

that post at Devonport for some time past. Captain Charles S. Cato resigns his commission (dated August 15th, 1906).

Captain R. A. Cunningham has arrived for duty at Gosport. Lieutenant E. G. Anthonisz has left the Southern Command for duty at Colchester.

THE PRINCIPAL MEDICAL OFFICER IN INDIA.

Surgeon-General W. L. Gubbins, C.B., M.V.O., A.M.S., has been appointed to Lord Kitchener's staff as Principal Medical Officer of His Majesty's forces in India, in succession to Sir Thomas Gallwey, K.C.M.G., C.B., transferred to Aldershot.

IMPERIAL YEOMANRY.

2nd County of London (Westminster Dragoons): Frederic William Longhurst to be Surgeon-Lieutenant (dated July 16th, 1906). Lothians and Berwickshire: John McWatt (formerly Surgeon-Lieutenant, 2nd (Berwickshire) Volunteer Battalion the King's Own Scottish Borderers), to be Surgeon-Lieutenant (dated July 7th, 1906). Suffolk (The Duke of York's Own Loyal Suffolk Hussars): Surgeon-Lieutenant L. A. Avery to be Surgeon-Captain (dated August 15th, 1906). Sussex: Surgeon-Lieutenant J. H. Dauber to be Surgeon-Captain (dated August 15th, 1906).

VOLUNTEER CORPS.

Royal Engineers (Volunteers): 2nd (Leeds) Yorkshire (West Riding): Alexander Brodie Seton Stewart to be Surgeon-Lieutenant (dated August 15th, 1906).

Rifle: 1st Lanarkshire Volunteer Rifle Corps: Surgeon-Major F. V. Adams is borne as Supernumerary whilst holding the appointment of Brigade-Surgeon-Lieutenant-Colonel, Senior Medical Officer, Scottish Rifle Volunteer Infantry Brigade (dated July 3rd, 1906). 2nd Volunteer Battalion the Oxfordshire Light Infantry: Hubert de Burgho Dwyer to be Surgeon-Lieutenant (dated August 3rd, 1906). 2nd Volunteer Battalion the Sherwood Foresters (Nottinghamshire and Derbyshire Regiment): Surgeon-Captain and Honorary Surgeon-Major J. H. Maclean resigns his commission, with permission to retain his rank and to wear the prescribed uniform (dated August 11th, 1906). 1st Nottinghamshire (Robin Hood) Volunteer Rifle Corps: Surgeon-Captain R. H. Cordeux resigns his commission (dated August 11th, 1906). 2nd Volunteer Battalion the Duke of Cambridge's Own (Middlesex Regiment): Surgeon-Captain E. Farr resigns his commission (dated August 11th, 1906).

ROYAL ARMY MEDICAL CORPS (VOLUNTEERS).

Scottish Command: Edinburgh Company: Lieutenant D. Waterston to be Captain (dated August 11th, 1906).

DEATHS IN THE SERVICES.

Deputy Surgeon-General Henry Fowle Smith, A.M.D. (retired), recently, at the age of 82 years. He joined the army as an assistant surgeon in March, 1847, and having taken the M.D. of the University of Aberdeen in 1850, served throughout the Eastern Campaign of 1854-55, being attached to headquarters. He had medical charge of the staff belonging to the adjutant and quartermaster-general's department, and was subsequently on the personal staff of Sir James Simpson and Sir William Codrington. He was present at the action of Bulganar, at the battles of the Alma, Balaclava, and Inkerman, and throughout the siege of Sebastopol until the fall of the fortress (medal with four clasps, Turkish medal, and the Fifth Class of the Medjidie). In 1867 he was promoted to be surgeon-major. He retired in 1875, with the rank of deputy surgeon-general.

Correspondence.

"Audi alteram partem."

STOMATITIS DUE TO A MERCURIAL INJECTION GIVEN FIVE MONTHS PREVIOUSLY.

