

British Medical Journal.

SATURDAY, JULY 21ST, 1917.

MESOPOTAMIA.

A FORTNIGHT ago it was pointed out here that a careful study of the report of the Parliamentary Mesopotamia Commission showed that one of its most important conclusions—that in which the opinion was expressed that the medical defects disclosed in Mesopotamia were not due to the shortage of river transport—was not justified by the facts set out elsewhere in the report, but was, in fact, in direct contradiction. The demonstration of this error justified the suspicion that the conclusions of the Commission in other respects should not be accepted without close examination. The two days' debate in the House of Commons last week brought out many other instances, and Mr. Balfour expressed a very widespread opinion when he said that the general character of the manner in which the Commission approached the question was not the proper method of dealing with great State affairs. To condemn anybody or punish anybody, or remove any one merely on the strength of the Commission's report would be, he said, to inflict a grave injustice upon individuals, and it was the business of Parliament not to be misled by the stream of public opinion, however natural, and "to be thrown over some cataract of public immorality." He exonerated the Commission from any desire to do anything but strict justice, but pointed out that its method of dealing with the great questions involved made strict and fair justice almost impossible. We believe that he expressed the considered opinion of the country in attributing the breakdown of the medical arrangements mainly to the general lack of adequate medical equipment, due to the deliberate policy of the Indian Government and the House of Commons of cutting down military expenditure. That there was a medical catastrophe after Ctesiphon no one can seek to deny, but the defeat at Ctesiphon was in itself a catastrophe, and it is undoubtedly true that when a defeated force has to retreat through a country overrun by marauders, the wounded must suffer if they are not to be left behind to have their throats cut. The main fault attributed to the responsible officers on the spot was in not foreseeing the possibility of defeat and retreat, and to apportion the blame among them is a task which Parliament cannot itself undertake, while the Government declares that it cannot treat the findings of the Commission as a judgement upon which punitive steps could properly be founded without further proceedings. In its search for a tribunal the Government first proposed to make use of an Act passed last year to meet a special case and to appoint under it a body consisting partly of legal members, but when the objections to this course were developed, it offered to pass a special Act appointing a special tribunal. After some days' consideration, however, both these proposals were abandoned, and the Government fell back upon the plan of leaving the Army Council to deal with military officers in the ordinary way.

The Parliamentary Commission has, in fact, itself been on trial, and its chairman in its defence has stated the procedure followed. Every witness was requested to put in writing the statement he wished to make, was then examined on it, the record of this examination was sent to him for correction, and the

corrected record alone used as evidence. The facts stated and recorded in the narrative of the campaign were contained in documentary evidence laid before the Commission. All documentary evidence was sworn to and all oral evidence was on oath. In a few cases in which statements were made by subsequent witnesses affecting previous witnesses and the fresh evidence was used, the witness so affected was recalled and re-examined. The contention founded on this is that the natural course would be for the Army Council to ask each officer concerned if he has anything to say or further facts to bring forward, and if he has, to appoint a military court of inquiry. The Government and the House of Commons have now decided that this course shall be followed, and we have no doubt that the officers concerned will welcome the decision. The services of Lord Hardinge as Permanent Under Secretary of the Foreign Office are to be retained, at the instance of the Foreign Minister, and apparently other civilians could be dealt with by the heads of the departments to which they belong. It must not be forgotten that the primary fault lies with the Finance Department of the Government of India, acting with the approval and, indeed, under the impulsion of the House of Commons.

The Chairman of the Parliamentary Commission has himself appealed to Parliament to "drop this useless and fantastic innovation of a special tribunal, and the waste of time which its discussion entails, and give its attention to those reforms in Indian administration the urgency of which is so clearly shown by our report." On this we would only say that this urgency, in respect of medical matters at least, was not shown for the first time in the report of the Commission. On the contrary, every one of its recommendations with regard to medical administration has been made time and again, but has been turned down on the ground of expense.

THE CENSUS OF 1911: OCCUPATION AND HOUSING.

II.

