

Midwifery, it may be either (a) spontaneous, or (b) induced. Under the heading of "spontaneous," we find it may result from: (1) Precipitate labour. (2) atony of the wall of the fundus uteri, or (3) traction on the placental site by a short cord, either relative or absolute. When "induced," it is said to be caused by (1) pressure on the fundus, or (2) traction on the cord during the period of relaxation of the uterine muscles.

On the first occasion I was inclined to think that the morphine and hyoscin had contributed to its production by causing a partial inertia, and over-vigorous massage had done the rest; but this explanation seems unlikely in view of the fact that part of the placenta was firmly adherent, and that on the second occasion neither morphine and hyoscin nor vigorous massage was employed. Therefore inversion was probably spontaneous on both occasions; and in both two factors were at work, namely: (a) An atony of the uterine wall, and (b) a partly adherent placenta. It is difficult to explain why inversion should have occurred in this woman, unless we assume an atony of the uterine walls; for if so common a complication as adherent placenta can produce this condition, it is strange that inversion is so rare. In the two labours above described, it seems that after the expulsion of the detached part of the placenta from the uterine cavity in the natural way the uterus continued in its endeavour to expel the remaining portion, which was so firmly attached over a small area that it was unable to do so. With each contraction the weakened uterine wall was pulled inwards by the placenta, the process going on, in the first instance, until the uterus was completely inverted. On the second occasion the same process was arrested by the forcible removal of the adherent part.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

COMPLETE INVERSION OF THE UTERUS WITH PROLAPSE.

INVERSION of the uterus is sufficiently rare to warrant publication of a case which I attended lately. It presented some features which are, I believe, unusual. At 2.30 a.m. on January 15th, 1915, I received an urgent message to see Mrs. G., a 2-para. I reached the house about 2.45 a.m.; the child had been born at 1.30 a.m. The patient, a woman of 23, was extremely cold and clammy, nearly pulseless, presenting every feature of extreme shock. I found a large tumour between the thighs, resembling nothing so much in appearance as the half of a Rugby football. It consisted of a completely inverted and prolapsed uterus, to which the placenta was adherent with moderate firmness. The whole vagina was everted and the parts were quite cold, dusky, and cyanotic. There was no outward evidence of much haemorrhage. I rapidly douched over the parts with warm antiseptic lotion, and detached the placenta. Then—and apparently this is not usually the case—I was able to reduce the inversion and replace the uterus with the utmost ease, using no anaesthetic. The profound shock from which the woman was suffering doubtless was the reason. The uterus went well up into the abdomen and was perfectly whole; the cervix was intact, and the perineum was not torn. No tendency to haemorrhage appeared. I gave the patient a hot intra-uterine douche of liq. cresol. saponat. 5j ad Oj, and injected ½ c.cm. of pituitary extract (P., D. and Co.), with the result that, in a few minutes, the uterus had contracted down to the classical cricket-ball size and feel.

As the patient was in an extremely collapsed condition, the lower end of the bed was raised, hot blankets and bottles were applied, stimulants used, and one and a half pints of warm saline given in the axillae. A certain return of the pulse occurred, but this recovery was only temporary, for she sank rapidly and died at 5 a.m.

The midwife told me that the child had been born rapidly and easily, and that, some fifteen minutes afterwards, she asked the woman to cough in order to help in the expulsion of the placenta. She declares that the placenta shot out, but that the condition then presenting itself was one unknown to her, and she therefore sent

immediately for me. She emphatically denies having pulled at the cord, and this statement is corroborated by a relative of the woman present all the time. If the time of the inversion occurring is taken as 1.45 a.m., then the condition must have been present for somewhat over an hour, as I reduced it at 2.55 a.m.

The chief points which appeared unusual were the completeness of the inversion and the prolapse, the great ease with which reduction was effected, and the extreme shock from which the patient suffered. The great shock will doubtless explain the easy reduction, but, as there was by no means a large amount of haemorrhage, one must look for other reasons to explain the shock. According to some observers, the shock is due, in part at least, to the pressure of the ovaries on the brim of the pelvis, and also to pressure on the pelvic nerves; and in this instance the woman had intense neuralgic pains down the front of the thighs and legs.

