PARIS.

(FROM OUR OWN CORRESPONDENT.)

The Treatment of Gas Asphyxia.

Dr. Chassevant has recently explained the treatment he adopts in his ambulance for the victims of gas asphyxiation, which has given good results in his hands. The patients reached the ambulance, which was acting as evacuation hospital for the first line, from two to eight hours after being gassed. Some had already received first aid at a dressing-station or at other ambulances; some came straight from the trenches. All were subjected, at several sittings with intervals between, to the rhythmic inhalation of oxygen under pressure. Dr. Chassevant holds that oxygen inhalation as usually administered with an indiarubber bag has no efficacy; it is essential actually to insufflate oxygen on the lines of Dr. D'Arsonval's treatment of carbonic oxide intoxication. An india-rubber catheter is introduced far back into the buccal cavity, directly connected with the cylinder of compressed oxygen (such as is available at the pharmacies as reserve oxygen); by opening and shutting the regulator key active rhythmic insufflation at the rate of 15 or 16 to the minute is brought about. This treatment calms the dyspnœa, favours pulmonary aeration, and may be regarded as a true mechano-therapy treatment of the lung. Doctors and pharmacists who have been accidentally subjected to chlorine inhalation in the laboratory or on the field know how painful is the effort of inspiration; it is just this effort which the inhalation of compressed oxygen renders unnecessary. To combat the cardiac weakness Dr. Chassevant accompanies the inhalation of oxygen with subcutaneous injection of camphorated oil in large doses, 5 to 15 c.c. or more in 24 hours, as occasion requires. The author states that this method of treatment has been adopted by all to whom he has explained it. Oxygen under pressure is, in his view, the true antidote to intoxications arising from inhalation, assuring as it does the proper ventilation of the lungs. It is therefore desirable for every ambulance and dressing station to have at disposal several small and easily managed cylinders of compressed oxygen under pressure; they might even be available in the shelter-posts along with the portable fire-extinguishers.

Fractures of the Humerus in Grenade-throwers.

M. Chaput has reported to the Surgical Society the observations of MM. Kas and Rouéche on fractures of the humerus in grenade-throwers, specially frequent in the case of the instructors—i.e., men who have frequently repeated the same movement. The mechanism is the usual one of fracture by muscular violence; the humerus breaks by flexion inwards. In one case the length of the internal fragment allowed the movement of the arm to be completed. These fractures are presumably of quite spontaneous occurrence. Syphilis may play a part; but union occurs within a normal period.

Parasitic Hæmoptysis in the Yellow Races.

MM. Salomon and Neveu have found, in the bloody expectoration of a native of Annam who showed signs of generalised afebrile bronchitis with apical congestion, the valvular eggs of a fluke, the *Paragonimus westermanni* (*Distoma pulmonale*). The eggs contained pigment, and were clustered in groups of 30 to 40. The expectoration also contained cocci, erythrocytes, and numerous eosinophiles. An eosinophilia of 7 per cent. was present in the circulating blood. Radioscopy indicated the existence of fairly well-marked enlargement of the hilus glands. The authors place this case in the same category with three other cases of recurrent hæmoptysis in Indo Chinese who had no stethoscopic signs of pulmonary bacillosis, nor any obvious lesions of the air tubes, but presented clinical signs of bronchitis accompanied by emphysema. The expectoration consisted of scanty coloured pellets floating in abundant sanguinolent mucus. Pulmonary distomiasis or infection with *Paragonimus westermanni* is endemic in the Far East and in those parts of North America inhabited by Chinese or Japanese. The condition is frequently accompanied with bronchitis or bronchiectasis. It may give rise to cavitation and simulate pulmonary tuberculosis, both in auscultatory signs and in the resulting cachexia. The parasite is frequently harboured and disseminated by domestic animals—the pig, dog, and cat. The presence on the French front of native soldiers and labourers from the Far East should direct the attention of medical men to these carriers of flukes, who are certainly numerous and might give rise to endemic distomiasis in France. Cases of protracted bronchitis with or without hæmoptysis which have been in contact with the subjects of pulmonary distomiasis must be held suspect. Microscopical examination of the sputa, by establishing the existence in abundance of the characteristic eggs of the *Paragonimus*, permits of the prompt isolation and discharge of the infected person. It is important not to overlook these cases, which in the Far East give rise to considerable sickness and mortality.

March 27th.

CANADA.

