

## THE SERVICES.

### ROYAL NAVY MEDICAL SERVICE.

THE following appointments are notified:— Staff Surgeons: P. M. May to the *Hannibal*, on commissioning, and M. J. Smith to the *Fisgard*. Surgeons: A. F. Mackay to the *Pembroke*; and C. R. Rickard to the *Shearwater*, additional, and on recommissioning.

### ROYAL ARMY MEDICAL CORPS.

Captain E. T. F. Birrell is appointed Adjutant, Depot and Training School, Royal Army Medical Corps, Aldershot. Lieutenant-Colonel E. L. Maunsell is appointed Administrative Medical Officer at Bloemfontein.

### IMPERIAL YEOMANRY.

Royal North Devon (Hussars): Stanley Rider Gibbs to be Surgeon-Lieutenant (extra), under the conditions of paragraph 28, Imperial Yeomanry Regulations (dated Oct. 13th, 1906).

### VOLUNTEER CORPS.

Rifle: 1st Volunteer Battalion the Royal Fusiliers (City of London Regiment): Surgeon-Major H. G. Thompson to be Surgeon-Lieutenant Colonel (dated Sept. 4th, 1906).

### DEATHS IN THE SERVICES.

Inspector-General Evelyn Richard Hugh Pollard, R.N., on Oct. 9th, from heart failure. He had been in charge of the Royal Naval Hospital, Chatham, from June, 1905. He entered the Royal Navy as a surgeon in 1878, became a staff surgeon in 1882, fleet surgeon in 1891, deputy-inspector-general in 1899, and inspector-general in 1904. When surgeon of H.M.S. *Boadicea* he landed with the Naval Brigade during the Zulu War in 1879. He also served with the Royal Marines in Egypt in 1882, and was present at the battle of Tel-el-Kebir (Egyptian medal, Tel-el-Kebir clasp, and Khedive's bronze star). Inspector-General Pollard had been in failing health for some time and leaves a widow and four children.

Lieutenant-Colonel George Edward Elton Burroughs (retired), I.M.S., recently, at the age of 56 years. He joined the service in 1875 and served in the Afghan War of 1878-80, including the action of Kushk-i-Nakud, the affair at Girishk, the battle of Maiwand, the sortie from Kandahar, and the defence and battle of Kandahar (mentioned in despatches, medal with clasp).

Brigade-Surgeon Lieutenant-Colonel Caleb Shera Wills, C.B., A.M.D. (retired), on Oct 12th, in his seventy-third year. He entered the service in 1866 as assistant surgeon and reached the rank of brigade-surgeon in 1887. He retired two years later. In the Zulu War of 1879 he served as senior medical officer at the base of operations and of the lines of communication between Durban and the Lower Tugela and also as sanitary embarking and disembarking medical officer (medal and C.B.).

### QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

A tablet has been placed in the chapel of the Royal Herbert Hospital, Woolwich, to the memory of Nursing Sister Margaret Kendall, who died in April last while on service with the troops at Wynberg, South Africa.

### JOURNAL OF THE ROYAL ARMY MEDICAL CORPS.

The October number of this journal contains numerous original communications and articles on a variety of subjects, all of which are of more or less interest to army medical officers and those connected with the public medical services. It is needless to enumerate all the titles of these, but we may refer to a paper by Major R. F. E. Austin, R.A.M.C., on "Defects of the Present System of Respiratory Training for the Soldier, with Hints towards its Improvement," because its author, in addition to what he has to say on the subject, calls attention to an interesting and carefully reasoned paper by Lieutenant-Colonel F. Arthur Davy, R.A.M.C. (retired), published in the Army Medical Report for 1876, entitled "A Contribution to the Etiology of Heart Disease in the Army." The author of this dwells upon the injurious effect produced by the usual chest swelling "setting-up drill" so dear to drill sergeants.

### CHORAL SINGING IN THE ARMY.

The movement for the institution of choral singing in the army is a good one and Surgeon-General G. J. H. Evatt is deserving of credit for the zeal and energy with which he has

taken part in it. We notice that at a recent meeting at Aldershot under his presidency it was unanimously resolved to form a soldiers' musical union "to aid in the encouragement of music among soldiers." Not only are regimental choral societies and the singing of national ballads likely to keep alive a spirit of loyalty and enthusiasm and prove a source of cheeriness, as they always do, on the march, but the love of music and the cultivation of the voice are also wholesome and healthful objects.

It has been decided by the Army Council that the names of former officers no longer liable to service, of pensioners, and of civilians who are willing on mobilisation to render their services, at home or abroad, with the Army Service Corps, Royal Army Medical Corps, or Army Ordnance Department shall be registered in each command.

Colonel Haga, the principal medical officer of No. 5 Division of the Imperial Japanese Army, is visiting the depôts and hospitals at Aldershot.

## Correspondence.

"Audi alteram partem."