At the 1911 census information was sought by means of which classification, both by personal occupation and by industry, could be effected. It is impossible within our limits of space even to summarize the results, and we merely glance at a few points of interest. Taking the industrial classification (net total in industry or service), domestic indoor service still claims the largest total of employed persons, 1,302,438, of whom 1,260,673 are females. Agriculture is a good second with 1,229,555, and an easy first as an occupation for men with 1,134,714, followed by coal mining, which employs 971,236 persons, of whom 968,051 are men.

The figures for agriculture are very remarkable. For the first time since 1851 the number employed has increased, a diminution of 11.8 per cent. (using comparable figures) being converted into an increase of 5 per cent. Actually 69,475 more males were returned as employed in this industry than in 1901. The question whether this change is due merely to difference of classification or method is discussed, but no explanation along these lines is forthcoming. The returns of the Board of Agriculture and Fisheries of area under crops and head of live stock do not provide any definite confirmation of an increased agricultural development since 1901; the tentative suggestion is put forth that an extension of fruit farming and market gardening may have contributed in some counties to arrest the decline of the number of persons classified as farm workers,

With regard to women in industry, comparison is best made with the unmarried, as this group has been less affected by changes in the method of return. In both sexes the proportion occupied in the age group 10 to 15 has declined since 1901, but while the proportions of occupied males in age groups 15 to 20 and 20 to 25 have remained nearly steady, those of occupied unmarried women have considerably increased. In each successive decade up to 55 to 65 the increase in the proportion occupied was much greater for single women than for males.

From the tables showing the proportions occupied an estimate can be formed of the numbers of women available to recruit industries in such times as the present. The age group showing the highest proportion of occupied single women is 20 to 25, where it is 777 per 1,000; this compares with 974 per 1,000 males of the same age. In the words of the report, "The possibilities of recruitment of the ranks of labour from this source are, therefore, considerable, though not as great as is, perhaps, sometimes assumed. They may, no doubt, also be increased in times of stress by diversion of some of the existing labour from its normal employment, such as domestic service and the making of clothing."

In 1891 and 1901 the number of rooms occupied by a family had only to be recorded when the occupancy was of less than five rooms; in 1911 every occupier had to return the number of rooms in the occupation of his family, while, for the first time, a definition of the term "room" was attempted.

The commonest size of tenement was found to be that consisting of four rooms (nearly 25 per cent. of the whole); about 21 per cent. consisted of five rooms; tenements of three and of six rooms were about equally common, amounting in each case to about 14 per cent. of the total, so that over 73 per cent. of the total tenements were of from three to six rooms; 5.1 per cent. of the population were housed in tenements of ten or more rooms, 7.5 per cent. in tenements of not more than two rooms. Analysis of the population housed in tenements of less than ten rooms shows that a little more than 9.1 per cent. were housed under conditions allocating more than two persons to the room, a class designated in former census reports as "overcrowded."

It appears probable that the number of tenements of less than five rooms existing at the time of the last two censuses was much understated, seemingly on account of the form of question used, which led to the assumption that, when the number was unstated, the tenement really consisted of five or more rooms. This would explain the apparent increase of tenements of three rooms having more than two occupants to the room. Tenements of one and two rooms, which declined between 1891 and 1901, still further declined between 1901 and 1911. The tenement statistics for the county of London show considerable variations from those of the country as a whole, especially in the predominance of the smaller tenements. Of 1,000 tenements occupied by private families in London, 541 are of less than four rooms, 324 of from four to six rooms, and only 135 of more than six rooms; in England and Wales as a whole, the proportions are 255, 593 and 152 respectively.

The proportion of children under ten years of age to total population in each size of tenement is highest (27.4 per cent.) in tenements of two rooms, and gradually diminishes as the size of the tenement increases, being 6.4 per cent. in tenements of ten or more rooms. Tenements of less than five rooms comprised more than 70 per cent. of the total in twelve of the large towns (including London), the

highest percentages being 83.1 at South Shields and 82.9 at Gateshead. In twelve others the proportion was less than 25 per cent., the two lowest being Handsworth with 15.2 and Leicester with 17.5.

