

dent of local control. And chiefly there is, as a rule, more willingness on the part of manufacturers to yield to central rather than to local inspection, and to take advice readily from them. However, opinions are so divided as to this, one of the most important sections of the work, that the Government is, after all, left to decide as to whether central or local inspection shall be adopted, the Commission admitting that inspection under the extended Alkali Acts cannot be carried on by officers appointed by the ordinary sanitary authorities, inasmuch as such officers must be skilled men, whose undivided service should be secured, and to whom liberal salaries must be given.

The summary of recommendations recites that the escape of more than one grain of sulphur in the form of any of its acids contained in one foot of acid gases shall be deemed an offence, or the escape of more than half a grain of nitrogen, but that these limitations shall not apply to the production of sulphuric acid from sulphur gases evolved from the treatment of sulphur compounds where otherwise the sulphur gases would escape uncondensed into the atmosphere. And they also recite that the deposit of alkali waste, so as to cause a nuisance, or the permitting acid drainage to come into contact therewith, or the permitting alkali waste to come into contact with acid drainage, shall be classed as offences. As to extension of existing Acts, it is recommended that the present Alkali Acts be extended so as to include chemical manures, coke-ovens, ammonia works, tar distilleries, and gas-liquor works. These, it will be seen, will affect the nuisances that now exist in the Thames riparian districts, nearly all of which are entirely preventable. As to inspection of works not already dealt with, it is recommended that works for the manufacture of cobalt, arsenic, cement, dry or wet copper, glass, lead, nickel, salt, spelter, tin plate, potteries (where the salt-glazing processes are used), and works for the manufacture of dyes from coal-tar derivatives, should be officially included. In fine, the practical result is that the Alkali Acts have, by a system of skilled inspection, partly central, done good, and that, taking them as the bases of future legislation, a considerable enlargement of a high-class inspectorial staff, with the adoption of the rules above indicated, will afford eventually the best means of remedying the substantial evils that now undoubtedly exist in many parts of the country.

#### SUMMARY OF THE RECOMMENDATIONS OF THE WAR OFFICE COMMITTEE ON THE ARMY MEDICAL DEPARTMENT.

1. That retirement be optional—surgeons and surgeon-majors,

After 10 years' service, on a gratuity of £1250.

15 " " " " £1800.

18 " " " " £2500.

20 " " " " pension of £1 a day.

25 " " " " £1 2s. 6d. a day.

30 " " " " £1 5s. a day.

2. That horses be maintained at large stations by the Army Service Corps for the use of officers requiring to be temporarily mounted.

3. That a medical officer placed in barracks be allowed a distinct "medical officer's quarter."

4. That it be considered whether it is necessary to have so many resident medical officers.

5. That in case of sickness a medical officer may be allowed, if necessary, leave on full pay up to one year for the recovery of his health.

6. That pay in case of wounds or ill-health be governed by the rules applicable to combatant officers.

7. That the question be considered of giving a new title to the medical department.

8. That the army departments have no precedence *inter se*, but be arranged alphabetically.

9. That honours and good service rewards be bestowed on the scale applicable to combatants.

10. That the honorary physicians and honorary surgeons to the Queen have letters Q.H.P. and Q.H.S. appended to their names in the seniority list.

11. That the names of the Queen's honorary physicians and surgeons be printed in the Army List after those of Her Majesty's aides-de-camp.

12. That appointment as honorary surgeon or physician raise an officer, *ipso facto*, to the rank (supernumerary) of surgeon-general.

13. That surgeon-majors rank with lieutenant-colonels according to the date of completing twenty years' service.

14. That surgeons rank as captains, probationers as lieutenants.

15. That principal medical officers be instructed to make the best arrangements practicable for relieving senior executive officers from the mere routine duties.

16. That at certain large stations medical institutes be formed.

17. That the conditions of Indian service for the rank of deputy surgeon-general be promulgated.

18. That for all new entries retirement after ten years be made optional instead of compulsory.

19. That officers who joined under the "ten years' rule," if allowed to come under the new system, retain their £250 a year; but, in case of subsequent retirement on gratuities, be only eligible for sums less by £250 than those shown in recommendation No. 1.

20. That one half of the vacancies be filled up without examination, but subject to the approval of the Director-General, by registered surgeons nominated and vouched by the medical schools of Great Britain, Canada, and Australia, in rotation.

21. That one half of the vacancies be filled by half-yearly competitive examination in advanced practical subjects.

22. That the probationers be sent to some large station for practical instruction, until the Netley course begins.

23. That probationers rank as lieutenants, and have pay at 8s. a day.

24. That the maximum age for admission as probationer be reduced to twenty-eight.

25. That an executive rank of 50 brigade surgeons be interpolated between the deputy surgeons-general and the surgeons-major.

26. That promotion to brigade surgeon be by selection.

27. That deputy surgeons-general be selected from brigade surgeons.

28. That the rates of pay and retirement be as shown in section 93 of this report.

29. That all medical officers retiring before the age of 55 be liable until that age to be called upon to serve in time of declared national emergency; that their names be retained meanwhile in italics, and that they be allowed to wear their uniform.

30. That the number of the executive ranks be gradually reduced to 796 surgeons-major and surgeons.

#### PHYSICAL DIAGNOSIS OF THORACIC ANEURISM.

To the Editor of THE LANCET.

SIR,—As the diagnosis of thoracic aneurism of the aorta is often difficult and obscure, notwithstanding the various physical means we have now at our disposal for detecting it, I am desirous of mentioning a method of examination which has afforded me material assistance in diagnosing this disease (or even simple dilatation of the vessel), when it occurs, as is most generally the case, either in the ascending or the first part of the transverse portion of the arch.

The process is as follows:—Place the patient in the erect position, and direct him to close his mouth and elevate his chin to the fullest extent, then grasp the cricoid cartilage between the finger and thumb, and use gentle upward pressure on it, when, if dilatation or aneurism exist, the pulsation of the aorta will be distinctly felt transmitted through the trachea to the hand. The act of examination will increase laryngeal distress should this accompany the disease.

Yours, &c.,

W. S. OLIVER, M.D., Surgeon-Major.

Sept. 13th, 1878.

A CENTENARIAN.—An address has been presented to Mr. Foott, J.P., of Carrigacunna Castle, Cork, on completing his hundredth year.