(FROM OUR OWN CORRESPONDENT.)

The Medical Profession in Canada and the War.

ACCORDING to a statement recently issued by Sir Edward Kemp, Canadian Minister of Militia and Defence, the Canadian Army Medical Corps number approximately 1800, of whom 500 are in Canada and the balance serving overseas. A large proportion of those in Canada are carrying on the work of the Canadian Military Hospitals Commission. In addition to the above numbers there are 400 civilian practitioners partially employed in military work in Canada, and over 400 Canadian doctors have proceeded overseas to join the Royal Army Medical Corps. In a short time other physicians in the Dominion desirous of serving will be given an opportunity of assisting in the work of attending invalided soldiers returning to Canada. That work is now to be divorced from the Canadian Hospitals Commission and assumed by the Canadian Army Medical Corps, under the direction of a Director of Medical Services for Invalids, Commission continuing the provision of hospital accommodation as it is needed, and the maintenance and equipment thereof. Colonel Frederick W. Marlow, A.D.M.S., has made an official report to the Militia Department on the general arrangements of the Canadian Army Medical Corps. Travelling all over Canada, Colonel Marlow's work of inspection had a wide scope. His report has been considerably discussed since the Canadian Government made it public property. In general, Colonel Marlow recommends: The completion of the reorganisation of the Medical Service, thus bringing the medical branch of the service up to the required standard; the increasing of administrative staffs; the appointment in some districts of officers brought back to Canada from overseas; consideration of the advisability of increasing the Permanent Army Medical Corps for duty in Canada; frequent inspections of all districts and camps, for which purpose the appointment of an inspecting officer would seem advisable; depôt units of fixed establishment to replace or supplement the present reinforcement plan, and closer relation between home and overseas service so as to minimise wastage; a plan whereby specialists may proceed overseas without undue delay in Canada; the gradation of officers entering the service, so that experience and special ability will count; the advisability of providing term contracts for service; improvement of laboratory facilities; installation of fumigating plants at camps and military hospitals; close coöperation between the Canadian Hospitals Commission and the Canadian Army Medical Corps; and the establishment of large hospitals in Halifax, Quebec, Montreal, Toronto, Winnipeg, Edmonton, and Vancouver. One of the recommendations, that of the transference of the returned soldiers to the Canadian Army Medical Corps from the Hospitals Commission, has already been adopted.

The Freedom of the Canadian Expeditionary Force in Canada from Enteric Fever.

The Provincial Board of Health for Ontario has supplied to date all the typhoid and paratyphoid vaccine used by the entire Canadian Expeditionary Force, about 450,000 men. In all, nearly 600,000 doses have been supplied free of cost. The Department of Militia and Defence have just announced that for the 12 months ending Dec. 31st, 1916, 167 cases only of typhoid fever were reported as having occurred amongst the thousands of men of the C.E.F., and this notwithstanding the fact that typhoid fever is a disease especially affecting young adults from 17 to 30 years of age,

and a disease which is endemic in all parts of Canada. This comparative freedom on the part of the force is seen to be most striking when it is recalled that, during the Boer War, one man out of every nine in the British Forces in South Africa was invalided through this disease, and that in the Spanish-American War, of 107,000 men in the camps at Tampa, Florida, and elsewhere, who had not left the shores of the United States, 20,000 contracted the disease. The remarkable change can only be attributed to the process of inoculation, and Dr. John W. S. McCullough, chief medical officer of health of the Province of Ontario, may be congratulated on the good results of systematic work.

Canadian Medical Association.

It has been decided to resume the annual meetings of the Canadian Medical Association, which have been suspended since the beginning of war in 1914. Dr. J. W. Scane, registrar of the Medical Faculty of McGill University, has been acting as general secretary since the departure of Dr. W. W. Francis for overseas service. Dr. A. D. Blackader has been elected President. The Past-President, Dr. Francis J. Shepherd, will deliver the address in surgery, and Dr. A. Mackenzie Forbes, who has recently returned from the front, has been appointed chairman of the Military Section. He has been promised a number of interesting papers from Canadian surgeons at present in England and France. The annual meeting is to be held in Montreal in the middle of June.

McGill University and the War.