We next come to statistics of buildings. The number of inhabited buildings or "houses" was 7,141,781 compared with 6,260,852 in 1901; the average number of persons to an inhabited building was 5.05, against 5.20 in 1901. Among the large towns, the highest average was 8:23 at Devonport, the lowest, 3.97, at Halifax. Such comparisons are not, however, very illuminating, as size is not taken into account, a factor which also affects the value of contrasting tenement statistics.

DENTISTS AND MILITARY SERVICE.

THE Local Government Board has issued a memorandum announcing the arrangements agreed to for the time being by the Army Council with regard to dentists whose names appear in the current *Dentists' Register* and who are in actual practice. Men who were under 35 on January 1st last, and are fit for general service, unless exempted on local or personal grounds, will be available for military service. Men of 35 and over, as well as men of any military age who are not fit for general service, whose local claim for exemption is not upheld, may be granted exemption if they place themselves at the disposal of a Dental Service Committee, about to be set up, to utilize their services in some district where they are urgently needed. This Committee will contain representatives of the British Dental Association, a medical representative, and representatives of the Government departments mainly concerned. Its duty will be to ascertain in what areas there is urgent need for dentists, and to assist dentists who are exempted from military service for the purpose of practising in such areas in complying with that condition. The secretary's address is 19, Hanover Square, London, W.1. The Army Council reserves the right to take a registered dentist of any military age, and in any medical category, for duty with the army in his professional capacity if it wants him. The reason for all this is given in a footnote which states that the Central Tribunal "from evidence submitted to them are impressed with the danger of further reducing the number of registered dentists now in this country. Whether any particular dentist should be granted exemption must obviously depend to some extent upon the requirements of the place in which he practises, but they are inclined to think that unless it be shown that his services are not required he should be granted exemption." It will be observed that registered dentists of military age, but over 35, or unfit for general service, are to be given two alternatives—army conscription or occupational conscription—their professional services being made use of in either case. The Army Council, with the concurrence of the Local Government Board, intends, therefore, to apply to the registered dental profession a form of pressure which has not hitherto been applied to any other section of the community. There is plenty of evidence that in many districts there are not enough dentists for the needs of the civil population, and the army also, we believe, is under-staffed with dentists; but the proposed arrangement is open to criticism on various grounds. In the first place, no reference is made to medical men who are at the same time on the *Dentists' Register*. Presumably it is not meant that they should be affected, but that the Central Medical War Committee should deal with them as though they were in medical practice. This is an unsatisfactory position, and we should like to know that the Central Medical War Committee has formed a definite policy with regard to men with medical and dental qualifications who

are engaged in the practice of dentistry. Questions next arise as to the functions and powers of the new Dental Service Committee, which is to place out dentists in districts where they are urgently needed. The composition of this body does not suggest that it will possess the requisite knowledge of the dental needs of the community, or the machinery for obtaining such information. Again, what will be its criterion of dental needs? Already a considerable number of unregistered dentists have been exempted by local tribunals in the alleged interests of the teeth of the industrial population. Will the Dental Service Committee ignore the presence of unqualified practitioners in estimating the dental needs of any given district, or will it confine its attention to those areas in which there is a shortage of both registered and unregistered dentists? Such questions occur at once, and cannot be lightly put aside. The committee did not create the anomaly of the ubiquitous unqualified dentist, but we fail to see how it can do much good if it evades it. By the law of the land dentistry is a branch of medicine. The General Medical Council keeps the *Dentists' Register*, supervises dental education, and takes disciplinary action against registered dentists. The dental business of the Council is transacted, in the first instance, by a Dental Committee of the Council. Just as there is no separate General Dental Council, so it would seem undesirable to set up a distinct Dental Service Committee working altogether apart from the Central Medical War Committee, and unaided by its organization. The fusion of these two bodies would not, it is true, solve the problem of the unregistered dentist in relation to the needs of the industrial population; but a Dental Service Committee as a branch of the Central Medical War Committee would be in a far better position to acquire knowledge and take action than as an isolated body. The Army Council and those advising it do not seem to have taken a wide view of the matter.

FARM COLONIES FOR TUBERCULOUS SOLDIERS.

