my cutting forceps (*pince emporte-pièce*). We find now externally and behind the neck another fistulous track with pus, which loses itself in the midst of the adductor muscles. We scrape this also in such wise as to leave only healthy tissue. The resection of the osseous surfaces having abolished the ankylosis, we bring the neck—of which we have been able to preserve the healthy part—into contact with the old cotyloid cavity, and we fix it there by two loops of metallic wire. We place there a drainage tube, fastened by a suture of Florence hair at the bottom of the wound at its lower part, and then we suture the divided muscles by means of separate catgut sutures, of which we cut off the ends close to the knots. We conclude by closing up the skin flap with separate sutures of Florence hair, and we apply an iodoform and sublimate dressing with a large compress of cotton wool and a bandage. You see, gentlemen, that notwithstanding the number and importance of the vessels which have been divided in the course of this operation, it has been sufficient to employ temporary hæmostasis by forceps which we have now been able to remove without using any ligature, and the patient has not lost blood either during or after the operation. This favourable circumstance, joined with the care which we have taken in removing the pus and suspicious tissues, explains how easily we obtained a prompt cure and union by first intention. This, in fact, was what happened in this patient. Not only was a favourable result obtained without febrile reaction, but appetite and strength rapidly improved, and the pulmonary tubercle retrogressed so rapidly that there is reason to hope for good result on this side also. The other cases which were operated upon were two interesting cases of lipoma, one subcutaneous in the popliteal space, one deeply submuscular in the upper and outer region of the thigh. A remarkable case of sero-sanguineous cyst of the temporal region in a woman aged 48 was also operated upon. In all three cases the operation was preceded by an interesting detailed and critical discussion on the question of diagnosis, and the customary seats and varieties of such affections, the anatomical condition, and the state of science in respect to the knowledge of them. The operations were then performed under the eyes of the students, with a running commentary throughout as each stage of the operation proceeded, and the wounds closed under the same aseptic precautions as had been observed throughout.

[I regret that space will not allow me to transcribe here the full notes which I have of the clinical observations of M. Péan. In all these cases M. Péan employs free incisions and uses a large number of his hæmostatic bulldog forceps, which enable him almost invariably to dispense with ligature, and which prevent the flow of blood during the course of the operation, so as to enable him to dissect with almost as much ease as on the dead body. He makes very free use also of the forceps by which he removes tumours of all kind and bone tissue by a process of *morcellement*, which is almost peculiar to himself, but which is very effective and makes the operations rapid and complete, with much less disturbance to the surrounding tissues than is often necessary by the customary methods. There are always a great number of visceral operations in M. Péan's clinic and in his private hospital which are well worthy of the study of those interested in abdominal surgery. His method of proceeding is rapid, bold, and often original. The whole cases under his care are carefully reported by the clinical clerks, and the statistics of the surgical service, published annually in what now constitutes a series of volumes, give very favourable results, and constitutes an important body of surgical literature, such as few other clinics can well produce.]

IRISH DISPENSARY DOCTORS.

WHOLESALE SIGNING OF TICKETS.

THE Council of the Irish Medical Association has called the attention of the Local Government Board to a case of abuse of the law in connection with the issue of red tickets in the Castlereagh district of the Belfast Union. It appears that, in reply to an inquiry by one of the members of the Committee, the Local Government Board has written to say that:

"A medical officer is bound to attend on all medical relief tickets presented to him, signed by any person authorised to issue such tickets, and it is not necessary that the particulars in the body of the ticket should be in the

handwriting of the person signing it." The Council entertain the hope that this statement, which seems to be at variance with the Act of Parliament, with the regulations made thereunder by your Board, and with all previous declarations of the opinion of your Board on the subject, has been made inadvertently, but, if not, they most respectfully protest against it for these reasons, and also because it would afford official authority for the wholesale abuse of the medical relief by the vicarious issue of tickets. The Council beg to refer to a letter addressed by them to your Board, on August 17th, 1878, which resulted in the issue by your Board of a circular dated August 31st, 1878, in which the following appear:

"1. A practice on the part of persons who are legally authorised to issue tickets for medical relief of signing blank medical relief tickets *en bloc*, leaving them to be filled up and issued by other persons.

"In regard to the first of these irregularities, there can be no doubt that the practice is not only contrary to the dispensary regulations, in regard to the issue of tickets for medical relief, but is also at variance with the provisions of the Medical Charities Act, the 9th Section of which empowers certain persons, therein described, to afford medical relief by tickets addressed to the medical officer, but does not contain any provision authorising the persons empowered to issue tickets to delegate that power to other persons."

