INDIAN MEDICAL SERVICE.

The King has approved of the retirement from the Service of the undermentioned officer:—Lieutenant-Colonel Joseph William Townsend Anderson (dated April 15th, 1906).

ARMY MEDICAL RESERVE OF OFFICERS.

Surgeon-Major David Lennox to be Surgeon-Lieutenant-Colonel (dated June 15th, 1906).

VOLUNTEER CORPS.

Royal Garrison Artillery (Volunteers): 1st Gloucestershire: Surgeon-Lieutenant A. Ogilvy to be Surgeon-Captain (dated July 18th, 1906).

Royal Engineers (Volunteers): 1st Devonshire and Somersetshire: Surgeon-Lieutenant-Colonel G. B. Fraser is granted the honorary rank of Surgeon-Colonel (dated July 17th, 1906); Surgeon-Lieutenant-Colonel and Honorary Surgeon-Colonel G. B. Fraser resigns his commission, with permission to retain his rank and to wear the prescribed uniform (dated July 18th, 1906).

Rifle: The Queen's Rifle Volunteer Brigade the Royal Scots (Lothian Regiment): Surgeon-Major A. D. Webster is borne as Supernumerary whilst holding the appointment of Brigade-Surgeon-Lieutenant-Colonel, Senior Medical Officer, 1st Lothian Volunteer Infantry Brigade (dated July 18th, 1906). 1st Volunteer Battalion the Lincolnshire Regiment: Surgeon-Lieutenant A. S. Green to be Surgeon-Captain (dated July 18th, 1906). 4th Volunteer Battalion the Cheshire Regiment: Second Lieutenant R. Ollerenshaw resigns his commission (dated July 18th, 1906); Robert Ollerenshaw (late Second Lieutenant) to be Surgeon-Lieutenant (dated July 18th, 1906). 1st (Brecknockshire) Volunteer Battalion the South Wales Borderers: William Lewis Pritchard to be Surgeon-Lieutenant (dated July 18th, 1906). 2nd Volunteer Battalion the Sherwood Foresters (Nottinghamshire and Derbyshire Regiment): Surgeon-Lieutenant J. Buckley resigns his commission (dated July 18th, 1906). 1st Nottinghamshire (Robin Hood) Volunteer Rifle Corps: Surgeon-Lieutenant R. P. Shearer is removed from the Volunteer Force for failing to fulfil the prescribed conditions for efficiency (dated June 20th, 1906).

A FIELD HOSPITAL BURNT.

A telegram in the *Morning Leader* of July 16th, dated Durban, Sunday, states that the field hospital at Thring's Post has been destroyed by sparks from a rubbish fire. All the patients were saved but the kit was lost. The rescue of the patients was of a hazardous nature. Some were removed from the burning tent while cartridges were exploding in every direction.

THE ORGANISATION OF AN AUXILIARY MEDICAL SERVICE FOR WAR.

Captain W. Salisbury Sharpe, Royal Army Medical Corps (Volunteers), contributes to the *Journal of Preventive Medicine* for July an interesting article on the above subject in which he says: "Let us, as medical men, record the fact that we appreciate the necessity of universal service, and in the meantime try to maintain and improve the auxiliary services as a stem on which the larger service may be grafted, for we must recognise as a grave error the present tendency to break down the existing service by imposing impossibly onerous conditions, and, having done so, to cast it aside as a failure, and start anew to draw out a wider plan." He discusses his subject under the following heads: (1) Royal Army Medical Corps conditions necessitating auxiliary aid in war; (2) the existing auxiliary medical services, their adaptation for peace conditions and their want of adaptation for war conditions; (3) the kind of auxiliary aid required in war—viz., officers, men, transport, and material; and (4) means of meeting these needs.

THE ADMIRALTY AND PHYSICAL TRAINING.

In a circular letter issued on July 9th to the commander-in-chief of fleets and stations the Admiralty directs that in future the whole staff of the engine-room department of ships are to undergo physical training as far as circumstances permit in connexion with their duties. The instruction will be given by the executive officer who is responsible for physical training, subject, however, to the supervision of the engineer officer, who is also to be consulted as to when the services of the engine-room ratings and stokers can best be spared for physical drill.

DISTRIBUTION OF PRIZES AT HASLAR.

The course of instruction for surgeons of the Royal Navy at Haslar was brought to a close on July 2nd when the prizes were distributed by the Director-General of the Medical Service of the Royal Navy. The gold medal was awarded to Surgeon L. L. Greig of the University of Glasgow, the microscope to Surgeon L. Warren of the London Hospital, and the silver medal and books to Surgeon R. C. P. McDonagh of St. Bartholomew's Hospital. The names of the candidates with the marks gained are as follows:—

Leonard Warren	4610	Percy F. Minett	3962
Louis L. Greig	4447	Frederick G. Goble	3807
Reginald C. P. McDonagh	4168	John Bourdas	3633
Ewen Cameron	4128	*Herbert A. Browning ...	—

* This officer could not attend the second part of the examination owing to illness.

