manœuvres on the South Downs are as follows:—Army Corps Staff: Principal medical officer, Surgeon-General Sir Thomas Gallwey, A.M.S.; staff officer to the principal medical officer, Lieutenant-Colonel T. W. O'H. Hamilton, C.M.G. The principal medical officers of the First, Second, and Third Divisions of the Blue Force are respectively Lieutenant-Colonel H. N. Thompson, D.S.O., Major H. I. Pocock, and Major Frederick Smith, D.S.O.

ARMY MEDICAL RESERVE OF OFFICERS.

Surgeon-Lieutenant-Colonel John H. Maclean having resigned his commission in the Volunteers, ceases to belong to the Army Medical Reserve of Officers.

VOLUNTEER CORPS.

Royal Garrison Artillery (Volunteers): 2nd Middlesex: Surgeon-Captain A. B. Lyon to be Surgeon-Major (dated August 20th, 1906). 2nd Middlesex: Surgeon-Lieutenant-Colonel (Honorary Captain in the Army) A. Thorne is granted the honorary rank of Surgeon-Colonel (dated August 27th, 1906).

Rifle: 1st Volunteer Battalion the Prince Albert's (Somersetshire Light Infantry): Surgeon-Captain J. M. Harper to be Surgeon-Major (dated August 1st, 1902).

DEATHS IN THE SERVICES.

Deputy Inspector-General of Hospitals and Fleets Richard Dormer White on August 26th at Victoria Hospital, Folkestone, aged 61 years. He graduated as M.B. at the University of Dublin in 1871 and proceeded to the degree of M.D. in 1881. He entered the navy as surgeon in April, 1873, being promoted staff surgeon in April, 1885, and fleet-surgeon in October, 1893, retiring with the honorary rank of deputy inspector-general of hospitals and fleets in August, 1902. He was fleet surgeon of the *Raleigh* and served in the Naval Brigade landed from that vessel and others at Bathurst, on the River Gambia, West Coast of Africa, in February, 1894, for the punishment of a rebellious slave-raider chief. For his services with this expedition, in which he was slightly wounded, he was mentioned in despatches, was nominated for the C.B., and received the medal with Gambia, 1904, clasp. He received the thanks of the Admiralty for services in the *Cambridge* in 1873 and the thanks of the Medical Director-General for the journal of the *Bullfrog* when serving on the West Coast of Africa in 1884-85. He also served with Lord Sackville in exploring the water-sheds of the river Pilcomayo on the borders of Bolivia and Paraguay in South America.

Brigade-Surgeon Charles Frederick Richards on August 30th at Rathturret, Warrenpoint, county Down, aged 67 years. He graduated as M.B. at the University of Dublin in 1865 and entered the army as an assistant surgeon in October, 1866, being promoted surgeon in March, 1873, and surgeon-major in January, 1879, retiring with the honorary rank of brigade-surgeon in August, 1888.

THE "SPECTATOR" EXPERIMENTAL COMPANY.

We cordially congratulate the *Spectator* on its Experimental Company and on the result it has achieved in showing that young men can be sufficiently drilled and trained in the course of six months to become efficient soldiers. Nor must it be forgotten that in point of health, physique, intelligence, and alertness of mind the men are not what they were when they first joined the company to undergo a voluntary course of military training; they are all round better. This country will always need to have a regular army of highly trained and disciplined troops, and a perfect soldier cannot be turned out with the accumulated experience of a veteran in the course of six months; but the elements of military training can be acquired in the brief time named, and once acquired will not be forgotten. It now remains to be ascertained what is the minimum of periodical training practically required to maintain what has been gained.

SOLDIERS' FOUL WATER-BOTTLES.

It is notified in the Northern Command that water-bottles in such a state as to be liable to cause sickness have been found in possession of regulars, militia, yeomanry, and volunteers. Commanding officers are ordered to have all water-bottles thoroughly cleansed by scalding with boiling water, also all water carts and bottles in the Army Ordinance Department charge are to be disinfected.

Lord Kitchener has instituted a system of lectures on sanitation, to be delivered during the cold season in every military station in India by specially selected medical officers.

Correspondence.

"Audi alteram partem."

OPERATIVE TREATMENT IN CERTAIN CASES OF INSANITY.

To the Editors of THE LANCET.

SIRS,—Your correspondent, "M.R.C.S.," does well to raise the question of operative interference in one of his cases which apparently has resisted other means of treatment. I have for some years maintained the advantage of early surgical interference to relieve pressure and the necessary consequence of it—viz., wasting of the cells and disturbance of the circulation. I have also recorded cases where relief has followed operation and I have indicated in papers read before the Medico-Psychological Society, the forms of central disease in which surgical measures are to be recommended. My experience has been limited to the removal of bone but I can well understand that direct diminution of the blood-supply by ligature of a vessel is worthy of consideration. The risk of tying the carotid artery is that the sudden arrest of such a large supply of blood to one side of the brain may cause paralysis from softening and that if the patient is troublesome the after-treatment might be attended with difficulties. I have in some cases employed venesection with advantage and though the patients have occasionally tried to interfere with the bandages the difficulty has been overcome by constant supervision until the wound healed, but the possibility of difficulty in this direction should be carefully estimated before interfering with such a large vessel as the carotid artery. So much depends upon the acuteness of the symptoms that it is not necessary to do more than call attention to what may prove to be a dangerous element in considering the propriety of operation.