The causes producing the inversion in this case are difficult to name if one accepts the statement of the midwife that she neither pushed hard on the fundus nor pulled on the cord. The woman was a healthy young subject and had been doing light household work at 9 p.m. the day before the labour. She was in labour only three to three and a half hours, and apart from a rapid delivery, first of the child and later of placenta (and its site), no unusual condition seems to have been present. Her previous labour had been uneventful, except for slight delay in the expulsion of the placenta.

The clinical conditions in the case must, I think, be an unusual combination, but the regrettable feature to me is the thought that, had a medical man been present at the birth and had he corrected the condition as soon as it appeared, the life of the patient might have been saved, as the death was, in my opinion, due to shock from the delay.

Newtown, Wigan.

JAMES OAG, M.A., M.B., Ch.B.

A CASE OF RIGHT-SIDED HEART.

CASES of transposition of the heart are, I think, rare enough to make the following example of interest:

Private J. came under my observation on his return from the Expeditionary Force. He was sent home suffering from shock the effect of the explosion of a lyddite shell, but is now practically recovered. He is 19 years of age, quite healthy, and has never suffered from pleurisy or any condition which might lead to displacement of the heart. The lungs are quite normal.

Although he has been examined two or three times, no medical man spoke to him about the condition. His mother, however, noticed it when he was a boy, and told him about it. He has four brothers and four sisters, and he says that his mother did not notice the condition in any of them. The presumption is that they are normal.

In his case the heart is completely transposed. The apex beat is in the fifth interspace on the right side, one inch below the nipple and in line with it. All valve sounds are normal. The area of cardiac dullness is not enlarged. In a skiagram a very small portion of the heart can be seen to the left of the sternum.

Such cases, when they occur, are most commonly associated with transposition of the other viscera, but in this case there is no such transposition. All authorities agree that this is rare. Careful percussion showed both liver and splenic dullness to be normal, and this was confirmed by examination in the Armstrong College Hospital at Newcastle, to which I sent him. He was there given a bismuth meal, and the direction it took was noted. It was found to take a normal course.

The points of interest in this case are the completeness of the transposition, the age and health of the patient as showing that the displacement was not caused by pathological conditions of the lungs or pleura, and the fact that the heart alone is displaced. I am indebted to Major Arnison, R.A.M.C., for his kindness in obtaining the skiagraph for me and otherwise confirming the diagnosis, and to my colleague, Dr. G. H. Shaw, of Leigh, Lancashire, who was good enough to look up authorities for me which are not available to me in my present position.

J. SACKVILLE MARTIN, M.D.,

Backworth, Northumberland.

Lieut. R.A.M.C.

resort to artificial methods for lessening our susceptibility to the action of many pathogenic organisms.

There exists, for example, a prevalent idea that margarine, which is a food product of recent years, is as wholesome and nutritious as butter. This, however, is quite a fallacy, for the vegetable fats which enter into the composition of margarine are, as I have on many occasions stated, less easy of digestion than milk fat. In the intestine there is a marked tendency for vegetable fats like palm oil, cotton-seed oil, and earth nut oil to combine with the calcium in our foods and form calcium soaps which cannot readily be utilized, and thus the body is deprived of calcium, which it can ill afford to lose, since the dietary of to-day is already very deficient in lime salts. Moreover, those same oils, which enter so largely into the composition of margarine, when assimilated tend to stagnate in and overload the liver. Fats, therefore, which are thus prone to exert a prejudicial influence, should be partaken of as sparingly as possible, even by the persons "with normal digestions." Dr. Owen refers to, for the day of reckoning is likely to come even to them.—I am, etc.,

London, W., April 2nd.

JAMES OLIVER.

SIR,—Like Dr. Oliver, I was rather surprised at some of the statements made on "waste and over-eating" in the JOURNAL on January 30th.

Some considerable time ago it was pointed out in the JOURNAL that the great difference between butter and margarine was that butter contained "phosphorized fats," while vegetable oils did not. In the case of the parents of rickety children I have frequently quoted this statement in advising them to give the children butter and to avoid margarine. It seems a very reasonable point. The question is of importance, as margarine makers will soon quote the JOURNAL in favour of their non-phosphorized fat oil products with, I presume, bad results to rickety children. Other statements in the "just as good" article have been criticized by Dr. Oliver and doubtless by others who read it.—I am, etc.,

Edinburgh, April 3rd.

