that of a most successful adjuvant to massage. Some of us have been wondering what sort of "expert" advice our overworked War Office has been getting on these serious questions. Here is apparently one of the "experts," and our wonder lessens.

Happily better counsels are beginning to reach the official ear. In July, 1915, four months before the first general announcement of Command Dépôts was made (although soon after a further official notice was issued stating that no special treatment was yet available), one of the secretaries went over to Paris to investigate, on behalf of the special committee of the Balneological Section of the Royal Society of Medicine (itself in close touch with the War Office), the remarkable results being obtained at the Grand Palais, and brought back a report which was communicated to the military authorities. In the following February the President of the section went to Paris, and, being afforded special facilities by the French authorities, was able to bring back a very full confidential report on the financial and scientific particulars necessary for the installation in this country on an adequate scale of the French system in order to compare its merits with those of our own procedures. This report was communicated to the War Office at once. Soon afterwards a small installation for officers was privately set up in London, which has been giving excellent results.

There can be no reasonable doubt that there are large numbers of disabled men, up and down the country, for whom an adequate system of physical treatment is not available, and whose disabilities are being allowed to persist in greater degree than would otherwise be the case. The question is now one for the Treasury, the Insurance Commissioners, and, above all, for the public. Are we, or are we not, to be allowed to give a fair trial to a method of treatment which has at least incontestably proved its claim to such a trial? As a student, more than a quarter of a century ago, I remember the lives which were lost by the reactionaries who did not believe in "microbes." Are we to have the lives of our splendid men rendered unnecessarily wretched by needless crippling to please a new generation of reactionaries? I commend Dr. Lambert's report to all who are in doubt.—I am, Sir, yours faithfully,

Exeter, Nov. 6th, 1916.

W. GORDON.

To the Editor of THE LANCET.

SIR,—In an interesting account of the mechano- and electro-therapeutical departments at the Command Dépôts and Convalescent Camps given by Dr. Florence Barrie Lambert in your issue of Nov. 4th, she has made one or two statements and implications which we think it our duty to correct.

Dr. Lambert states with reference to a paragraph quoted from a report of a subcommittee of the Committee of Council of the Section of Balneology and Climatology of the Royal Society of Medicine, that "it passes over as practically non-existent the splendid work of the Command Dépôts and Convalescent Camps, chiefly because the *eau courante* bath has not been installed broadcast." This is far from accurate. The object of the Committee of Council since its formation in January, 1915, has been to further, by all means in its power, the employment and coördination of *all forms* of physical treatment for disabled soldiers, whether by means of hydrology, mechano- or electro-therapy, massage, or gymnastics. The committee has never urged the use of one form of treatment to the exclusion of another. The *eau courante* bath was recommended because it had been found a most useful adjunct to massage and mechanical movements, the beneficial effect of which has been shown to be greatly increased by the previous application of the *eau courante* bath. We should also like to point out that neither at Heaton Park Command Dépôt, nor at the National Orthopaedic Hospital in London, nor at the Red Cross Clinic for Physical Treatment for Officers in London is the Zander apparatus used only for giving *passive* mechanical exercises. The apparatus employed at these institutions and at the Grand Palais Hospital in Paris is used principally for active movements. The "good manual work" which Dr. Lambert so appreciates is very important, but, even when combined with electricity, it cannot replace all other forms of physical treatment.

When the committee was formed there is no doubt that this country had lagged behind both France and Germany with regard to physical treatment, but now, after the lapse

of nearly two years, a great deal of satisfactory work is being done at Convalescent Camps, Command Dépôts, and Red Cross institutions in this country. We must not, however, permit ourselves to become self-complacent, but continue to develop, improve, and coördinate all methods of physical treatment, old and new, so that no disabled soldier shall be able to say that he has not had every form of treatment likely to reduce his disability to a minimum on his return to civil life.

We are, Sir, yours faithfully,

SEPTIMUS SUNDERLAND,
J. CAMPBELL McCURE.
London, W., Nov. 6th, 1916.

MANUFACTURE OF SALVARSAN PRODUCTS IN ENGLAND AND FRANCE.

To the Editor of THE LANCET.

SIR,—In reply to Captain W. d'Este Emery's and Captain J. Everidge's communication on this subject in your issue of Nov. 4th, I beg to state that since my letters to THE LANCET of April 3rd, May 1st, and May 8th, 1915, I have not drawn renewed attention to my unfortunate experiences with kharsivan for the excellent reason that I decided more than a year and a half ago to abandon its use for ever.

I did in THE LANCET of Sept. 30th last draw attention to the fact that in the space of a few weeks two inquests were reported in the daily papers of fatalities following injections of kharsivan at Guy's Hospital. This can hardly be called my unfortunate experience, but the cases were cited as a justification of the conclusions which I had arrived at, never in the future to employ this preparation.