Correspondence.

"Audi alteram partem."

THE SENSE OF SMELL AS AN AID IN DIAGNOSIS.

To the Editors of THE LANCET.

SIRS,—The importance of the sense of smell in clinical diagnosis has sunk almost into insignificance before that of sight or even that of hearing. This is in part due to its poor development in many persons but also to neglect of its use. Bacteriology has adopted it to some extent in noticing the characteristic odours of certain cultures, but it seems to me that in some cases it is of material aid at the bedside and may with reason be admitted to medico-legal importance. One or two instances of its services in these respects may suggest others and will suffice in calling attention to its numerous applications.

1. The smell of acetone in the breath of patients with diabetic coma is well known. An instance in which this sign preceded by some hours the onset of untoward symptoms made a great impression upon me as a student. On entering a long ward containing 32 beds I approached the house physician who was examining a patient new to me. As I came near a strong ethereal smell was very noticeable and I asked the physician at once why an anæsthetic had been given, the ward being a medical one. None had, and on second thoughts—or rather a second smell—the odour was not that of ether but of acetone. Within a few hours, though at the time no suspicious symptoms were present, those of diabetic coma supervened with a fatal result.

2. Nurses in frequent attendance on typhoid fever patients describe a peculiar "typhoid" smell which, from a reliable observer, may be of great service in doubtful cases. The nurses in charge of the plague hospital at Perth, Western Australia, assure me that the patients there have a special and distinctive "sour" smell which, since my attention was called to it, I have noticed myself; still, I cannot place sufficient reliance on it as yet in my own case to consider it a certain diagnostic sign. They inform me that on entering a room where a supposed plague patient is lying they can tell at once by this means whether it is a genuine case or not. Other infectious diseases have well-known and oft-described pathognomonic smells.

3. Rheumatic fever has a characteristic sour smell associated with its acid perspiration. Some years ago I was giving an anæsthetic for a supposed case of appendicitis in a girl in whom the usual symptoms and signs of that affection were present. During the administration the patient's perspiration attracted my attention from its peculiar rheumatic-like smell. To our astonishment the appendix was found to be perfectly normal. Now the evening before I had been reading Treves's "System of Surgery" and had come upon a reference to a rheumatic affection which simulated appendicitis. Bearing in mind the peculiar odour I had noticed and mentioning it, I hazarded the suggestion that this might be a case in point. The patient was removed from the operating table, but though the wound itself showed no sign of suppuration endocarditis and pericarditis developed and death followed. Was this a mere coincidence and not a manifestation of acute rheumatism or was the hypothetical diagnosis, based on the sense of smell, in reality the correct one?

4. A piece of tissue removed from the uterus was handed to me recently wrapped in lint for examination. On unfolding it the well-known and peculiar smell of the placenta at childbirth—as far as my experience, a somewhat limited one, goes pathognomonic of pregnancy and not present in ordinary endometritic scrapings—was very noticeable. Would one be justified on this sign alone, unaccompanied by a microscopical examination, in swearing in a court of law that such tissue was placental in origin? If, as I believe, the smell is distinctive, it is perhaps a more reliable test even than the examination of a section, the only fault being that a "smell" cannot be "registered," so that other opinions may confirm that of the first observer.

These examples may, perhaps, show that too little use is often made of this much-despised sense of ours and that it may not only aid us materially in coming to a right conclusion but may also sometimes be our only guide.

I am, Sirs, yours faithfully,

J. BURTON CLELAND, M.D., Ch.M. Sydney,
Late Cancer Research Scholar, London Hospital;
Government Bacteriologist and Pathologist,
Perth, Western Australia.

Perth, Western Australia, June 15th, 1906.

THE PUBLIC HEALTH AND THE IMPORTATION OF FOREIGN CARCASSES.

To the Editors of THE LANCET.

SIRS,—The revelations concerning Chicago packing-house methods seem to have awakened amongst the majority of the general public a feeling of uneasiness as regards canned meats only. They look upon the chilled and frozen carcasses which we receive from America as a little inferior to English meat, but any suspicions as to its wholesomeness rarely enter their minds. Whilst I believe that it is the intention of our Government to take steps to safeguard the wholesomeness of the former class of goods, something should also be done to deal with the importation of the carcasses of foreign meat, especially as it forms such a very large proportion of our meat-supply. At the present time our inspection of such carcasses is always rendered very uncertain and must be so until we make more stringent laws. We might with advantage to ourselves frame regulations similar to those of Germany which govern the introduction of foreign meat into that country. There, as you know, such meat, whether fresh, chilled, or frozen, can only be imported in the entire carcasses, with the pleura, peritoneum, heart, lungs, kidneys, as well as the udder in cows, attached in "natural connexion." Even with these organs it is not possible always to be correct in one's judgment; yet how much more difficult must it be to give a satisfactory one from the examination our inspectors are able to make.