DURING the past year the National Association for the Prevention of Consumption has urged the formation of farm or garden colonies where discharged tuberculous soldiers, while regaining their health, may be trained in open-air occupations. At the annual meeting of the association on July 16th Professor Sims Woodhead sketched his own idea of a model farm colony. It should consist of a large enough tract of land to allow variety in the forms of cultivation introduced. The aim was not only to provide the patient with suitable and congenial work, but also to give him an occupation which should serve him as a means of livelihood, and a part of the farm colony, therefore, should be laid out on a generous allotment system. The colony should serve as an educational centre and show how much could be done to improve the conditions of farm workers and the hygiene of farm buildings. To that end every farm colony should be a microcosm in which the maintenance of health and the prevention of infection should be absolutely secured. He thought also that accommodation should be provided for advanced cases. As far as possible, the patients should do the whole work of the colony themselves, and even the overseers should be tuberculous patients who were coming to the end of their term. The patient should help to contribute to the cost by his own labour. The State must provide the land, and it might also contribute towards preparation of the land and erection of the general buildings. But the special buildings, particularly the hospital buildings, should be jointly provided by local taxation, Treasury loan, and voluntary subscription. As the patient got stronger a certain portion of his earnings should be set aside as a bonus for him when he made a new start in life. In the subsequent discussion Sir R. W. Philip suggested that there was some risk of opening the door of the farm colony too wide. If the colony was to be a dumping ground for all grades of tuberculosis, its purpose

would be defeated. There must be a clear separation between early and presumably curable cases and dying cases; for the latter, of course, humane provision must be made, but not that of a farm colony. The class of cases to be taken were those which lasted a much longer time than the sanatorium could afford to keep them. Sir William Osler said that the essence of success in the treatment of the consumptive soldier was that he must remain a soldier—that is, he must be under control. Discipline was a very necessary factor in the life of a farm colony. Sir A. Griffith-Boscawen, M.P., Parliamentary Secretary to the Ministry of Pensions, said that his department had been faced with the difficulty that medical boards had generally assumed that when a man was discharged for tuberculosis the condition was not attributable to military service, and the result was that until lately the man had been turned adrift without pension or other provision. In France in such cases the benefit of the doubt was given to the man. The conditions of the service might at least have brought out the disease earlier than it would otherwise have manifested itself. The policy now was to assume in all cases that the disease was the result of military service unless the contrary was clearly proved.

SELECT FLAPDOODLE.

RUMOUR, according to Skeat, is from a root *ru*, meaning to make a humming noise, as insects that gather together and fly away apparently haphazard, but keeping in a bunch. So with certain sorts of mankind, who love to fuss and hum and buzz in bunches. Instances are afforded by some kinds of members of Parliament and journalists. The war has produced several examples. For some months the buzzing was all about slackers who would not go and fight, and young men out of khaki went so much in dread of reproaches in public places that a buzzing arose that they should be badged. Now the buzzers are off on another breeze, and have their stings out for the recruiting department and its medical examining boards because they are endeavouring to do the irksome duty imposed on them by the Legislature, with the approval, if not at the instance, of these very same members of Parliament and journalists. No feebler, more illogical, case than was made during the recent debate in the House of Commons on the administration of the Review of Exceptions Act can ever have been put to a village debating society; one member after another got up and talked balderdash, yet Mr. Macpherson, for the War Office, threw over the recruiting department and medical examining boards, and put their critics on to a "select" committee. It may be that the methods of the recruiting department under the Review of Exceptions Act, the instructions issued by it to the medical examining boards, and the constitution and method of procedure of these boards call for inquiry. A large department—which in the old conscript countries has been built up through very many years of work and experience—has had to be improvised here, and it is more than likely that mistakes in principle and detail have been made, but to refer the matter to such a select committee as this was not the right way to put things straight. The "select" have been roving at large seeking out scandals, and have succeeded in unearthing a certain small number of mistakes made by medical boards—possibly five in a thousand of the men sent to the boards by the recruiting officers to be examined. We are in the midst, perhaps in the crisis, of the greatest of wars, and the proceedings of the "select" are sheer waste. They have caused the waste of acres of paper and of uncounted hours of work of honest printers; yet there is a great shortage of paper and of printers to do work that will help to get on with the war. Again, the armies in France, in Macedonia, and in Mesopotamia are in daily need of drafts to meet the daily wastage among the men who are doing their duty in the fighting forces. Every man whose name appears in the long casualty lists must