To the Editors of THE LANCET.

SIRS,—The case reported by M. P. Menetrier and M. Bouchard and referred to by you in an annotation in THE LANCET of August 11th, p. 386, as exemplifying the dangers of mercurial poisoning by the injection of "grey

oil," is the best object-lesson I have yet read to illustrate the results of disregarding one of the first rules followed by the advocates of the intramuscular method—viz., that the mercury must be injected into the muscles and not merely deposited in the subcutaneous tissue. I venture to assert that in the case referred to the poisoning occurred in consequence of faulty technique, as the mercury never reached the muscles at all but, as M. Menetrier and M. Bouchard themselves state, was discovered in the subcutaneous tissue where it had remained temporarily encapsuled.

An injection may fail to be absorbed for many reasons. Firstly, the needle used may not be long enough to reach the muscle through the fatty tissue which is often very plentiful in the gluteal region. Secondly, the needle, though long enough, may not be passed in sufficiently deeply. Thirdly, the locality chosen for the injection may not be a suitable one; for example, if the injection is given too high up in the buttock where the muscular layer is thin absorption is likely to be slow. In a case of my own where injections were given to a stout patient with a short needle, in spite of the fact that several injections had been given the patient's condition did not improve and, a doubt arising as to whether the mercury was being absorbed, a radiograph was taken which showed each dose that had been administered lying in a lump in the subcutaneous tissue. The collections of mercury left by these injections could be both felt in the tissues as nodes and seen in a radiograph for some six weeks afterwards.

In contrast to this a series of radiographs of my patients show that mercury when injected into the muscles themselves spreads out in striæ along the course of the muscular fibres, in which position the looseness of the tissues and their constant state of motion render encapsulation impossible. There is never any node to be felt and a few weeks are always sufficient to obliterate all radiographic evidence of mercury. My assistants and I have pursued this method for over two years, during which time we have had upwards of 200 cases of syphilis under our care in private and hospital practice. Some of these patients have received as many as 40 or 50 injections of grey oil without any ill-effects.

I am, Sirs, yours faithfully,

Liverpool, August 14th, 1906.

STOPFORD TAYLOR.

PS.—A similar explanation might also apply to the cases of mercurial poisoning occurring in the Egyptian command in 1901 and reported in the Army Medical Report of 1904.

THE BELATED LUNACY REPORT.

To the Editors of THE LANCET.

SIRS,—May I draw attention to the fact that the sixtieth annual report of the Lunacy Commissioners is not yet issued? In view of the great increase of lunacy and the projected appointment of a Royal Commission of inquiry may I urge upon the Lord Chancellor—to whom these reports are addressed—to see that the sixtieth report is issued without any further delay than is absolutely necessary? The fifty-ninth report is dated June, 1905. The cost of pauper lunacy for 1904 was £2,286,652; for 1905 this huge sum will be greatly exceeded.

I am, Sirs, yours faithfully,

H. R. GAWEN GOGAY.

Southchurch Beach, Essex, August 11th, 1906.

THE LESSON OF THE PERKIN JUBILEE.

To the Editors of THE LANCET.

SIRS,—Your readers will all be interested in your account of the jubilee of Sir William Henry Perkin, the discoverer of the first aniline dye, but I think it important that the true lesson of this jubilee should be pointed out. There is no gainsaying the fact that the aniline industry was originally an English industry and one we could carry on to the greatest advantage but that to-day the aniline dyes and the other valuable compounds derived from coal tar by synthetic chemistry are made in Germany. The reason for this is not far to seek. If to-morrow a chemist discovered a synthetic process for making quinine at say 1s. an ounce and he took his process to any body of capitalists they undoubtedly would start the works for making the quinine in Germany rather than in England for two reasons: (1) that under the German patent laws a patent is only valid for two years unless the article is made in Germany; and (2) if the works are to be in Germany the manufacturer has an open market