JAMES CAMERON.

WORK AS MIND CURE.

SIR,—I have read with interest your leader in the JOURNAL of April 3rd, telling of the attempt in Washington, which has lasted three years, to ascertain how work is so beneficial to lunatics. For the credit of British medicine I hope you will allow me to call attention to the fact that for many years past, in the Psychological Section at the annual meetings, I have repeatedly called attention to the fact that making lunatics work had greatly improved the statistics, and that if they were properly dieted our asylums might soon be emptied; I have proved in my book, which I ventured to call *A Doctor's Discovery* (for, although not new, it was quite original on my part), that food is the chief cause of disease, and that exercise, which eliminates waste products from the system through the skin and lungs, is the only "elixir of life." If I am right, it follows that manual labour, apart from resting the higher nerve centres, clears the brain through insensible perspiration. One man in this village who heard voices and was very nearly insane followed my advice as to diet and improved so much that he never heard a voice and was much more fit physically. I tried to get an asylum superintendent to diet his patients as I might suggest, but, to my astonishment, I learnt that, although he might physic them as he pleased, he dare not feed them as he thought right. If I am correct in blaming food as the cause of insanity as well as gout, etc., it is time that our asylum superintendents had as much liberty as the general practitioner or hospital physician with regard to the dietary of his patients, and that is a subject which the Association might take up.—I am, etc.,

Denholm, Hawick, April 8th.

JOHN HADDON, M.D.

LICE.

SIR,—Although the first edition of my little book, *The Minor Horrors of War*, was a large one, a second edition is already being called for.

As I am anxious to make the book as useful as possible, I should be grateful if any medical man who has had actual experience in dealing with *Pediculus vestimenti*

and *Pediculus capitis*, and who knows of remedies other than those mentioned in the first edition, would communicate with me.—I am, etc.,

Christ's College Lodge,
Cambridge, April 12th.

A. E. SHIPLEY.

Universities and Colleges.

UNIVERSITY OF LONDON.

MEETING OF THE SENATE.

A MEETING of the Senate was held on March 24th.

Personnel of the Senate.

Dr. H. L. Eason and Sir Wilmot Herringham have been re-appointed by the Faculty of Medicine to be members of the Senate, and Professor A. D. Waller, F.R.S., has been re-appointed a member by the Faculty of Science.

University Chair of Physiology (St. Bartholomew's).

Applications are invited for the University chair of physiology tenable at St. Bartholomew's Hospital Medical School, salary £600 per annum. Full particulars can be obtained from the Academic Registrar at the University, by whom applications must be received not later than the first post on May 3rd.

Presentation Day.

The presentation of graduates will take place at the University at 3 p.m. on Wednesday, May 5th.

University Studentship in Physiology.

A university studentship in physiology, value £50, for one year, and tenable by a matriculated student or graduate of the University in a physiological laboratory of the University or a school thereof, will be awarded to a student qualified to undertake research in physiology. Applications to be sent to the Principal by May 31st, from whom full particulars can be obtained.

Advanced Lectures on Physiology.

Dr. T. G. Brodie, F.R.S., Professor of Physiology in the University of Toronto, will deliver a course of four lectures on the gases of the blood in the Physiological Laboratory, King's College, at 4.30 p.m. on May 31st, June 2nd, 7th, and 9th. The lectures are free to medical students, to internal students of the University, and to medical men on presentation of their cards.

Fellows of King's College.

Sir Arthur William May, K.C.B., Medical Director-General, R.N., and Sir Arthur T. Sloggett, K.C.B., C.M.G., Director-General, Army Medical Service, have been appointed Fellows of King's College.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

A QUARTERLY Council was held on April 8th, when Sir W. Watson Cheyne, Bt., President, was in the chair.

The Cataloguing of the Museum.

The Council passed a vote of thanks to Mr. Arthur H. Cheate for his presentation of a large collection of specimens illustrating the surgical anatomy of the temporal bone, and expressed their high appreciation of his services in arranging and cataloguing the whole series of otological specimens.

The thanks of the Council were given likewise to Mr. Alban Doran for his valuable services in arranging and cataloguing the obstetrical and gynaecological instruments in the museum.