be replaced. But the efforts of the "select" have the effect of checking the replacement. The energies of the chiefs of the recruiting department are being used up to satisfy the curiosity of the "select," and the men—so to call them—who wish to shirk are cocking snooks at the local recruiting officers and invoking the names of the "select." There was another concession made as a result of this same debate which is not working well. The Government promised that all men who had served abroad and had been discharged from the army, but were now coming compulsorily under the Review of Exceptions Act, would be finally discharged if they made a claim. This may be only justice to many such men, but in this wholesale form the concession works practically as an injustice to others. Early in the war the Army Council, we believe, adhered to the old-standing principle that if a man could not be made fit to rejoin his unit in six months he should be discharged, and probably many men discharged in these early days are now fit to serve, if not in the fighting line, then in various capacities behind the front or in this country. As it is, men who were wounded later are not now being discharged automatically under the six months rule, but, after a proper interval of treatment, are examined with a view of ascertaining whether they can be of use to the army in any capacity; they may well feel that there is a discrimination against them. Nobody wants to bear hardly on men who have done their bit, but there should be even justice for all.

THE TREATMENT OF TETANUS.

A THIRD edition of the Memorandum on Tetanus, by the War Office Committee for the study of that disease, has been issued. The full text of the second edition of the memorandum was published in the JOURNAL of November 11th, 1916, p. 647. The new edition follows the general line of the second, but has undergone revision. In discussing the therapeutic or curative treatment, the Committee now states still more emphatically than before its opinion that "in acute general tetanus the best method of treatment lies in the earliest possible administration of large doses of antitoxic serum by the intrathecal route, repeated on two, three, or four days in succession, and combined, if thought desirable, with intramuscular injections," the latter being the appropriate form of treatment of chronic forms of tetanus, particularly localized tetanus limited to one limb. The Committee further states that experience has shown that in the treatment of acute general tetanus the best results are obtained from very large doses of serum, and that "the more acute the case the larger should be the dose of serum employed. The object is to saturate the body with antitoxin as quickly as possible, and to maintain the saturation. For this purpose from 50,000 to 100,000 units may be given during the first few days of treatment." Tetanus antitoxin is issued to military hospitals in two strengths, and for acute general tetanus the high potency serum, put up in phials of 8,000 units, should be used. In an introduction to this third edition the question whether the memorandum is to be looked upon as an army order or as a number of suggestions which may or may not be carried out, according to the inclination or judgement of the officers in charge of hospitals, is dealt with. It is stated that in so far as the memorandum concerns the prophylactic or preventive treatment it is to be regarded as an army order, but in so far as it concerns the therapeutic or curative treatment, as containing suggestions; for it has never been the policy of the army medical authorities to interfere with the treatment of the sick soldier by his medical adviser.

THE SOLDIER'S HEART.

CARDIOLOGISTS have approached the subject of the soldier's heart from many points of view, and the conclusions arrived at and the recommendations for treatment have been almost as numerous. In his recent Chadwick lecture,

published in the *Middlesex Hospital Journal* (May, 1917), Dr. J. S. Goodall has brought them under review and has roughly classed them as optimistic and pessimistic. The former all put faith in some form of treatment, but the latter form the majority. By analysis of a large number of cases he is led to the opinion that over-irritability, sometimes of the nervous mechanism and sometimes of the muscular, is the main feature of the condition generally described as soldier's heart. This excess of irritability may be due to emotion, overwork, excessive use of alcohol or tobacco, or to insufficient rest. Believing that a very high proportion of cases of Graves's disease are produced by shock, nerve strain or violent emotion, he regards many forms of cardiac irritability in young subjects as being due to hyperthyroidism. The relation of suprarenal activity to tachycardia is also discussed, but no positive conclusions can be drawn from the evidence available. The heart muscle may acquire over-irritability and the result produced upon the cardiac action will depend upon the integrity or otherwise of the paths of cardiac impulse, which in itself may originate elsewhere than in the sino-auricular node. From the clinical point of view the irritable heart, due to overwork and insufficient rest, is generally found to lie more or less horizontally and is described as "soft and squashy." A similar condition is noticeable among old men or among workers who suffer from chronic toxæmia of any kind and after infective fevers. As regards diagnosis it is maintained that the best test is the reaction to graduated exertion. It will be remembered that in his report on the results of observations at the Hampstead Hospital and elsewhere, Dr. Thomas Lewis expressed the same views and advised that method of diagnosis and prognosis in preference to any of the time-honoured physical signs. The practical outcome of the study points to the need for greater care in graduating the training of recruits. Over-strain, especially in the early stages of training, must be avoided and adequate rest must be provided after special exertion, more particularly in cases where the man has been recently the subject of any infective illness.