In the hands of a capable surgeon the operation of trephining to relieve pressure and cerebral congestion is a safe one and in my experience unattended with dangerous or troublesome consequences, and in addition it gives an opportunity of seeing the actual condition of the brain tissue and the membranes, so that an opinion on the prognosis of the case is rendered more reliable, while if desired a drainage of fluid from the congested area can be maintained before the wound is actually closed. It has always seemed to me that the hæmorrhage from the scalp wound in making the primary incision has been very favourable to the object in view, which is to relieve pressure and to prevent permanent destruction of tissue. Operative cranial surgery is, in my opinion, not only justifiable but in well-chosen cases is the only means of scientific treatment, and there is every reason to believe that the early adoption of it would have cured many people who have for want of it proceeded to incurable dementia. The purely medical treatment of insanity has had a long trial and has met with only a partial success. The modern advances in physiology and surgery may well lead us to hope that what has been accomplished with such marked success in the abdomen may be extended to the skull and its contents, for it appears every day to be more certain that in this direction is to be found the remedy for many persons who must otherwise endure the misery of a chronic and hopeless destructive process.

I am, Sirs, yours faithfully,

T. CLAYE SHAW, M.D. Lond., F.R.C.P. Lond.
Harley-street, W., Sept. 8th, 1906.

To the Editors of THE LANCET.

SIRS,—The question put by "M.R.C.S., &c." in THE LANCET of Sept. 8th, p. 682, admits of a precise and unhesitating answer. Ligature of the carotid, for the cure or alleviation of mania, would certainly not be justifiable. If it were certain that the mania was not only accompanied, but caused, by hyperæmia of brain, it would still not be justifiable, for the hyperæmia might be of a passive nature which would require not a less vigorous, but a more vigorous *vis a tergo* for its relief; but there is no evidence at all that mania is caused, or even accompanied, by hyperæmia of the brain, and what evidence we have is rather the other way. In cases in which great hyperæmia of the brain is found post mortem, the ante-mortem symptoms are those not of mania, but of coma, and the brains of those who die in acute mania are not often found deeply congested. That anæmia

of the brain necessarily follows a diminished supply of blood to the organ, is not quite accurate, for the diminished supply may be more than counterbalanced by a still more diminished efflux; and it is certain that symptoms of mental depression, if by this is meant depression of spirits, or melancholy, do not necessarily follow a diminution in the blood-supply to the brain, for melancholy does not necessarily, nor even usually, follow severe hæmorrhage; nor is it a usual concomitant of general anæmia. "M.R.C.S." says that many cases of simple insanity appear to depend almost entirely upon active hyperæmia and increased blood pressure. I usually test by routine the blood pressure of my patients by the sphygmo-hæmometer, and I find that a high blood pressure goes more often with depression of spirits and tranquillity than with excitement; and I would point out that a high pressure of blood in the arteries does not necessarily imply hyperæmia in the tissues, or a more rapid flow of blood through the capillaries. The high pressure may be compensatory, and complementary to some obstruction to the flow of the blood through the small vessels, so that the net result may be a circulation that is not increased, or is even diminished in velocity.

Increased blood pressure may, as "M.R.C.S." asserts, be the main cause of the delirium of persons suffering from pyrexia, and of the mental excitement produced by stimulants, and by the administration of ether and chloroform. I know of no series of measurements of blood pressure in these states to give countenance to the assertion that increased blood pressure is present in them; and if it were proved to be uniformly present, proof would still be wanting that the high blood pressure was the cause of the delirium and excitement. To perform on such grounds as this a capital operation, with risk, not only of life, but of permanent damage to brain, even if life is not lost, would be in my opinion unwarrantable. One other statement, made by "M.R.C.S.," as if it were established fact, seems to me open to question. "In cases of mania," he says, "the more acute the symptoms the greater the cerebral disturbance and insomnia, the more favourable is the prognosis." This is not my experience. I am accustomed to teach that the gravity of an attack of acute insanity, by which I mean the danger to life in the first place, and of permanent alienation of mind in the second, is a product of two factors, viz:—the intensity of the attack, and its duration. If by acuteness of symptoms "M.R.C.S." means brevity of the acute attack, I should agree with him; but if, as appears from his context, he means intensity or severity of the attack, then his experience is the reverse of mine.

I am, Sirs, yours faithfully,

Wimpole-street, W., Sept. 8th.

CHAS. MERCIER.

ANÆSTHESIA IN DENTAL SURGERY.

To the Editors of THE LANCET.

