

out of date, diffuse, inaccurate, or incomplete. My object has been to furnish to students and practitioners a trustworthy, practical, and compendious treatise, which shall comprise, &c.; as well as to embody the most important results of my own experience in reference to these diseases."

This is concise, and (to one person at least) complimentary. Dr. Hillier, laden with the results of his own experience, clears the road of the antiquity, diffusiveness, and inaccuracy which have hitherto obstructed our dermatological pathway. We are bound to say he has produced a text-book well adapted to the student, and the information contained in it shows the author to be *au niveau* with the scientific medicine of the day.

Would Mr. Williams but do away with the first portion of the title of his book we should have nought to say against it. There is a sort of *ad captandum* style about that which is out of harmony with the simple and scientific character of the pages immediately following. Mr. Williams's observations on Syphilitic Eruptions will repay perusal.

Of the continuance of Mr. Squire's beautiful photographs we can speak, as on a former occasion, in terms of commendation. The representation of "Chloasma" is as artistic as it is accurate in a pathological sense. We sincerely trust that this author may enjoy a wide circle of subscribers to his series of admirable plates.

NAVAL MEDICAL DEPARTMENT.

To the Editor of THE LANCET.

SIR,—The Navy List of the 1st ult. shows that four assistant-surgeons have resigned their commissions during the quarter, and as, in the present dearth of candidates, this is ominous, it leads one to reflect on the inefficient inducements given to retain medical men in the naval service. Errors in their treatment have been based upon an idea that medical men undergo less danger in actual service than the strictly combatant officers. My experience of eighteen years afloat teaches me that there would be extreme difficulty in proving that proposition, and certainly the current of events goes to show the contrary. Neither in battle, shipwreck, nor accidental fire does the medical man appear to have a better chance of life than others. In the New Zealand war medical officers have not avoided personal danger, and still later calamities at sea prove that death does not spare the doctor to pass onwards and strike his companions. A few, very few months have elapsed since Mr. David Herbert Llewellyn, surgeon, lost his life in the execution of his duty on board the Confederate man-of-war *Alabama*. More recently still, in the wreck of H.M.S. *Race-horse* the surgeon was drowned. Another valuable life has now been sacrificed. H.M.S. *Bombay*, the flagship on the south-east coast of America, was totally destroyed by fire on the 14th of December, at Monte Video, and Mr. John Smallhorn, the senior assistant-surgeon, has perished, by nobly remaining in the ship until the last of the sick was rescued, and it became too late for his own safety. On board the Confederate steamer the surgeon was one of the very few who lost their lives; and on board H.M.S. *Bombay* the assistant-surgeon and the boatswain are the only officers whose deaths are recorded. These facts show that in time of peril on board ship the medical officers have no immunity from danger, and ought to induce the Admiralty to abandon the unfair notion that the ship's doctor is in less danger than others, and to show more consideration to the medical department, by placing the navy surgeons in a better position as regards prize-money and the distribution of honours. To say nothing of the excessive risk of life during the prevalence of the dangerous epidemics incidental to fleets, it must be remembered that when a battle occurs, not only is the surgeon's professional skill and knowledge heavily taxed at the time, but often for days, and sometimes weeks afterwards, much extra work is thrown upon his shoulders. What is the surgeon's reward? A niggardly allowance of prize-money, and seldom, or never, an honorary distinction of any kind. It may seem strange, but it is true, that the junior lieutenant of a man-of-war obtains a much higher share of prize-money than the oldest surgeon afloat. Such is naval justice! Again, look at the marvellously unequal distribution of honours to medical officers compared with

the executive branch of the navy. Since the year 1850 no less than seventy-four captains have obtained the C.B. Now, upon looking over the active list of medical inspectors and deputy medical inspectors, I observe only one medical inspector has received the C.B., and, in the case alluded to, the recipient had every right to expect the K.C.B. would have been conferred upon him, as was done for the army P.M.O. serving with him. Amongst the deputy medical inspectors not a single C.B. is to be found! In the list of medical inspectors and deputy inspectors may be seen the names of some who have borne the heat and burden of the day in large hospital establishments in sickly climates during a time of war. Where are their decorations and honours? Echo answers, Where? Surely, if the Lords Commissioners of the Admiralty refuse to grant a more liberal scale of pay they might be a little less sparing in the distribution of honours amongst the medical officers; for, at present, these officers appear to risk their health and lives in vain, as they have an inadequate full pay, an absurdly small share of prize-money, and it rarely falls to their lot to receive an honorary distinction of any kind. It seems both ungenerous and unjust to refuse to treat more liberally those to whom the public service owes so much, and upon whose knowledge the health and lives of officers and men so greatly depend. Hoping you will never cease to advocate the claims of the medical officers of the navy until their grievances are rectified,

I remain, Sir, your obedient servant,

February, 1865.

A SURGEON, R.N.

ENTOZOA IN VEAL AND BEEF.

To the Editor of THE LANCET.

SIR,—At the risk of riding the "hobby-horse" a little too fast, I would call the attention of your readers to an interesting entozoological fact.

Professor Simonds and myself have just succeeded in rearing the larvæ of *Tænia mediocanellata* in a calf, but at present the cysticerci are not perfectly developed. We know, however, that the larvæ are there, not only by the symptoms produced, but also from ocular demonstration; for, having removed a very small portion of the right sterno-cleido-mastoid muscle (weighing 22 grains), three minute cysticercus-vesicles were discovered in the portion detached. Even if the other muscles (to say nothing of the heart, lungs, and liver) are affected to the same extent only, we shall eventually find not less than 30,000 larval entozoa in this one animal—enough to give 30,000 persons the *Tænia mediocanellata*, should they be severally disposed to swallow a cysticercus.

By a *post hoc propter hoc* kind of reasoning, we might say that the little operation has done good, for the calf is certainly much better since the removal of three of its "guests." Each larva is about the size of a pin's head.

Now that I am on the subject of entozoa, perhaps you will allow me to correct an erroneous and widely-spread impression which seems to have taken firm hold on the public mind. It is supposed that I am averse to "sewage-distribution" on entozoological grounds. This is an error. The object of my "pamphlet" is to show that, *without due precautions* (based upon an intelligent appreciation of the facts which recent helminthological discoveries have unfolded), very serious evils may result.

The majority close their senses against all evidence, and vote science a nuisance, whilst the more enlightened minority demand proof from the past, and point to Edinburgh experiences. To the latter class I would say that the case of the Craigentiny-meadows affords negative evidence, simply because the cows fed upon their grass-produce are employed to give milk, and are not commonly eaten as food. There are other reasons, upon which I cannot now enlarge; and as to the *Bilharzia*, that must also, for the present, stand apart.

I am not aware that I have advanced any statements that are inconsistent either with truth or honesty of purpose, and it has yet to be shown that the conclusions which I have drawn are at variance with the principles of sound deductive reasoning. It may serve an agriculturist's turn to characterize my views as those of an "alarmist," but after the able article which has appeared in your pages, I can well afford to "rest and be thankful."

I am, Sir, your obedient servant,

T. SPENCER COBBOLD, M.D., F.R.S.

Middlesex Hospital, Feb. 14th, 1865.