

effects. Pulse could be felt very distinctly in the vessels in the feet. Blood-pressure (systolic, diastolic) much lower below aneurysmal varix than in other leg. Murmur is heard fairly well. Very distinct arterial sound in other vessels.

The meeting then adjourned.

ADMINISTRATION NOTES.

THE ROYAL COLLEGE OF SURGEONS AND THE C.A.M.C.

MANY months ago the Royal College of Surgeons, the custodian of the Hunterian collections and so of what is truly the national Medical Museum of Great Britain, with great goodwill offered to receive and care for pathological specimens collected by Canadian medical units both overseas from England and in England. Several cases of the specimens so collected have already been forwarded to Ottawa, where Surgeon-General Fotheringham, D.G.M.S., has made arrangements for the mounting and preparation of such as are to form the nucleus of a museum of the C.A.M.C., and for the distribution of others to the museums of the Medical School for which they are ear-marked.

As a further evidence of their goodwill, the Council of the Royal College of Surgeons have now empowered Professor A. Keith, the Hunterian Professor, to set aside a room for a special Canadian exhibit. For some little time with the aid of a special fund, placed by the Government at the disposal of the D.M.S., a staff of experts, with Major F. Lessore, the distinguished sculptor, at their head, have been engaged at No. 16 Canadian General Hospital, better known as the Ontario Military Hospital, making wax and plaster models, coloured drawings, and coloured photographs of wounds and war deformities. It is this collection which will form the basis of the Canadian exhibit. This, it is hoped, will be thrown open in the course of a few days.

Apart from the special exhibit, officers of the C.A.M.C. on leave in London are strongly recommended to visit the general war exhibit at the College in Lincoln's Inn Fields. It is most instructive, containing material which, both from a surgical and a medical point of view, is of first importance.

Organization of Canadian Military Laboratories.

BECAUSE of the large number of Canadian laboratory units in England and the formation of new hospitals requiring different classes of laboratory examinations, it was decided in September, 1917, that some organization of these should be attempted. It seemed that where there was, for instance, a large general hospital unit in a certain area where there were also smaller hospitals; it was for many reasons unnecessary to have fully equipped laboratories in each of these.

The question of the training of officers in routine pathological work was also considered, and there having already been established in one of the larger Canadian areas a unit known as No. 1 Canadian General Laboratory, it was decided to use this as a training school, and the officer commanding this unit was also given a supervising position in regard to the other laboratories.

A circular letter of the D.M.S., No. 30.10.0, on the organization, scope, equipment, and supervision of the C.A.M.C. Laboratory Service in the United Kingdom lays down the following:—

Class A (central laboratories) will deal with all kinds of pathological and public health laboratory work. Hospital laboratories are of three categories. *Class B* will deal with general clinical pathological work, including Wassermann tests, tissue section, &c. Will not deal with sewage or water examinations or other strictly public health laboratory work. *Class C* will deal with such clinical pathological work as analysis and examination of blood, sputum, stomach contents, urine and faeces, also throat cultures, and other simple culture work. *Class D* will deal with hæmatological and urinary examination and analysis.

SCOPE OF WORK.

Laboratories will be limited in the scope of their work according to their classification, as set forth in Appendix I to the Circular Letter. Work presenting itself that does not fall within the scope of a particular laboratory will be sent to one of the other laboratories authorized to do such work.

EQUIPMENT.

Hospital laboratories will be equipped according to the nature and scope of the work they are to deal with. There will be three standard equipments, viz.: No. 33-X, No. 33-XX, and No. 33-XXX, as set forth in Appendix II to the Circular Letter. The particular equipment authorized for each hospital is laid down in Appendix I.

Officers in command of hospitals will render direct to the D.M.S. on the last day of each month a return of all laboratory equipment, including chemicals, stains, &c., on hand.

TRAINING OF REINFORCING PERSONNEL.

Officers and other ranks selected to reinforce personnel for laboratory work, after finishing their regular course of training as necessary at the C.A.M.C. dépôt, will be sent to No. 1 Canadian General Laboratory, Folkestone, to receive special instruction in laboratory work.

SPECIAL INSPECTION OF LABORATORY SERVICE.

Acting directly under the D.M.S. in such respect, the officer in command No. 1 Canadian General Laboratory will as often as required visit and inspect all laboratories to observe their work from a pathological, clinical, or public health standpoint. He will make suggestions regarding standardization of methods of collection and despatch of specimens, methods of tests and analysis, and methods of recording and reporting. He will also inspect equipment. This officer will be responsible for keeping informed concerning medical literature on subjects relating to laboratory service, and will keep laboratory officers informed concerning the same.

RULES FOR LABORATORIES.

Each request for a laboratory examination or analysis will be made on A.F.W.3212, duly signed by the medical officer concerned. (These forms in books of 100 are procurable on indent in the usual way.)

Where the examination or analysis is in connection with an individual case, the man's number, rank and name and unit will be given.

A laboratory ledger will be kept in which all reports will be entered before they are sent out. This record will show the number, rank, name and unit of the case, and briefly the result of the examination. The officer in command of the hospital and central laboratories will, not later than the 5th of each month, forward direct to the D.M.S. a monthly laboratory report for the preceding month as follows: (a) Number of examinations or analysis (classified); (b) concise description of special work done; (c) remarks concerning adequacy of equipment and personnel, and suggestions in general.

This organization does not limit the pathologist as regards research, and any special materials he may need for special work will be granted.

CORPS NEWS.

Army Medical Literature.

THE Medical Research Committee, which has done so much for the advancement of War Medicine and Surgery, has added to the debt owed to it by the publication of a monthly "Medical Supplement" of abstracts of articles bearing upon War Medicine published in foreign European journals. This is an official Government publication, and but a limited edition is published. Through the courtesy of the Committee a sufficiency of copies has been afforded to the D.M.S. to make a distribution of a copy to each medical unit of the C.A.M.C. The first issue appeared in January.

Two months earlier, in November, 1917, appeared the first issue of the *Medical Bulletin*, a review of War Medicine, Surgery and Hygiene, compiled and published under the auspices of the American Red Cross Society of France. That body has taken over for the United States Army the position occupied in Great Britain by the Medical Research Committee. The *Medical Bulletin* performs in regard to the medical literature of English speaking countries the work accomplished by the *Medical Supplement* in reference to foreign publications, and with equal courtesy the American Red Cross has afforded copies of their monthly issue for distribution to Canadian medical units, beginning with the January number.