

anyone who thus relied on the naked-eye appearances would presumably admit them. To sum up. I hold clinical and bacteriological diagnosis to be equally essential because one supplies the deficiencies of the other, and that Dr. Drinkwater has not made out a case for the comparative "importance" of the former.

I am, Sir, yours faithfully,

A. KNYVETT GORDON.

Bedford-square, W.C., July 3rd, 1920.

### THE ASSESSMENT OF HAND INJURIES.

To the Editor of THE LANCET.

SIR,—In his very interesting remarks on this subject in your issue of July 3rd, Dr. Francis Heatherley mentions that he would have liked a fuller expression of opinion as to the proportional disability of the loss of the hand as compared with amputation higher up the limb. He is quite correct in stating that "amputation of a hand or complete loss of use is a very serious disability and that a lesser assessment on the usual scale compared with amputation higher up is only justified when the man can be fitted with a useful appliance." In dealing with cases under the Workmen's Compensation and Employers' Liability Acts and also under Common Law this very point has to be seriously considered. Under the Ministry of Pensions there is a hard-and-fast schedule which has to be strictly adhered to.

The recognised policy of conservatism as applied to the surgery of the thumb is equally applicable to the forearm and the arm; especially the former. The longer the stump below the elbow the greater the prospect of being fitted with a useful appliance. Just before returning from France I paid a visit to the École Provinciale D'Apprentissage, Charleroi, an institution for the re-education of the disabled, which, it is interesting to note, was founded in 1908. Here was to be seen a man with both hands off. He had been amputated through the right mid-forearm and at the left wrist. With the aid of suitable appliances he was able to work at brushmaking in a most competent manner.

I am in agreement as to the remarks in reference to artificial arms. The more complicated, the less likely to be used. One artificial hand attached to a 5 inch below-the-elbow stump was recently brought to my notice. It was remarkable for its simplicity, as it consisted of a rigid "thumb" with "fingers" having springs at the joints. The man was able to write perfectly when wearing it. In citing this case (a young man of 25, a bricklayer by trade, now no longer able to follow his former occupation) I might repeat a statement I have made elsewhere that "a serious hand injury may be the means of promoting the sufferer from a lower to a higher grade of occupation."

The supreme importance of trying to get adults and elderly men to follow their pre-war occupations (where possible) may be accepted as one of the first principles in dealing with the reconstruction of the disabled.

I am, Sir, yours faithfully,

Royal Hospital-road, S.W., July 3rd, 1920. J. J. SCANLAN.

### NOVARSENOBILLON IN THE TREATMENT OF GUINEA-WORM.

To the Editor of THE LANCET.

SIR,—I have been reading in THE LANCET with very great interest letters written about the treatment of guinea-worm with tartar emetic given intravenously. It may be of interest to your readers, and also to the writers of the previous articles, that I have tried treating cases in my hospital here with N.A.B. and have had good results. I started doing this after reading the first letter, giving 0.15 g. N.A.B. with 20 c.cm. cold, sterilised, distilled water. I would be very glad to hear if any of your readers have had the same experience.

I am, Sir, yours faithfully,

CHARLES GEO. GREY,

Captain; Medical Officer.

Ikot-Ekpene, via Port Harcourt, Nigeria, May 24th, 1920.

### THE MEDICAL DIRECTORY, 1921.

To the Editor of THE LANCET.

SIR,—The annual inquiry form has been posted to every member of the medical profession whose address is known to us. If the form has failed to reach any practitioner a duplicate copy will be forwarded upon application. Your obedient servants,

THE EDITORS OF THE MEDICAL DIRECTORY.

7, Great Marlborough-street, London, W. 1, July 5th, 1920.

## The Services.

#### ROYAL NAVAL MEDICAL SERVICE.

Surg. Capt. G. T. Broatch to be Surgeon Rear Admiral.  
Surgeon Commanders to be Surgeon Captains: A. Gaskell, E. J. Finch, F. J. A. Dalton, E. Sutton, A. R. Bankart, M. L. B. Rodd, H. L. Penny, R. A. Ross, D. W. Hewitt.  
Lieut. G. C. Angell placed on retired list.

#### ROYAL NAVAL VOLUNTEER RESERVE.

Temp. Surg. Sub-Lieut. W. G. Robertson's temporary commission terminated.

