

of Coomassie. To be a Companion of the Distinguished Service Order in recognition of his services during the recent operations in Ashanti: Surgeon-Captain William Fletcher, Militia Medical Staff Corps.

Correspondence.

"Audi alteram partem."

HOSPITAL SUNDAY.

To the Editors of THE LANCET.

SIRS,—The approach of "Hospital Sunday" must be my plea for urging, as president and treasurer of the Fund, that the public should respond in a liberal spirit to the appeal which will be made to them on Sunday next in all the churches and chapels of the metropolis in behalf of the hospitals and dispensaries for the treatment of the sick poor. This year the council have 201 institutions seeking to participate in the Fund. The needs of all these charities, if only to reimburse them for last year's outlay on the London poor, would not be covered by £100,000.

There is, happily, no necessity for me to enlarge upon the merits of these institutions, their readiness in relieving those who are afflicted, the benefits they confer on the more fortunate by checking the spread of disease, and their success in mitigating the exceptionally sad consequences of illness when combined with poverty.

But I desire to point out the unique character of this annual collection and the opportunity which it affords for unostentatious and practical sympathy with a cause which is Christian and self-sacrificing beyond dispute. Every inhabitant of the metropolis, irrespective of creed, is offered the privilege of easily gratifying his instinctive sympathy with the suffering poor; he is not subjected to pressure and of imposture there can be no fear.

Should any of your readers be absent from public worship or not in London next Sunday they may remit their contributions to me at the Mansion House.

I am, Sirs, yours faithfully,

FRANK GREEN, Lord Mayor.

The Mansion House, London, June 11th 1901.

PS.—I have just received a further generous donation of £10,000 from Mr. George Herring who in his letter says: "I hope your receipts this year will make a record one, as the hospitals and convalescent homes are greatly in need of funds, and it must be true charity to help our poor through sickness to health."

"DENTISTRY AND THE SERVICES."

To the Editors of THE LANCET.

SIRS,—The very temperate and sensible annotation on the above subject in THE LANCET of June 8th has tempted me to point out what appears to be a possible method of dealing with the teeth of our soldiers. The present war has conclusively demonstrated that legislation is necessary. Sending four dentists to South Africa to relieve the sufferings of our soldiers shows that the Government realises its present responsibility, but such a course of action in no sense deals with the question upon a permanent footing. Although it is surrounded with many difficulties it seems possible to avoid pitfalls and to bring into force a system that shall adequately deal with it which not being too expensive a luxury might be within the pale of practical politics. The problem can be dealt with as follows: 1. The appointment of dental surgeons at all the large military depôts who shall be at the service of the troops at home. The question of payment is one that can be arranged. 2. That all army medical men shall upon admittance into the service be required to receive six months' training in operative dentistry at a dental hospital and shall be required to produce evidence of attendance upon such a course. 3. That each army surgeon shall be provided with the necessary equipment to enable him to treat all ordinary dental troubles.

I have purposely avoided entering into minute details which could be carefully thought out and arranged, but it would seem desirable that a permanent Government official should be appointed to see that the scheme is efficiently

carried out. I believe the adoption of a course such as is here suggested would permanently deal with a difficult subject.

I am, Sirs, yours faithfully,

June, 1901.

MORTON SMALE.

ARMY MEDICAL REORGANISATION.

To the Editors of THE LANCET.

SIRS,—Unless this subject be tabooed I would like to call attention to the important bearing of the last return from the War Office, giving the total losses in the field force in South Africa to the end of May, on the professional status of the *personnel* which the medical staff requires. In this return the total death loss from war injuries is placed at 5592 and that from disease at 9667, while no less than 49,761 were invalided, doubtless mainly from disease and especially enteric fever—a preventable malady, and of these 342 had died and 2864 been discharged the service as unfit, the remainder having recovered and been returned to duty except 819 still in hospital. This return is much on a par with the former ones, both in respect to this and former wars and to the experience of other nations, and illustrates the enormous ravages which disease makes, both as to temporary inefficiency of the field force and also as to permanent loss from deaths or discharges from the service from unfitness so brought about, and brings prominently to the front the nature of the duties which devolve on the medical staff (in peace as in war)—sanitary, medical, surgical, in relative importance as placed—and the necessary professional qualifications of the members composing it if these highly important duties bearing on army efficiency are to be effectively carried out. And the pressing question in the near future is the degree to which these essentials will find expression in the conclusions of the committee to which the completion of the work of the South African Commission is to be entrusted. No mere "readjustment of the apparatus" or organisation, however otherwise complete, "can compensate for defective *personnel*," and unless a thoroughly efficient body of professional men well qualified in these respects can be obtained for the Royal Army Medical Corps and more power be given to it to make its influence operative in the army sphere for good, it is not apparent how the future can be an advance over the past. No doubt other qualifications of an administrative and military character are also necessary in this corps to which such multiple duties are entrusted, and should receive consideration; but the figures above mentioned indicate beyond all doubt that its true basis is *primarily and essentially professional*, a feature which does not seem to me to figure in its right proportion in the schemes advanced for the reorganisation of the corps other than in the original recommendations of the South African Commission. To obtain men of a good professional status is a *sine quâ non* if this corps is to be made fitted for its duties, and to retain each executive rank at a high standard is no less essential; and no less essential are these professional qualifications for the administrative grades for it is apparent that no proper inspection and supervision of the work of juniors can be made nor proper confidential reports for the guidance of those controlling selection can be furnished unless the administering seniors possess the necessary ability and knowledge on which to act.

