of *Materia Medica* at the Medical College, Lahore, relieving Captain A. C. MacGilchrist, whose services have been replaced at the disposal of the Home Department of the Government of India. Major A. Leventon, civil surgeon of Lakhimpur, has been appointed Civil Surgeon at Darrang, Eastern Bengal. Major J. Fisher has taken over duty as Residency Surgeon at Jaipur from Lieutenant-Colonel W. H. B. Robinson. The services of Major W. D. Hayward, civil surgeon of Jaipajuri, Bengal, have been placed permanently at the disposal of the Army Department. Major P. Dee, Madras, has received two months' extension of leave of absence from India on medical certificate. Captain J. C. S. Oxley and Captain R. S. Kennedy have arrived home from India on leave. The services of Captain T. T. Owen have been placed at the disposal of the Government of Burma. Captain C. Dykes, on return from leave, has been appointed Civil Surgeon at Jaunpur. Captain S. H. Lee-Abbott, from Dalhousie, has been posted as Civil Surgeon to Ferozopore. Captain A. K. Laudie, civil surgeon of Dera Ghazi Khan, has been granted 16½ months' privilege leave combined with furlough. The Lieutenant-Governor of the Punjab has made the following appointments: Captain M. Dalziel, superintendent of the Central Jail, Multan, posted to Multan, on return from combined leave, relieving Captain W. T. Finlayson. Captain W. T. Finlayson, superintendent of the District and Female Jails, Lahore, posted to Lahore, relieving Captain R. A. Chambers. Captain E. D. W. Greig has been appointed to officiate as Director of the Central Research Institute at Kasauli during the absence of Sir David Semple.

SPECIAL RESERVE OF OFFICERS.

Royal Army Medical Corps.

Captain Jonathan Clerke to be Major (dated Jan. 11th, 1911). James Oliver Hamilton to be Lieutenant (on probation) (dated Nov. 9th, 1910).

TERRITORIAL FORCE.

Colonel Philip E. Hill, administrative medical officer of the Welsh Territorial Division, resigns his commission, and is granted permission to retain his rank and to wear the prescribed uniform (dated Jan. 18th, 1911).

Royal Army Medical Corps.

3rd South Midland Field Ambulance, Royal Army Medical Corps: Charles Ferrier Walters (late Quartermaster and Honorary Lieutenant, 2nd Southern General Hospital) to be Lieutenant (dated Jan. 18th, 1911).

2nd Southern General Hospital, Royal Army Medical Corps: Quartermaster and Honorary Lieutenant Charles F. Walters resigns his commission (dated Jan. 18th, 1911).

For attachment to Units other than Medical Units.—James Andrew Simpson to be Lieutenant (dated Oct. 12th, 1910). Captain James King Patrick, from the 2nd Lowland Field Ambulance, Royal Army Medical Corps, to be Captain (dated Nov. 18th, 1910). Christopher Francis Murphy to be Lieutenant (dated Nov. 29th, 1910).

Attached to Units other than Medical Units.—Captain (Honorary Captain in the Army) James C. G. Macnab resigns his commission (dated Jan. 18th, 1911).

THE NAVAL MEDICAL SUPPLEMENTAL FUND.

At the quarterly meeting of the directors of the Naval Medical Supplemental Fund held on Jan. 10th, Sir J. N. Dick, K.C.B., being in the chair, the sum of £50 was distributed among the several applicants.

QUEEN ALEXANDRA'S ROYAL NAVAL NURSING SERVICE RESERVE.

The regulations for this service, which have just been issued, state that the Reserve has been formed for the purpose of supplementing the staff of Queen Alexandra's Royal Naval Nursing Service during naval warfare on a large scale. The Director-General of the Medical Department of the Navy will be responsible for the administration and 250 nurses will be employed. This number may, however, be augmented in case of necessity during hostilities.

DEATHS IN THE SERVICES.

Fleet-Surgeon James Macdonald Rogers, R.N., of the *Orontes*, recently at Malta. He entered the service as a surgeon in 1884, and became fleet-surgeon in 1900. In that year he was awarded the Sir Gilbert Blane gold navy medal.

Deputy Inspector-General of Hospitals and Fleets Matthew Coates, R.N., at his residence at Dawlish on Jan. 13th. He entered the service as surgeon in 1859, became staff-surgeon in 1871 and fleet-surgeon in 1882, in which year he retired with the rank of deputy inspector-general.

Correspondence.

"Audi alteram partem."

INTERNATIONAL HYGIENE EXHIBITION AT DRESDEN : AN APPEAL.

To the Editor of THE LANCET.

