of absence from Malta. Major A. R. C. Parsons has been appointed Specialist in Operative Surgery at Edinburgh. Major C. D. Myles has joined at Chester. Major G. J. Buchanan has arrived home for duty from India, tour expired. Major G. A. Moore has been appointed in charge of the Military Families Hospital at Chatham.

Captain J. W. S. Seccombe has been transferred from the Military Hospital at Devonport to Topsham. Captain T. T. H. Robinson has been appointed to the Northern Command. Captain W. Egan has been transferred from Dublin to the Curragh Camp. Captain F. D. G. Howell has taken up duty at the Military Hospital, Preston, on return home from Lahore. Captain D. Coutts has been transferred from Ranikhet Cantonment to the Military Hospital at Bareilly. Captain G. H. Stevenson has been appointed to Strensall for duty. Captain H. Spencer has been transferred from Ambala Cantonment to do duty with the Presidency Brigade at Calcutta. Captain F. H. M. Chapman has taken up duty in the Seventh (Meerut) Division on transfer from the Presidency Brigade at Ambala. Captain F. J. Stuart has been appointed to the Military Hospital at Muttra. Captain W. H. Forsyth has been appointed to the Southern Command for duty on return home from Pretoria. Captain A. S. Williams has taken up duty in the Dublin District. Captain A. H. T. Davis has been appointed to the Military Hospital at Malappuram Cantonment, Madras Presidency. Captain C. McQueen has arrived home for duty from South Africa, tour expired. Captain C. G. Thomson has been appointed Specialist in Dermatology to the Scottish Command. Captain R. Storrs, serving at Portsmouth, has been permitted to exchange places on the roster for service abroad with Captain F. C. Lambert, serving at Pembroke Dock. Captain D. P. Watson has taken up duty as Clinical Pathologist to the Queen Alexandra Military Hospital. Captain T. E. Harty has been appointed Specialist in Dermatology and Venereal Diseases at the Military Hospital, Edinburgh. Captain A. W. A. Irwin has been appointed to the Irish Command.

Lieutenant C. D. K. Seaver has left the Curragh Camp for a tour of service in India. Lieutenant C. M. Ingoldby has been transferred from Kilkenny to Buttevant. Lieutenant T. A. Weston, on arrival in India, has been appointed to the Military Hospital at Lucknow Cantonment for a course of instruction in Indian Military Sanitation. Lieutenant J. H. M. Frobisher has taken up duty at the Military Hospital, Leeds, on transfer from the Military Hospital at York. Lieutenant W. Stewart has been appointed to hold charge of the Military Hospital at Weedon and Medical Officer to "C" Squadron, 12th Royal Lancers. Lieutenant E. C. Deane has been transferred from the Military Hospital at Preston to Carlisle. The following Lieutenants have been notified for service abroad during the coming trooping season: E. B. Allnutt, S. P. Sykes, H. C. Todd, H. J. G. Wells, E. C. Deane, F. S. Tamplin, I. R. Hudleston, W. Stewart, A. G. Biggam, and R. K. Mallam. Lieutenant D. Reynolds has embarked for India. Lieutenant D. T. M. Large has been transferred from Glencorse to the Military Hospital at Glasgow. Lieutenant B. Biggar has embarked for a tour of service at Cairo. Lieutenant J. S. Levack has taken up duty at the Military Hospital, Nowshera. Lieutenant J. M. Elliott has been appointed to the Military Hospital at Cosham.

INDIAN MEDICAL SERVICE.

Surgeon-General A. M. Crofts, C.I.E., has been transferred from the Second (Rawal Pindi) Division of the Northern Army in India to Simla for duty as officiating Director-General.

Colonel G. F. A. Harris, C.S.I., honorary surgeon to the Viceroy and Governor-General of the East Indies, has been granted seven and a half months' combined leave of absence home from India. Lieutenant-Colonel V. G. Drake-Brockman has been appointed as Residency Surgeon at Mewar. Lieutenant-Colonel H. F. Cleveland has taken up duty as Assistant Director of Medical Services to the Aden Brigade. Lieutenant-Colonel H. E. Banatwala has been appointed to officiate *pro tem.* as Inspector-General of Civil Hospitals in the Central Province.

Major C. H. Fleming has been appointed Civil Surgeon at Jubbulpore. Major J. M. Woolley has been granted combined leave of absence home from India for eight months. Major R. McCarrison has been placed on special duty in connexion with the Prevention of Endemic Goitre and Cretinism in India. Major R. F. Baird has been appointed Civil Surgeon at Gonda. Major J. W. Lethbridge has been granted 15 months' leave of absence home from India.

