib was resected, and 6 oz. of pus evacuated.

On August 23rd the wound was discharging freely, but the breathing was still very distressed. The temperature still kept up, the pulse-rate was 144, and the respirations 56.

On August 27th, as the dullness at the right base had increased, it was explored, and thin pus containing pneumococci found. Under cocaine, by simple intercostal incision, about 6 oz. of pus were then evacuated.

On August 30th both wounds were discharging freely. Around the one on the right side the skin had become

harsh and dry, and whitish blebs had made their appearance. There was also conjunctivitis of the left eye.

On the next and following days the whole surface of the skin of the face, arms, legs, and back became very harsh and dry. The blebs, which began round the wound on the right side, rapidly spread up the back on to the right shoulder, and on September 1st they had reached the right side of the neck and face. The blebs, which varied much in size, were of a white colour, and in about forty-eight hours after appearance burst, and the epithelium then peeled off. Their contents yielded a pure culture of the pneumococcus, as did the discharge from the conjunctivitis, which now affected both eyes.

On September 4th the patient began to improve; the discharge from the empyema wounds became less, and the skin of the back, face, and neck desquamated in large flakes.

From this date onwards the improvement continued. The discharge from the wounds became daily less, and on September 18th both wounds were quite healed. The epithelium of the entire body, including that of the scalp, desquamated, at first in large flakes, and later in small particles. The desquamation continued for quite three weeks after the appearance of the blebs.

On September 24th the boy was discharged to the convalescent home at Bognor.

This case seems worthy of record from the extreme rarity of pneumococcal infection of the skin. It is also of interest in showing the advantages of treating certain empyemata by the method of simple intercostal incision as opposed to resection of a piece of rib. In this case the empyema on the left side was operated on by resection of rib nine days before the right side was opened by simple incision, yet the latter drained quite as freely, and the wound had healed up on the same date as the one operated on first.

The advantages here of treatment by simple incision were therefore great, for at a time when the patient was very critically ill it was possible to operate speedily under local anaesthesia without the slightest shock to the child, and with a more favourable result.

For permission to publish this case I am indebted to the kindness of Dr. J. A. Coutts, under whose care the patient was.

Reports of Societies.

MEDICAL SOCIETY OF LONDON.

Monday, March 8th, 1909.

JOHN LANGTON, F.R.C.S., in the Chair.

Fracture of Base of the Skull.

MR. L. B. RAWLING, in a paper on some points in the surgical treatment of fracture of the base of the skull, said that profuse and continuous haemorrhage from the external auditory meatus suggested the probability that the surgeon had to deal with a case in which there was an extradural extravasation and an extensive fracture of the petrous bone, probably involving the tegmen. Plugging of the external auditory meatus was to be condemned, inasmuch as the free escape of blood was the one factor that prevented cerebral compression; and operative measures for the relief of the extravasation were to be seriously taken into consideration, even in the absence of all the classical symptoms of middle meningeal haemorrhage. Syringing of the ear was absolutely contraindicated, on the ground that the lacerated tympanic membrane and comminuted tegmen tympani exposed the patient to grave risk of meningeal infection. After investigating a large number of cases of fracture of the base of the skull—about 300 in all—during the past six years, he was enabled to classify the cases into three groups: (1) Where the temperature rose steadily and progressively to 103° or more, the reaction from the primary collapse stage being of a marked and forcible nature, and the patient dying with definite evidence of cerebral compression. (2) Where the temperature rose to 100° to 102°, and there "marked time." That was the "crisis" of the case, a further rise or fall almost invariably indicating death or probable recovery. (3) Where the temperature remained subnormal, the

not only the clothes, bedding, and furniture of rooms, but also the walls and ceiling. Danger has been apprehended even from the horses of consumptive patients; and for this reason it was thought necessary, in an instance that was mentioned to me, to kill the horse of an officer who had died of this distemper" (page 158).

The doctrine of the infectivity of phthisis is much older than any of the authors mentioned by Dr. Aitchison Robertson. It was held by Aristotle and later by Galen. In the fifteenth century it was taught by Ballonius or Baillon of Paris, in the sixteenth by Cesalpinus, and by Paolo Zacchia and Nicholas Chesneau in the seventeenth, to mention only a few of the old writers who have dealt with the matter. Most stringent regulation as to the disinfection of the rooms in which consumptives had died in the eighteenth century were enacted in Spain and in Italy, and were in force in both countries till the nineteenth century was well advanced. That phthisis is communicable is an old belief, which was only partly given up in accordance with what was supposed to be more scientific medical teaching.

Medical News.

MR. ALFRED E. WILMOT, M.R.C.S.E., L.R.C.P.Lond., Burnham House, Burnham, Bucks, has been made a Justice of the Peace for the county of Buckinghamshire.

