

phragm posteriorly, infiltrated throughout with tubercle, here and there small abscesses up to $\frac{1}{3}$ of an inch in diameter. *Spleen*: Enlarged and studded with tubercles. *Pancreas*: Full of miliary tubercle; an abscess $\frac{1}{2}$ an inch in diameter. Some glands enormously enlarged, especially those adjacent to pancreas. Intestines not examined. Stained smears of the lung, liver, pancreas, and pericardial pus showed many tubercle bacilli.

A SUGGESTION FOR THE EXAMINATION OF CERTAIN PROPOSED RECRUITS BY A MEDICAL BOARD AT COMMAND HEADQUARTERS.

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To most medical officers who have much experience in examining recruits it must at times occur to reject a man because of his failure to attain to some particular standard, though in their independent judgment he is capable of making a useful soldier. I would not advocate a greater discretion being left to the individual medical examiners, as that policy has been tried in the past and with unsatisfactory results, but I think the present system might be rendered more elastic by allowing recruits who, in the opinion of an examining medical officer, are likely to make good soldiers, but whom he is debarred from passing owing to deficiency of teeth, a stiff finger-joint, &c., to be brought before a medical board at headquarters of the command. To render this course as expeditious as possible, such a man would be sent at once to the headquarter station, notification to the Principal Medical Officer and regimental authorities being made by telegram, and a board there assembled not later than the day following his arrival. In this way expense, loss of time, and correspondence would be reduced to a minimum. To a medical board presided over by a senior officer might safely be entrusted a discretion in the application of certain arbitrary standards of physical fitness, and as a result I think that a certain number of men who under the present rules must be rejected, would be found fit for service, and the loss of them to the Army thereby prevented.

CLINICAL NOTE OF THE VALUE OF HYOSCINE IN THE TREATMENT OF CONVULSIONS FOLLOWING HEAT-STROKE.

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SERGEANT — was admitted on the night of May 18th, 1905, suffering from heat-stroke. On admission he was unconscious, pulse 130, respirations shallow and stertorous, and temperature in axilla 110° F.