There is also the question of the introduction of a membrane or obstruction in a hydrodynamic system; the pressure is much greater on the proximal side of the obstruction. This is provided by the retina, which may become detached before the pressure is distributed. The conditions are quite different from those producing glaucoma. In glaucoma there is a constant pressure, and in other parts of the body a constant pressure produces atrophy, whilst an intermittent pressure causes hypertrophy. Even with a constant pressure in the young there is a general dilatation of the eye, as in buphthalmos, the eye being so soft the difference between the lamina cribrosa and the rest of the sclerotic is not so marked as in the adult.

The following two cases are interesting.

A man staying at a farm had to help to hold a bull which had become wild, and he had to exert his strength to the utmost; he ruptured himself, became myopic to a low degree and blind in one eye through detachment of the retina in the one afternoon. He stated that he had previously very good sight. (Numerous cases could be given of detachment of the retina through whooping-cough.)

A young musician with low myopia, in indifferent health, was advised to take a rest and spend a year on a farm. He found that digging caused him great pain in the eyes, headache, and bleeding at the nose. His myopia rapidly increased, though previously he had no discomfort with his eyes in his musical work.

It is particularly those persons of poor physique and unaccustomed to the form of exercise that appear to suffer; slow and careful training would strengthen the eye. The anatomical arrangement of the lymphatics, arteries and veins of the eye appears to be such as to prevent, as far as possible, the effects of varying pressure and make the eye a self-regulating apparatus. The ophthalmic artery passes through the optic foramen below the optic nerve, the ophthalmic vein through the sphenoidal fissure. Any distension of the sheath of the optic nerve would press on the ophthalmic artery and diminish the amount of blood entering the eye.

The results of treatment on the suggested lines appear to be very satisfactory.—I am, Sir, yours faithfully,

London, March 19th, 1918. F. W. EDRIDGE-GREEN.

TRENCH FEVER.

To the Editor of THE LANCET.

SIR,—I would like to be given the opportunity of endorsing the opinions of Captain Sundell and Captain Nankivell regarding trench fever in their paper on that subject which appeared in THE LANCET of March 16th. The clinical account entirely coincides with my own observations and differs little (except in being more complete) from an account of the disease as seen by myself in the spring of 1915 at a C.C.S. in France, which was published in THE LANCET of Sept. 25th, 1915. I believe this latter was the first account of the disease published, but the unfortunate title in use was not employed then. Trench fever is a misleading term. Even for those early cases seen in April, 1915, it would have been so, for among them were two men who had never been in the trenches, and at that time were not very near them. They were never in contact with those suffering from the disease until they themselves contracted it, nor were they brought in contact with the clothing or belongings of sick men, yet both were carefully observed from the onset and through the acute stages of a typical attack. Since then I have seen many similarly circumstanced who have contracted the disease. The two types of disease that have been included under the same name differ so essentially from one another that, in the absence of an ascertained common cause, a common name is hampering and misleading. If the short type can justly be called trench fever, the long type offers no excuse for perpetuating the name. A better name would be "shank fever," since it might direct attention particularly to the cardinal symptom of this clinical entity—namely, acute pain in the shank of the legs at the height of the attack. Two features noted in the early cases do not appear to have been remarked in the later ones—namely, giddiness and herpes—the former was a striking, tiresome, and constant symptom to which I drew special attention, while herpes about the lip was frequent, and in one case the whole of the beard area was covered by it. As to sequelæ, complaint of pain in the shins is made by many patients months after the initial attack, and heart hurry without other disorder is common and often resists all manner of treatment.—I am, Sir, yours faithfully,

J. H. P. GRAHAM,
March 22nd, 1918. Major, R.A.M.C. (S.R.).

PAYMENT OF SURGEONS ATTACHED TO V.A.D. HOSPITALS.

To the Editor of THE LANCET.

SIR,—It has been open to any surgeon attached to V.A.D. hospitals to apply for payment of his services, and one man in Herts applied and has been paid. The British Medical Association has passed a resolution which suggests compulsory application for payment for all such surgeons, whether they desire to do so or not.

The Hertfordshire Local Committee recently sent me a letter accompanied by three application forms, and practically demanded that I should apply for payment.

The letter and forms departed into my waste-paper basket.

