

more satisfactory if the inventor had himself stood up to be fired at, and as no one, even in that case, would be emulous of firing at such a mark, it has been determined to test the properties of the invention by clothing pigs in it and shooting at them. There does not seem to be any doubt, according to the accounts of an expert, Captain Ziegler, that modern rifle bullets are completely stopped by the newly discovered material at a distance of 200 yards; but we have not yet received any particulars as to its weight and cost, or how it is to be worn, or whether it is hot and uncomfortable to wear or not. We shall soon hear, no doubt, what has been the result of the numerous experimental trials that have been instituted with the Lebel and Mannlicher rifles, and until these are published it may be well to reserve our judgment as to what is to be the practical outcome of the alleged invention of a bullet-proof fabric. Meanwhile, Herr Dowe is no longer alone in the field, for he has a competitor—also of Mannheim—named Reidels, and another in the person of an Austrian engineer named Sarneo. The invention is supposed to consist of a kind of light mail and hemp woven together. If it be heavy or at all cumbrous and likely to impede or interfere with the soldier's movements or comfort even, its use will obviously be of a limited kind; and we do not yet precisely know, as we have said, what might be the effect of a rifle bullet projected with enormous velocity when stopped by a resistant structure, as regards shock to the nervous system, bruising and rupture of internal organs and structures of the body generally. The great penetration of a bullet is caused by its high velocity, but the actual impact-effect of bullets of very small calibre on living tissues has yet to be determined. It is possible, if the alleged properties of these newly invented garments be experimentally proved to be well founded, and if their power of resistance to the crushing effect of large and heavy projectiles be also established, that a new material has been obtained for defensive purposes which will altogether alter the aspects of warfare; but, so far as anything is actually known at present, there is much room for speculation and conjecture and but little for assertion based on knowledge and ascertained fact.

SIR JOSEPH FAYRER.

Our service contemporary, the *Army and Navy Gazette*, has an article on the career and services of this officer—whom we are glad to congratulate on being restored to good health and strength after his late illness—advocating that Sir Joseph Fayrer's services should be rewarded, at or before the end of his appointment as President of the Indian Medical Board, by a G.C.S.I. or a K.C.B. Sir Joseph Fayrer originally served in the Navy as an assistant surgeon before passing into the military service. He was at the siege of Palermo and that of Rome in 1847-48 and subsequently in the Burmese War and the Indian Mutiny and siege of Lucknow. Sir Henry Lawrence died in what is historically known as "Fayrer's House" at Lucknow. Sir Joseph Fayrer accompanied the Duke of Edinburgh and subsequently the Prince of Wales on their respective tours through India, and professionally distinguished himself in hospital and other work at Calcutta, so that his career has, at any rate, been sufficiently varied and not wanting in incident.

## Correspondence.

"Audi alteram partem."

### THE MEDICAL REGISTER.

To the Editors of THE LANCET.

SIRS,—I desire to draw attention to the difference in price which exists between the Medical Register and the Monthly Army List. The first-named book, the widespread diffusion of which is of real importance to the public in guarding them against deception, costs 6s. The Army and Navy Lists can be purchased for 1s. 6d. each. I propose that in addition to the existing large Register, a smaller and more portable edition of it be published quarterly, bound in paper like the Monthly Army and Navy List, and sold at a similar price. Such a book could be annually distributed to a four times greater extent to public officials than the present portly and unportable volume. It could be found in the minor registration offices and the minor police stations. 2. I

desire to point out the need of a local index to the Register. One long alphabetical register of the names of all the doctors in the three kingdoms exists, it is true, but one cannot verify names of doctors in localities without a local index, say, of country, county or borough. I am told that the present form of the Register is that laid down by the Act governing registration. Doubtless this is so; but an index is an essential part of any book, and a local index seems to be needful in a book which contains in one long roll the names of the medical men of the three kingdoms and many hundred others practising either officially or privately in countries outside the British Isles. An Army List, with the names of all the officers in one long alphabetical list, would be a dismal and impracticable volume; the regimental grouping and general index solve the difficulty. In the Medical Register a local index would do a similar duty. If I wish to send a patient to a distant town or health resort, why should not the official register give me a borough or county list of the doctors living there? Surely Parliament never meant to veto such a provision. If it did the error needs rectification.

A cheap, widely diffused, frequently corrected register, showing deaths, expulsions, suspensions and local removals of medical men is one of the safeguards needed in a profession which is overcrowded and yet much overworked, which is doing enormous service for the State without recognition or reward by the State, and where unqualified men and adventurers seem to exist absolutely free from check.

I am, Sirs, yours faithfully,

Woolwich, April 4th, 1892.

GEORGE EVATT, M.D.

### RICKETS IN AUSTRALIA.

To the Editors of THE LANCET.

SIRS,—A few years back you did me the favour to publish in THE LANCET some conclusions at which I had arrived, from clinical observations extending over many years, on the chief cause of rickets in this country. It appeared to me quite clear that the common idea that rickets is due to errors of diet is not supported by clinical experience. I have seen no reason to change the opinions I put forward then, but rather to feel more confirmed in them by subsequent experiences. The object of this letter, however, is not to draw attention to the conclusions above alluded to, but to encourage an independent inquiry into this subject by those who are practising in the Australian colonies. The fact that rickets is a malady that is as rare in its occurrence in those colonies as it is common with us has long been familiar to those who have been able to make comparisons, and the remarks made by Dr. J. C. Verco of Adelaide at the Inter-colonial Medical Congress of Australia in 1887 prove how deeply impressed he was with the singular absence of rickets in Australia and how fully he appreciated the inadequacy of the common theories which pretend to explain the cause of the malady. "There is some secret reason," Dr. Verco remarked, "for this that we have not yet discovered." A few days ago I was favoured with a copy of the second edition of a small work on "Prescribing and Treatment for Infants and Children," written by Mr. Philip E. Muskett of Sydney, and special attention is directed by him to the subject of rickets in Australia. After reading Mr. Muskett's remarks I hope that you will allow me, through the medium of THE LANCET, to suggest to those who may feel disposed to investigate the question of the etiology of rickets in Australia to liberate their minds from the influence of any theories as to their causation and to be contented to observe fully, record accurately and attempt to prove nothing until they have collected their facts. What we want are clinical facts—not opinions.

I am, Sirs, yours truly,

April 3rd, 1893.

ROBERT LEE.

### "DISLOCATION OF THE PATELLA 'EDGEWAYS.'"

To the Editors of THE LANCET.

SIRS,—Adverting to your correspondent's letter in THE LANCET of April 1st, in which he reports an instance of a rare and interesting dislocation of the patella, namely, dislocation by semi-rotation ("edgewise"), I am reminded of an almost parallel case which came under my care whilst serving on the medical staff of the Army at Shorncliffe. In 1889 a healthy young cavalryman was brought to the station hospital with a report that he had "broken his knee," the