With a department organised on a military framework as the Royal Army Medical Corps now is the danger of not giving adequate expression to its right professional basis is apparent; in the past, except as a recommendation of the Crimean Commission, it has received no consideration; and in the future, unless there be a strong professional element in the constructive committee that is to be, it is difficult to perceive how it is to obtain the recognition it requires—as of paramount importance, as illustrated in the figures of the War Office return referred to.

I am, Sirs, yours faithfully,

FRANCIS H. WELCH, F.R.C.S. Eng.,
Surgeon-Colonel A.M.S. (retired).

Lee, S.E., June 10th, 1901.

SURGICAL OR MEDICAL TREATMENT IN GASTRIC ULCER?

To the Editors of THE LANCET.

SIRS,—The very interesting article by Mr. O. B. Keetley which appeared in THE LANCET of June 8th, p. 1597, on a series of cases of gastric ulcer demonstrates in a very clear

manner the value of operation in the greater number of those cases where hæmorrhage is persistent and profuse and where ulceration has existed for a prolonged period. But I am not quite at one with Mr. Keetley in the conclusion which is to be gathered from his summing up, that, broadly speaking, all cases of gastric ulcer should be operated on as soon as the diagnosis is assured, for it is by no means uncommon to have severe and frequently recurring hæmorrhage from the stomach of a patient, and yet when operation has been decided on and the stomach opened into the ulceration has proved so extensive (though superficial) that no radical treatment can be attempted, and, save for the benefit of washing out the viscus, the use of the knife is abortive. A case illustrative of this came under my care some little time back in Fremantle Hospital, Western Australia, a few notes of which I will quote. The patient was admitted to hospital on Feb. 4th, 1900, suffering from anæmia and hæmatemesis. Vomiting immediately after food was experienced and there was great pain in the epigastrium. The pulse was small and rapid and the temperature was 99° F. On the 5th the copious hæmorrhage from the stomach continued, the temperature was 101°, and the pulse was thready and very weak. A quarter of a grain of morphia was ordered to be administered every four hours, no food or liquids by the mouth being allowed. The bowels were opened by a soap-and-water enema and towards evening a mixture of peptonised milk, virol, and brandy was injected into the bowel. On the 6th no great improvement was shown to have taken place so operation was decided upon. The patient took the chloroform well and the stomach was exposed and opened near the greater curvature, an incision of one and a half inches being made. The wall was natural in appearance from the outside though a good deal of venous bleeding occurred in making the incision. The interior was congested and in some places it was superficially ulcerated, but in no part had the ulcerative process extended beyond the mucous membrane. A stream of weak boric acid solution was used to wash out the detritus and pieces of blood coagulum, the wound in the stomach was closed with a close row of Lembert sutures, and the operation was completed in the usual way. Six hours after the operation a hypodermic injection of digitalin and morphine was given, and a couple of quarts of tepid water per rectum did much to relieve the intense sensation of thirst. The patient had a good night. On the 7th teaspoonful doses of tepid water every 20 minutes were ordered. Two rectal enemata of milk, brandy, and virol were administered at 2 P.M. and at 6 P.M. There was a good deal of retching which was relieved soon after the administration of the digitalin and morphine hypodermically. There was no hæmorrhage or actual vomiting. On the 18th there was much retching. Two hypodermic injections of morphia and digitalin were given at 8 A.M. and 4 P.M. The wound was examined and was found to be doing well. On the 10th the patient was quite free from pain and retching and was feeling hungry. Rectal enemata only with water by the mouth were employed. On the 12th a tablespoonful of chicken jelly was given twice during the day by the mouth, and two tablespoonfuls of peptonised milk were given every four hours. The rectal feeding was continued. On the 15th the stomach held liquid food readily, a pint of strained beef-tea and two pints of peptonised milk with two tablespoonfuls of virol being taken in the 24 hours. On the 20th beaten-up eggs, custard, boiled rice, semolina, &c., were added to the diet. On the 25th a little minced chicken was taken, the patient was gaining strength rapidly, but the recumbent position was still insisted upon. From this date the progress of the case was uneventful, but the patient was not dismissed from hospital until six weeks after the date of admission.

