threads through the mass, to get evidence of what happens as the bullet passes through. He found that the explosive effect radiated from the track to a distance varying inversely as the square of the density of the gelatin, four times as far in 5 per cent. gelatin as in 10 per cent., sixteen times as far in 5 per cent. as in 20 per cent., and so on. Similar principles seem to hold for the tissues of the body. The influence on treatment is clear. The track of a pistol bullet may only need superficial cleaning, but the track of a high-velocity bullet needs wide opening up. Tough tendons and aponeuroses are likely to be torn out of the tissues by the bullet which pierces them. In soft tissues, liver, kidney, &c., the damage is very extensive. Owing to the low viscosity and density of the blood, damage spreads far along the vessels, and there is special risk of thrombosis, secondary hæmorrhage and aneurysm, so that if a bullet passes near a large vessel the latter may require to be tied well away from the track. This paper merits the attention of all military surgeons.—Lieut.-Commander C. S. Stephenson, U.S.N., contributes a thoughtful paper on "Syphilis and Venereal Disease, a Service Liability." He notes that stopping men's pay for venereal disease leads to concealment of disease and at times to injustice, and concludes that laws and penalties against venereal disease are unwise and ineffective. The only practical law will insist on prophylaxis, punishment following disobedience; in other respects venereal patients are to be treated exactly as others, but means of infection are to be kept away from the men, as was done during the war.—Lieut. D. F. Elmendorf, U.S.M.C., examined 40 men of the American force in Germany for Vincent's angina and found 35 of them were carriers; examination was made by dark-ground illumination.

JOURNAL OF LARYNGOLOGY AND OTOLGY. July and August, 1921. Vol. XXXVI., Nos. 7 and 8.—The July number contains a study by S. Mygind of Copenhagen of the reflex movements of the facial muscles elicited by rotation and apparently due to vestibular stimulation; as they are not obtained after the age of six weeks, they do not appear to possess a direct clinical value. This is followed by a series of statistical tables from the ear and throat department of the Edinburgh Royal Infirmary for the years 1919 and 1920; it gives the number of cases of the different diseases treated in each year, occupies ten pages, and would have been more interesting if it had been accompanied by a commentary.—Mr. E. B. Waggett describes an interesting case of a large chondroma growing from the cricoid cartilage successfully removed through a lateral external incision.—Dr. James Don relates a case of encephalitis lethargica in which the diagnosis was obscured by chronic bilateral aural suppuration; a radical mastoid operation was performed on the right side, without affecting the general condition, and the patient eventually recovered.—To the August issue, Sir William Milligan contributes a short note on diathermy in inoperable cancers of the throat; Dr. Logan Turner gives an account of six cases of vocal cord paralysis secondary to malignant tumour of the mamma, with a careful description of the anatomy of the lymphatics concerned.—Dr. F. G. Wrigley describes a case in which the cavernous sinus probably became thrombosed secondarily to an otitis media, and in which the clot was expelled on opening the healthy lateral sinus with eventual recovery.—Dr. Albert Gray gives a summary of various theories of hearing; he disagrees with Wrightson's theory, as it involves the final analysis of tones in the brain, and favours Helmholtz's theory, which embodies the principle of "sympathetic resonance" and analysis in the cochlea, with a modification of his own; agreeing that the basilar membrane vibrates over a large area in response to a given note, he argues that it is the point of maximum vibration which determines the sensation of pitch.—The reports of societies' proceedings have been greatly abridged in order to make up the arrears into which they had fallen; they are still six months behind.

New Inventions.

HARE-LIP SURGERY: A SUGGESTION.

CASES of hare-lip and of the more common congenital abnormalities are seen in considerable numbers among our out-patients to-day. The after-results of operation are often deformity or disfigurement, common troubles being a plain notch at the lower end of the operation scar, and a certain amount of keloid thickening of the scar. This is no doubt caused by upward contraction of the scar tissue, occurring in this region because of the large amount of fibrous tissue entering into the construction of the upper lip. A post-operative straight lip is a rare occurrence. The mechanical means described below are devised to overcome this contracture, and, as it were, to "hyperextend" the seat of operation. The angle of incision and the point of juncture of the two halves of the lip are best left to the individual surgeon. It is the practice at present to bring the lip together by means of skin sutures. This I feel sure plays a great part in causing the prominent after scar. Approximation of the parts can be brought about as well by Czerny sutures from the mucous side of the lip, causing little or no tension on the scar. I venture to suggest these sutures for general use in hare-lip surgery. As a mechanical means of overcoming the contraction, I use the splint illustrated immediately

after operation. Made of silver, the instrument is small and easily handled. It has a main shield-shaped body, carrying two small needle-holes at the extremities, and a projecting arm with three small rings attached as suture anchors. This arm is bent away from the main body at an angle of 15°, thus precluding any interference with the feeding of the patient. The splint is applied immediately after operation. Thin silkworm gut is used as suture material. The splint is sutured to the upper lip through the two holes in the body of the instrument. A circular suture is passed through the lip at the point of juncture, and two sutures at each side at a distance of a quarter of an inch. These are fastened to the rings on the projecting arm, and a slight amount of tension applied, thus pulling forward and downward the lip at the site of operation. The splint is kept applied for eight to ten days after the operation. The continued tension on the lip causes a curve downwards, which, allowing for subsequent contracture, leaves a presentable lip and no unsightly notches.

The instrument has been made for me by Messrs. Down Bros.

