William M. Lory to the *Fearless*: Surgeon John L. Aherne, B.A., to the *Volage*.

MILITIA MEDICAL STAFF.

Second Lieutenant William Moyle O'Connor, from the 1st Volunteer Battalion (the Royal Berkshire Regiment) to be Surgeon-Lieutenant.

VOLUNTEER CORPS.

Rifle: 1st Tower Hamlets (the Tower Hamlets Rifle Volunteer Brigade): Francis James Warwick, M.B., to be Surgeon-Lieutenant.—1st Volunteer Battalion, the Buffs (East Kent Regiment): Surgeon-Captain Sidney Wachter is appointed Captain.—1st Cinque Ports: Captain Atwood Thorne is appointed Surgeon-Lieutenant.

THE PUNJAB.

The *Indian Medical Record* says that the report of the Sanitary Commissioner of the Punjab for 1892 will contain some startling statistics on mortality; over a million deaths have been registered, excluding those which occurred in cantonments. In one month during last autumn the number of deaths reached 200,000 in the Punjab.

ENTERIC FEVER IN THE FRENCH ARMY.

We called attention some time ago, in connexion with the introduction of the Chamberland filter into the French army, to the official reports of the War Minister of that country as to the greatly reduced prevalence of enteric fever that had since then taken place. There is no doubt that whenever epidemic outbreaks of this disease occurred in French garrisons the water-supply was generally at fault. We hope and believe that it is intended to make an experimental trial of these filters in India. According to the Paris papers an outbreak of enteric fever has recently occurred in the 29th Battalion of Chasseurs, which has consequently been sent into camp at St. Maur.

VILLAGE SANITATION IN BENGAL.

Sir A. MacDonnell has taken up the very difficult question of rural sanitation in the Lower Provinces of Bengal. Apart from the ignorance of the people and their entire satisfaction with things as they are, there is the great obstacle of want of money, and the fact that district and local boards have not the power to deal with the situation. Sir A. MacDonnell says that the sanitary question in Bengal, in its various phases of silting up deltaic rivers, obstructed drainage, uncleanly towns and unhealthy villages, is the pressing question of the day, and the solution will not grow easier by being postponed. He calls public attention to the urgency of the matter and invites criticism as to the direction in which action can best be taken in regard to the provision of funds and the character of the sanitary improvements that most require to be effected. The *Pioneer Mail* suggests that some of the money now spent on the maintenance of main and village roads by the district boards might be better laid out in sanitary improvements and efforts to save the lives of the people.

EXAMINATIONS OF ARMY CANDIDATES.

It would have been thought that the exact nature and scope of these examinations, as well as the best method of procedure to be followed, would have been finally settled by this time, but such does not seem to be the case. We learn that a departmental committee is to sit at the War Office under the presidency of Lord Sandhurst, Under-Secretary of State for War, to inquire into the whole question of the qualifications of candidates for admission into the army. We do not know whether the examination of candidates for commissions in the medical staff is included in the committee's inquiry.

THE ARMY MEDICAL SERVICE AND THE HOUSE OF COMMONS.

We would call attention to the questions recently put to the Secretary of State for War in the House of Commons by Dr. Farquharson and Sir J. Leng respectively and of the War Minister's replies which are reported in our parliamentary columns. The first had reference to the many changes of principal medical officers in our large districts and garrisons, and the second to the army medical examinations. As regards the first no one can doubt that the frequent changes of principal medical officers is unpopular with different branches of the service and is detrimental to an efficient and comfortable working of the medical department,

but it is very difficult to see how it is to be overcome. We are compelled to recognise the force of the War Minister's reply that so long as compulsory retirement for age and a roster for foreign service are maintained they appear to be unavoidable and preclude any fixed period for the tour of home service. As regards the selection of examiners for candidates seeking admission into the army medical service at the competitive examinations, the War Minister disclaimed all intention of restricting the selection, and added that the appointments of examiners are for four years only, and when a vacancy occurs it would be quite open for consideration whether the selection should not be made from Scottish or Irish Colleges, and this we imagine will be done. The best plan would probably be to have the board of examiners a mixed one and composed of representatives from the English, Irish and Scotch schools respectively, which would obviate all difficulty. As Mr. Macgregor has given notice that he will again call attention to the question on the Estimates it is probable, we think, that some such solution of the matter will be arrived at.

Correspondence.

"Audi alteram partem."

"THE ADDRESS IN SURGERY AT NEWCASTLE-ON-TYNE."

To the Editors of THE LANCET.

SIRS,—In your excellent leading article on Dr. Hume's Address in Surgery, delivered at the annual meeting of the British Medical Association, you say: "We all agree that Hunter was right when he wrote 'that primary healing takes place without inflammation,' and that in spite of certain close resemblances in the minute changes in the tissues the primary healing of a wound differs *toto cælo* from the process of inflammation, one being a physiological process, whilst the other is a pathological, morbid and destructive change." You then go on to point out the importance of this view of repair and inflammation in such words as I might have used, if I have not done so already, in my work on the "Practice of Surgery," and more recently in my Hunterian Oration of this year. It is pleasant to think that these views, which I alone have advocated and publicly taught for so many years, with what I have felt but little success, should suddenly seem to be accepted by surgeons generally. I hope this may be the case, and, at any rate, I am pleased to find that they have your powerful advocacy.—I am, Sirs, yours faithfully,
Grosvenor-street, W., Aug. 5th, 1893. THOMAS BRYANT.

"DEATHS UNDER CHLOROFORM."

To the Editors of THE LANCET.

SIRS,—Thinking it very important that all deaths under chloroform should be reported in the medical papers I beg to enclose the details of a case which unfortunately occurred in this hospital on July 24th. A strong healthy man aged thirty-two was admitted into the London Hospital on July 19th with a backward dislocation of the fifth metacarpal bone. An unsuccessful attempt had been made, to reduce it before admission, and being extremely anxious to resume his work again the patient was advised, and readily consented, to another attempt being made under chloroform. He was taken up to the operating theatre and I administered chloroform on a Skinner's inhaler. The heart had been previously examined and found to be perfectly sound. The patient was told to breathe in the usual way and he commenced by breathing quickly, but very shallowly. Very little—certainly not more than one drachm—chloroform had been used up to this stage, which lasted about two minutes; then, without a moment's notice, he commenced the most violent struggling and had to be forcibly held down; his chest, however, was not touched. During the struggling stage the tips of his ears became purple, and shortly afterwards the whole of his face quite livid, and during this time the patient held his breath for some considerable time—the diaphragm and respiratory muscles became, in fact, most rigidly contracted. The