Division, Royal Garrison Artillery), to be Surgeon-Captain. *Rifle*: 1st Volunteer Battalion the Royal Warwickshire Regiment: Arthur Roscoe Badger to be Surgeon-Lieutenant. 4th Volunteer Battalion the Devonshire Regiment: Surgeon-Lieutenant F. B. Manning to be Surgeon-Captain. 2nd Volunteer Battalion the Princess of Wales's Own (Yorkshire Regiment); Surgeon-Captain S. H. Snell, from 1st Essex Volunteer Artillery, to be Surgeon-Captain. 5th Volunteer Battalion the Cheshire Regiment: Edward John Walter Carruthers to be Surgeon-Lieutenant.

TRANSVAAL WAR NOTES.

The Southampton Town Council have decided to confer the freedom of the borough upon Mr. Robert E. Lauder, F.R.C.S., L.R.C.P. Edin., and Mr. W. Prior Purvis, M.D., B.Sc., M.S. Lond., F.R.C.S. Eng., L.R.C.P. Lond., of the Southampton Volunteer Ambulance Corps who have recently returned from South Africa.

Major Dodd, R.A.M.C., and Lieutenant Phipps, R.A.M.C., have left South Africa for England.

Major Caldwell, R.A.M.C., and Captain Moore, R.A.M.C., have arrived in the *Tagus*.

We understand that commissions in the Royal Army Medical Corps will be granted to those of the civilian surgeons serving in South Africa who may care to accept them.

In a passage in a private letter to the *Times* Special Correspondent dealing with De Wet's attack on Honing Spruit published in the *Times* of August 14th the writer pays what is evidently a well-deserved tribute to the services rendered by Mr. G. L. Cheatele, F.R.C.S., and concludes with the following words: “Imagine what Smith and I should have done with them (the wounded) if Cheatele had not happened to be on his way home by that train. He is a very gallant fellow and did well.”

HOW TO POPULARISE OUR ARMY.

We would direct the attention of our readers to an article under the above heading in the August number of the *Pall Mall Magazine*. It strikes us as being written from a common-sense point of view by one who has had some practical experience to guide him in what he has to say. To take a single point, soldiers' barrack-rooms are very badly lighted. We do not pretend to agree with all the author has advanced, nor, indeed are we concerned with several of the points discussed, but some of the remarks on soldiers' barrack-rooms, lavatories, cubicles, dining- and recreation rooms, and on hospital stoppages are of a practical character and well worth reading.

DEATHS IN THE SERVICES.

Surgeon-General Daniel James O'Callaghan, on August 12th, aged 85 years. He joined the Honourable East India Company's service in January, 1842, was employed in the Field Hospital of the Army of the Sutlej with the 49th Bengal Native Infantry, and also in the Chinese war of 1860 (medal). He acted as surgeon in chief medical charge of Foot Artillery at the siege of Delhi, and was present at the storming and capture of the city (medal and clasp). He retired in 1872. Surgeon-General O'Callaghan, who was the father-in-law of Sir Henry Irving, commenced his public career in the Royal Navy.

The Edinburgh Company of the Volunteer Medical Staff Corps completed a successful month's training at Aldershot on August 11th and were dismissed. Owing to the large number of troops in camp the services of the company have been most useful, and it is to be regretted that more such units are not formed.

Correspondence.

“Audi alteram partem.”

HALLUX RIGIDUS.

To the Editors of THE LANCET.

SIRS,—Mr. Warrington Haward, in a clinical lecture published in THE LANCET of July 28th, refers on p. 242 to a case of hallux rigidus. I should like to refer him to a note on this condition which was published in Vol. I. of the *British Medical Journal* for 1887, p. 726, giving what I believe to be the first account of the disease. Further

experience while acting as resident medical officer at the General Post Office in London showed me that the condition was fairly common among the telegraph messengers and was due to the wearing for the greater part of the 24 hours of boots with very stiff “waists,” thick soles, inelastic uppers, each boot often weighing one and a half pounds. The result in a growing boy was a permanent painful stiffness of the metatarso-phalangeal joint of one or both great toes. I have also found excision of the metatarsal head to be the only means of cure, but, contrary to Mr. Haward's experience, have found in at least two instances eburnation of the dorsal half of the metatarsal head. As bearing on the disability the condition may cause well into adult life I was called not long ago to see a man, aged 40 years, who presented well-marked hallux rigidus of the left side; so great was the difficulty in rising on to the toes of the left foot that one day in breasting a steep hill, the right leg leading as usual, he ruptured his *right* plantaris tendon with the classical symptoms. All effort in walking had for years been made with the right leg. Short of operation I found that a cure could be effected in recent cases by cutting transversely through the “waist” of the offending boot down to the welt. By restoring thus the possibility of flexion to the foot affected the painful rigidity of the great-toe joint rapidly passed off.

I am, Sirs, yours faithfully,

REGINALD H. LUCY, F.R.C.S. Eng.

Plymouth, August 9th, 1900.

“PREPUTIAL CALCULI.”

To the Editors of THE LANCET.

SIRS,—In reference to your annotation on this subject in THE LANCET of August 4th, I may say that I have in my possession a specimen consisting of 28 faceted fragments weighing nearly one ounce and an eighth which I removed from a Chinaman a few years ago. The fragments were admirably apposed, forming a roundish lump of the size of a large alley, which lay behind a phimosed prepuce. The external surface was a little rough; the colour was ash grey. The material turned out to be calcium carbonate, calcium phosphate, and organic matter. It had caused considerable irritation, ulceration, and suffering. After a small incision I was able to extract it piecemeal and the man made a rapid convalescence.

I am, Sirs, yours faithfully,

GERALD S. WALTON, M.B., C.M. EDIN.

Sutton, Surrey, August 9th, 1900.

“THE TREATMENT OF CHRONIC GLAUCOMA.”

To the Editors of THE LANCET.

SIRS,—In the account of the discussion, at the meeting of the British Medical Association, on Mr. Cross's paper on the Treatment of Chronic Glaucoma, published in THE LANCET of August 11th, the following remarks are attributed to me: “Mr. Bower was in favour of prolonged treatment with eserine and cocaine. His experience of iridectomy was that in many cases the disease progressed.” As this is very far from what I really did say I trust you will allow me to correct what would otherwise give rise to an entirely erroneous impression.

It is true that I mentioned the case of a woman who had been under my care for at least six years where glaucoma had been kept in abeyance during the whole of that time by the use of myotics. She always refused operation, but said she would consent to iridectomy if the sight should get worse, which it has not done up to the present time. She had already lost one eye from glaucoma, which naturally made one not over-anxious to operate on the remaining eye if it could be avoided. I was careful, however, to state that such cases are rare and should never deter us from advising an operation in chronic glaucoma when once the diagnosis is established.

In reference to iridectomy, what I said was that it would be interesting to know what percentage of cases were permanently cured after operative measures, as my impression was that eventually after a longer or shorter period of time—it might be years—in the greater number of cases which might have been regarded as cured the ultimate end was gradual deterioration of vision terminating in blindness. In all but a few exceptional cases I invariably recommend