Another case, on all fours with this one so far as primary symptoms were concerned, came under my observation some months later and was treated from a medical standpoint only by prolonged rest in bed, absolute avoidance of food by the mouth for a fortnight, and a steady but watchful administration of digitalin and morphine hypodermically. The results were highly satisfactory, the patient being sent out of hospital in three weeks' time quite recovered.

Many lives are undoubtedly saved by timely operation in this grave pathological condition, but it must be admitted that at least as many more run unnecessary risk by too early an interference, when even the most appalling hæmorrhage can be satisfactorily controlled by keeping the organ at

perfect rest and by the judicious use of morphine and digitalin till the blood-pressure falls.

I am, Sirs, yours faithfully,

L. WHEELER, M.B., B.Ch. R.U.I.,

Surgeon, Fremantle Hospital, Western Australia.

Junior Conservative Club, Albemarle-street, W., June 10th, 1901.

PRELIMINARY MEDICAL EDUCATION.

To the Editors of THE LANCET.

SIRS,—As it seems possible that the negative given to Dr. McVail's resolution yesterday may be construed to affirm that the Council was satisfied "that the courses of study in the subjects of the first professional examination are in all cases sufficient," I think it right to state that so far as my vote and that of most, if not all, of those who formed the majority went, it was not intended to convey any such interpretation. I felt bound to vote against the resolution, because it withdrew from the Council the main question involved by the recent action of the London Colleges—namely, their ignoring the resolution of the Council requiring five years' study at a recognised medical school, and their consequently ceasing to require a certificate of registration from candidates for their licence. These, and not the standard of education, were the fundamental questions before the Council, and had Dr. McVail's resolution been carried all reference to these important questions would have been shelved. Further, Dr. McVail announced that the vote on that resolution would be final, so that not alone was no expression of opinion possible on these points, but no alternative course other than complete submission by the Council to the decision of the Colleges was possible. I seconded Mr. Ball's amendment because I consider that some arrangement which would place all the licensing bodies on an equality is most advisable; and while not pledging myself to details I consider the principle underlying that and Mr. Bruce's motion the best, not alone for licensing bodies, but for the advancement of medical education; for I am of opinion that when possible it is desirable that both physics and chemistry should be taught as subjects of preliminary education.

I am, Sirs, yours faithfully,

LOMBE ATTHILL, M.D. Dub.

General Medical Council Office, Oxford-street, London, W.,
June 11th, 1901.

CÆSAREAN SECTION IN LONDON.

To the Editors of THE LANCET.

SIRS,—In your "Mirror of Hospital Practice" for June 8th, p. 1604, it is stated that "from 1886 to 1894 22 cases [of Cæsaean section] were recorded in the London Hospital." Will you permit us to say that this is erroneous, that no such number of Cæsaean sections have been either performed or recorded in the London Hospital during the period mentioned?

We are, Sirs, yours faithfully,

G. E. HERMAN,

ARTHUR H. N. LEWERS,

} Obstetric Physicians to
the London Hospital.

June 8th, 1901.

* * We willingly publish this letter. It must have been obvious to every reader that the statement referred to was incorrect. The words "the" and "hospital" were interpolations owing to a printer's error. The reason of the error is clear; the case upon which we were commenting occurred in the London Hospital. The sentence should have read, "from 1886 to 1894 22 cases were recorded in London."—ED. L.

"LOCAL v. GENERAL ANÆSTHESIA IN CERTAIN CASES OF ABDOMINAL SURGERY."

To the Editors of THE LANCET.

SIRS,—Your correspondent, Dr. S. Johnson Taylor, finds fault with me for limiting my remarks on Mr. Morse's article to a particular question. My objection to Dr. Taylor's contribution is just the contrary, that he is leaving the point particularly raised by Mr. Morse and broaching the whole subject of what inconveniences and dangers attend general anæsthesia and whether a local anæsthetic can obviate these.