### OPERATIVE TREATMENT IN INSANITY.

To the Editors of THE LANCET.

SIRS,—Dr. Mercier's analogy between "lowering the ritual of a church by taking some of the slates off the roof" and the operation of trephining to relieve a diseased brain, though not very apposite, was perhaps good enough as a *jeu d'esprit* for the mere purpose of a debate. May I now use his metaphor for my own purpose? If there is reason to suppose that something is wrong with the services it would probably be the only way—other modes of inspection being inaccessible—to obtain evidence of the "lowered ritual" (whatever that may mean) and of correcting errors in it; it would certainly be better than relying upon rumour and guesswork for knowing what was going on within. Dr. Mercier details six "suppositions" in which he puts my case so clearly that it is not necessary for me to say more than that they have already passed out of the domain of hypothesis and have become accomplished facts.

I have seen a case in which the hallucinations (as shown by post-mortem examination) were accompanied by a very definite lesion in the correlated sensory area, and the connexion between the symptoms and the diseased centre was, as far as could be judged, a causative one, and I can only regret that surgical measures were not taken during life and remedies applied. But I can go farther than this, and quote a case (among others) detailed in the *Journal of Mental Science* for 1902, p. 694, by Mr. Damer Harrisson, in which that gentleman operated upon a man suffering from non-traumatic melancholia. In this case the hallucinations disappeared after an opening three inches long by two and a half inches wide was made over the sensory centre implicated, and the result was recovery in three weeks, the melancholia and the hallucinations disappearing completely. When I read before the Medico-Psychological Association a paper on the "Surgical Treatment of Delusional Insanity," pointing out that it was probable that in some instances hallucinations preceded and were directly connected with delusions, and that it was advisable to determine early if possible the nature and the primary local signature of the hallucination, I was not aware of Mr. Damer Harrisson's successful work in this direction. I subsequently received a letter from Mr. Harrisson in which he says: "In defective-minded children I find that in many instances the primary local signature may be identified."

Again, a short time since, Mr. Sheild and I reported in THE LANCET a case in which acute mental symptoms were completely cured almost immediately after the operation of trephining. In this case the original lesion was traumatic but there was no external trace of what was actually found—viz., a fissure in the internal table, the connexion of which with the mental symptoms was not so clear, though the result of the operation was so immediate as to leave no doubt of its efficiency.

I think, from what I have stated, that there are in well-considered instances grounds for the employment of surgical

methods and that there is hope that with an extended knowledge of localisation we shall find early surgical treatment of still greater use and that just as recent abdominal surgery has been the result of more accurate knowledge of pathological processes and of advanced methods in surgery, so we may hope for similar good results with cranial interference. It was not because abdominal surgery has been successful that I mentioned the subject in connexion with operative treatment in insanity. My object was to illustrate how timorous and tardy interference in one department had given place to opportune and speedy success in that region, and I think, from illustrations and given references, that I am justified in urging that surgical methods are worthy of consideration in our attack on conditions which in too many instances terminate in hopeless confusion. Cranial surgery is to be employed not because abdominal surgery has been successful but because it (cranial surgery) has been already proved of service in the treatment of insanity, and I trust that the "roving surgeon" may open up to us new ground for treatment and will not be deterred from exploiting this territory by Dr. Mercier's warning that "trespassers will be prosecuted."

I am, Sirs, yours faithfully,

Harley-street, W., Oct. 15th, 1906.

T. CLAYE SHAW.

### PURIN-FREE DIETS.

To the Editors of THE LANCET.

SIRS,—In Dr. W. A. Potts's interesting "Notes on Purin-Free Diets" he states that "the Romans at the time they conquered the world were vegetarians." I think Dr. Potts would be greatly puzzled to cite any authority in support of such a statement. Doubtless the early pastoral people of Latium lived largely on lentils and fruit, but the dauntless legions who followed the Roman eagle were coarsely omnivorous. Whether toiling through Syrian deserts or racing over the Apennines or Alps every soldier carried a supply of cured pork, cheese, and flour, usually a sufficiency for 12 days when commencing a march. The wealthy Roman classes were carnivorous to a degree not to be measured by modern appetites: "edunt ut vomant, vomunt ut edant."—I am, Sirs, yours faithfully,

Worthing, Oct. 15th, 1906.

W. W. JONES.

### FOOD PRESERVATIVES.

To the Editors of THE LANCET.

SIRS,—There are some other considerations arising out of the use of food preservatives to which, without prejudice to their proper employment, I think reference should be made. For instance, in the case of patients suffering from chronic and other intestinal disorders it would, under the new order of things, be desirable for them to ask their medical attendants explicitly, as they often do about sugar, pepper, sauces, and other common articles of diet, whether boric acid, benzoic acid, formaldehyde, salicylic acid, sulphate of copper, alum, and other ingredients that might be mentioned, should or should not be also taken with their food and if so in what dosage and at what times.