The County Director for the Red Cross then called a meeting of surgeons attached to V.A.D. hospitals. I attended this at some inconvenience, and was not surprised to hear that there was a very large majority which refused to apply for payment. Of the minority two or three wrote letters from which it appeared that application was made on the grounds of the policy of the British Medical Association. I listened to various reasons which were given by surgeons who attended the meeting, for the demand, and was surprised at their futility.

It appears to me that there is a far from satisfactory position adopted in this matter.

Surely, the surgeons attached to these hospitals have a right to be consulted before any local committee takes such a step, and our personal liberty is not a thing which can be lightly surrendered, especially when it is open to anyone, who has sufficient grounds, to obtain payment without any difficulty. I am, Sir, yours faithfully,

Hatfield, March 22nd, 1918. LOVELL DRAGE, M.D.

THE SERVICES.

ROYAL NAVAL MEDICAL SERVICE.

D. J. Max to be temporary Surgeon.

ROYAL ARMY MEDICAL CORPS.

Capt. J. B. A. Wigmore relinquishes the acting rank of Lieutenant-Colonel, and reverts to the acting rank of Major, with pay and allowances of his substantive rank.

Capt. W. B. Purdon, D.S.O., M.C., retains the acting rank of Lieutenant-Colonel whilst in command of a Convalescent Depôt.

To be acting Lieutenant-Colonels whilst in command of a Medical Unit: Capt. A. N. R. McNeill, Capt. W. H. S. Burney, Major J. A. Turnbull, D.S.O.

Temp. Capt. J. C. Pounden to be temporary Major (without increased emoluments) whilst specially employed.

Capt. A. W. Byrne is placed on retired pay on account of ill-health.

H. W. Kaye, late temporary Captain, is granted honorary rank of Captain.

Officers relinquishing their commissions: Lieut.-Col. H. C. Drury, Major J. Lumsden, Capt. J. W. Killen, Capt. C. M. Benson, and Capt. S. H. Law, having ceased to be employed with No. 83 (Dublin) General Hospital. Temp. Capts. C. E. Boyce, E. J. M. Watson, A. C. Tait, G. Muir, H. T. Douglas, A. Pimm, H. McM. Donaldson (on account of ill-health contracted on active service, and is granted the honorary rank of Captain). Temp. Lieuts. W. B. M. Martin, K. C. Edwards.

Canadian Army Medical Corps.

Temp. Major P. G. Brown to be acting Lieutenant-Colonel while specially employed.

Temp. Major V. E. Henderson, from Central Ontario Regiment, to be temporary Captain.

Temp. Major (acting Lieut.-Col.) A. Croll relinquishes the acting rank of Lieutenant-Colonel on ceasing to be specially employed.

Canadian Army Dental Corps.

Temp. Lieut.-Col. (acting Col.) J. A. Armstrong, C.M.G., to be temporary Colonel.

The undermentioned temporary Majors (acting Lieutenant-Colonels) to be temporary Lieutenant-Colonels; O. K. Gibson, A. A. Smith.

Temp. Capt. (acting Major) A. W. Winnett to be temporary Major.

Temp. Lieut. L. E. Harriman to be temporary Captain.

SPECIAL RESERVE OF OFFICERS.

W. L. Dandridge and A. S. Westmorland (from University of London Contingent, O.T.C.) to be Lieutenants.

TERRITORIAL FORCE.

Lieut.-Col. J. F. Dobson, from permanent personnel, to be Lieutenant-Colonel, whose services will be available on mobilisation.

Major (temp. Lieut.-Col.) E. C. Montgomery-Smith, D.S.O., to be Lieutenant-Colonel.

Capt. C. Rogers, M.C., and Capt. B. Stracey relinquish their commissions on account of ill-health, and are granted the honorary rank of Captain.

Lieut. H. L. Farmer to be Captain.

JOURNAL OF THE ROYAL ARMY MEDICAL CORPS.

The first article in the February issue of this journal is a study of the mechanism of the agglutination and absorption of agglutinin reaction, together with an examination of the efficacy of these tests for identifying specimens of the meningococcus isolated from 354 cases of cerebro-spinal fever by Captain W. J. Tulloch. Some Strains of Organisms found in Dysentery Suspect Cases in France, showing Peculiar Agglutinating Phenomena and Sugar Reaction, is the title