WAR EMERGENCY FUND OF THE ROYAL MEDICAL BENEVOLENT FUND.

ABOUT a year ago an appeal was made on behalf of the War Emergency Fund of the Royal Medical Benevolent Fund. This fund is intended to help medical men who, when called up to serve with the military forces, had to leave on very short notice, without time to make adequate provision for the continuance and maintenance of their practices during their absence. Such men have had to face a severe fall in income, while many expenses, such as rent, insurance, taxes, family maintenance, and education, could not be reduced. In a year or two after their return they will, it is hoped, recover their position, but in the interval they may stand in much need of help, and it is to meet such needs that the War Emergency Fund has been established by the Royal Medical Benevolent Fund. The list of those who have responded to the appeal made last year is published at p. 25 of our advertisement columns and contains many liberal donations. We notice, for instance, sums of £280 contributed by the West African Medical Staff in Nigeria through Dr. W. I. Taylor, of Lagos; of £150 (first instalment) by the Otago Division of the British Medical Association, and of over £95 collected from his friends by Dr. G. Maxwell Simpson. Such examples may well be followed by other medical organizations and members and Divisions of the British Medical Association, for the need is great, and the sum already received (£4,000) in response to the appeal made last year falls very short of the £25,000 which the committee managing the fund considers to be necessary. In this appeal the Royal Medical Benevolent Fund is supported by the Presidents of the Royal Colleges of Physicians and Surgeons in England, by the Directors-General of the Medical Departments of the

Royal Navy and of the Army, by the Regius Professors of Medicine in the Universities of Oxford and Cambridge, and by Sir John Tweedy, a past President of the Royal Medical Benevolent Fund.

THE WAR COLLECTION AT THE ROYAL COLLEGE OF SURGEONS.

MODESTY is an uncommon virtue and the more prized on that account, but it may be carried to excess, and this has happened with regard to the war collection at the Royal College of Surgeons of England. Though small, it is very interesting, but it is very badly displayed; it is crowded together in a small room not too well lighted. Not only are the stands too close together, but they have too many shelves, and there are too many specimens on each shelf; to inspect them properly the visitor ought to be something of a gymnast or contortionist, able to study a specimen by looking with his head through his knees. The error is the more striking because there is close by a well-lighted room, almost empty, which would afford ample space for the display of the specimens at a convenient level for the eye. We understand that the collection will be enlarged and rearranged for the opening of the winter session in October, but we would suggest that something might be done at once, for the collection now is not only interesting but instructive, and its instruction is wanted now by the surgeons who have to treat the wounded. There are already some bone specimens which throw a vivid light on what goes on in an infected bone wound; there is, for instance, one of an excised upper part of the humerus, but there are many others. We hope that Professor Shattock, the pathological curator, and the other authorities of the College, will look at the matter from this point of view—namely, the importance of the collection to surgeons at the present moment; it would be better to risk loss by a stray bomb than loss of knowledge now urgently needed.

MINISTERIAL CHANGES.

