membrane was bluish-red in colour and darker than normal. The diarrhoea was now paroxysmal, the abdominal pains were very like the gastric crises of locomotor ataxy and the patient stated that he often had a pain which "went right round his waist." He took his nourishment well, but no drugs appeared to relieve the pain for long; the temperature was still subnormal. The case was considered to be one of Addison’s disease.

June 26.—The majority of the symptoms were the same as noted above, but the eyeballs seemed more prominent; there was slight swelling of the thyroid—this had not been noticed before—there were a few hard and shotty lymphatic glands in the anterior triangles. The patient’s mother arrived to-day; she informed me that her son often suffered from attacks of faintness before enlistment, and that a doctor was called in on several occasions to attend him for this. She also said that the doctor mentioned that her son had a weak heart; her son was of pure English parentage and birth, and had not had a dark skin until recently—in fact she said his skin was quite white until he became weak and ill. There was no history of arsenic, nitrate of silver, or any other drug likely to cause darkening of the skin. Dr. B. was called in to examine the case in consultation to-day; he said he considered there was no disease which could produce the signs and symptoms present except Addison’s disease.

There had been no rise of temperature throughout the illness; the patient weighed 110 lb. two months ago, his weight on June 26 was 104 lb.; the pulse rate in bed was 102, increased on the slightest exertion; although his face was pale (except for the bronzing), the patient was not markedly anaemic. On a cold day, without the least muscular exertion, the patient broke out into profuse perspiration. There was no sign of any intra-abdominal growth, but some of the superficial abdominal veins were somewhat enlarged.

As the patient was invalided from the service, I was unable to follow the case further.

THE COMING OF THE AEROPLANE.

By CAPTAIN R. H. CORDNER.
Royal Army Medical Corps.

Within the last few years a new form of locomotion has appeared with almost dramatic suddenness. It seems hardly credible that little more than eight years ago Wright fitted a small motor into one of his gliders and fluttered nearly a mile. The fact was flashed to the ends of the earth, and all men proudly exclaimed that at last we had conquered the air.

To-day when we open our Daily Mail, and notice that some pilot has flown three or four hundred miles on end, or in a fifty miles an hour gale, or, losing control of his machine, has been dashed to earth, we hardly
Clinical and other Notes

Trouble to read it, or simply murmur "idiot" or "poor devil," as the case may be.

In other words, aviation is an accomplished fact.

Twenty years ago if any one had prophesied (and they did prophesy) that the horse would be banished from the first line of transport to be replaced by the motor-lorry, he would have been branded with the all-condemning name "an enthusiast." Will history repeat itself? He is a bold man who will say no. Like a certain politician who, not three short years ago, contemptuously spoke of aeroplanes as "expensive toys," he will certainly live to see his error.

Having agreed that aviation has come to stay, the next step is to consider in what way this new form of locomotion, swift, vibrationless and unhindered by the mud of roads and such-like earthly ties, can be adapted for the use of the Corps.

This fact was very forcibly brought to my mind one morning when, an accident having occurred at Larkhill, an officer flew over to Balfour and, landing near the hospital, asked for the Orderly Medical Officer.

It was, I think, the sign of the times; the finger writing on the wall!

In France, the birthplace of modern aviation, the Medical Department has already taken up the new science, and last year an aeroplane, piloted by a medical officer flying rapidly over the country, was able to distinguish with ease the wounded lying about and report their whereabouts to the search parties slowly crawling over the ground.

At present it is in this direction that aviation will help us. This new power will enable us rapidly to search the battle-field, perhaps fifteen to twenty miles in length, and indicate by signal or brightly-coloured flags or other means to the collecting parties, the position of the wounded.

Already I hear some of my readers murmur the old objection: "But it is not our job" to fly aeroplanes, and that "less valuable men" should be sent. But where are they to be found? The Royal Flying Corps consists almost without exception of officer pilots, who certainly will not be available. The civilian pilots will surely say "it is not their job" when honour and glory and high pay are to be found in the ranks of the R.F.C. rather than in those of the R.A.M.C. busy clearing up the aftermath of the battle.

The difficulty of obtaining aeroplanes will be an objection raised by many, and one which is equalled only by the scarcity of pilots. However, as the machine we require will not need great speed or climbing powers, there will be little difficulty in obtaining those used at present for instructional purposes and joy-rides at the various aviation schools.

These can rise 500 to 600 ft. with ease, and have a speed of 35 to 45 miles per hour, which is fast enough for our purpose, although useless for scouting on active service.

Lastly, I would say a word about ambulance wagons. The present lorries returning from the front can carry about four lying-down cases
each, while aeroplanes already exist which, with little alteration, could carry two.

Now it needs only a slight stretch of imagination to picture Red Cross aeroplanes carrying to the base hospitals, swiftly and smoothly, those severe cases which in the rough and tumble of A.S.C. lorries on an overcrowded and uneven road would be condemned to certain long drawn-out agony and probable death.

Let us hope that when that day comes our epitaph will not be "Tokel," but that the corps, rising in every sense to the occasion, will be found capable of using this new form of transport with credit and success.

---

A TABLE MEAT SAFE.

By Lieutenant-Colonel W. T. MOULD.

Royal Army Medical Corps.

The importance of preventing the access of flies to food is well recognized, and all that is possible by screening cook-houses is being done in India, with partial success. Food in various stages of preparation has necessarily to stand about in a kitchen, and one very frequently sees it