It is to be noted that the solution is prepared without the addition of any anæsthetising agent, such as stovaine or novocaine. Experiments made with higher percentages of both guaiacol and liquid glucose were found to be unsatisfactory.

There are many qualities of liquid glucose, varying in colour from dark brown to yellow, but the product used should be the pure substance, which is clear and colourless. Of this solvent, 10 to 20 minims are taken and the novarsenobillon powder is dissolved in it, which it readily does, even when the dose is as large as 0.75 g. With this amount of liquid the injection is made. This amount is very small, which is of great importance, as the least bulk of fluid possible should be injected into the tissues.

I do not consider the addition of a local anæsthetising agent necessary, for with intramuscular injections pain makes no appearance until several hours after giving the drug, and by that time the effect of a local anæsthetic has disappeared. If the injection is skilfully administered there is no pain at the time of administration and the insertion of the needle is not felt.

The method recommended is to take a 1 c.cm. tuberculin or intramuscular syringe fitted with a fine intramuscular needle. Separating the needle from the syringe and holding it between the thumb and forefinger, it is stabbed with a rapid movement of the wrist into the glutei in the upper and outer quadrant of the buttock, causing it to enter the tissues at right angles to the skin. The depth to which the needle is inserted—usually from three-quarters up to the hilt—can only be gauged by practice. The buttock should be carefully palpated beforehand to ascertain the best position for inserting the needle and the force requisite to drive the needle to the desired depth. When this has been done the syringe is fitted on to the needle, care being taken that the needle is kept stationary while it is in the tissues and while the plunger is being pushed down. The needle and syringe are then withdrawn as one, as rapidly as possible to prevent any solution remaining along the track of the needle. The buttock is then gently massaged for five minutes.

Although a few patients have complained of pain lasting for two or four hours this is exceptional. By this method I find that patients are spared the intense pain which often attends the administration of the drug with the solvents generally in use.

I am, Sir, yours faithfully,

THOS. ANWYL-DAVIES,

In charge of the Venereal Department, St. Thomas's Hospital.
13, Park-place, St. James's, S.W., Nov. 23rd, 1918.

SECURITY OF TENURE FOR MEDICAL OFFICERS OF HEALTH AND INSPECTORS OF NUISANCES.

To the Editor of THE LANCET.

SIR,—As the time is approaching when, I think, an application might be made to the Local Government Board for the issue of the Order referred to in the enclosed letters, I send you copies of the letters for publication.

I am, Sir, yours faithfully,

Nov. 23rd, 1918.

PHILIP MAGNUS.

[ENCLOSURES.]

Local Government Board, Whitehall, S.W. 1,
30th December, 1915.

MY DEAR MAGNUS,—In accordance with the decision of my predecessor, which was contained in his letter to you of February last, my Department have prepared an Order giving security of tenure to whole-time medical officers of health and inspectors of nuisances in the future.

I entirely agree with the decision at which Mr. Samuel arrived, and am strongly in favour of security of tenure for these officers, but I must confess that my own feeling is that the present is hardly the most appropriate time for the issue of such an Order, in view of the fact that so many of our best men have given up local work for service with the Army or Navy, and that the conditions are now quite abnormal.

Perhaps you would kindly let me know what your views are and whether in the circumstances you would see any objection to the issue of the Order being further postponed.—Yours sincerely,

(Sgd.) WALTER H. LONG.

Local Government Board, Whitehall, S.W. 1,
7th January, 1916.

MY DEAR MAGNUS,—Many thanks for your letters with respect to the tenure of office of medical officers of health and inspectors of nuisances. I felt sure you would agree that there were good grounds for postponing the intended change.

I see no objection at all to your publishing our correspondence.

Yours sincerely,

(Sgd.) WALTER H. LONG.

I am very grateful to you for your most valuable and friendly cooperation.—W. H. L.

The War and After.

SUMMARY OF TOTAL WAR CASUALTIES.

WE gave last week Mr. Macpherson's statement to the House of Commons regarding the total British casualties, including those of Dominion and Indian troops, up to Nov. 10th. This referred to land warfare. The Secretary of the Admiralty has issued a corresponding statement regarding naval losses. From the outbreak of the war up to Nov. 11th last there was a total of 39,766 casualties in the Royal Navy and Royal Marines, excluding the Royal Naval Division (included in the War Office figures), but including the Royal Naval Air Service up to the end of last March. The figures also include a certain number of officers and men of the Mercantile Marine injured while serving on commissioned vessels. The total naval casualties are analysed as follows:—

	Officers.	Men.
Dead (including died from wounds and from other causes)	2,466	30,895
Wounded	805	4,378
Missing	15	32
Interned and prisoners of war	222	953
Total	3,508	36,258

In addition to these, 14,661 officers and men of British merchant ships and fishing vessels have lost their lives through enemy action, and 3295 others have been captured and detained in enemy countries as prisoners of war.

Canadian Losses.

An official statement gives the total casualties to Nov. 5th last in the Canadian Overseas Forces as 213,268:—

Killed in action	35,128	Missing	842
Died of wounds	12,048	Wounded	154,361
Died of disease	3,409	Prisoners of war	2,860
Presumed dead	4,620		213,268

American Losses.

In an interview given at Washington, General Peyton March gave the casualties during the war in the U.S.A. Army:—

Killed or died of wounds	36,154	Wounded	179,625
Died of disease	14,811	Prisoners	2,163
Deaths uncertified	2,204	Missing	1,160

Indian Casualties.

The total number of casualties among the Indian troops up to Sept. 30th last has been officially given as 101,439, viz.:—

	Killed.	Wounded.
In Mesopotamia	14,742	30,589
In France	6,900	16,380

THE CASUALTY LIST.

The following medical officers appear among the casualties announced since our last issue:—

Killed.

Capt. R. Clark, R.A.M.C., attached Hussars.

Died of Wounds.

Lieut.-Col. P. S. O'Reilly, C.M.G., R.A.M.C., qualified in Ireland in 1899, and joined R.A.M.C. shortly afterwards. He took part in the South African War, and at the time of his death was senior medical officer at the Royal Arsenal, Woolwich.

Died.

Capt. M. W. Miles, R.A.M.C., qualified in London in 1917, and thereupon joined up. He died in England of pneumonia following influenza.

Capt. E. D. Keane, R.A.M.C., was a student at Aberdeen University and qualified in 1901. He held appointments at the County Asylum, at Chalmers' Hospital, and at the Dispensary, Banff, and was in practice at Kensington at the time of joining the R.A.M.C.

Major W. S. MacDonell, Canadian A.M.C.

Capt. M. S. K. R. Rao, I.M.S.

Major G. G. Anderson, R.A.M.C.

Surgeon-Lieut. J. F. Howell, R.N.

Surgeon Sub-Lieut. J. D. Gear, R.N.V.R.

Wounded.

Capt. J. J. B. Edmond, R.A.M.C., attached K.R.R.C.

Capt. G. Robinson, R.A.M.C.

Lieut. W. H. Ross, R.A.M.C., attd. Devonshire Regiment.

Capt. A. W. Raymond, M.C., R.A.M.C., attd. Rifle Brigade.

Capt. Santokh Singh, I.M.S.

Capt. W. G. MacKenzie, M.C., R.A.M.C.

Previously Reported Wounded, now Reported not Wounded.

Capt. W. G. Shakespeare, R.A.M.C.