Jacksonian Prize.

The Jacksonian Prize was awarded to Mr. Jonathan Hutchinson for his dissertation on the pathology, diagnosis, and treatment of trigeminal neuralgia.

The following subject was selected for this prize for the year 1916: "The Methods and Results of Transplantation of Bone in the Repair of Defects Caused by Injury or Disease."

John Tomes Prize.

The Tomes Prize was awarded to Mr. J. F. Colyer.

Begley Student.

Mr. J. C. Collins was appointed Begley student for the ensuing three years.

Election of Two Fellows.

The following Members of twenty years' standing were elected Fellows: Mr. F. G. Larkin, Grove Park, Kent, and Professor J. Symington, Belfast.

Representatives.

Sir Alfred Pearce Gould was re-elected to represent the College on the Senate of the University of London for the ensuing three years. Mr. G. Bellingham Smith was appointed to represent the College on the Managing Committee of the British Hospital, Woolwich, for Mothers and Babies.

ROYAL COLLEGE OF PHYSICIANS OF IRELAND.

At the meeting of the President and Fellows held on April 9th Dr. James Joseph Aloysius Gannon (Tranmore, co. Galway) was duly elected to the Fellowship.

CONJOINT BOARD IN SCOTLAND.

THE following candidates have been approved at the examinations indicated:

FIRST COLLEGE.—Janet A. A. Sang, W. B. Stott, Rebecca Goodman, Muriel Keyes, N. B. Watson, A. F. Brigmon. *Passed in Physics*: M. Gottschalk, J. K. Steel, T. F. Thomas. *Passed in Biology*: J. B. Singh, T. F. Minford. *Passed in Chemistry*: G. S. Woodhead, A. F. Caddell, J. L. Gibson, R. F. Kerr, T. F. Minford.

SECOND COLLEGE.—*A. I. Meek, J. B. W. Telford, M. Talaat, P. J. Murnane, Janie I. McBurnie, Agnes E. Keen, A. H. B. Hudson. *Passed in Anatomy*: L. MacDuff, E. L. Adendorff, E. B. Bronstorff. *Passed in Physiology*: D. C. Howard, H. A. Madwar, R. G. Bell.

THIRD COLLEGE.—*Z. A. Green, J. A. Murray, J. A. Tolmie, J. F. Campbell, F. C. J. Mitchell, I. Davies, E. A. Hamilton, Martha H. Hoshing, Phoebe Tripp, F. Jones, P. Vertannes. *Passed in Pathology*: I. Borrah, W. McElroy, S. W. Hoyland.

FINAL.—A. Craig, W. L. Coullie, V. J. Wilson, Bak Hin Ong, A. O. Olaribigbe. *Passed in Surgery*: C. E. Meryon, J. M. Hiddleston, J. S. Dickson. *Passed in Midwifery*: N. B. Morris, C. E. Meryon, J. M. Hiddleston. *Passed in Medical Jurisprudence*: M. McL. Bainbridge, J. P. Mathie, W. Ainsley, A. G. McKee, D. C. M. Page, A. W. McGregor, W. A. Backenstoe, P. L. Mannel, R. C. W. Spence, W. J. F. Craig, E. Spence.

* With distinction.

LONDON SCHOOL OF TROPICAL MEDICINE.

THE following were approved at the examination held at the end of the forty-seventh session of the school:

*G. Campbell, †W. L. Peacock, †R. Bruce-Low, E. Banos, M.D., †W. J. J. Arnold, P. T. Patel.

*Dr. Campbell, who passed with distinction, has been awarded the "Duncan" Medal of the L.S.T.M., this being awarded to the student who obtains the highest aggregate of marks during the session.

† Colonial Medical Service.

Obituary.

HENRY LEWIS JONES, M.A., M.D., F.R.C.P.,

CONSULTING MEDICAL OFFICER, ELECTRICAL DEPARTMENT,
ST. BARTHOLOMEW'S HOSPITAL.

THE death of Dr. H. Lewis Jones, which took place on Easter Sunday, on the eve of his 58th birthday, removes an outstanding figure from the ranks of those who have applied electricity to medicine.