THE Lord Mayor of London and the Lady Mayoress will hold a reception at the Mansion House of the delegates and members of the International Congress of Nurses on the afternoon of the opening day, July 20th.

SIR JOHN CRAGGS having placed at the disposal of the London School of Tropical Medicine a fund to encourage investigations into the various causes of tropical disease, grants from this fund have been awarded to R. Howard, M.D., of the Universities Mission to Central Africa, and to B. M. Wilson, M.B., Ch.B., of Fiji.

THE members of the Glasgow University Club, London, have presented to Dr. C. O. Hawthorne a study table and microscope in recognition of his services as honorary secretary of the club during the past seven years. The presentation was made by Dr. Cumming Grant on behalf of the subscribers, many of whom were present. The company was entertained by Dr. and Mrs. P. H. Abercrombie, who kindly placed their house at the disposal of the committee.

WE are asked to state that hospitals in the county of London or within nine miles of Charing Cross desiring to participate in the grants made by King Edward's Hospital Fund for London for the year 1909 must make application before March 24th to the Honorary Secretaries, 7, Walbrook, E.C. Applications will also be considered from convalescent homes and sanatoriums for consumption situated within the above boundaries or which, being situated outside, take a large proportion of patients from London.

A MEMORANDUM by the Medical Officer of the Local Government Board in England, on administrative measures against tuberculosis, has been issued, and can be obtained, price 2d., through any bookseller. It supplements from a medical standpoint the information contained in a circular letter issued by the Local Government Board to all sanitary authorities and boards of guardians sent out along with the Public Health (Tuberculosis), 1908, Regulations.

THE Departmental Committee appointed by the Lord President of the Council to consider the working of the Midwives Act held its sixth meeting on Wednesday, March 10th, at the Privy Council Office, Mr. Almeric FitzRoy presiding. The following witnesses attended and gave evidence: Sir George Fordham, Treasurer of the Central Midwives Board and representative of the County Councils Association; Dr. A. Robinson, Medical Officer of Health for the County Borough of Rotherham; and Mrs. Heywood Johnstone, President of the Rural Midwives' Association.

THE London County Council has issued an order renewing for a further period of twelve months from March 13th the regulation requiring the notification of cases of cerebro-spinal fever (epidemic cerebro-spinal meningitis). On the advice of a committee appointed by the president of the Royal College of Physicians the council has decided that for notification purposes the disease at present known as posterior basal meningitis shall be included in the term cerebro-spinal fever, but that the term is not to be interpreted as including cases of meningitis due to tuberculosis, middle-ear disease, or injury.

As already announced in the JOURNAL of December 26th, 1908, a convention which will include all branches of

medical electricity will be held in London from July 5th to 9th, 1909. The President is Dr. Lewis Jones; the Vice-President, Mr. Deane Butcher, President of the Roentgen Society; and the Honorary Secretary and Treasurer, Dr. Reginald Morton. The inaugural meeting, the general meetings, the demonstrations, and the exhibition will be held at University College, Gower Street. The exhibition will include all classes of electrical and physical apparatus for medical treatment. It will be held contemporaneously with the convention. Delegates will be present from America and the Continent, and representatives of the various foreign Governments will be invited to take part in a discussion as to the best means of providing apparatus and training for the army and navy. The papers and debates will be in English. Papers in French and German will be accepted provided a summary in English is sent. All papers will be reported either *in extenso* or in abstract in the *Archives of the Roentgen Ray*. The discussion on Roentgen and radium therapeutics will be under the charge of Dr. J. H. Sequeira, and medical men desiring to read papers or to take part in the discussion are requested to communicate with him at the London Hospital. The time required for the delivery of each paper should not exceed fifteen minutes. All other communications relative to the congress should be addressed to Mr. Ernest Schofield, Organizing Secretary of the Convention, 11, Chandos Street, Cavendish Square, London, W.

IN a paper on preparations of lactic-acid bacilli, read recently before the Chemists' Assistants' Association, Mr. W. H. Martindale, Ph.D., brought forward some interesting facts in regard to the production of sour milk and the preparations obtainable for the purpose. It has been stated that there are about 150 lactic-acid-producing organisms. The three bacteria which it appears most desirable to employ together for the production of sour milk for consumption are *Bacterium caucasicum* (the Bulgarian bacillus), *B. g  ntheri* (also known as *Bacillus acidi paralactici*), and *B. h  ppe* (also known as *Bacillus acidi lactici*). Six preparations now on the market for this purpose were examined, after cultivating for ten and for twenty-four hours. All were found to contain *B. caucasicum* and *B. h  ppe*, but *B. g  ntheri* was found in only one; one of them showed other organisms, and a second had developed cocci after twenty-four hours. Experiments were made on incubating milk after the addition of lactic or acetic acid, without bacteria; as was to be expected, if the milk was efficiently sterilized before beginning the incubation, no additional acid was produced, but when sterilization was omitted substantial amounts of acid were formed; in the milk so treated *B. h  ppe* was identified, but no *B. caucasicum*. A few experiments on the extent to which the casein was rendered soluble during the action of the lactic acid organisms pointed to such a change being effected to only a slight extent, but the matter was not conclusively dealt with; the proportion of the phosphate dissolved in the whey was found to be increased. Soured milk supplied by some dairy companies was examined in regard to the organisms present; *B. h  ppe* was the prevalent form, *B. caucasicum* being present in smaller quantity, and *B. g  ntheri* also in half the samples examined.

