

therapeutic measures that are being successfully carried out in the treatment of the convalescent wounded, for it is certain that they will ultimately have to deal with a number of cases requiring treatment of this kind and it will be most unfortunate if these drift into the hands of unqualified "medical electricians."

I am, Sir, yours faithfully,

EDWIN L. ASH, M.D. Lond.,

Physician and Neurologist to the City of London
Harley-street, W. Red Cross Hospital.

THE LOCALISATION OF FOREIGN BODIES.

To the Editor of THE LANCET.

SIR,—In the hope that it may prove of use to anyone similarly situated to myself I venture to enclose a brief description of an adaptation of the Mackenzie-Davidson principle of localisation of foreign bodies which I devised for my own use. My X ray apparatus, which is one ordered by the Civil Administration of the Nyasaland Protectorate, was not equipped with a localiser of any description, and as there are practically no facilities for elaborate workmanship in Central Africa my own model is naturally rather a crude article.

The apparatus is shown in the accompanying figure. It consists of a length of hard wood, A, 3 feet long, graduated on the face in inches and, or, centimetres. At the lower end is fixed a crossbar, B, 18 inches long, at right angles to A, and similarly graduated. A similar crossbar, C, is arranged to slide on A over its entire length. The centre line of B represents the plane of the X-ray plate, and that on C represents the plane of the tube-anticathode. After marking the skin directly over the incident ray by any of the usual methods, move the tube—say 3 inches—to the left of the centre position and expose the plate; then move the tube 3 inches to the right of the centre position—that is, 6 inches in all—and make a second exposure on the same plate, thus obtaining two shadows of the foreign body on the one plate. Now set the centre line of crossbar C at a distance from the centre line of crossbar B equal to the distance of anticathode from the plate. Measure the distance between the two shadows on the plate—say this is 3 inches. Now by setting the two threads on C from 3 inches to the right and left of the centre line of A, representing the traverse of the tube, to $1\frac{1}{2}$ inches to the left and right of the centre line of A on B, representing the distance between shadows, the depth from the plate, of the foreign body can be read off direct by noting where the threads cross the centre line of A. The threads shown in the figure are fastened by means of drawing-pins.

This method will be found simple, rapid, and sufficiently accurate for all but the most delicate of work. The illustration is not drawn to scale, but will serve to illustrate the principle of operation.—I am, Sir, yours faithfully,

PERCY PERROW,

Lieutenant, S.A.M.C.; Radiologist, Nyasaland
Field Force.

The War.

THE CASUALTY LIST.

THE following names of medical officers appear among the casualties announced since our last issue:—

Died.

Surgeon C. E. Reckitt, R.N., was a student at Guy's Hospital, London, and qualified in 1913. He had held appointments at Guy's and at the Royal Infirmary, Hull.

Wounded.

Capt. F. B. Simpson, R.A.M.C.
Capt. W. D. Reid, R.A.M.C., attached Manchester Regiment.
Capt. C. M. Forster, R.A.M.C., attached Yeomanry.

THE HONOURS LIST.

The following promotions of and awards to medical officers are announced:—

G.C.B.

Surg.-Gen. Sir A. Keogh, K.C.B. (ret. pay).

K.C.B.

Surg.-Gen. W. Donovan, C.B. (ret. pay); Col. (temp. Surg.-Gen.) N. R. Howse, V.C., C.B., Australian A.M.C.

C.B.

