

of barracks. It is not necessary to found societies for the care of combatants. Steps have already been taken to guard the interests of discharged soldiers requiring treatment and unprovided or insufficiently provided for by the military or insurance authorities. Arrangements have been made for the care of invalids in the various institutions and baths on cheap, satisfactory, and discriminating terms, which could not be secured either by new societies or by private persons."

MEDICAL OFFICERS WANTED.

2/1st Highland Mounted Brigade Field Ambulance.

Three medical officers urgently required for the 2/1st Highland Mounted Brigade now sending drafts of officers and men overseas, one regimental medical officer for the 2/2nd Lovat Scouts, and two for the 2/1st H.M.B. Field Ambulance. Full particulars of pay and duties from Captain Mowat, Officer Commanding 2/1st H.M.B.F.A., 2, Mount Street, Diss, Norfolk.

2/1st South-Eastern Mounted Brigade Field Ambulance, R.A.M.C.(T.F.).

Three medical officers are urgently required by this unit. They must be willing to take the Imperial Service obligation. Full particulars as to pay and allowances on application to Major Hamilton, Officer Commanding, 2/1st South-Eastern Mounted Brigade Field Ambulance, Cricket Ground, Canterbury.

2/2nd South Midland Mounted Brigade Field Ambulance.

Medical officers are urgently wanted for this unit, at present stationed at King's Lynn. They must be prepared to sign for foreign service. Applications to Major A. G. Magrath, Officer Commanding 2/2nd South Midland Brigade Field Ambulance, London Road, King's Lynn.

England and Wales.

AFTER-CARE OF CONSUMPTIVES.

MR. J. REDMAN ORMEROD, Vice-Chairman of the Lancashire Insurance Committee, in a letter to the *Manchester Guardian* draws attention to the fact that the Commissioners have decided, in response to representations, to abolish district insurance committees in the Lancashire area, but contends that it is desirable to have some bodies to take up some of the work of the district committees, especially so far as it related to the after-care of consumptives who have been discharged from sanatoriums. The district committees were undoubtedly hampered by two circumstances. In the first place, many of them had charge of areas so wide that it was almost impossible for them to keep in touch with the individual cases of tuberculosis, or, as Mr. Ormerod puts it, "local touch was lost, and local knowledge of and interest in cases was virtually impossible." In the second place, the powers of the district committees were, perhaps unavoidably, very restricted, and the constant reference that had to be made to the county committee was so irksome that the members of the district committees lost much of their interest in their work, and little of any practical value was done by them in Lancashire. Mr. Ormerod goes on to suggest that a better arrangement would be to make the after-care of consumptives the business of the various local health authorities which exist in every urban and rural area, with the addition to each such local body of direct and adequate representation of insured persons. Apparently Mr. Ormerod only includes under the term "after-care" the provision of such conditions of home life and employment as will help to make permanent a cure commenced in a sanatorium, the Insurance Committee continuing, as at present, to be responsible for sanatorium treatment and apparently for all treatment of cases not sent to sanatoriums. But it must be obvious that a considerable number of persons discharged from sanatoriums will continue afterwards to require medical treatment at home, and Mr. Ormerod does not clearly state whether he would have such medical treatment given by the Insurance Committee, as at present, or by the amplified local health authority. If the health authority is to give such medical treatment, then we should have two separate bodies giving treatment to the same person at different periods of his disease, and there would be an inevitable tendency for each body when short of funds to attempt to shift the responsibility to the other. On the other hand, if the local health authority is not to give medical treatment as part of its after-care, but to confine itself to providing proper home surroundings and suitable employment, it is difficult to see any advantage over a properly arranged

system of district insurance committees. Moreover, there is one advantage which the district insurance committees have which would be almost entirely lost on Mr. Ormerod's suggestion—namely, the co-ordinating and correlating influence of the County Insurance Committee. It cannot be said that the small urban and rural health authorities have in the country generally reached anything like a satisfactory state. They are too often ruled by petty local interests and by men who, with little or no knowledge of what should be included under after-care, would refuse to be guided by a few representatives of the insured. Anything like proper co-ordination of their work by the county councils has in practice always been beset with difficulties. On the other hand, the County Insurance Committee has full power to co-ordinate the work of its district committees, and in nothing is such co-ordination more important than when the difficult question arises of finding suitable employment for considerable numbers of convalescent consumptives. Mr. Ormerod agrees, "to a certain extent," that the idea underlying the formation of district insurance committees was a good one. So far it has not had a fair trial, and though in some parts of the country, such as Lancashire, the practical working has not been good, there is even less ground for believing that local urban and rural health authorities have as yet shown themselves satisfactory bodies for taking over a duty which every Insurance Committee out to carry out.