Harley-street, W.

L. SAMUELS, M.D. Sheff.

THE LATE DR. REGINALD LAWSON MOSLEY.—Dr. R. L. Mosley, who died on Oct. 6th at Shaldon, South Devon, in his sixty-fifth year, was a graduate of Dublin University, where he graduated B.A. (first-class honours) in 1879 and M.B. two years later. In 1880 he became L.R.C.S.I. and L.M. of the Rotunda Hospital, Dublin.

THE LANCET.

LONDON: SATURDAY, OCTOBER 22, 1921.

The National Insurance Act.

THE Minister of Health met the deputation from the Insurance Acts Committee of the British Medical Association last week, and informed them of his intention to act on a decision of the Government and to reduce the present capitation fee paid to insurance practitioners from 11s. to 9s. 6d., the alteration to take effect in the new year. Sir ALFRED MOND, in pointing out the necessity under which the Government lay to make a severe revision of all possible expenditure, admitted that he found the position of his Ministry an unenviable one, considering the beneficent health operations lying immediately ahead, but he relied on the patriotism of medical men to acquiesce in the lessened payment. He certainly made it clear that the reduction proposed has no other object than economy, for at the time of announcing the reduction he spoke in high terms of the services rendered by practitioners on the panel, whom he defended, after personal investigation of the facts, from the widespread and sometimes bitter attacks on their work which had appeared in the lay press. In spite of which Sir ALFRED MOND felt himself compelled to propose a reduction in the scale of remuneration, and to do so in face of the fact that an independent body of arbitrators had arrived in March of last year at the present figure as a fair one.

It having been explained that the deputation of the Insurance Acts Committee was in fact an Executive Committee of a Representative Conference shortly to take place, before which body Sir ALFRED MOND's proposition would be placed, the meeting was adjourned to give the deputation the opportunity of considering the situation privately. After the adjournment Dr. H. B. BRACKENBURY, as spokesman for the deputation, put forward the views which it would be necessary to lay before the Conference. He pointed out that to call on the medical profession to surrender on patriotic grounds a large annual sum of money which had recently been found to represent fair remuneration was illogical if the reply to such a patriotic call resulted in rendering the national medical service not so good or so effective as at present; and he added that no exact data are available as to the amount of labour involved in panel work, though at the present figure of 11s. there was, he thought, risk lest the service should not be stable, and keep intact its large membership of able practitioners. From the moment when it became clear that the remuneration of panel practitioners would probably be made the subject of early reduction, we have pointed out in these columns the existence of this danger; we are sure that it is real, and that if a too thorough or too hasty policy of economy be pursued the loss of practitioners from the panel may include some very valuable persons. Until the data are available, whose absence Dr. BRACKENBURY alluded to, it will be difficult to persuade practitioners that the reduction is fair. The Federation of Medical and Allied Societies is in cordial agreement with Dr. BRACKENBURY in asking

for information, and has for some time placed in the forefront of its programme the securing of an inquiry into the working of the Acts as being a condition necessarily precedent to arriving at full comprehension of what is being done, how well or ill it is being done, and how far the payments made are in fair correspondence with the services rendered.

In reply to Dr. BRACKENBURY's representation Sir ALFRED MOND hoped that the proposal of the Government when placed before the Conference would be accepted, as he was not in a position to haggle, but he stated that an inquiry into panel work was about to be made, which would cover all the ground and be made without prejudice. Does this mean that the new figure is temporary? The Conference will be well advised to think of this point, for it is a most important one. A very real source of trouble to practitioners, arising out of the proposed reduction of panel remuneration, is the upset that may be caused in arrangements already entered upon. Practitioners, reckoning reasonably upon a certain income, have made plans for the taking of premises, for the education of children, and so on, any of which may have to be modified sensibly under a heavy reduction in the scale of remuneration. So vexatious an element of uncertainty ought to be eliminated, at any rate for a substantial period, in any new arrangements. Referendum papers have now been issued by the British Medical Association, asking for the views of practitioners as to the acceptance of a capitation fee of 10s. and the advisability of refusal to serve at the reduced fee of 9s. 6d. The conclusions of the Conference will not be available for publication in this issue of THE LANCET.

The Spread of Plague.

THE news that two or three violent recrudescences of plague have occurred in some parts of India, and that some of the Australian ports appear to have been recently re-infected from outside, naturally suggests the question as to whether we are really any nearer coping with epidemic bubonic plague than we were 20 years ago. The main facts concerning the spread of plague are, of course, well known to everybody; there is no necessity to repeat them here. Quite recently a very important report has been published which may be described as the first real attempt on a large scale to eliminate plague infection from a given district. This is contained in a paper by Major KUNHARDT and Asst.-Surg. CHITRE in the *Indian Journal of Medical Research*. It should, however, be mentioned that a reference to this work has appeared in THE LANCET before, but owing to the war the full and detailed report has been considerably delayed. The work was carried out in 1914, 1915, and subsequent years.

The general plan of campaign to be adopted was something as follows: From a careful study of recrudescences of the disease in villages it was observed that when a particular village was infected in the "plague season" a violent epidemic resulted, but there appeared to be no tendency for the disease to recur in future years unless re-importation of the virus occurred. Should a village be infected at the very end of the "plague season" an abortive epidemic only is the result; this occasions a certain amount of rat mortality and a few human cases, but such a mild attack in no way resembles the classical picture of a plague outburst. It was also observed that in those