Surg.-Gen. W. W. Kenny (ret. pay); Col. E. North (ret. pay), A.M.S.; Col. W. H. Horrocks, A.M.S.; C. I. D. J. MacKintosh, M.V.O., A.M.S. (T.F. Res.), Col. C. C. Reilly, A.M.S.; Col. J. Thomson, A.M.S.; Surg. Lt.-Col. P. J. Freyer, r-et., I.M.S.; Lt.-Col. T. H. Openshaw, C.M.G., R.A.M.C. (T.F.); Lt.-Col. H. G. Barling, R.A.M.C. (T.F.); Lt.-Col. H. Davy, R.A.M.C. (T.F.); Temp. Lt.-Col. Sir T. Vyles, R.A.M.C.; Temp. Lt.-Col. Sir W. A. Lane. Bart., R.A.M.C.; Temp. Lt.-Col. J. Swain, R.A.M.C.; Temp. Lt.-Col. W. A. Turner, R.A.M.C.; Temp. Lt.-Col. Sir B. G. A. Moynihan, R.A.M.C.; Temp. Lt.-Col. (temp. Col.) R. Jones, R.A.M.C.

K.C.M.G.

Surg.-Gen. G. D. Bourke, C.B. (et. pay).

C.M.G.

Lt.-Col. W. W. Pope, late R.A.M.C.; Lt.-Col. G. E. Twiss (ret. pay), late R.A.M.C.; Lt.-Col. H. E. B. Bruce-Porter, R.A.M.C.; Lt.-Col. G. B. Stanstreet, R.A.M.C.; Lt.-Col. (temp. Col.) R. S. H. Fuhr, D.S.O., R.A.M.C.; Lt.-Col. (temp. Col.) H. P. W. Barrow, R.A.M.C.; Temp. Hon. Lt. Col. J. L. Thomas, C.B., R.A.M.C. (Maj. ret. T.F.); Maj. G. L. Gulland, R.A.M.C.; Col. Hon. W. E. Collins, New Zealand Medical Corps.

To be Brevet Colonels.

Lt.-Col. H. A. Haines, R.A.M.C.; Lt.-Col. C. J. Jacomb-Hood, 2nd Eastern General Hospital, R.A.M.C. (T.F. Res.).

To be Brevet Colonel on R-tired List.

Lt.-Col. A. W. Browne (ret. pay), late R.A.M.C.

To be Brevet Lieutenant-Colonels.

Maj. (temp. Lt.-Col.) B. A. Craig, R.A.M.C.; Maj. F. McLennan, R.A.M.C.; Maj. (temp. Lt.-Col.) A. H. Safford, R.A.M.C.; Maj. (temp. Lt.-Col.) C. R. S. Bradley, R.A.M.C., commanding Training Centre.

To be Brevet Majors.

Capt. A. E. G. Fraser, R.A.M.C.; Capt. (temp. Maj.) R. W. D. Leslie, R.A.M.C.

Military Cross.

Capt. H. V. Stanley, R.A.M.C.

MENTIONED IN DESPATCHES.

Lieutenant-General the Hon. J. C. Smuts, K.C., Commander-in-Chief of the East African Forces, in a lengthy despatch dealing with the campaign in East Africa since March last, says: "The work of the medical units has been very heavy, and all ranks have done their utmost in their care of sick and wounded, and in arranging for their speedy evacuation."

OBITUARY OF THE WAR.

RODERICK CAMPBELL McLEOD, M.D. NEW YORK,
LIEUTENANT-COLONEL, CANADIAN ARMY MEDICAL CORPS.

The death of Lieutenant Colonel R. C. McLeod occurred at Bramshott Camp, Jan. 4th, under conditions both tragic and startling. He succumbed, after 24 hours' illness, to an anthrax infection communicated by a shaving-brush through a trifling razor abrasion on the face. Colonel McLeod was a Nova Scotian, a Scotch Highlander by extraction and very near in instincts and character to the parent stock. He was born in Cape Breton Island in 1867 and practised his profession in his native island. In December, 1915, he gave up his private work and went to Halifax to offer himself to the Canadian Army Medical Corps. When the University of St. Francis Xavier, a Catholic University in Nova Scotia, proposed offering a medical unit to the Government, he was selected to forward the project and afterwards to command the unit. It was known as No. 9 Stationary Hospital, C.E.F. In October of last year Colonel McLeod, with his unit, took charge of Bramshott Military Hospital, and to the discharge of this duty he was giving his best endeavours when the fatal accident occurred.