The duty imposed by the law (14 and 15 Vict., cap. 63, sec. 9) upon the medical officers is "to afford advice and medicine, or to attend any poor person resident" in the district to which an authorised person shall have issued a "ticket in such form as the said Commissioners shall prescribe." Under the authority of the same Act, the Commissioners have prescribed as follows (directions for filling up medical relief tickets): "The ticket and counterpart are both to be filled up by the persons authorised to issue the ticket. Care should be taken in the issue of tickets accordingly, and the christian name and surname of the applicant should be inserted in the ticket in full, obviously by the authorised person." It is scarcely necessary for the Council to repeat their contention that the purport and object of Parliament in making the law above quoted, and of the Poor-law Commissioners in wording the regulations was to impose upon the issuer of the ticket the duty of himself considering the circumstances of the applicant before extending to him the relief provided exclusively for poor persons. Nor can it be necessary for the Council to inform your Board that by laxity in the enforcement of this law the grossest abuses of medical relief have become notoriously prevalent, books of tickets being signed *en bloc* by the issuer, and distributed indiscriminately to all comers by third parties, who have no authority whatever under any law to do so. The Council have long been aware that, so far have these abuses extended, medical relief tickets are made habitually the subject of traffic by shopkeepers, who place the signed book of tickets in the hands of the shop assistant on the understanding that they are to be issued to customers; and they are so issued, without any pretence of inquiry as to the fitness of the applicant to receive them.

The decision here given is directly opposed to what the Local Government has declared to be the rule, and we cannot but think that it is due to an imperfect consideration of the circumstances. If it should be maintained, then the Local Government Board will open still wider the way to the continuation of the gross frauds which are committed under the medical relief Acts at present. The Legislature never intended that free medical relief was to be given "in" with the groceries by every person who wished to secure a large trade.

THE NEW MILITARY WEAPONS AND EXPLOSIVES.

By SIR T. LONGMORE, C.B.,
Surgeon-General, Retired.

THE following observations have been forwarded to Geneva by Sir Thomas Longmore, in support of a proposal to consider, at the approaching International Congress of Red Cross Societies at Rome,¹ whether any modifications of existing field hospital arrangements, particularly as regards volunteer aid, are required, owing to the general adoption of the new weapons and explosives in armies, and if any are thought to be needed, in what directions, and to what extent they appear desirable.

Sir T. Longmore remarks: The recently introduced magazine small-calibre rifles and their compound projectiles, together with the new explosives applied to them, will exert so serious an influence on the results of future wars, that it is only prudent to consider well beforehand in what way, not only the arrangements of the official army medical services, but also of the supplementary Red Cross Service, will be affected by them.

In general terms, the following effects may be anticipated to result from the new weapons and explosives:

1. In consequence of the enormous initial velocity impressed by the improved firearms on the projectiles discharged from them, the destructive energy of the new rifle bullets, notwithstanding a certain diminution in their weight,

¹ The date fixed for the opening of the Congress is April 21st, 1892

has become so immensely increased, that within comparatively limited ranges, that is, from about 300 to 400 metres, such fearful wounding results as occurred in some of the memorable assaults, and conflicts at close quarter, during the Franco-German war of 1870-71, will become very greatly magnified in future wars. Moreover it must not be forgotten that in critical moments the reserves of ammunition in the rifle magazines will confer a power of multiplying the numbers of wounded with the greatest rapidity.

2. As a further consequence of the very high velocity, both of translation and rotation, impressed on the new rifle projectiles, together with the comparatively little resistance offered to their passage through the air owing to their altered construction, the range of effective fire has become very greatly increased. It is not improbable that fire may be opened and concentrated against troops advancing to attack, or against supports and reserves, from a distance of 2,200 metres and upwards. It has been found on trial that good marksmen can make 50 per cent. of hits against targets of suitable dimensions placed at a distance of 1,830 metres. A short time ago a labourer, near Aldershot, was struck at a distance of 2,560 yards (2,340 metres) by one of the new bullets in the thigh. The bullet made an oblique passage completely through the upper part of the limb, and, after making its exit, buried itself in the ground. This man recovered, but had the projectile happened to have hit the man in the abdomen or chest, his wound would have almost certainly proved fatal. How many wounds may be expected to occur at or near similar distances in war of the future?

3. In addition to the improved qualities of the new rifle bullets which have been already mentioned, their diminished areal section, together with the hardness and smoothness of their envelopes, have conferred on them a penetrative energy far beyond the penetrative energy possessed by any previous rifle projectiles. One of these narrow bullets will be capable of passing through many men in succession if the men happen to be standing in its path; and as the trajectory of these projectiles is a very low one, the space within which men, both unmounted and mounted men, will be subjected to such dangers in the field has become greatly extended.

4. With smokeless powder, and the consequent facility of seeing troops more clearly at very long distances, it may be expected that the aim will be more accurate than it has hitherto been in war.

5. From all the circumstances mentioned when taken together, it is rendered obvious that not only the deaths in the field, but also the numbers of wounded, will be very largely increased in future wars, and that these casualties will take place over an extent of battlefield unknown in former experience of warfare.

