

SPECIAL CORRESPONDENCE.

PARIS.

Académie de Médecine: M. J. V. Laborde on the Influence of Musical Auditory Sensations in Operative Anæsthesia.—Neurological Society: Loss of Tendo-Achillis Reflex in Early Locomotor Ataxia.—M. Déjerine appointed Professor in the Paris Medical Faculty.—The Increase of Diphtheria in France: Letter from the Minister of the Interior.—Small-pox Statistics.

At a recent meeting of the Académie de Médecine M. Laborde called attention to the intervention and influence of auditory sensations, and of musical sensations in particular, in operative anæsthesia. A Paris dentist, M. Drossner, whose operating chair was placed near a window, remarked that on giving laughing gas to his patients, when the anæsthetic was having effect, they showed psychical manifestations of terror, their dreams always having relation to the sounds in the adjacent street; the patients thought they were being run over, etc. M. Drossner had the idea of substituting during the anæsthesia agreeable sounds for the noises from the street, and placed a musical phonograph in the adjoining room. When the facial mask for administering the anæsthetic was applied, the patient was at the same time, by means of two telephonic conductors applied to the ears, put into communication with the phonograph, which sang continuously into his ear a musical strain. In every case, after the operation, the patient said he had felt nothing, but had only heard music. M. Laborde thinks that there may be grounds for extending this method to operative anæsthesia in general, even with such anæsthetics as chloroform or ether.

At the Neurological Society M. Babinsky recently stated that from 30 cases observed by him, he found that the examination of the tendo-Achillis reflex was often of greater importance than that of the patellar reflex in the early diagnosis of locomotor ataxia. In a large number of these cases the tendo-Achillis reflex was abolished long before the knee-jerk, and the disease was thus diagnosed as *tapes dorsalis* while the patellar reflex was still present.

M. Déjerine, Physician to the Salpêtrière Hospital, has recently been appointed Professor in the Chair of the History of Medicine and Surgery in the Paris Faculty of Medicine.

During the first four months of the present year the fresh cases notified and deaths from diphtheria in Paris have been about double the number during the corresponding period in the three preceding years. The following shows the fresh cases and deaths during the first four months of the years in question: In 1898, 624 cases, 138 deaths; 1899, 624 cases, 180 deaths; 1900, 563 cases, 121 deaths; 1901, 1,262 cases, 225 deaths.

This increase in the frequency of diphtheria is general throughout France, and in consequence M. Waldeck-Rousseau, President of the Council of Ministers and Minister of the Interior, has just addressed a letter on the subject to all the departmental physicians. After stating that the mortality from this disease had been considerably reduced during recent years by the use of antidiphtherial serum, he continued: "I notice, however, notable differences in the results obtained, as shown in the reports on epidemics furnished by the prefects to my administration. Whilst in certain districts the patients inoculated have all recovered, in other districts the number of deaths exceeds half the number of cases notified. These differences can alone depend on the conditions under which the treatment is applied. It often happens that physicians, finding in their possession antidiphtherial serum a few months or weeks old, refuse to use it and await the arrival of a fresher supply. They thus lose most precious time; the life of the patient may depend on this delay. Certainly let them ask for a fresh serum if they judge it useful; but let them immediately use what they have at their disposal. Repeated experiments have shown that the serum has lost none of its curative properties even after a twelvemonth. In every serum which has been prepared a certain time a slight precipitate forms, and is deposited on the bottom of the bottle, leaving the fluid perfectly clear. This deposit does not indicate any alteration in the serum, which still

possesses all its therapeutic properties. And the interest in not losing an hour in proceeding to the injection of a serum is shown by the following figures which Dr. Roux has laid before the Comité Consultatif d'Hygiène Publique de France as the result of numberless experiments. When the injection of serum is practised on the first day of the appearance of the false membrane, the mortality is almost nil, and does not exceed in all 2 per cent. When it is practised on the second day the proportion of the mortality rises to 6 per cent.; it rises suddenly to 30 per cent. when the injection is given only on the third day, to 50 and 60 per cent. when it is given on the fourth day or later. If these facts were more widely known diphtheria would soon almost completely vanish in all parts of the country." During the eighteenth week 92 fresh cases of diphtheria were notified with 15 deaths, and during the nineteenth week 78 fresh cases with 8 deaths. The weekly mean for the corresponding month in the five preceding years gives 7 deaths.

During the eighteenth week there were 5 deaths and 72 fresh cases of small-pox. During the nineteenth week there were 6 deaths and 96 fresh cases of small-pox. This is the largest number of fresh cases notified in any week during the present year.

CORRESPONDENCE.

THE REFORM OF THE R.A.M.C.

SIR,—In the BRITISH MEDICAL JOURNAL of May 4th, "R.A.M.C." writes as follows: "Dr. Edward Thompson's proposals might well make army medical officers exclaim 'Save us from our friends!'" I am distressed that any words of mine, written with the most sympathetic intention, and to elicit information, should have even temporarily produced such an erroneous impression. My proposals were merely tentative, and written for the purpose of gaining information which I hoped to receive, and which, in conjunction with the other medical members of the House of Commons, I hoped to use in the interest of the R.A.M.C. I am glad to say I have been favoured with many most important and valuable suggestions, which I have duly tabulated, and which, along with my colleagues, we will assuredly bring under the notice of the Government and Parliament when the opportunity occurs. Nearly all the army surgeons who have written to me agree with most of the proposals contained in my recent letter to your JOURNAL, but all of them object to the present rate of pay, and the abolition of the right to retire, as in other branches of the army, after 20 years' service. All my correspondents consider the latter the one bright spot in the regulations at present governing the R.A.M.C. They are all equally determined in their support of army rank and titles. I have carefully read and studied the very able report of the committee so ably presided over by Surgeon-General Hamilton. The only objection I have to it is its length and complication. To be effective the various recommendations should have been summed up more clearly and in a smaller space. The following table is the result of the recommendations that have reached me. I shall be glad to hear from any medical officer who has any further suggestion to make.

1. Maintenance of distinctive army rank and title.
2. The army surgeon to continue supreme in his own corps, the strength of which should be increased to a total of 1,200 officers.
3. The Director-General or P.M.O. to have a recognised place on the staff of the army and army corps.
4. Increase of pay as follows: £250 per annum on joining, £300 per annum after 5 years' service, £350 per annum after 10 years' service, £400 per annum on promotion to major, £450 per annum after 15 years' service, £500 per annum after 20 years' service, £600 per annum after 25 years' service.
5. Retired pay to be increased in proportion to increase in annual income.
6. The right to retire on a pension of £1 per day after 20 years' service.
7. The continuation of the right to retire on a gratuity, or, if preferred, a pension graduated according to length of service, so as to prevent the possibility of a man, say of 15 or 18 years' service, being compelled to retire on a comparatively small gratuity.
8. Indian pay according to army rank and title.
9. The right of leave according to rank.
10. As far as possible the equalisation of home and foreign service.
11. Appointment of a medical officer to a regiment or station for 3 or 5 years.
12. Abolition of half-pay appointments.
13. Effective training in army drill, duties, and equitation.
14. Recently-appointed medical officers to go first to Aldershot for 6