The 43 graduates of class '17, McGill University, in medicine, have volunteered in a body to go overseas. Twenty-four are in a position to go overseas immediately, and the balance have started training. Old boys and present boys to the number of 1800 have been serving their King and country in the present great world conflict. Of those who have gone 132 have made the supreme sacrifice, and 163 have been wounded. One of the faculty has received the Victoria Cross, four the D.S.O., one C.M G., one the Order of the Bath, and seven have been mentioned in despatches. Amongst professors and graduates who had recently had their names brought to the attention of the Secretary of State were Lieutenant-Colonel F. G. Finley, Captain James R. Goodsall, Colonel Lorne Drum, Major Lewis E. W. Irving, and Captain G. C. Hale.

Medical Inspection of Schools in Toronto.

About a year ago it began to be felt in Toronto that there was a waste of money in having medical inspection of school children conducted under the Board of Education. The City Council unanimously passed a resolution favouring the placing of medical inspection under the administration of the Board of Health. Although numerous conferences were held between the Board of Health of Toronto, the Board of Education, and the Provincial Government, no definite and satisfactory arrangement could be arrived at, as the Board of Education was strong for retaining the system they had adopted under their own immediate management. Ultimately the matter has been laid before the electors, when the people, by an overwhelming majority, voted in favour of medical inspection being placed under the Board of Health. Legislation will be sought at the present session of the Ontario legislature to provide for the transfer of responsibility.

Toronto, March 5th.

ROYAL SOCIETY OF ARTS: INDIAN SECTION.—At a meeting of the section held on March 27th Sir Havelock Charles, President of the Medical Board of the India Office, read a paper by Surgeon-General Sir C. Pardey Lukis, Director-General, Indian Medical Service, on Opportunities for Original Research in Medicine in India. The paper stated that there would shortly be two schools of tropical medicine in India—one at Calcutta and the other at Bombay. The former would be opened under the directorship of Sir Leonard Rogers as soon as the cessation of hostilities enabled them to furnish the necessary staff. The latter was associated with the Bombay Bacteriological Laboratory at Parel and was also approaching completion. The Government of Madras also had under consideration a scheme for founding a pathological institute in connexion with the Madras Medical College. Mr. Austen Chamberlain, who presided, appealed to the leaders of the medical profession in this country to make themselves acquainted with the opportunities offered by India, and not to grudge sending to India some of the best pupils they could produce.

THE SERVICES.

ROYAL NAVAL MEDICAL SERVICE.

THE following appointments have been notified:—

Fleet Surgeons: M. H. Knapp to *Inflexible*, and C. C. Macmillan, D.S.O., to *Blake*.

Temporary Surgeon: M. Neilson, to *Vivid*.

ROYAL ARMY MEDICAL CORPS.

Col. J. Turton (T.F.Res., A.M.S.) to be temporary Major.

Lieut.-Col. J. G. Gill to be acting Colonel whilst employed as Deputy Director of Medical Services of a Division.

To be acting Lieutenant Colonels: Major F. E. Roberts, D.S.O., whilst commanding a Stationary Hospital; Major E. F. Q. L'Estrange whilst commanding a Field Ambulance.

Major Sir J. Bland-Sutton, R.A.M.C., T.F., to be temporary Honorary Lieutenant-Colonel.

Capt. E W. H. Groves, R.A.M.C., T.F., to be temporary Major.

Temporary Lieutenants to be temporary Captains: T. Mulcahy, J. M. N. Paton, W. A. Berry, W. S. Melville, A. T. Gibb, E. H. Cameron, H. V. A. Gatchell, G. Macdonald, J. E. S. Sheppard-Jones, A. S. Burgess, R. P. Smith, W. M. McLaren, A. D. Morris, C. K. Carroll, C. B. Tudehope, A. Sandison, D. P. Thomas, A. G. Alexander, W. G. Harnett, A. J. Chillingworth, H. M. Harrison, R. A. Quinn, J. I. Enright, J. G. T. Thomas, B. S. Simmonds, D. S. Graham, A. A. E. Newth, J. R. Wylie, H. W. Harding, G. C. B. Hawes, C. W. Morrison, J. S. Annandale, A. Morgan, J. T. H. Madill, N. J. Judah, J. B. Yelf, J. F. MacKenzie, J. E. Manlove, C. O'Malley, C. Townshend, J. B. Galligan, D. T. Evans, J. G. Lee, P. A. McCallum, W. Scott, E. Nuttall, J. Cathcart, W. G. Thomas, E. B. Morley, G. L. Lawlor, J. B. Fairclough, P. C. Conran, R. E. McLaren, S. R. Prall, E. C. Lindsey, W. Thomas, E. J. Dermott, D. C. Suttie.

