disease which are looked upon as almost inseparable from so-called slum dwellings.

I am, Sirs, yours faithfully,
Glasgow, Oct. 21st, 1901. D. M. STEVENSON.

MALARIA AND MOSQUITOES.

To the Editors of THE LANCET.

SIRS,—In the early "eighties" I was practising on the Diamond Fields, South Africa, where malaria of the remittent type was very prevalent. At that time, I can safely say, there were no mosquitoes in camp. Our population numbered some 70,000. Some two or three years later, with the extension of the railway from Cape Town, came the first batch of these pests. But malaria, notwithstanding, steadily decreased both in my own practice (by no means a small one, as I was surgeon to various compounds in addition to being acting district surgeon) and elsewhere, generally speaking. I am a happy hunting-ground for all sorts of vampires—if I may here use the expression—and have endured martyrdom from bites. This week, whilst sitting on the front at Southend, I was bitten by a mosquito—I regret I was not sufficiently interested to preserve the specimen—and suffered worse than I ever remember, even abroad. I am surely saturated with mosquitoine (may I coin a word?) yet I am immune from neither malaria nor mosquitoes.

I am, Sirs, yours faithfully,
DAVID HARRIS,

Formerly Medical Officer of Health, Diamond Fields.
Imperial Service Club, Piccadilly, Oct. 9th, 1901.

"THE AFTER-COMING HEAD; PREVENTION OF ASPHYXIA."

To the Editors of THE LANCET.

SIRS,—Dr. Blacker (THE LANCET, Oct. 19th, p. 1034) says: "..... It becomes a question whether it is not better practice to extract the head at once, even at the risk of a bad tear of the perineum, rather than to attempt to initiate the act of respiration while the head is still within the vagina." I should have thought cases must at times occur in which the tube method would provide just the few minutes' extra time required for proper relaxation of a rather tight outlet. I have often been surprised at the rapid relaxation which sometimes occurs during the four or five minutes preceding the birth of the head in a normal delivery, and this seems to me a reason why in a breech case a gain of a few minutes between the delivery of the trunk and of the head might sometimes be most useful. I should be grateful to Dr. Blacker, who points out that the method referred to is not approved—or even mentioned—by modern authorities, for further information on this point, and should like to know (1) if the tube method sometimes fails, and if so, why? (2) what are the objections to its use?

I am, Sirs, yours faithfully,
Upper Tooting, Oct. 22nd, 1901. EDWIN SMITH.

"THE HOME OFFICE ARBITRATION ON LEAD-POISONING."

To the Editors of THE LANCET.

SIRS,—I see from your annotation on this subject that you are under some misapprehension. You speak of the manufacturers and the workpeople as "one side" and "the other side" and imply that the Home Office is arbitrating between them, like the Board of Trade in industrial disputes. The case is entirely different. The arbitration is between the Home Office and the manufacturers *plus* the workmen, both of whom object to the proposed rules. It is quite right that the workmen should be represented and I hope they will be, equally with the manufacturers, but to speak of the two as "one side" and "the other side" is to mis-state the position. They are both, for different but not antagonistic reasons, on one side; the Home Office is the other.

I am, Sirs, yours faithfully,
Savile Club, W., Oct. 22nd, 1901. A. SHADWELL, M.D.

THE RECONSTITUTION OF THE ROYAL ARMY MEDICAL CORPS.

To the Editors of THE LANCET.

SIRS,—In THE LANCET of Oct. 5th, p. 929, you published the scheme for the reorganisation of the army medical services and in your leading article you stated the favourable impressions which you had received from your first perusal of the report of Mr. Brodrick's Committee, and expressed a lively sense of recognition of the earnest attempt which had been made to place the Army Medical Services upon a new and better footing. You regarded the report as the sketch of a scheme moulded on certain lines and admitting of a good deal of freedom of action in the way of such improvements and modifications as might hereafter be found necessary or advisable, pointing out that some of its recommendations must as regards their effect and working partake more or less of the nature of an experiment. I have now had time and opportunity to consider thoroughly the proposals, and while agreeing that this scheme is an earnest attempt to set the Royal Army Medical Corps on a basis of real excellence, yet I feel that carefully considered comments, even when adverse, can only be of service to the authorities. The proposals which I believe will not prove to be acceptable are partly the result of the composition of the Committee, which perhaps contained too much of the civilian element to enable it to understand correctly military medical problems, and are partly due to the complexity of the questions involved and the great practical difficulties which stand in the way. There is much that is good, indeed very good, in the proposals, but I believe that I am right in stating that certain modifications are absolutely necessary before a sufficient number of men will be attracted to the ranks of the Royal Army Medical Corps.

It is a fair arrangement that opportunities are to be given for suitable civilians over age who have served with troops in the field to enter the corps, and an excellent point that all candidates shall appear before an Advisory Board who will decide whether they may be allowed to compete for commissions. This appearance will give the required opportunity for the consideration of the social status of each candidate and of his fitness from this important point of view to hold a commission in His Majesty's army.

I have my doubts as to the "workability" of an Advisory Board with such extensive functions. Its number is, I think, too large for a working committee, and I fear that its observations and decisions may prove a cloak under which the sense of responsibility may in a great measure be lost by the Director-General. The pay of the civilian members has been fixed at too low a rate to prove an attraction to really good men; where an onerous duty to the State is required reward commensurate with the work and responsibility must be tendered. It must be remembered that an Advisory Board has been tried before and proved a conspicuous failure. It appears to me that the power and prestige of the Director-General will be diminished, though his pay is to be considerably increased. I am of opinion that his power should be retained and his usefulness be increased by appointing him to a seat on the Army Board, his opinion being limited to medical affairs, and that he should be given the real rank of a Lieutenant-General. The eleventh paragraph for the guidance of the Advisory Board is surely unnecessary, for it shows a want of confidence in the officers of the corps. It is, I think, a grave mistake to imagine that men of high training, military rank, and position will submit to a proposition that members of the Advisory Board may inspect the hospitals without notice of their intention. I am glad to see that it is proposed that the London examination shall be restricted to a clinical and practical examination in medicine and surgery, and that the subjects studied in the earlier days of the medical curriculum are not to be required from the selected candidates.

The scheme of sending lieutenants to Netley on probation for two months does not commend itself to me. I am surprised to see that the subjects of military surgery and tropical medicine are no longer apparently to form a part of the Netley curriculum, and I think that to cram the young lieutenants with bacteriology and hygiene for two months is a decided error; in two months little or nothing of these sciences can be usefully acquired, and I believe that the result will be the acquisition of an unpractical smattering of knowledge which will be only too readily forgotten.