Henry Lewis Jones was the son of the Rev. Henry Jones, chaplain, R.N., and was born at Sheerness in 1857. He received his early education at Shrewsbury School; from there he proceeded to Caius College, Cambridge, as Tancred scholar, and afterwards obtained an open scholarship at the same college. He graduated B.A. in 1879, obtaining a first class in the Natural Science Tripos. He proceeded to St. Bartholomew's Hospital as entrance scholar in 1879, and took the diploma of M.R.C.S. in 1881. He was house-physician to Dr. Gee from April, 1883, to April, 1884, his assistant demonstrator in physiology from October, 1886, for three years, and was then appointed full demonstrator, and held this post for one year. He was casualty physician for two years from June, 1887, and assistant medical tutor from 1890 to 1891. He graduated M.D. in his university in 1887, and was elected a Fellow of the Royal College of Physicians in 1894.

On the death of Dr. Stevenson in 1891 Dr. Lewis Jones was elected his successor as medical officer in charge of electrical department at St. Bartholomew's Hospital. Those who remember the indifference and even the contemptuous attitude towards the use of electricity in medicine in those days and its restricted field and will compare its position at the present day, the continuous widening of its field of application, will realize the debt that is owing to the man who made such a development possible, and recognize in him the founder of the English school of electro-therapy and its most influential teacher. In 1891, when Lewis Jones took charge of it, the department consisted of a single one-roomed building divided by partitions into a lobby, in which the patients waited, and three other parts; one contained an electric bath (for many years this was the only bath of its kind in London), another apparatus for testing and treatment, and an operating table for treatment by electrolysis, and the third was used as a consulting-room. The electric current was derived from cells. There were three batteries, each containing sixty cells. When Lewis Jones retired from the active staff of St. Bartholomew's, twenty-one years later, the department contained four large light and airy rooms and two others which were used for x rays. These rooms were fitted with every modern device for treatment by

electricity. There were eight electric baths, and both the direct and alternating currents from the mains were supplied to the rooms.

It is not possible here to do more than mention the more important work that Lewis Jones did for medical electricity. When electric lighting of the streets was introduced he began to use the current from the mains in place of that supplied by the batteries. Recognizing the danger attending the use of the *direct* current from the mains for electric baths, he introduced the use of the sinusoidal current from the alternating current mains. The current that passes through the baths is induced by that traversing the mains, and is on a quite independent circuit, so that dangers from short-circuiting and from imperfect insulation of the bath are avoided. A very large number of cases of paralysis attended the department for electrical bath treatment, and when once the current was switched on to the baths in suitable strength no further attention was required. Lewis Jones was the first in this country to recognize the importance of rhythmic variation in the strength of electrical currents when used for treatment and to adopt this principle for their application.

In the matter of the output of induction coils Lewis Jones made a contribution as important for physiological research as for medical treatment. He obtained oscillographic records of the discharge waves of induction coils, and showed that, far from being instantaneous, as had been taught, they were in most coils comparatively slow, varying profoundly in different coils, and even in the same coil from time to time. He showed how important was the knowledge of the form and duration of the discharge waves, if painless muscular contractions were to be produced during treatment, and if accurate results were desired in testing the reactions of muscles.

He introduced the ionic method of treatment into England, and read the first paper on the subject on the treatment of rodent ulcer by zinc ions in 1907. He introduced diathermy into this country in 1911. At the beginning of 1913 he introduced a new and practical method of testing the reactions of muscles by condenser discharges—a method which is much more accurate than the old, and is likely to lead to new knowledge on the subject of the degeneration of muscles and nerves. He also introduced a method of treatment by condenser discharges.

Lewis Jones taught that electricity, when used as a therapeutic agent, acted either by the chemical (ionic) effects which it produced or by its thermal effects, and so cleared the field of electro-therapy of the mist and obscurity which formerly surrounded it, and placed it on a firm foundation. He was a skilled physicist as well as an able physician, and was an associate of the Institute of Electrical Engineers.

Ten or twelve years ago he was the guiding spirit of the British Electro-therapeutic Society, its president for 1903 and 1904, and the editor of its *Transactions*. A few years later, largely through his instrumentality, a special section was devoted to electro-therapeutics in the newly-formed Royal Society of Medicine, and into this section the older society resolved itself. In the same year, 1907, an electrical section first formed a part of the annual meeting of the British Medical Association held at Exeter. Dr. Lewis Jones was the president of that section, and vice-president of the similar section at the London meeting in 1910.