Not being a physician I am ignorant as to whether the latter information is usually volunteered or required in the consulting-room or is it only forthcoming when symptoms of drug absorption are obviously present? It must, I should think, not infrequently increase the difficulties of treating a disorder if in addition to the medicines the patient is receiving from his adviser he is taking others, though their full physiological effects may not be apparent, from the food merchant. "See that the action of all drugs is suspended before new ones are prescribed," was a frequent remark by one of my most respected and experienced teachers. Why should not all foods which are adulterated be so labeled? Then the salesman and purchaser would be quits.

I am, Sirs, yours faithfully,

Berkeley-street, W., Oct. 13th, 1906.

REGINALD HARRISON.

### THE RECENT SENATORIAL ELECTION AT THE UNIVERSITY OF LONDON.

To the Editors of THE LANCET.

SIRS,—As one of those who, although a London teacher, nominated Dr. E. G. Little, and took an active part in his return, I rejoice at the result. It should stay the iconoclastic

tendencies of those in authority at the University of London, for the changes initiated in the curricula for degrees in medicine and surgery have without doubt been the outcome of panic induced by the falling off of students of medicine in the metropolis. Now all legislation consequent upon panic is dangerous, and the danger in this instance is intensified on reading the report of the standing committee of Convocation on these changes. Our University has won and kept its high position in the medical world by the general and scientific training of its graduates as well as by their professional knowledge. Under the new régime, by the introduction of numerous by-paths to admission, the general education and scientific training are reduced to a valueless minimum, and even the medical examinations can be taken piecemeal—i.e., subject by subject. By catering for quantity at the expense of quality our University, I feel sure, will not attract as some think those students who now naturally gravitate to the provincial universities, but will lose its present popularity and undermine its very foundations. Decentralisation in medical education, with the ever increasing facilities for scientific and clinical training which the provincial schools afford, has come to stay. If the London University degree is to be esteemed in the future as it has been in the past, it can only be by maintaining unimpaired its high standard of general and scientific training and its high examinational tests.

I am, Sirs, yours faithfully,

London, W., Oct. 11th, 1906.

ERNEST W. WHITE.

### ANTIVACCINATION TACTICS.

To the Editors of THE LANCET.

SIRS,—I thank you very much for so promptly supplying a copy of your current issue containing a complaint from the editor of the *Cleveland Medical Journal* of a supposed infringement of his conditions of republication. This is the first, and so far, the only, intimation I have received of Mr. Carter's dissatisfaction with my conduct, which is a purely personal responsibility and not in any way chargeable upon the antivaccinists' cause in general.

The complaint that an equally conspicuous space was not afforded to his letter is very debatable, for a special appendix is devoted to it; however, I submit a copy of the booklet for your examination and respectfully direct your attention to the following points: 1. The three and a quarter small pages derived from the report of the *Cleveland Medical Journal* were originally copied from the reprint in the *Vaccination Inquirer* of September, 1902, vol. XXIV., p. 119. All I used the *Cleveland Medical Journal* for was to correct the excerpt so that its accuracy might place it above the charge of garbling. This appeared desirable because the paragraph in the *Vaccination Inquirer* was itself a reprint from the *Philadelphia Item* and *Medical Talk*; and I believe I am indebted to the publishers of the *Cleveland Medical Journal* for the copy of their journal by means of which the corrections were made. Thus it will be seen that the paragraph is, in reality, simply a corrected reprint from the *Vaccination Inquirer*, with one and three-quarters small pages from *Vaccination Superstition*. 2. In his complaint Mr. Carter has omitted to give a copy of my letter of request and a copy of the note in the appendix named. These were:—

The Publ., *Cleveland Medical Journal*, Cleveland, Ohio, U.S.A.

SIR,—Please accept my very best thanks for the copy of your No. 2 issue, with Dr. Friedrich's paper in. Can you allow me to reprint this (complete with the discussion) in a booklet of *debates* on the subject? Duly acknowledged of course.

Yours respectfully,

16, Granville terrace, Stone, Staffs, 30.4.06.

W. J. FURNIVAL.

#### APPENDIX.

"Since the foregoing matter was prepared for press and partly printed off, the compiler has received a further statement from the editor of the *Cleveland Medical Journal*.

The communication was in reply to a request for permission to reprint Dr. Friedrich's paper *in toto*, together with the whole of the reported discussion thereon, in another booklet of this series entitled, 'Notable Public Debates, Discussions, &c., on Vaccination.' This it is intended to print in due course, and the statement in question will then be appended to the report; but having in the present booklet reproduced a considerable rescript of Dr. Friedrich's paper and also of Dr. Munn's later notes thereon: the compiler believes it will be more in accord with the wishes of the *Cleveland Medical Journal* to give currency to the statement in this place also." (Then follows Mr. Carter's statement as per his letter.)

It will thus be seen that the "*Debates*" for which permission to reprint the report *in toto* was obtained has yet to come;