6. The changes which have taken place in the larger kinds of projectiles have not been alluded to in these remarks, because hitherto the greatest number of wounds in war have been inflicted by the projectiles of portable firearms. It is not to be forgotten, however, that the effects of some of the new chemical explosives of very violent disruptive energy which will be used as the bursting charges of shells are not publicly known. It is generally understood, however, that shells under the action of such explosives will be broken up into a far larger number of fragments, and that the fragments will be propelled with far greater force than when gunpowder was used as the disruptive agent.

7. Everything thus tends to show that while the number of sufferers urgently requiring help will be vastly increased in future wars, the means of affording them shelter and surgical attention will be pushed back to a greater distance than has ever before been necessary. If a battle is fought on a very large scale, the number of wounded men most pitifully demanding aid will be so vast that obviously the arrangements made to meet the wants of the probable number of wounded under former circumstances will be quite inadequate to meet future needs. The question thus arises whether the system of volunteer help to the wounded by neutrals, which was, in fact, accepted by both the French and Germans during the war of 1870-71, and in principle is admitted under certain restrictions in the official regulations of most countries, should not be more largely developed in order to meet the necessities of the wounded, in case, unhappily, hostilities on a large scale should again arise in Europe.

The question appears to be one which may be very fitly considered and discussed at the International Conference of Red Cross Societies, at Rome, with the view that, if possible, some definite recommendations may be arrived at on the subject.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

THE annual meeting was held on Tuesday, March 1st. The report of the Council was read. It contained the final report of the Building Committee. It was adopted. During the past year 53 new Fellows had joined the Society, 5 had resigned, and 23 had died. The report of the Honorary Librarians was also read and adopted. The Treasurer's report was read, and after some discussion adopted. Mr. Timothy Holmes, the retiring President, then read his address. Some alterations in the Society's by-laws were adopted. Votes of thanks were given to the Building Committee; to Mr. Holmes, the retiring President; to the Vice-Presidents, Dr. Langdon Down and Mr. Alfred Willett; to Mr. Warrington Haward, the retiring Secretary; and to the members of the Council who were retiring.

The gentlemen whose names were published in the *BRITISH MEDICAL JOURNAL* of February 27th, p. 460, were then elected officers of the Society for the ensuing year.

The Society held a house dinner for the first time on February 29th. About 100 Fellows were present, and the chair was occupied by the President, Mr. Timothy Holmes. The speeches were few and short. The President gave the Queen and the Royal Family, and also proposed the prosperity of the Society, to which Sir Edward Sieveking responded. The toast of Mr. Holmes's health was given by the incoming President, Sir Andrew Clark. The *menu* card was embellished by appropriate Shakespearian quotations selected by Mr. MacAlister, the resident librarian.

ASSOCIATION INTELLIGENCE.

LIBRARY OF THE BRITISH MEDICAL ASSOCIATION.

MEMBERS are reminded that the Library and Writing Rooms of the Association are now fitted up for the accommodation of the Members in commodious apartments, at the Offices of the Association, 429, Strand. The rooms are open from 10 A.M. to 5 P.M. Members can have their letters addressed to them at the Office.

NOTICE OF QUARTERLY MEETINGS FOR 1892.

ELECTION OF MEMBERS.

MEETINGS of the Council will be held on April 13th, July 6th, and October 26th, 1892. Candidates for election by the Council of the Association must send in their forms of application to the General Secretary not later than twenty-one days before each meeting, namely, March 24th, June 16th, and October 5th, 1892.

Any qualified medical practitioner, not disqualified by any by-law of the Association, who shall be recommended as eligible by any three members, may be elected a member by the Council or by any recognised Branch Council.

Candidates seeking election by a Branch Council should apply to the Secretary of the Branch. No member can be elected by a Branch Council unless his name has been inserted in the circular summoning the meeting at which he seeks election.

FRANCIS FOWKE, *General Secretary*.

BRANCH MEETINGS TO BE HELD.

SOUTH-EASTERN BRANCH: EAST SURREY DISTRICT.—The spring meeting of this District will be held at the Queen's Hotel, Upper Norwood, on Thursday, March 10th, at 4 P.M. R. M. Miller, M.D., of Norwood, in the chair. Dinner, 6 P.M.; charge, 7s., exclusive of wine. Agenda: Election of Honorary Secretary. Papers by Dr. Bristowe on Atelectasis Pulmonum or Allied Conditions and the Diagnostic Difficulties which they involve; by Mr. Clutton on Ligature of the Internal Jugular Vein and Trephining Lateral Sinus in an Ear Case where the Symptoms of Pyæmia were well pronounced. Members desirous of exhibiting or reading notes of papers are invited to communicate with the Honorary Secretary, F. T. DUNCAN, M.D., Croydon.