He acted as official delegate for the British Government to the International Congress of Physiotherapy at Liège in 1905 and in Paris in 1910.

His book, *Medical Electricity*, now in its sixth edition, has been for many years the standard English work on the subject. He also wrote a book on *Ionic Medication*.

Dr. Lewis Jones contributed many papers to the *BRITISH MEDICAL JOURNAL*, and we had the great advantage during a number of years of his advice in dealing with books and articles on subjects affecting medical electricity. He also contributed to Allbutt and Rolleston's *System of Medicine*. The last paper he wrote was, we believe, that which he read before the Röntgen Society a few months ago on the retinal effects of an alternating magnetic field. He was then obviously ill, but, as always when discussing electrical phenomena, he forgot his indisposition while demonstrating the flickering sensation induced by the passing of the current.

Lewis Jones was always keenly interested in aquatic sports and loved the sea. He stroked one of his College

Indian Medical Service as surgeon on March 31st, 1888. He became major on March 31st, 1900, lieutenant-colonel on March 31st, 1908, and retired on October 24th, 1913. He served in two campaigns on the North-West Frontier of India, gaining a medal and clasp in each case—Waziristan, 1894-5, and Buner, 1897-8. Much of his service was spent in civil employ, in the Gaol Department of the North-West (now the United) Provinces, where for several years prior to his retirement he was superintendent of the Benares Central Gaol.

DR. STANISLAUS VON PROWAZEK, who succeeded Schaudinn as director of the department of protozoology in the Institute of Marine and Tropical Diseases at Hamburg, has died at Lima of typhus fever contracted in the course of a research on the pathology of that disease. He was a native of Austria, and studied under Ehrlich, Hertwig, and Schaudinn. He was aged 39.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are: Dr. Allison Maxwell, for many years professor of diseases of the chest and clinical medicine in the Central College of Physicians and Surgeons, and Dean of the Medical School of Indiana, aged 66; Dr. Arthur Mermod, professor of oto-laryngology in the Medical Faculty of Lausanne, author of numerous contributions to the literature of his speciality, notably on the treatment of cancer of the larynx by electrolysis, and on laryngeal tuberculosis, aged 62; Dr. William Grant Moore, formerly president of the Missouri State Medical Association, one of the founders of the Marion Sims-Beaumont College of Medicine, St. Louis, in which he was professor of the theory and practice of medicine and clinical medicine, aged 61; Dr. Notta, surgeon-in-chief to the Lisiens Hospital; Professor Robert von Olschhausen, dean of the Medical Faculty of Berlin, and formerly director of the gynaecological clinics of Berlin and Halle; Dr. Louis Parisot, formerly representative of the Vosges in the French Senate; Dr. Luigi Pastro, Senator of Italy, who suffered five years' imprisonment at the hands of the Austrians for the active part he took in the struggle for Italian independence; Dr. Pilate, senior physician to the Hôtel-Dieu of Orleans and a corresponding member of the Société de Chirurgie; Dr. Hunter Holmes Powell, professor of obstetrics and paediatrics in the Western Reserve University, Cleveland, aged 71; Dr. Dudley S. Reynolds, professor of ophthalmology and otology in the Hospital College of Medicine, Louisville, from 1874 to 1901, aged 72; Dr. Schaer, of Berne, formerly professor of pharmacy and materia medica in the University of Strassburg, author of researches on the influence of hydrocyanic acid and chloral on ferments, seeds and spores, and of a study of the reactions of guaiacum, including a very delicate method for the detection and identification of blood stains; Dr. J. W. R. Tilanus, professor of clinical surgery in the University of Amsterdam, and the oldest of the representatives of surgical science in the Netherlands, aged 92; and Dr. John Farmer Winn, professor of clinical obstetrics in the University College of Medicine, Richmond, U.S.A., and for several years editor of the *Richmond Journal of Practice*, aged 62.

The Services.

ROYAL ARMY MEDICAL CORPS. PROMOTION OF LIEUTENANTS.