To be temporary Captains: W. A. Brown, J. A. Glover (late temp. Capt.), F. W. Jackson, A. T. Wysard (Staff-Surg., R.N., retired), M. McK. McRae.

H. Maclean to be temporary Honorary Captain.

Temp. Lieut. C. J. B. Pasley, from General List, to be temporary Lieutenant.

To be temporary Lieutenants: R. McCaffrey, A. B. Jones, A. R. Leggate, B. P. Hynes, A. L. Candler, F. J. Lawson, L. J. Spence, J. Acomb, T. Howell, F. W. Hartley, S. Upton, R. J. Dick, W. H. Bennett, W. H. Orton, P. J. Montgomery, W. L. Tindle, T. A. Jones, A. V. Boyall, G. B. Messenger, G. T. Bogle, J. S. Clark, F. W. Chesnaye, S. Blake, T. Crawford, L. C. Rivett, A. Densham, F. J. Waldmeier, J. M. Shaw, R. Young, A. W. Laing.

W. R. Rowlands to be temporary Honorary Lieutenant whilst employed with the British Red Cross Hospital, Netley.

Officers relinquishing their commissions: Temp. Capts. J. W. Hutton, S. A. Montgomery, A. C. Turner, R. A. Hughes, G. J. W. Keigwin. Temp. Lieuts. W. Butement, E. G. Barker, D. H. Foley, E. Reavley, F. D. Crew, G. W. Young, H. Hannigan, H. T. Finlayson, C. H. F. Bailey, R. N. Hartley, W. J. Porteous, A. J. D. Rowan, T. R. Davey, E. K. Williams, and J. Watt, and W. Leslie (on account of ill-health).

SPECIAL RESERVE OF OFFICERS.

Lieutenants to be Captains: H. Chadwick, T. O'Mahony, G. G. Drummond.

W. F. Mason, from Leeds Univ. Cont., O.T.C., to be Lieutenant.

Lieutenant on probation D. Stewart is confirmed in his rank.

TERRITORIAL FORCE.

Capt. (temp. Major) W. D. Watson to be acting Lieutenant-Colonel whilst commanding a Field Ambulance.

Lieuts. A H. T. Andrew and C. Jephcott to be Captains.

Capt. (temp. Major) C. Corfield relinquishes his temporary rank on alteration in posting.

Lieut. P. W. G. Sargent is seconded whilst holding a temporary commission in the R.A.M.C.

URBAN VITAL STATISTICS.

(Week ended March 24th, 1917.)

English and Welsh Towns.—In the 96 English and Welsh towns, with an aggregate civil population estimated at nearly 18,000,000 persons, the annual rate of mortality was 16·6, against 17·1 and 18·5 per 1000 in the two preceding weeks. In London, with a population exceeding 4,000,000 persons, the death-rate was 17·5, or 1·8 per 1000 below that recorded in the previous week; among the remaining towns the rates ranged from 7·6 in Gloucester, 8·7 in Coventry, and 9·0 in Ilford, to 22·7 in Walsall and in Middlesbrough, 23·2 in Eastbourne, and 23·3 in Gateshead. The principal epidemic diseases caused 381 deaths, which corresponded to an annual rate of 1·1 per 1000, and included 228 from measles, 52 from infantile diarrhœa, 47 from diphtheria, 42 from whooping-cough, 7 from scarlet fever, and 5 from enteric fever. The deaths from measles showed a further increase compared with the numbers recorded in the eight preceding weeks, and caused the highest annual death-rates of 2·2 in Plymouth and in Warrington, 2·4 in Wigan, and 3·4 in Walsall. The 817 cases of scarlet fever and the 1477 cases of diphtheria under treatment in the Metropolitan Asylums Hospitals and the London Fever Hospital were respectively 12 and 1 above the numbers at the end of the previous week. Of the 5496 deaths from all causes in the 96 towns, 166 resulted from violence. The causes of 51 of the total deaths were uncertified, of which 12 were registered in Birmingham, 4 in Manchester, and 3 each in London, Stoke-on-Trent, Liverpool, and Gateshead.

Scotch Towns.—In the 16 largest Scotch towns, with an aggregate population estimated at nearly 2,500,000 persons, the annual death rate was equal to 16·2, against 16·7 and 18·3 per 1000 in the two preceding weeks. The 348 deaths in Glasgow corresponded to an annual rate