CHELSEA CLINICAL SOCIETY.—The annual dinner of the Chelsea Clinical Society took place on March 4th at the Gaiety Restaurant, and was well attended. The chair was taken by Mr. A. F. Penny, the President of the society, who, in proposing the toast of the evening, described how the society had begun from a discussion held between Dr. Austin Cooper and himself twelve years ago. They then started the society at the old Chelsea Dispensary, with Dr. Foster Palmer as their first president. Societies like theirs, Mr. Penny added, contributed not only towards uniting the medical profession by the social influence of their meetings, but also aided the scientific advancement of medicine. Dr. T. Wright Parkinson, in replying, expressed the hope that medical men in Chelsea who were not members would attend their meetings and learn that it was not a mutual admiration society, but a society doing useful work. The Rev. Dr. Colisson, who also spoke, had a most enthusiastic reception, which was renewed on his singing, after repeated calls, "The Mountains of Morne." The toast of "The Visitors and Kindred Societies," proposed by Dr. Seymour Taylor, was acknowledged by Colonel T. H. Hendley, the President of the West London Medico-Chirurgical Society. Dr. J. Blumfield, in a witty speech, then gave the toast of "The President and Officers of the Society." It was duly responded to by Mr. Penny, who expressed the obligations of those present to Dr. Collis Hallowes for his successful arrangements for the dinner.

INTRODUCTIONS TO PRACTICE.

NU.—If no agreement was entered into by either party, and if Dr. A. has finally broken off all negotiations, our correspondent would seem to be free to do as he pleases.

BRANCH SURGERIES.

SANDY LANE complains that a medical competitor took away a good paying patient by establishing a branch surgery in her house; and now he finds that another patient, a midwife, has hung her framed certificate in the window, side by side with the hours of attendance of the doctor.

* * We have repeatedly drawn attention to the manner in which branch surgeries may be abused; but we are not sure that there is any just ground of complaint if a medical man becomes the tenant of the patient of another practitioner and in course of time the relationship of landlady and tenant is converted into that of doctor and patient. With regard to the second point, we agree that it would be better that the two notices should not be hung up side by side, as medical practitioners should be careful to avoid doing anything to suggest that they stand in any special relation to midwives.

MEDICAL PRACTITIONERS AND PROPRIETORSHIP
OF PATENT MEDICINES.

W. H. C. writes that a friend of his who is a member of the British Medical Association proposes to put on the market a proprietary medicine which will be advertised under a fictitious name from an address several miles distance from where he lives and practises, all traces of his connexion with it being kept concealed as far as possible. We are asked whether, if the facts become known, he will be liable to have his name removed from the *Medical Register*.

* * The General Medical Council has published no warning upon this subject, nor, so far as we know, has it ever had to express an opinion on such a case, but the rules of many of the licensing bodies prohibit the holders of their diplomas from having any interest in the sale of any secret remedy. We do not doubt that any one acting in the manner described by our correspondent would expose himself to the censure of any medical authority before which his conduct might be brought, and would either have to sever his connexion with the proprietary medicine, or be deprived of his diploma.

Universities and Colleges.

UNIVERSITY OF CAMBRIDGE.

THE following degrees were conferred on March 6th:

M.D.—J. C. W. Graham, Trin.; H. B. McCaskie, Gonv. and Cai.
M.C.—T. H. Kellock, Emm.
M.B.—R. L. Ley, Pemb.; E. A. P. Hill, Gonv. and Cai.
B.C.—J. C. W. Graham, Trin.; R. M. Vick, Jes.

It has been decided, on the recommendation of the Special Board for Medicine, that a Certificate of Practical Instruction in the Administration of Anæsthetics will be required for the Third M.B. Examination, Part II, in December, 1909, but this regulation will not apply to students who have passed the Second M.B. Examination on or before December, 1908.

UNIVERSITY OF LONDON.

UNIVERSITY COLLEGE.

The Annual Report.

THE annual report for the year ending February, 1909, has been issued; the total number of students was 1,361, an increase of 170. In the Faculty of Medical Sciences there were 183 students.

