

Rifle: The Queen's Rifle Volunteer Brigade the Royal Scots (Lothian Regiment): James William Keay to be Surgeon-Lieutenant (dated Dec. 1st, 1906). 1st Volunteer Battalion the Queen's (Royal West Surrey Regiment): Surgeon-Captain J. Wayte resigns his commission (dated Nov. 24th, 1906). 2nd Volunteer Battalion the Lincolnshire Regiment: Surgeon-Lieutenant-Colonel and Honorary Surgeon-Colonel (Surgeon-Lieutenant-Colonel, Army Medical Reserve of Officers) G. F. England resigns his commission, with permission to retain his rank and to wear the prescribed uniform (dated Nov. 24th, 1906). 3rd Volunteer Battalion the Bedfordshire Regiment: Surgeon-Lieutenant T. D. H. Holmes resigns his commission (dated Nov. 17th, 1906). 2nd Volunteer Battalion the Lancashire Fusiliers: Surgeon-Major and Honorary Surgeon-Lieutenant-Colonel W. Pooley resigns his commission, with permission to retain his rank and to wear the prescribed uniform (dated Nov. 14th, 1906). 1st Roxburgh and Selkirk (The Border) Volunteer Rifle Corps: Surgeon-Lieutenant R. W. Meikle to be Surgeon-Captain (dated July 7th, 1906). 3rd (Dumfries) Volunteer Battalion the King's Own Scottish Borderers: Surgeon-Lieutenant-Colonel J. Maclachlan is granted the honorary rank of Surgeon-Colonel (dated Nov. 1st, 1906). Surgeon-Lieutenant-Colonel and Honorary Surgeon-Colonel J. Maclachlan is retired, under the conditions of paragraph 103, Volunteer Regulations, with permission to retain his rank and to wear the prescribed uniform (dated Nov. 2nd, 1906). 4th Volunteer Battalion, The Cameronians (Scottish Rifles): Surgeon Lieutenant N. Macnair to be Surgeon-Captain (dated Nov. 6th, 1906). 2nd Volunteer Battalion, The Welsh Regiment: Surgeon-Major D. Hepburn to be Surgeon-Lieutenant-Colonel (dated Oct. 14th, 1906). 2nd Volunteer Battalion, The Sherwood Foresters (Nottinghamshire and Derbyshire Regiment): Arthur Wilson Shea (late Captain) to be Surgeon-Lieutenant (dated Nov. 9th, 1906). The Prince of Wales's Own, 12th Middlesex (Civil Service) Volunteer Rifle Corps: Surgeon-Captain E. M. Callender to be Surgeon-Major (dated Nov. 23rd, 1906). 21st Middlesex (The Finsbury) Volunteer Rifle Corps: Surgeon-Lieutenant C. A. C. Smelt to be Surgeon-Captain (dated Nov. 27th, 1906). 2nd Volunteer Battalion, The York and Lancaster Regiment: Harold Forster Horne to be Surgeon-Lieutenant (dated Nov. 6th, 1906). 1st (Renfrewshire) Volunteer Battalion, Princess Louise's (Argyll and Sutherland Highlanders): Supernumerary Surgeon-Lieutenant-Colonel T. Philip (Brigade Surgeon-Lieutenant-Colonel, Senior Medical Officer, Clyde Volunteer Infantry Brigade) is granted the honorary rank of Surgeon-Colonel (dated Nov. 30th, 1906).

ROYAL ARMY MEDICAL CORPS (VOLUNTEERS).

London District: London Companies: Lieutenant-Colonel V. Matthews is granted the honorary rank of Colonel (dated Nov. 27th, 1906). Welsh Bearer Company: Lieutenant E. J. R. Evatt to be Captain (dated Sept. 7th, 1906).

THE REPORT OF THE SURGEON-GENERAL OF THE UNITED STATES NAVY.

The report of the Surgeon-General of the United States Navy for the year ending October, 1906, states that on Jan. 1st, 1906, the medical corps of the navy consisted of 15 medical directors, 15 medical inspectors, 87 surgeons, 50 post assistant surgeons, 75 assistant surgeons, and 16 acting assistant surgeons appointed for temporary service. The number of officers and men under their care was 43,000. The number of qualified candidates for commission as assistant surgeons was smaller than the demand. The health of the navy and marine corps for the calendar year 1905 was good, the ratio of admissions to the sick list per 1000 of strength being less than for the year 1904 and for the ten preceding years.