SIR,—In the month of May of this year a great exhibition will be opened in Dresden, at which a complete record of the achievement of hygiene from the earliest times up to the present day will be laid before the eyes of the public. Advance will be stimulated by means of over 200 conferences and congresses, and every nation of importance will take part in the endeavour to improve the conditions of mankind.

Since the Government, acting on the advice of the Board of Trade, has decided not to take an official part in this undertaking, there is a grave danger that Great Britain, the admitted leader in hygiene, may be the only nation of importance which is not represented. To save this country from such a disastrous occurrence the vice-presidents of the British Executive Committee, together with a number of men eminent in the world of science, have issued an appeal letter asking for the sum of £10,000. Within a week of the issue of this appeal upwards of £2000 have been subscribed or guaranteed. Sums of 5s. (from a "Lover of Peace and Goodwill") up to £100 (from the Corporation of Glasgow) have been received, and guarantees of from £1 to £300 have been given. A very generous offer has been made by Mr. Joseph Rowntree. His family will give £500 if nine others will come forward with at least an equal amount.

With confidence we turn to your readers to save Great Britain from having to hang her head in shame. The world has a right to expect this country to take a prominent part in this friendly international endeavour. The exhibition in Dresden must not be compared with ordinary industrial and "side-show" exhibitions. It will be a vast museum and school, where every legitimate means will be employed in order that its scientific, humanitarian, and educational purposes may be fulfilled. Time is short. The Administration in Dresden asked for a definite reply by the 15th of this month, but has granted an extension.

Subscriptions, both large and small, will be gratefully acknowledged if addressed to the secretary. Cheques should be made payable to the Right Hon. Lord Ilkeston.

We are, Sir, your obedient servants,

THOMAS BARLOW,
Chairman.

ILKESTON,
Hon. Treasurer.

H. W. ARMIT,
Secretary.

47, Victoria-street, Westminster, S.W.

A RETROGRADE STEP IN DEATH REGISTRATION.

To the Editor of THE LANCET.

SIR,—With something akin to a flourish of trumpets, the Registrars-General for the three divisions of the United Kingdom announce, in the first of their Weekly Returns for 1911, that, among other changes, the International List, or Classification, of Causes of Death has been adopted in their several reports.

At the first glance, and from the medical statistician's point of view, this change seems to be a proper and a useful one. But let us look into the matter a little more closely, and from a sanitary standpoint, and the glamour fades. In the modified list "cerebro-spinal fever" takes its place among "other diseases of the nervous system"; "pneumonia" (which, by the way, is advancing by leaps and bounds into the first rank of "the ministers of death") is grouped with "other diseases of the respiratory system"; "diarrhoea

and enteritis," which demand "more than a human hecatomb" from child life every week in the late summer and early autumn year by year, are bracketed with "other diseases of the digestive system"; while "puerperal fever (septicæmia), &c.," are followed by "other causes incident to childbirth."

Now, it will be observed that every one of these diseases undoubtedly belongs to the class of the acute infections, and the infecting agent in the first two of them, at all events, has long since been identified and isolated. And even in the case of summer diarrhoea the active part played by Shiga's bacillus as a causative agent can hardly be questioned at the present day. Further, is not "puerperal fever" universally acknowledged to be due to sepsis caused by sapræmia or septicæmia—forms of toxæmia which in the International List are grouped with tetanus and tuberculosis? Surely small-pox, measles, and scarlatina might just as well be included with "diseases of the skin and cellular tissue," or influenza, diphtheria, and "croup" (which last term should be expunged from any scientific list of diseases) with "diseases of the respiratory system," or enteric fever with "diseases of the digestive system." "Typhus," again, has disappeared from the International List as printed in the English Weekly Return, but it has very properly been retained among "other epidemic diseases" by the Registrar-General for Ireland.

The point, however, which I wish in particular to make is that the transference of such unquestioned acute infections as cerebro-spinal fever, pneumonia, diarrhoea, and puerperal fever from their rightful position under the heading "epidemic diseases," places a formidable stumbling-block in the path of sanitary reformers and medical officers of health. The hands of the State Medicine clock are being put back a quarter of a century at least—to pre-notification days. For when sanitary authorities are asked to add such and such a disease to the schedule of the Notification and Prevention of Infectious Diseases Acts, they will answer: "Oh! the Registrar-General holds that this disease is one of the respiratory system, that other is an affection of the digestive system."

In Ireland on March 31st, 1910, the provisions of the Infectious Disease Notification Act of 1889 had been adopted in 142 out of 158 rural districts, and in 83 out of 95 urban districts. Throughout Great Britain the Act has long since been in force. Writing as a resident in Ireland, I cannot but regard with concern a modification in the list of causes of death which will probably delay (for it cannot ultimately prevent) the including among notifiable diseases under an Act which is now almost universally adopted in the United Kingdom of such death-dealing, yet preventable, maladies as pneumonic fever and epidemic diarrhoea.