Buildings.—Rapid progress has been made in the new buildings for the department of physiology; the bequest of £5,000 by the late Thomas Webb, of London and Cardiff, has been devoted to its completion and fitting. A special appeal is made for £70,000 for new buildings for the department of chemistry.

Research.—The organization of the arrangements for post-graduate courses and for research has been improved, and the number of such students has increased from 171 to 239.

Libraries.—The rearrangement of the libraries in consequence of the increased space available has made rapid progress, and the card catalogues are nearly complete; 3,580 volumes have been added during the year, of which 2,600 were bequests or gifts.

UNIVERSITY OF EDINBURGH.

UNIVERSITY COURT.

AT the February meeting of the Court the following additional examiners were appointed: Dr. John Gibson, Edinburgh (Chemistry); Dr. George Lovell Gulland (Practice of Medicine); Mr. William A. Brend, M.A., M.B., B.Sc., London (Forensic Medicine); Dr. A. Wallace Williamson, Medical Officer of Health for the City of Edinburgh (Public Health). Professor A. R. Cushny (London) and Lieutenant-Colonel Firth (Army

Medical Department) were appointed additional examiners in connexion with theses submitted for the degree of D.Sc.

On the recommendation of the Senatus it was agreed to recognize the Public Health Laboratory of the University of Liverpool for purposes of graduation in Science in the Department of Public Health.

On the recommendation of the Senatus the Court granted leave of absence to Professor Chiene on account of the state of his health, and approved of the arrangements which had been made for the discharge of the professor's duties during his absence.

Dr. Alexander James and Dr. Claude B. Ker were appointed University Lecturers on Infectious Fevers.

The Services.

ROYAL NAVY MEDICAL SERVICE.

THE GILBERT BLANE MEDAL.

THE gold medal founded by the late Sir Gilbert Blane, Bart., to be given biennially, has been awarded by the Medical Director-General of the Navy and the Presidents of the Royal College of Physicians and the Royal College of Surgeons to Staff Surgeon Charles R. Nicholson, for his *Journal of H.M.S. Egmont*, November 6th, 1906, to December 31st, 1907; and to Staff Surgeon Arthur W. B. Livesay, M.B., for his *Journal of H.M.S. Bonaventure*, April 2nd to December 31st, 1907.

ROYAL ARMY MEDICAL CORPS (TERRITORIAL).

FIELD AMBULANCES.

IN the note published in the *JOURNAL* of February 27th p. 564, it was said that we believed that the 3rd South Midland Field Ambulance was the first in the kingdom other than a cavalry field ambulance to obtain its full establishment of men. Lieutenant-Colonel H. G. Falkner, commanding the 3rd Northumbrian Field Ambulance, informs us that that ambulance having its head quarters in Hull has been full for some considerable time; on March 1st it had 224 men, and 8 officers, and 11 special reserve, making a total of 243. He adds: "We have laboured under the same disadvantages as the 3rd South Midland Field Ambulance, for we have no head quarters, some men having to be drilled in one part of the town, some in another; we have no wagons, nor harness, nor means of teaching the men their proper drill. We have also had the special mark of approval by being granted the permission to wear gold ornaments. I hope before long to be able to fill the two vacancies for officers."

SECOND LONDON DIVISION.

THERE are vacancies for officers in the second London Division, which the Administrative Medical Officer desires to fill up at an early date. The vacancies include two in No. 4 field ambulance, head quarters at Woolwich, three in No. 5 at Greenwich, three in No. 6 in London, three in the sanitary company, one in No. 3 general hospital, besides fourteen vacancies in the infantry battalions situated in various parts of the County of London, and six in the Artillery and Engineers. Full information may be obtained by application to the Administrative Medical Officer, Craig's Court House, Whitehall, S.W.

EXAMINATION FOR PROMOTION.

INSULA asks (1) what books to read for the promotion examination from Lieutenant to Captain in the R.A.M.C. Territorial, (2) whether there is any place that he could attend a course of practical instruction for the above, and (3) whether the R.A.M.C. (Territorial) has been granted the right to wear gilt ornaments.

* * (1) Our correspondent should purchase a copy of *The Regulations of the Territorial Force and for County Associations* (London: Wyman and Son, 9d.) where he will find particulars as to the examination for promotion. Books to read are *Royal Army Medical Corps Training, Manual of Sanitation in Its Application to Military Life* (2d.), *Regulations of the Army Medical Service* (6d.), *Regulations for Recruiting*, to be obtained through any bookseller or direct from Messrs. Wyman and Sons, Fetter Lane, E.C. (2) There is a Territorial school in each division where courses of instruction are given from time to time. An officer desiring to attend should put himself in communication with the Administrative Medical Officer of the division he resides in. (3) The R.A.M.C. (Territorial Force) as such has not been granted permission to wear gold instead of silver, but permission has been granted to a good many of the units which have asked for it.