SIRS,—In THE LANCET of Sept. 8th I notice a review of the second edition of my little book on the above subject, and while thanking your reviewer for the kind things he has said in regard to it I have pleasure in acceding to his request (or is it a challenge?) and referring him to proof, as far as possible, of the statement made on p. 193 that arrest of the respiration may be due, among other things, to "direct retardation and arrest of the pulmonary circulation, first in the capillaries and then in the larger vessels, due to the local direct action of chloroform."

If your reviewer can get hold of a copy of the "Report of the Discussion on Anæsthetics" of the Glasgow Medico-Chirurgical Society (1891), published by Alex. Macdougall, 81, Buchanan-street, Glasgow, he will find on p. 5 that the late Professor Coats, whose views on the physiological action of chloroform were, I believe, particularly sound, draws attention to this cause of respiratory arrest, basing his remarks on Dr. D. Newman's work when a member of the Glasgow Committee on Anæsthetics. Whether any later observer has confirmed this I am unable to say, but all I wish to contend is that I am not speaking without authority to support me. I have avoided bibliographical references in this book, as I am inclined to think by the average reader they are regarded as a nuisance.

In another journal my remarks on the question of the administration of anæsthetics by a Licentiate in Dental Surgery were dealt with more severely than by your reviewer, the writer evidently regarding me as eminently unsound in this respect. To many London anæsthetists it appears nothing short of heretical to suggest that anæsthetics may

be given properly by anyone other than an anæsthetist or "fully qualified medical man." It is, however, perfectly useless to lay down that every man who administers nitrous oxide must be medically qualified. In certain classes of practice it is next to impossible. I live in a country where dentists, until quite recently at all events, even gave chloroform to patients without calling in a medical man. This is, of course, unspeakable and personally I regard the casual administration of ethyl chloride by dentists as only less objectionable. At the same time I would much prefer that patients be given nitrous oxide or mixtures of it with ethyl chloride or ether by a properly trained L.D.S., of whom there are now many about, to their being *chloroformed* by one of my brother M.B.'s. To only too many such anæsthesia still means *chloroform*. I am, Sirs, yours faithfully,

Edinburgh, Sept. 10th.

T. D. LUKE.

HÆMATOGENOUS ALBUMINURIA.

To the Editors of THE LANCET.

SIRS,—I have met with three cases of albuminuria in youths of 17 to 20 years during the last few weeks. The administration of from 60 to 80 grains of calcium lactate has completely cleared this up, in one case in a few hours. The other two cases were not examined until an interval of 24 hours had elapsed. I find that a smaller dose than 60 grains is not so definite in its action. Accordingly I can vouch for the value of the work Sir A. E. Wright has performed in solving this often most perplexing problem of functional albuminuria which must have frequently completely changed, if not ruined, the prospects of many a perfectly healthy boy.

I am, Sirs, yours faithfully,

Walbrook, E.C., Sept. 7th, 1906.

CHARLES B. PENNY.

WHAT IS A SPECIALIST?

To the Editors of THE LANCET.

SIRS,—Your correspondents who are writing letters under this title do not appear to be confining themselves very strictly to supplying material for answering the question. It is not the definition of a specialist which concerns most of them; rather they are concerned to speculate how far material success is achieved by the practice of specialism, and how far the chances of such success are denied unfairly to many members of the medical profession.

Has your attention been called to a contribution by Dr. Herbert Snow in a monthly journal called the *Grand Magazine*? The paper, which I have reason to believe has disturbed the equanimity of some members of the medical profession, appears to be one of a series on "The Secret of Success," and as the seventh in succession of this series it deals with "Success in Medicine," and purports to be a feast of thought furnished by several contributors, voluntary or involuntary. The names of Sir Dyce Duckworth, Dr. Whipham, Dr. F. W. Andrewes (misspelt), Dr. Wethered, Dr. Herbert Snow, Professor Clifford Allbutt, Mr. Ernest Kingscote, M.B., Miss Aldrich Blake, M.D., Mr. Litton Forbes, Sir James Crichton Browne, and Mr. Brudenell Carter, all appear at the heads of successive paragraphs or pages, and these names are reinforced by anonymity in the shape of "An Eminent London Physician who has received a Baronetcy," and of "Sir X. Z., a well-known London specialist." In the case of several of the gentlemen mentioned it is obvious that their contributions have been involuntary, inasmuch as they consist only of extracts from their published works, but some appear to have written in reply to direct applications from the magazine. Among these, from internal evidence only, I should be inclined to place Dr. Herbert Snow, who may at least claim the merit of having escaped from conventionality. He tells the public that the main elements making for success in the medical profession, ranged in the order of their importance, are unscrupulousness, selfishness, hypocrisy, industry, and ability; that no one with the merest vestige of a conscience should attempt to become a medical practitioner; that everything in the nature of benevolent instincts, of kindly feeling for others, of sympathy with suffering and pain, should be sternly discouraged; and that in country districts it is advisable further to varnish your real sentiments by a cloak of religious hypocrisy. If Dr. Snow believes that these are the conditions mainly contributory to success he must believe also that the most successful members of the profession are men who have