PRESENTATIONS TO MEDICAL PRACTITIONERS.—On Dec. 28th, 1906, at the King's Head Hotel, Cirencester, Earl Bathurst, C.M.G., on behalf of 350 subscribers, presented Mr. Oliver Humphrey Fowler, M.R.C.S. Eng., with an illuminated address and a massive silver-gilt double-handled cup of rich workmanship of the period of George II., the date being 1752, as a mark of respect and esteem on the occasion of Mr. Fowler's retirement after 40 years' work in Cirencester and the district.—Mr. John Henry Deane, L.R.C.P., L.R.C.S. Edin., of Trewartha Park, Weston-super-Mare, was on Dec. 21st presented with a solid silver tray, salver, and kettle as a mark of respect and esteem on the occasion of his leaving the town.

Correspondence.

"Audi alteram partem."

ASCARIS LUMBRICOIDES AND PERNICIOUS ANÆMIA: GREGARINOSIS IN MAN.

To the Editors of THE LANCET.

SIRS,—Although eminent authorities, Leuckart, Max Braun, Thomson, and others, deny the existence of gregarines in man, I have the temerity to make a positive statement. From an examination of over 1600 specimens of fæces during the last 15 years I have come to the conclusion that gregarines are not infrequently present in the fæces in many forms of intestinal disorder. They are, however, not numerous, and are, as a rule, only encountered after a somewhat prolonged search. But they occur in numbers when associated with ascaris lumbricoides—that is to say, when the ascaris is itself infected with gregarines.

It was in five cases of pernicious anæmia diagnosed as such by specialists, and in three of these the blood had been examined by experts, that this association existed. In one case only had I the good fortune to get the expelled ascaris and was able to find this sporozoon in the worm. The gregarines were quite typical. In the fæces the so-called conjugation form is chiefly met with, but the size varies with the host that harbours them. I here wish to state I am aware that another sporozoon (coccidium) belonging to the same class is sometimes found in the intestines of man, oftener than is supposed; but I do not refer to this.

The etiology of pernicious anæmia may be roughly considered under two heads: (1) known; and (2) unknown. Of the former, parasitic infection is one of the recognised causes. The ankylostoma duodenale and bothriocephalus latus are said to play the important rôle, and I venture to add to this the infected ascaris lumbricoides. While freely admitting the powers of the ankylostoma duodenale in this respect, I take the present opportunity to question that the healthy bothriocephalus latus is capable of producing pernicious anæmia. I feel this to be a bold statement, but from personal observation and from a careful and prolonged consideration both into the life-history and peculiarities of this cestode, as well as a patient and thoughtful perusal of the literature which is by no means scanty, I feel compelled to cast a doubt on the powers of the healthy bothriocephalus latus in producing pernicious anæmia. I hope, however, in the near future to be able to show that there is much evidence to justify what I have said.

I am, Sirs, yours faithfully,

A. F. BILDERBECK GOMESS, L.R.C.P. Lond.,
M.R.C.S. Eng., F.C.S.,

Late Assistant Pathologist, St. George's Hospital.
Dec. 29th, 1906.

THE CURE OF CHRONIC SUPPURATION OF THE MIDDLE EAR, WITHOUT REMOVAL OF THE DRUM OR OSSICLES OR LOSS OF HEARING.

To the Editors of THE LANCET.

SIRS,—In your issue of Dec. 15th, under the heading of "Medical Societies," there is the record of a meeting of the British Laryngological, Rhinological, and Otological Association (Nov. 9th last), when there were exhibited for the first time a large number of patients who illustrated "the Cure of Chronic Suppuration of the Middle Ear without Removal of the Drum or Ossicles or the Loss of Hearing"; they had, until recently, been suffering from deafness, discharging ears, perforated drum membranes, polypus in the ear, and disease of the mastoid antrum, all of which complications were the outcome of chronic suppuration of the middle ear for periods varying from three months to 18 years. These patients were shown to have been cured of this disease and of their deafness, and the perforations of their drum membranes could be seen to have healed; they were restored to