I am, Sir, yours faithfully,

J. ERNEST LANE,
Queen Anne-street, W., Nov. 6th, 1916. Major, R.A.M.C. (T.).

To the Editor of THE LANCET.

SIR,—We have read with interest the letter from Captain d'Este Emery and Captain John Everidge, which you publish in your issue of Nov. 4th, and we are pleased to be able to state that our experience of kharsivan is in exact agreement with theirs. In therapeutic effect we regard the British product as identical with the German, and its use has never produced in our hands anything but the most beneficial results.

We are interested to notice that the technique of your correspondents is identical with that which we have followed for several years, and we are confident that were this technique followed carefully by all administrators of salvarsan or kharsivan ill-effects would entirely disappear.

Major Ernest Lane seems to have had some unfortunate experiences. It would be interesting to know if he personally supervises the preparation of all the solutions he uses in administering kharsivan.

We are, Sir, yours faithfully,

G. STOPFORD-TAYLOR.
R. W. MACKENNA.
Liverpool, Nov. 6th, 1916.

THE ETHICAL STANDARDS OF PANEL PRACTICE.

To the Editor of THE LANCET.

SIR,—Dr. O. Eccles's letter in your issue of Nov. 4th provides food for reflection, for evidently Dr. Mitchell Bruce "knows something" if he said what is attributed to him. The point at the bottom is: the strain on ethical standards which is put on the conscientious panel doctor by the method at present in vogue. A big panel list is a commercial asset, by whatever means obtained, and it is not necessarily the best qualified doctor who gets the biggest panel. There are wheels within wheels, so to speak, and the public are no better judges of doctors than doctors are supposed to be of financial and general business undertakings. Anyway, a big panel list can only be properly supervised by neglecting private work. Since one is not likely to do this, the panel patient puts a great strain on one's ethical standard. He must be disposed of as quickly as possible, but *without offence*, and that for three reasons: 1. He may complain to his Insurance Committee and cause worry. 2. He may cease to recommend his present panel doctor. 3. He may have a family, who are private patients. And so if he alleges he is not fit for work and wants another

certificate, there is a great strain thrown on his panel doctor, and who shall blame him if the temptation is greater than he can bear? Some folk like temptation and court it, and boast how they have resisted it, but there generally comes a time when the resistance gives way. It is a question of human nature and human frailty—and I cannot see where Dr. Mitchell Bruce is wrong in calling attention to the fact, as Dr. Eccles puts it, that with regard to panel doctors "they are tempted by the conditions of panel practice." Contrast the position of the regimental M.O. in taking "sick parade" in the morning, where he sorts out the malingerers from the really sick, oftentimes a difficult task, but he is at a great advantage, being unhampered by temptation as to financial losses or future popularity.

This panel system has caused the medical profession to almost cease to be an "honourable profession," let alone a "noble profession," in the eyes of the public, and the sooner we recognise the fact that it should be carried on by whole-time men, paid by salary, and no temptations to trouble them, the better for everybody—insured, uninsured, and medical men. I write as an old Tory and as the result of experience of panel practice since the commencement of the National Insurance Act: thus only will ethical standards remain what they were in Dr. Mitchell Bruce's early days.

I am, Sir, yours faithfully,

Saffron Walden, Nov. 4th, 1916.

JOHN P. ATKINSON, JUN.

THE DIFFERENTIATION OF HEART MURMURS IN SOLDIERS.

To the Editor of THE LANCET.

SIR,—I have read with great interest the letter by Professor David Drummond on the above subject which appeared in your issue of Nov. 4th. I venture to give my experience with regard to the effect of external pressure on functional murmurs, as I am led to believe that many medical men are not aware that steady pressure over the site of a functional murmur at or near the apex will obliterate that murmur, but will not do so in the case of an organic murmur. I have seen quite a number of cases of officers on sick-leave, or invalided out of the service, who have come to me with a history of organic valvular disease, but on examination the murmur has proved to be functional by the pressure test, and has later disappeared on treatment. I do not find it necessary to press in the ribs with the fingers as in Professor Drummond's method, because simple pressure with the bell-piece of the stethoscope has proved sufficient in all cases I have seen. I am particularly interested in Professor Drummond's letter, as I had the pleasure of attending his clinical lectures when I was a student.

I am, Sir, yours faithfully,

Harley-street, Nov. 3rd, 1916.

LESLIE THORNE THORNE.

THE TREATMENT OF VENEREAL DISEASES.

To the Editor of THE LANCET.