During the late meat famine in Germany our meat salesmen sent over there the carcasses of American cattle which had been slaughtered on their arrival at Deptford or Birkenhead. Our butchers complied with the German law as to the attachment of the internal organs, &c., and sent only the carcasses of those beasts whose internal organs were perfectly healthy, as the slightest trace of disease would preclude the passing of the carcasses as fit for food in Germany. At the same time numbers of carcasses whose internal organs presented lesions which here in England were sufficient to condemn the organs affected but not the whole carcass were not sent to Germany but dressed for sale in the English markets.

Surely if we in England will go to this trouble for our foreign customers it is not too much to ask that foreigners be made to do the same for us. As it is, if they choose, no matter what the condition of the internal organs might be if the rest of the carcass was apparently healthy, it would be good enough for England though not good enough for Germany.

I am, Sirs, yours faithfully,

J. F. HODGSON,
Halifax, July 16th, 1906. Deputy Medical Officer of Health.

THE CAUSES OF LEPROSY.

To the Editors of THE LANCET.

SIRS,—Turkey in general, and Constantinople in particular, afford a very favourable field for the study of leprosy. The Ottoman capital possesses a large hospital for patients suffering from that terrible disease. It is,

besides, not an uncommon sight here to meet lepers in all stages of disfigurement moving about quite freely in the streets. I have at present under my treatment two cases of leprosy and the following facts concerning them might not be without interest. The first case is that of a man about 30 years of age. He is a Jew and a member of a numerous family. They all live in one house. With the exception, however, of my patient, who is very badly disfigured, and his mother, whose symptoms of leprosy are manifested in the leonine appearance of her face, all the rest of the family—grandparents, father, two brothers, and five sisters—are perfectly healthy. As all these people lived for many years in one house, aggregating for the most part of the day in one room; as they frequently partake of their meals with one and the same spoon or fork and from one and the same dish, sometimes helping themselves quite in the oriental fashion by dipping into it their fingers (the use of forks and knives is not yet quite universal here); and as one towel, one napkin, and one sheet (I have very carefully ascertained the fact) are continually employed by all the members of the family, my patient included, who has a number of ulcerating sores on the whole of his body as well as on his face,—is it not striking that only two people are affected by the loathsome disease and that the rest enjoy what appears to be a perfect immunity? My other case is even more striking. A man, also a Jew, about 40 years of age, whose face, nose, ears, lips, eyelids and hands are literally eaten away by leprosy, affording an awful sight of mutilation, shared one small room and one bed with his old father for over 20 years. Yet the old man is perfectly free from every symptom, in spite of the fact that here, too, the same conditions and circumstances of closest intercourse, as enumerated in my first case, prevailed. The question of contagiousness or infectiousness of leprosy appears to me, therefore, in view of the above facts, to point to a negative answer.

As to the fish causation theory, so sedulously propounded by Mr. Jonathan Hutchinson, I would like to submit the following consideration. If there are places in the world where bad fish of every possible form and description, cured and uncured, are consumed in astonishingly large quantities, these places are to be found in the districts and suburbs on the banks of the Bosphorus and of the Golden Horn. Yet leprosy is there exceedingly rare and in many parts has never been known to exist. As emigration among the indigenous poor classes of the Jewish, Greek, and Armenian population (and it is these classes that enjoy so much the consuming of bad fish, especially of the so-called improperly cured *haringha*) very seldom, or almost never, takes place, the argument cannot be put forward that the infected elements might show the manifestations of the disease of leprosy after quitting the country. Then, again, in my two leprotic cases the *haringha*, very often stinking and only half cured, has been for many years a favourite dish, frequently eaten with salads, and yet the greater majority of members remained quite unaffected. I venture to think that as long as the real nature and the biological conditions of the bacillus lepræ are not exactly known the question of causation of leprosy, as well as of its contagiousness or infectiousness, will remain a debatable one.

I am, Sirs, yours faithfully,

DAVID SANDLER.

British Post Office, Constantinople, July 12th, 1906.

DENDRITES AND DISEASE.

To the Editors of THE LANCET.

SIRS,—May I be permitted to draw attention to certain remarks made by Sir William Gowers in his lecture on Dendrites and Disease, published in THE LANCET of July 14th, p. 67. In the first place, he states without any qualifying remarks that the terminal branchings of the nerve cell processes do not unite, "they end in contiguity to others, not in continuity with them." This is a view by no means universally held at the present time by neuro-histologists; and, moreover, it is one which year by year as new appearances are brought to light in nervous tissue by more delicate technique is becoming more widely doubted. Sir William Gowers confines his remarks on what he terms "facts of structure" in nervous tissue to appearances presented by this tissue after treatment with silver, according to one or another modification of Golgi's method. On the vexed question of thorns or gemmules he says: "By silver staining they [the dendrites] are revealed and seen to end in