It cannot be said that the ministerial changes announced on July 18th have aroused any enthusiasm or materially added to the strength of the Government. The resignation of Mr. Austen Chamberlain is a real loss, the extent of which has only been accentuated by the masterly speech in which he announced his retirement. He has been a sincere friend of India, and has shown noteworthy appreciation of the importance of the application of scientific knowledge and method to the welfare and health of the teeming millions of that great country. Mr. Winston Churchill has another opportunity to prove his capacity for high office, and everyone will hope that he may show the judgement and constancy needed for that to which he is now appointed. He has a difficult task in succeeding Dr. Addison, who has been a member of the Ministry of Munitions since its formation, and as Minister has shown, to quote the words of the *Times*, "capacity, foresight, and no little courage in grappling with difficult industrial conditions." As Minister in Charge of Reconstruction (without portfolio) he will have no easy task, for which, however, his long apprenticeship to social work particularly qualifies him. Reconstruction will include problems of demobilization, some of which are already arising; they will affect the medical profession not only directly, inasmuch as the number of medical men to be demobilized eventually is large in proportion to the total number of the profession, but also indirectly, through the effect of the demobilization of our large combatant forces, and the return of the men to civil life. Reconstruction is not altogether a matter for a far-off time of peace. In order that the best possible may be obtained from the nation, reconstruction must be continually going on, even in time of war, and it is possible that the new Minister of Reconstruction may find matters in connexion with the relation of the Army Medical Department to the civil community and the civil medical profession which merit his attention.

THE QUEEN'S VISIT TO FRANCE.

DURING the visit of the King and Queen to the armies in France Her Majesty spent most of her time in seeing the medical arrangements behind the lines. A comprehensive tour had been arranged by Sir Arthur Sloggett, Director-General A.M.S., and, acting on his advice, Her Majesty found it possible to visit the more representative hospitals at all the bases. Particular attention was paid by the Queen to the arrangements for the nursing staffs, including their mess huts and sleeping quarters, and the homes for sick sisters and for those who are convalescent. The Queen also inspected the convoys, which at certain bases are in charge of women drivers and are responsible for the carriage of the wounded between the trains and the local hospitals.

PROFESSOR HARVEY LITTLEJOHN, Dean of the Faculty of Medicine, University of Edinburgh, informs us that he knows of several senior students who are anxious to do hospital work or to help in practices during the summer vacation; he will be glad to answer communications. From inquiries occasionally received it appears that there are senior students at other schools who are anxious to act as residents in hospitals, temporarily, but we are not aware how far the hospitals are prepared to entertain such proposals.

In a leading article published by the *Times* in one of its issues last week there is a passage which shows that the respective duties of the Army Medical Service in India and the Indian Medical Service were not understood, or had been forgotten, and as the error has not, so far as we have observed, been corrected, we think it necessary to call attention to the facts (see p. 83). In dealing with the responsibilities of individuals, the *Times* article spoke of excuses made for the Indian Medical Service. We are not aware that it has been considered necessary to make excuses for any officers of the Indian Medical Service. Sir William Babbie, who was mentioned by name in the *Times*, is a distinguished officer of the Army Medical Service, and to the same service belong Surgeon-Generals MacNeece and Hathaway.

Medical Notes in Parliament.

The Mesopotamia Report.

SHARP CRITICISMS IN THE COMMONS.

THE debate in the Commons on the Mesopotamia report, on July 12th and 13th, was somewhat sensational in character on account of its reaction against the findings of the Commission and also because of the unexpected resignation of the Secretary of State for India, Mr. Chamberlain, who nevertheless made a vigorous and spirited defence of his conduct. At the onset the Attorney-General, in stating the legal position which the Government had been obliged to consider, reminded members that the Commission had no judicial function and that the evidence had no legal value. Therefore, if any action was to be taken against the person censured a fresh inquiry must be instituted. Mr. Chamberlain in his speech showed that the report was misleading in certain essential particulars. Mr. Balfour in defending Lord Hardinge censured the censors. Mr. Asquith surprised the House by alleging that he had nothing to do with the critical decision for the fateful advance towards Baghdad, and Mr. Lloyd George took up earnestly a suggestion by the ex-Premier that in the existing conditions of the war there should be no further proceedings inasmuch as they would not conduce to the prosecution of the war, which was the supreme need. Such were the principal features of the Commons' discussion.

The points brought out can easily be indicated. Sir F. E. Smith, in his trenchant speech at the opening, quoted the terms of reference to the Commission in proof that it was appointed to report upon the responsibility of departments of Government concerned in this campaign,