SIR,—In the annotation entitled "Practical Instruction in the Diagnosis and Treatment of Venereal Diseases," in THE LANCET of Oct. 28th I notice the statement that neo-salvarsan is the only colloid arsenical preparation which can at present be wisely administered intramuscularly. Your contributor evidently overlooked galyl (Bresillon), which is now so largely used intravenously in place of salvarsan. This preparation is also extensively used intramuscularly, especially in France, and with the very best results. It is a very perfect oily emulsion, which, with a little care in technique, can be used with little or no pain. The results are excellent, both immediate, in the clearing up of evident lesions, and ultimate, as proved by the Wassermann test. Personally I have used this preparation in over 400 injections with the best results and without the slightest mishap or inconvenience to the patient.

I am, Sir, yours faithfully,

Leicester-square, W.C., Nov. 2nd, 1916.

GERALD DALTON.

CARDIFF MATERNITY HOSPITAL.—Commander Sir Edward Nicholl, who has already subscribed £10,000 to the King Edward VII. Hospital, Cardiff, has given £50,000 towards the Nursing Home and Maternity Hospital. This department of the King Edward VII. Hospital will cost £120,000, of which £80,000 have been subscribed or promised.

The War.

THE CASUALTY LIST.

THE following names of medical officers appear among the casualties announced since our last issue:—

Killed.

Capt. B. J. L. Fayle, R.A.M.C., attached Royal Horse Artillery, was educated at Clifton College and at Cambridge, and qualified in 1913. He held house appointments at the Bristol General Hospital, and joined the R.A.M.C. just prior to the war, obtaining his captaincy in March, 1915.

Capt. T. C. Kidner, R.A.M.C., attached Middlesex Regiment, was a student at the Royal Dental Hospital, London, and at the Middlesex Hospital, qualifying in dentistry in 1912 and in medicine and surgery in 1914. He was in practice at Stoke Holy Cross, Norwich, before the war, and joined the R.A.M.C. in September, 1914, obtaining his captaincy in March, 1915.

Capt. F. N. S. Hitchcock, New Zealand Medical Corps, was a student at St. Thomas's Hospital, London, and qualified in 1907.

Died of Wounds.

Capt. M. J. Rees, R.A.M.C., was educated at the City of London School and at the University of Wales, Aberystwith, and was a student at Guy's Hospital, London, qualifying in 1902. After holding health appointments at Reading and at Aberdare he went to the Local Government Board at Whitehall, and was a medical inspector when he volunteered for the R.A.M.C. He obtained his captaincy in January this year.

Died.

Lieut. F. Whitaker, R.A.M.C., was educated at Cambridge University and at St. Bartholomew's Hospital, London, and qualified in 1903. He had held appointments at the Royal Infirmary, Halifax, and was in practice at Halifax when he joined the R.A.M.C. in October, 1915.

Wounded.

Capt. R. Burgess, R.A.M.C.

Capt. G. L. Jones, R.A.M.C., attached Devon Regiment.

Capt. J. M. Mackenzie, M.C., R.A.M.C., attached Northumberland Fusiliers.

Lieut. G. McI. Dale, R.A.M.C., attached Rifle Brigade.

Capt. H. B. Low, R.A.M.C.

Capt. A. E. Quine, R.A.M.C., attached Middlesex Regiment.

Lieut. R. Younger, R.A.M.C., attached Royal Warwick Regiment.

Capt. N. M. McNeill, Canadian Army Medical Corps, attached Canadian Infantry.

THE HONOURS LIST.

For distinguished service and devotion to duty during the typhus epidemic at Gardelegen Prisoners of War Camp, Germany, during the spring and summer of 1915, when 12 of the 16 medical men of the Allied Forces contracted the disease and two died, the following honours have been conferred:—

C.M.G.—Major P. C. T. Davy, R.A.M.C.

D.S.O.—Capt. A. S. Williams, R.A.M.C., and Capt. A. J. Brown, R.A.M.C., Special Reserve.

MENTIONED IN DESPATCHES.

The names of the following medical officers are to be added to the despatches detailed:—

From General Sir Ian Hamilton, dated Dec. 11th, 1915 (THE LANCET, Feb. 5th, 1916, p. 321): Capt. F. C. Casement, R.A.M.C., Temp. Surg. E. S. Calthorp, R.N., Staff-Surg. A. T. Rivers, R.N., Staff-Surg. C. E. C. Stanford, R.N.

From General Sir Charles Monro, dated March 6th, 1916 (THE LANCET, July 22nd, 1916, p. 163): Capt. A. J. Horne, R.A.M.C., Temp. Hon. Capt. W. T. Thomas, R.A.M.C., Temp. Lieut. H. E. Brown, R.A.M.C. (since relinquished his commission).

From Sir Reginald Wingate, dated August 8th, 1916 (THE LANCET, Nov. 4th, 1916, p. 806): Capt. E. Gibbon R.A.M.C.

Lieutenant-Colonel Gilbert Barling, R.A.M.C. (T.F.), has been appointed a consulting surgeon to the British forces in France.