Captain M. R. C. MacWaters has taken up duty under the civil administration of the United Provinces of Agra and Oudh. Captain H. H. Robson has been appointed a Specialist in Mental Science. Captain J. H. Murray has taken up duty as Senior Medical Officer at Port Blair. Captain M. A. Nicholson has been appointed Medical Officer to the Laurence Military Asylum at Sanwar. Captain H. M. Brown has been appointed to the Sanitary Department in Bihar. Captain C. H. Reinhold has been transferred to the Civil Medical Department in the United Provinces of Agra and Oudh. Captain R. S. Kennedy has been appointed for duty on the North-East Frontier as Medical Officer in charge of the Military Police. Captain W. A. Mearns has taken up duty as substantive Medical Officer to the 69th Punjabis.

SPECIAL RESERVE OF OFFICERS.

Royal Army Medical Corps.

The undermentioned Cadets to be Lieutenants (on probation): Thomas McClurkin, from the Belfast University Contingent, Officers Training Corps (dated April 30th, 1913). Douglas Reid King, from the Glasgow University Contingent, Officers Training Corps and Gavin Young, from the Glasgow University Contingent, Officers Training Corps (dated May 1st, 1913). Thomas Ingram Dun, from the Glasgow University Contingent, Officers Training Corps; Hugh Kingsley Ward, from the Oxford University Contingent, Officers Training Corps (dated May 2nd, 1913); and William Warwick Wagstaffe, from the Inns of Court Officers Training Corps (dated April 24th, 1913).

DEATHS IN THE SERVICES.

Deputy Inspector-General William Rogerson White, C.B., R.N., on May 25th, at Warblington, in his 63rd year. He entered the Navy as a surgeon in 1871. As fleet-surgeon of the *Raleigh*, Flagship of Admiral F. G. D. Bedford, he landed at Bathurst, on the River Gambia, West Coast of Africa, with the naval brigade, in coöperation with the 1st West India Regiment, in the punishment of a rebellious slave-raiding chief (mentioned in despatches, slightly wounded, and made a C.B.). Later he served with Lord Sackville in exploring the hitherto unknown watersheds of the Pilcomayo, on the borders of Bolivia and Paraguay. He retired with the rank of Deputy Inspector-General of Hospitals and Fleets in 1905.

ASSAULT ON A SURGEON OF THE INDIAN MEDICAL SERVICE.

Captain A. J. Vernon Betts, I.M.S., resident surgeon of the European General Hospital, Bombay, was attacked by a Mahomedan butler with a carving knife on May 19th. The assailant attempted suicide, and both he and his victim were seriously injured.

Correspondence.

"Audi alteram partem."

THE TUBERCULIN TREATMENT OF PULMONARY TUBERCULOSIS.

To the Editor of THE LANCET.

SIR,—In a preliminary note with regard to the treatment of pulmonary tuberculosis with tuberculin at King Edward VII. Sanatorium published in THE LANCET of March 15th I gave some figures relative to the disappearance of tubercle bacilli in the sputum of tuberculin-treated cases—namely, the "Sputum records of 110 consecutive patients thus treated." The words quoted are not sufficiently explicit; they might be taken to mean that the records refer to 110 consecutive admissions, or, in other words, to 110 unselected cases. This was not the case. The patients under consideration were the first 110 patients to whom tuberculin was given. This number, as a matter of fact, represented some 64 per cent. of the total number of patients treated in the Sanatorium during the period covered by the figures. Of the remaining 36 per cent., the larger proportion were, in my opinion, unsuited for tuberculin, and the smaller proportion, though suitable on clinical grounds, intended to stay in the Sanatorium for too short a period to make it worth while to begin a course of tuberculin. It should be added that a small number of the tuberculin-treated were not selected as being suitable, but

as seemingly hopeless cases to whom tuberculin might possibly confer some benefit.

The point I wish to make clear is that the 110 tuberculin-treated patients were, to an appreciable extent, selected cases. This element of selection is one which has to be taken into consideration.

I am, Sir, yours faithfully,

NOEL BARDSWELL,
Medical Superintendent, King Edward VII.
Sanatorium, Midhurst.

May 23rd, 1913.

PS.—Since this letter was written THE LANCET of May 24th has been published, and contains a letter from Dr. C. Reissmann. Dr. Reissmann's results are, as he points out, strikingly similar to those which I have recorded. It is not, however, stated explicitly by Dr. Reissmann whether or not his consecutive cases treated with tuberculin represented consecutive admissions to the sanatorium. If all his patients received tuberculin, thus eliminating any element of selection—this the figures themselves suggest to be the case—Dr. Reissmann's results are better than any we have as yet been able to obtain.

INSANITY AND DIVORCE.

To the Editor of THE LANCET.

SIR,—It is stated by the Secretary of the Divorce Law Reform Union, in his letter in THE LANCET of May 17th, that "insanity is brought forward as a ground for divorce, not as a punishment, but in the interests of the sane spouse and children and countless generations to come." I do not think that it requires any reference to the "high authority" he quotes to see that as it at present stands the clause in the Bill is absurd. Men who suffer from recurrent attacks of mania and melancholia, women who in addition run all the risks of the puerperal insanities, and who usually recover in from three to nine months, are surely more likely to inflict "illimitable sufferings on future generations," rather than the incurable lunatic who has been five years confined in an asylum.