THE Under Secretary of State for War has informed Sir C. Kinloch-Cooke, M.P., that it has been arranged that all Lieutenants in the Royal Army Medical Corps shall be promoted to Captains. This applies to the permanently commissioned officers in the Regular Royal Army Medical Corps already serving and not to the Royal Army Medical Corps Special Reserve or Territorial Force. These promotions were made to adjust the due proportion of ranks when the Royal Army Medical Corps was enormously increased by the engagement of temporarily commissioned officers. No addition is being made at present to the number of permanent officers in the Royal Army Medical Corps, and officers appointed temporarily are engaged as

Lieutenants, except in a very few special cases. The promotion of a proportion of Lieutenants, Royal Army Medical Corps Special Reserve, and the conditions of service of the officers of the Royal Army Medical Corps Territorial Force, are under consideration.

TEMPORARY COMMISSIONS: ALLOWANCES.

We are informed on inquiry that officers holding temporary commissions with pay at 24s. receive rations or an allowance of 1s. 9d. a day in lieu, but are not provided with fire, light, etc., the allowances in respect of these being included in the daily rate of pay.

Medical News.

THE Louis Livingston Seaman medal for progress and achievement in the promotion of hygiene and the mitigation of occupational diseases has been awarded to Major General William C. Gorgas.

THE Lord Chancellor has appointed Dr. J. O'C. Donelan, of the Richmond Asylum, to be Consulting Visitor in Lunacy for the County and City of Dublin, in place of Dr. Joseph O'Carroll.

THE Warren triennial prize, founded at the Massachusetts General Hospital by Dr. J. Mason Warren in memory of his father, is offered for the year 1916 for the best essay on some special subject in physiology, surgery, or pathology. Full particulars as to the prize, which is of the value of 500 dollars, can be obtained from Dr. Frederic A. Washburn, resident physician at the hospital.

AT a meeting of the Order of Medical Practitioners held at Bologna on January 31st, the propriety of the attendance of doctors at duels was discussed. In view of the difficulty of refusing medical aid to those wounded in duels, a resolution was finally passed that the medical profession should use every effort to bring about the abolition of the duel, which was characterized as inhuman and barbarous.

COURSES of instruction and demonstrations in practical bee-keeping will be given throughout the spring and summer months at the Educational and Experimental Apiary of the British Bee-keepers' Association, established in the Zoological Gardens, Regent's Park, with the financial assistance of the Development Commissioners. Full particulars can be obtained from the Secretary of the Association, Mr. W. Herrod-Hempsall, 23, Bedford Street, Strand, W.C.

THE doctors of Cuba who have received part of their professional training in Paris have formed a committee, having its head quarters at Havana, for the supply of cigars and other Cuban products to the French wounded. The liberality with which this benevolent work is conducted may be gathered from the last consignment, which included 27,650 kilos of sugar, 2,500 hectolitres of rum, 10 cases of rum of superior quality, 400 kilos of tobacco, 14 large cases of cigars, 1,500 kilos of coffee, and nearly £200 in money.

WE learn from the *New York Medical Journal* that, in pursuance of a joint resolution of Congress, the President of the United States has issued invitations to the governments of all the South American republics inviting them to send delegates to the seventh Pan-American Medical Congress, which is to be held at San Francisco from June 17th to 21st. The replies which have been received indicate that there will be a large and representative attendance. Clinics are being arranged in a number of cities between New York and San Francisco for the purpose of giving the visitors an idea of the medical and surgical work that is being done in the United States.

AT an emergency meeting of the Royal College of Surgeons in Ireland licences were granted to a number of students who had just passed the necessary examinations and who had signified their intention to join the R.A.M.C. The President read out a list of the licentiates of the college who had been mentioned in dispatches up to February 19th. Over 600 licentiates of the college are at present serving with the R.A.M.C., while many students are with the colours in other capacities, and the President said that "the students of the college were to be found serving in many capacities from a mine-sweeper in the Dardanelles to a Major in the Life Guards; from a private in the 7th Battalion Royal Dublin Fusiliers to a Surgeon-General in Flanders; from a surgical dresser on board a torpedo boat to a Brevet Colonel in France. There was also a dispatch rider, a stretcher-bearer, a gunner—in fact, there was no branch of the service, either in the navy or the army, that had not a representative from that College."