Ireland.

ULSTER MEDICAL SOCIETY.

THE second general meeting of the society was held in the Medical Institute, Belfast, on January 6th. Dr. T. A. Davidson, vice-president, occupied the chair. Three new Fellows and three new members were elected.

Dr. Calwell gave notes of a case of polycythaemia in a woman, aged 43. The extremities were deeply cyanosed; she was emaciated, there was some ascites, and the spleen extended 2 in. below the costal margin. The red corpuscles numbered 7,000,000, the white 16,000; a differential count showed 82 per cent. of polymorphonuclear and 16 per cent. of large lymphocytes. The abdomen was tapped to relieve the breathing, and friction was found over the spleen and in both pleurae; the heart showed enlarged right ventricle and deficient and fixed apex beat. The most probable diagnosis was a polyserositis with chronic indurative pericardio-mediastinitis. Dr. Darling (Lurgan) reported 8 cases of Caesarean section with survival of 7 mothers and 7 children. He emphasized the necessity of doing primary section, and not wait until the uterus had become contaminated by repeated vaginal manipulation. Dr. John Campbell, Sir Alex. Dempsey, Dr. Hicks, Dr. R. J. Johnstone offered remarks, and agreed with the main points in Dr. Darling's paper. Mr. Howard Stevenson read a paper on the open method of treatment of fractures, illustrated by a series of lantern slides. He showed the advantage of bringing the ends into apposition, and the impossibility of doing so merely by splints.

INSTRUCTION OF CRIPPLED SOLDIERS IN NEW TRADES.

It has been decided to open a dépôt for 4,000 wounded Irish soldiers in Tipperary, to which men of the eight Irish regiments are to be sent for post-hospital treatment, on the completion of which they will either return to service or be discharged from the army. Many of these men are unable to take part in the usual outdoor recreations, and in a large number of cases will be unable to return to their occupations. It has been decided to institute elementary instruction in wood and metal working, typewriting, and telegraphy. The Joint Technical Instruction Committee of Tipperary has been asked to cooperate in this work. There are two very fine classrooms in the Central Technical School which at certain hours are unoccupied, and the Committee has unanimously decided to grant every possible facility to the military authorities in the matter.

IRISH WAR HOSPITAL SUPPLY DÉPÔT.

The financial statement read to a recent meeting of the Executive Committee of the Central Irish War Hospital Supply Dépôt showed that it was receiving substantial public support.

Rules for the affiliation and guidance of sub-dépôts were approved.

The Committee of the Irish Farmers' Gift Day has allocated the sum of £250 for the supply of surgical dressings, and the dépôt staff will be kept busy for the next few weeks in getting these supplies ready for dispatch to the Near East. The first consignment has been already sent off, in a large lorry load of strong packing cases and bales, representing two weeks' work of voluntary lady workers. The dépôt is now in full working order, seven large workrooms being used by the volunteers, of whom about 350 have already registered.

Scotland.

PROVISION FOR DISABLED SOLDIERS IN SCOTLAND.

THE Scottish scheme for providing permanently for soldiers disabled in the war has advanced another stage towards realization. As was stated in the JOURNAL for November 20th, 1915 (p. 763), the scheme originated with the Scottish Veterans' Garden City Association, and aims at enabling soldiers, whose economic value in the labour market has fallen on account of the loss of a limb or some other disability, to find homes and training in some useful work whereby they may supplement their pensions. The Earl of Wemyss, who presided over a meeting of the Association on January 7th in Edinburgh, explained that the movement was not a charity in the ordinary sense of the word, but was an effort in the direction of allowing maimed men to retain their independence on returning to civil life. It was reported that representative committees had been formed in several of the larger cities of Scotland and even in more distant places (America and India). It was announced that a suitable site was available at Longniddry. The first section of the plan which could now be proceeded with would embrace forty houses and two workshops, and extension could take place later. It was unanimously agreed to accept the offer of ground at Longniddry, and the Earl of Wemyss, Lord Salvesen, and Sir Henry Ballantyne were nominated as trustees.

Canada.

STERILIZATION OF WATER BY ULTRA-VIOLET RAYS.