#### ARMY MEDICAL SERVICE.

Major and Brevet Lieut.-Col. (temp. Lieut.-Col.) R. B. Ainsworth to be temporary Assistant Director-General, and to retain his temporary rank, vice Major (temp. Lieut.-Col.) A. B. Smallman.

#### ROYAL ARMY MEDICAL CORPS.

Lieut.-Col. A. M. MacLaughlin relinquishes the acting rank of Colonel.

Capt. J. Bennet, from Special Reserve, to be Captain.

#### SPECIAL RESERVE OF OFFICERS.

Capt. W. F. McLean relinquishes his commission and is granted the rank of Lieutenant-Colonel.

Capt. W. F. Wood relinquishes the acting rank of Major.

#### TERRITORIAL FORCE.

Col. Sir G. T. Beatson, late A.M.O., Lowland Division, Territorial Force, to be Honorary Colonel for the R.A.M.C. Units of the Lowland Division, Territorial Army.

The undermentioned officers to be Deputy Assistant Directors of Medical Services to the Divisions shown against their names: Major F. W. Squair, Highland Division; Major (Brevet Lieut.-Col.) H. A. Leebody, Lowland Division; Major C. J. Martin, Northern Division; Major J. Ward, Home Counties Division.

Major (acting Lieut.-Col.) C. J. Martin relinquishes the acting rank of Lieutenant-Colonel on ceasing to be specially employed.

Capt. R. Eager to be Major.

Capt. G. P. D. Hawker resigns his commission and is granted the rank of Major.

Capt. F. M. Hughes, E. S. Brentnall, G. W. C. Hollist, I. C. Keir, C. E. Anderson, A. N. Crawford, and G. F. White resign their commissions and retain the rank of Captain.

1st Western General Hospital: Capt. (acting Major) T. R. W. Armour relinquishes the acting rank of Major on ceasing to be specially employed.

4th London General Hospital: Capt. E. B. Clayton resigns his commission and retains the rank of Captain.

1st London Sanitary Company: Capt. W. C. Lyons resigns his commission and retains the rank of Captain.

#### ROYAL AIR FORCE.

Capt. M. C. Breese and H. T. Prys-Jones are transferred to the unemployed list.

#### INDIAN MEDICAL SERVICE.

The King has approved of the retirement of Major-General H. Hendley.

**HOSPITAL SUNDAY FUND.**—The following are among the amounts received at the Mansion House up to July 7th, when the total sum from all sources had reached £60,000:—

£4000: The Right Hon. the Lady Strathcona and Mount Royal; £1000: Lloyds Bank, Ltd., and the National Provincial and Union Bank of England, Ltd.; £525: Forestal Land, Timber, and Railways Co., Ltd.; £500: London County, Westminster, and Parr's Bank, Ltd., Chartered Bank of India, Australia, and China, and Hong-Kong and Shanghai Banking Corp.; £315: Watts Watts and Co., Ltd.; £300: Sir A. H. Brown; £262 10s.: Sir John Latta; £210: Blyth Greene, Jourdain, and Co., Ltd.; £200: Anon, Bank of Australasia, Lieut.-Col. More-Nisbett, and Thos. Stevens and Sons, Ltd.; £105: Grace Bros. and Co., W. Gardiner and Co., Ltd., United National Collieries, Ltd., Anglo-Egyptian Bank, Ltd., London and Brazilian Bank, Ltd., British Bank of South America, Ltd., Gas Light and Coke Co., Wilson Sons and Co., Ltd., Amalgamated Industrials, Ltd., M. Isaacs and Sons, Ltd.; £100: Alexander Shipping Co., Ltd., Anon, Albert E. Reed and Co., Ltd., Messrs. Dodwell and Co., Ltd., Messrs. Naumann Gepp and Co., Ltd., Messrs. Matthew Wrightson and Co., Ltd., W. Weddel and Co., Ltd., Voile and Wortley, Imperial Bank of Persia, Miller and Richards, Ltd., Balfour Williamson and Co., W. D. Graham-Menzies, J. A. Roberts, Cannon Brewery Co., Ltd., Pierce Leslie and Co., Ltd., C. Tennant Sons and Co., Ltd.