I am, Sir, yours faithfully,

JOHN W. MOORE, M.A., M.D., D.P.H.

Dublin, Jan. 16th, 1911.

(1871) Dub., F.R.C.P. Irel.

ABBOTT AND WIFE v. RYALL.

To the Editor of THE LANCET.

SIR,—I have seen a cutting from one of the morning papers misrepresenting the answers given to certain questions put to me in a law court last week. My object in writing to you is to make it clear that in my answers the word "anxiety" was only employed in relation to the giving of "instructions" (for after-treatment and observations of results) to "subordinates."

The case was an important one for our profession, and one of the chief points upon which it turned (*vide* the summing-up) was the matter of the instructions given by the doctors to the nurses, and the deductions made by them from the report of the nurses as to the result of the carrying out of those instructions. I was in the witness box more than half an hour, being examined, cross-examined, re-examined, and then questioned by the judge. The two reports which I have seen were brief epitomes. That in the *Times* is a fair one, and demonstrates that that reporter clearly understood the matter in question to be one of "instructions" given by a surgeon to a nurse—his nurse—the nurse he had taken to the case. The word essential to the proper understanding of the questions and answers with which this note is concerned is "subordinate."

I was asked whether "the surgeon would before leaving the case give instructions to his subordinate," and I replied

"Yes." Then to a further question, of detail as to examining and reporting the result of an enema given with the intention of bringing away the swab from the bowel, I said, "As this case shows that is one of our greatest anxieties." And with this statement surely everybody who is used to the after-care of abdominal operations will agree.

I ask you to publish this explanation in case any of your readers may have seen only the second, the unfair and misleading, epitome to which I refer at the beginning of this letter; for in attempting to boil down into one the many questions and answers upon a technical point it misses entirely the matter at issue; and, what is far worse, it at the same time insults my profession and myself by substituting for the word "subordinate" the words "patient's medical adviser."

That this substitution was effected by some reporter who is quite incapable of conveying, even if he can grasp, the technical points involved in the evidence is proved by his senseless jumbling of terms in the preceding paragraph.

I am, Sir, yours faithfully,

Jan. 17th, 1911.

ALFRED D. FRIPP.

A METHOD OF SERUM DIAGNOSIS FOR TUBERCLE.

To the Editor of THE LANCET.

SIR,—The object of my letter with regard to Captain V. B. Nesfield's communication on the serum diagnosis of tubercle was to point out that practically all persons—adults especially—have in their blood antibodies to the tubercle bacillus, and that, therefore, any method of diagnosis must be an accurate quantitative one. It is not a question of presence or absence, but of more or less. I believe I have found such a method by the application of a new principle—i.e., the estimation of the time in which complement absorption takes place with an emulsion of bacteria of definite strength under standard conditions. The process is simple and easy in execution, gives exact results, and is available for all cultivable organisms (though I have only used it at present for tubercle and typhoid), and I think it will be found of great clinical value as affording the simplest method for the application of the Bordet-Gengou reaction in diagnosis.

Captain Nesfield's method of gauging the strength of the emulsion by the appearance (i.e., by guess) is entirely inadequate where quantitative work is to be undertaken. For opsonic work it is different, for here a normal control is used in every case; and even here the careful worker will endeavour, by means of an orientating test, to get his emulsion as uniform as possible on each occasion. In a preliminary communication such as I was making I did not think it necessary to go into details, nor do I now; I may remark, however, that my standard emulsion is carefully sterilised, so that no "short, broad bacillus" can make its appearance, and that controls have been made to show that the disappearance of the complement is really due to specific absorption and not to destruction at the incubator temperature, which does not take place for a much longer period.

I have determined the amount of complement in the serum in a considerable number of cases by an accurate method, and have as yet found no connexion between the figures thus obtained, the amount of antibodies (as determined by the absorption time), and the opsonic index. The question as to whether free complement exists in the circulating blood or not has formed, as any of your readers who are interested in the study of immunity will know, one of the important controversies arising out of the subject, and Captain Nesfield will find an outline of the more important facts bearing on the dispute in my book on Immunity and Specific Therapy, where three pages are devoted to this question. I have also mentioned the fact that opsonin is absorbed along with complement in the Bordet-Gengou reaction, which I thought was now well known.

Captain Nesfield makes numerous definite statements which are entirely unjustified in the present state of our knowledge of the subject—for instance, that a patient suffering from tubercle must constantly be losing complement from intravascular deviation. There is no evidence that this ever occurs, and we should not expect it to do so if there is no free complement in the plasma. Again, he says that an excessive dose of tuberculin would probably reduce the complement in the blood and be a source of danger. I am aware that some