and retirement now enjoyed by members of the Indian Medical Service. Thus the proposition is one in which all members of the profession, including those of the military services, are equally interested. The dropping of the present separate enlistment for service in India will be no disadvantage to any. The military service of the British Empire, including India, will be open to those desiring a career in the army, and the civil institutions in India will be open to those desiring a career in India in the several departments of medical education, science, or sanitation by a direct route, so to say, and not, as heretofore, by the uncertain by-way of a military enlistment.

I am, Sirs, yours truly,

July 21st, 1896.

K. N. BAHADURJI.

THE LINCOLN MEDICAL PROTECTION FUND.

To the Editors of THE LANCET.

SIRS,—May I again ask you to kindly publish the list of additional subscriptions to the above fund? One by one the three gentlemen who resigned their positions at the clubs have found opportunities of settling in private practice, and the last will leave us on the 25th inst. No further appeals for subscriptions will be sent out, but any donations that may be sent will be gratefully acknowledged and used for the benefit of the three medical men, who will, of course, be some time before realising an income from their present ventures.

A meeting is to be held on the 24th, when it will be suggested that the Provident Medical Association which has been started should be carried on by the local practitioners, in which case it will, of course, be entirely self-supporting. May I take this opportunity of thanking all the subscribers for their generous support and you for your kindly assistance?

I am, Sirs, yours truly,

Lincoln, July 21st, 1896. W. A. CARLINE, Hon. Treasurer.

LINCOLN MEDICAL PROTECTION FUND.

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Previous lists, £307 17s.

"THE RELATIVE EFFICIENCY AND COST OF PLUMBERS' WORK."

To the Editors of THE LANCET.

SIRS,—In reference to Dr. Dawson's letter in your last issue we wish to point out that in every case where baths are fitted with secret wastes, when used the water must rise in the internal overflow tube to the level of that in the bath, independently of the bath overflowing, and to some extent it rises in both the inner and outer tubes when the bath is being emptied. The soap trays shown in Fig. 22, p. 81 of your report, in THE LANCET of July 4th, are perforated depressions in a projecting shelf draining directly in the bath. This plan is now frequently adopted by manufacturers, among others by the firm referred to by your correspondent, to avoid the evil which your correspondent very properly points out. It is difficult to realise how the hollow interior of waste could long retain any water other than that always present in the trap.

We are, Sirs, yours faithfully,

July 22nd, 1896.

YOUR SPECIAL COMMISSIONERS.

THE TREATMENT OF DILATATION OF THE STOMACH BY OPERATION.

To the Editors of THE LANCET.

SIRS,—In THE LANCET of July 4th there appeared an article under the joint authorship of Dr. Ewart and myself upon a case of dilatation of the stomach treated by an operation believed to be new. Dr. Greig Smith has kindly called my attention to a communication by Dr. Weir in the *New York Medical Journal*, in which he relates a case of the same kind, and refers to Birches, a Swiss surgeon, as having performed a similar operation three times. I also find that Professor Brandt of Klausenberg described a case in the *Centralblatt für Chirurgie*, April 21st, 1894, in which the operation of "Gastroplication" was performed. I shall esteem it a favour if you can find space for this letter in your next number, as, although I was unaware at the time of the publication of our paper that any similar treatment had been recorded, I should be sorry if it were thought that I have any desire to claim priority in the performance of an operation the principle of which I find has been previously adopted by others.

I remain, Sirs, yours faithfully,

WILLIAM H. BENNETT.

Chesterfield-street, Mayfair, July 20th, 1896.

RHEUMATIC DILATATION OF THE HEART.

To the Editors of THE LANCET.

SIRS,—In THE LANCET of July 18th there is an interesting paper by Dr. Fisher, in which he points out that the systolic apex murmur produced by an acute rheumatic attack is rarely due to deformity of the mitral valve caused by endocarditis and suggests that it is usually the result of dilatation of the ventricle. May I be allowed to enforce his argument by drawing attention to the fact that direct evidence of the existence of dilatation of the heart in acute or even sub-acute attacks of rheumatism is easily demonstrable by careful percussion? There are many cases of sub-acute rheumatism which a hasty auscultation dismisses with the words "no murmur" in which a more careful examination reveals that the first sound is much altered in quality and has become weak, muffled, and either short or prolonged into a commencing murmur. In such cases, if the outline of the cardiac dulness be carefully marked out by percussion and traced on the chest-wall with a blue pencil, it will usually (perhaps always) be found that the præcordial dulness is much enlarged in all directions. It is not uncommon to find that it extends one and a half or two fingers' breadth beyond the right edge of the sternum and the same distance outside the left nipple line, the left border of the heart rising with a bold sweep outwards and at the left edge of the sternum attaining the level of the second costal cartilage. The cardiac impulse is only slightly displaced to the left and the misleading term "apex beat" causes a careless observer to assume that this is the limit of the cardiac dulness, whereas it really extends much further out. In this description I am speaking of cases free from either rub or murmur. During the last