From a eugenic point of view, if insanity is to be pilloried as a ground for divorce, why not tuberculosis?

I am, Sir, yours faithfully,

J. BATTY TUKE, jun., M.D.

New Saughton Hall, Polton, May 23rd, 1913.

CHLORETONE OVERDOSAGE.

To the Editor of THE LANCET.

SIR,—I have read with interest the account in THE LANCET of May 17th of chloretone overdosage by Dr. W. Essex Wynter. Chloretone has been largely used for the treatment of chorea at the Manchester Royal Infirmary during the last few years, and as resident medical officer I had the opportunity of seeing three cases of definite poisoning by the drug. The first was the case of a female who had taken over 30 grains for toothache. There was extreme incoherence of thought and of speech, contracted pupils, and diminished knee-jerks. This condition changed to one of dulness amounting to semi-coma; the patient was roused with difficulty and did not respond in any way to questioning, and to external stimulation only when this was forcible. The stomach was washed out, a large enema was given, and this was followed by a minim of croton oil. The woman remained drowsy for some 24 hours, but ultimately was cured.

The other two cases were under treatment for chorea, and were taking routine doses of three grains of chloretone three times a day. The twitchings improved, but in both cases a state of what is best described as imbecility supervened. They both showed contracted pupils, diminished knee-jerks, and mental dulness; in the first a condition of stupor followed and was maintained for several days after the drug was stopped. The mental state in all three cases prevented any investigation into the sensory system being made.

Dr. Wynter's explanation of the production of these toxic symptoms in those cases that are taking the drug regularly is almost certainly the correct one; the accumulation of an insoluble drug within the alimentary canal followed by the sudden absorption of large quantities when any substance capable of dissolving it is taken by mouth. Chloretone is

undoubtedly a useful drug in the treatment of many conditions, and like most useful drugs its action requires careful and constant supervision.

I am, Sir, yours faithfully,

Manchester, May 24th, 1913.

DONALD E. CORE.

THE SIGHT TESTS OF THE BOARD OF TRADE.

To the Editor of THE LANCET.

SIR,—Since the Board of Trade has adopted an imperfect copy of my lantern it must have recognised how very inefficient the wool test for colour blindness is. It is to be hoped that in the reports those who fail by one or other of the tests will be clearly indicated. The point that I specially wish to raise is the urgent necessity of the determination of a standard, both for visual acuity and colour vision, which is necessary for an officer in the Mercantile Marine. The Board of Trade is rejecting men now whom I should not reject. It is very hard for a man who has been 15 years at sea and who has passed the Board of Trade tests many times to be suddenly rejected for colour blindness when there has been previously no suspicion of any defect.

As there is a gradual transition between total colour blindness and normal colour sense, it is absolutely necessary that a correct standard should be fixed. The first point to know is the distance at which the ordinary ships' lights should be recognised. Experiments could then be made with ships' lights and neutral glasses at the required distance. I am strongly of opinion that no officer who has been many years at sea and who has passed the Board of Trade tests many times should be rejected without a thorough practical test on the river or at sea.

I am, Sir, yours faithfully,

London May 21st, 1913.

F. W. EDRIIDGE-GREEN.

THE TREATMENT OF SYPHILIS BY SALVARSAN.

To the Editor of THE LANCET.

SIR,—In a communication by Mr. Bayly in THE LANCET of May 24th I observe that he states that I am one of those who still believes that the routine treatment of syphilis by intravenous injections of salvarsan involves an unjustifiable risk to life. In a correspondence with Mr. Bayly on this subject two years ago I pointed out that I was in the habit of employing salvarsan as a routine treatment, and since that time I have brought forward communications at meetings of the British Medical Association and of the Royal Society of Medicine from which it was obvious that I was in favour of its employment. For reasons best known to himself Mr. Bayly still continues to quote me as an antagonist to the salvarsan treatment, though as pathologist to the Lock Hospital, of which institution I am senior surgeon, he could easily, if he wished, obtain evidence to the contrary. May I therefore solicit the courtesy of your columns to enable me again to contradict his erroneous statements, whilst assuring you that I shall never in the future occupy one line of your valuable space in any controversial discussion with Mr. Hugh Wansey Bayly.—I am, Sir, yours faithfully,

J. ERNEST LANE.

Queen Anne-street, W., May 26th, 1913.

THE INNERVATION OF THE ORBICULARIS ORIS MUSCLE.

To the Editor of THE LANCET.

SIR,—Mr. Edmund C. Bevers states, at the end of his paper on a Case of Facio-Hypoglossal Anastomosis in THE LANCET of May 24th, 1913, p. 1451, that the orbicularis oris and the transverse fibres of the tongue always contract together, and that it is believed that the facial nerve derives its lip fibres from the hypoglossal nucleus. But the late Dr. Alexander Bruce showed in 1898¹ that with a little care and practice it is easy to volitionally contract the orbicularis independently of the transverse muscles of the tongue, and

¹ Scottish Medical and Surgical Journal, vol. iii., bottom of p. 387.