service it is pointed out that no position exists in the volunteer forces in which a medical officer of that rank could be employed, the highest being a senior medical officer of a brigade with the rank of brigade-surgeon-lieutenant-colonel. Mr. Brodrick regrets, therefore, that he is unable to give his assent to this proposal. He has, however, already approved of this rank being conferred as an honorary distinction on retirement and the necessary alterations will appear in the next revise of the Volunteer Regulations. It is by no means certain that all brigade-surgeons desire to be seconded. Many probably prefer to belong to the battalion with which they have been associated. The seconding of these officers has been made optional and the Secretary of State sees no reason to make it compulsory. The question of the granting of simple military titles to the executive officers of brigade bearer companies has already been under consideration and the decision will be notified in due course. It must, however, be distinctly understood that any change that may be authorised will only affect officers who are gazetted to a bearer company either direct or from a regiment or corps, and not regimental medical officers. Officers joining or rejoining a regiment or corps from a bearer company will assume the compound title, as is the custom among the regimental officers of the brigade of Guards. The claims of medical officers to participate with other officers of volunteers in rewards or distinctions of an honorary nature have not been overlooked, and the council of the Volunteer Medical Association may be assured that this subject will receive full consideration."

WAR GRATUITY.

According to the Special Army Order recently published by the War Office July 31st has been fixed upon for the general issue of the war gratuity for South Africa. The gratuity for the China campaign of 1900 is administered by the India Office, to which department all applications should be addressed on the part of those resident in this country who are entitled to it.

THE ARMY MEDICAL SERVICES IN INDIA.

The establishment of an Ambulance Bearer Corps for India together with a hospital train service and a considerable increase to the nursing service of that country are measures which will, it is understood, find a place among other things in the forthcoming Indian Army Estimates.

DEATHS IN THE SERVICES.

Hon. Deputy Surgeon-General Nicholas Ffolliott, A.M.D. (retired) aged 71 years, on June 27th, at his residence in London. He entered the service in 1862, and served in the Afghan War of 1878-80 (medal), retiring in 1889.

THE KEYHAM NAVAL HOSPITAL.

The hospital recently erected at the north-east end of the Royal Naval Barracks, Keyham, Plymouth, at a cost of £7500, is to have a new wing added, so that when completed the building will have 100 beds.

Correspondence.

"Audi alteram partem."

PERITYPHLITIS.

To the Editors of THE LANCET.

SIRS,—When will surgeons cease to proclaim to the world their ignorance of the existence of the above-named disease until operative means were first used for its cure and it then appeared in surgical works under the name of "appendicitis"? Otherwise it has been known and recognised ever since I entered the profession more than 50 years ago. I have already been obliged to state this in your journal together with references to support me. At the present time, being away from a medical library, I must be content by saying that a description of the disease may be found in Bristowe's "Treatise," in Reynolds's "System" and Tanner's "Practice of Medicine," and in other works, amongst these being my own lectures on Pathology, published in the year 1859. But I can go back still further and mention a description of the disease which has never been surpassed. I must first say, however, that when I attended Addison's course in 1843 he described typhlitis, or cæcitis, in regular order, and

he must have done the same for some years, since the substance of his lectures was published in 1836. Addison continued for many years to give these lectures and those who followed him always gave perityphlitis in their course. Gull was well acquainted with it. For half a century or more to my knowledge a description of the disease came into the systematic course, besides being often commented upon in clinical lectures. It therefore follows that at least 100 students every year were instructed as to the nature of this disease during this half-century. It might have been the same at other schools; certainly it was at St. Thomas's.

Addison's account is to be found in a volume entitled Bright and Addison's "Elements of the Practice of Medicine." I venture to assert that very little has been added since to his description of the disease except that which relates to bacteria and, of course, surgical treatment. The only novelty at the present time appears to be the word "appendicitis," an uncouth and improper expression, since all writers of authority have maintained that the nomenclature of disease should be clinical and not pathological, and this for the obvious reason that the latter implies a positive knowledge at which we cannot often arrive. Already the use of the modern word has been the cause of many wrong diagnoses even if the surgeon covers up his mistake by adopting such an absurd expression as pseudo-appendicitis. One may now hope that the use of the older and better expression in the case of an illustrious patient may be generally followed. It is not only a more correct appellation for any case to which a medical man may be called but it may enable him to seek in the right direction for a history of the disease.

I am, Sirs, yours faithfully,

June 30th, 1902.

SAMUEL WILKS

To the Editors of THE LANCET.

SIRS,—Allow me at the present moment to recall attention to the seemingly first recorded operation for perityphlitic abscess in the Transactions of the Medico-Chirurgical Society of London for the year 1832, performed, I believe, by Dr. John Burns, who recognised well the import of the same in surgery and would have operated earlier in the case; and, furthermore, to the start given to the procedure as well as to its timely performance by Dr. Willard Parker in 1868 after a successful operation in Manhattan.

I am, Sirs, yours faithfully,

Berlin, June 28th, 1902.

W. YEOMANS COWL, M.D.

A BLOOD COUNT IN A CASE OF HYDATID DISEASE OF THE LIVER.

To the Editors of THE LANCET.

SIRS,—Now that blood examinations are becoming recognised as valuable aids in the diagnosis of abdominal cases perhaps you will permit me to record, as an addition to the paper by Dr. C. G. Seligmann and Mr. L. S. Dudgeon in THE LANCET of June 21st, p. 1765, the result of a blood count which I recently made in a case of hydatid cyst of the liver in a male, aged 35 years. There was some irregular pyrexia. The blood count was as follows: red, 3,880,000; and white, 18,440. The polymorphonuclears amounted to 78.4 per cent., lymphocytes to 11.2 per cent., hyalines to 9.0 per cent., and eosinophiles to 1.4 per cent.

A fatal termination prevented further investigation of this case. The differential count does not at first sight show any marked eosinophilia, but taken in conjunction with the total leucocyte count there is obviously an absolute increase. For taking the normal eosinophile count as 2 per cent. in a leucocytosis of 6000 we find the absolute number of eosinophiles to be about 120 per cubic millimetre, whereas in the count above cited the absolute count is about 250 per cubic millimetre, or over double the normal.

Apropos of the subject of eosinophilia I might refer to a case which presented the clinical picture of, and probably was, tuberculous peritonitis. The blood count in this case was as follows: reds, 4,800,000; and whites, 12,400. The polymorphonuclears amounted to 54 per cent., lymphocytes to 31.8 per cent., hyalines to 7.4 per cent., and eosinophiles to 6.8 per cent. This count represents an eosinophilia seven times as great as the normal of 120 per cubic millimetre. Being at a loss to account for the condition I consulted my friend Mr. Otto Grünbaum who suggested the possibility of an intestinal parasite. A watch was therefore kept upon the