THE use of ultra-violet rays for the sterilization of water was introduced last summer at the military camp at Niagara with most encouraging result, for not a single case of typhoid fever was contracted at the camp. Eleven cases of the disease occurred, but, without exception, the men had been in camp less than eleven days and had come from places where typhoid was present. The water used at the camp was taken from the Niagara River, which gave the usual counts of 5,000 per cubic centimetre, and frequently contained the colon bacillus in 100,000 c.c.m., and not infrequently even in 100,000 c.c.m. After exposure to the ultra-violet rays no bacteria were found in 50 c.c.m. of water, but as a precaution two subsequent exposures were made. Chlorination was used before installing the ultra-violet ray, and the high bacterial content of the water made it necessary to use from 1 to 1.4 parts per million, which at times gave an unpleasant taste to the water. Fifteen hundred gallons an hour running past three lamps gave an adequate supply of good water for the camp. The cost of installation was about 20 to 25 cents a head of soldiers in the camp.

THE PATRIOTIC FUND.

During the first year of the war—that is, from September, 1914, to September 30th, 1915, the sum subscribed by the Dominion to the Patriotic Fund for the support of soldiers' families was 5,350,000 dollars—an average of 70 cents a head. This year it is estimated that an average of 1 dollar a head, or a total of 7,500,000 dollars, will be required.

No. 7 OVERSEAS STATIONARY HOSPITAL.

The offer of a stationary hospital for overseas service was made some time ago by Dalhousie University, Nova Scotia, and was accepted recently. The personnel has been recruited from the province of Nova Scotia and the

unit is now in training at Halifax. The list of officers, several of whom belong to the medical staff of the university, is as follows: Lieutenant-Colonel John Stewart, of Halifax, officer commanding; Majors E. V. Hogan and L. M. Murray; Captains J. A. Murray, V. M. Mackay, F. V. Woodbury, E. Kirk Maclellan, John Rankin, Kenneth A. MacKenzie, S. J. MacLeod; Lieutenant K. F. Woodbury, dental surgeon; honorary Lieutenant and Quartermaster Walter Taylor; and honorary Lieutenant S. R. Balcom, dispenser. The non-commissioned officers and men have been recruited from all parts of the province, and include a number of students from King's College and the universities of Mount Allison, Acadia, and Dalhousie. An equipment fund has been opened and it is hoped to collect the sum of 12,000 dols.; a committee, of which Dr. G. B. Cutten, President of Acadia University, Dr. H. S. MacKenzie, President of the University of Dalhousie, Dr. B. C. Borden, President of Mount Allison University, are members, has been formed to direct the disposition of the funds subscribed.

Correspondence.

LEPROSY AND LEPER HOUSES.

SIR,—In your interesting review of Dr. Mercier's Fitz-Patrick Lectures, on p. 54, there appears a geographical error which I beg to point out, and which I have corrected in reviewing the same work in another journal. The "Shireburn Hospital in Yorkshire, for 65 lepers," should read the "Sherburn Hospital, Durham," to which institution the description applies. It is true that there was an ancient ecclesiastical foundation at the village of Shireburn, in Yorkshire, but it was only a very small one, and it was not a leper house. This institution, to which I have the honour of being the physician-in-charge, was founded in 1181 as a leper house by Bishop Pudsey. When leprosy died out in England towards the close of the Middle Ages, the hospital was devoted to charitable purposes, and later still the Charity Commissioners reconstituted it into a modern hospital for medical cases, curable or incurable, together with a large out-patient department, at which there are several thousand attendances annually. At the same time the ancient rule of master and brethren still persists, for there is accommodation for 15 "in brethren," aged men of good character who have resided within the diocese of Durham, who are cared for in their declining years. There are also "out-brethren" and "out-sisters," as well as a system of educational scholarships. Thus, the Sherburn Hospital has transformed itself in accordance with the altered conditions of society, so that, as a modern chronicler has aptly put it, "the great traditions of the past can be wisely, happily, and usefully combined with the highest aspirations of the present and future."—I am, etc.,

G. NORMAN MEACHEN.

Sherburn Hospital, near Durham,
Jan. 8th.

STATE REGISTRATION OF NURSES AND THE RED CROSS SCHEME.

SIR,—The letter of Dr. Ferdinand Rees is to the point. The whole future of nursing hangs in the balance. Nothing but the immediate State registration of the fully-qualified nurse can ever safeguard the status of the nursing profession. The danger of the untrained V.A.D. worker should be recognized and met.—I am, etc.,

Whitley Bay, Jan. 9th.

NEVILLE A. EDDLESTONE.

THE TONSILS.

SIR,—In his letter on the question of tonsillectomy, appearing in your issue of January 8th, Mr. William Hill, whilst advocating total removal of the glands as the operation of choice in most cases, states that he, in company with most others, "would hesitate to eviscerate the entire tonsillar bed in trained singers and other professional voice producers, on account of the danger of altering the form and deranging the muscular mechanism of the fauces from post-operative adhesions."

I am not quite clear what Mr. Hill desires to convey by the words "entire tonsillar bed," but from the text presume