THE SERVICES.

THE TRANSVAAL.

From Newcastle we learn that the camp at Drakensberg has been given up, and the 92nd Gordon Highlanders moved to Bennett's Drift. Sporadic cases of enteric fever occur occasionally, the larger number of admissions for this disease being at the base, Bennett's Drift, Newcastle; the troops encamped on frontier positions being generally free from enteric disease; one admission at Mount Prospect, in a man of the Mounted Infantry, is returned as typhoid. It is proposed to build a new and permanent hospital near Newcastle; a site has been selected on the north side of the Incandu River, which will be reported on by a sanitary committee, and if approved the buildings will be commenced without delay.

ARMY MEDICAL DEPARTMENT.—Brigade-Surgeon Adam Graham Young retires upon temporary half-pay; Brigade-Surgeon Charles Alexander Innes, M.D., is granted retired pay, with the honorary rank of Deputy Surgeon-General; Surgeon-Majors James Greig Leask, M.B., and Francis Edward McFarland have been granted retired pay, with the honorary rank of Brigade-Surgeon; Surgeon-Major John Greig, M.B., has been granted retired pay.

Surgeon-Major C. M. Cuffe, C.B., Surgeons J. A. Godrmley, and J. Powell, Army Medical Department, have arrived home from Natal in the s.s. *Asiatic*, in charge of a party of sick and wounded soldiers.

Deputy Surgeon-General J. Crerar has been appointed medical officer to the Royal Military Asylum, Chelsea, vice Deputy Inspector-General J. St. Croix Crosse, whose period of service has expired.

Surgeon-Major J. B. S. Brown, Bengal Medical Service, has been permitted to retire from the service from August 1st, 1881. Surgeon-Major J. Ross, Queen's Own Sappers and Miners, Bengal, has been granted leave of absence to England for twelve months.

Deputy Surgeon-General J. Hendley, C.B., Surgeon-Majors Hoystead, Keith, Cotter, Macartney, Surgeons Bushe and Moberly, of the Army Medical Department, with Surgeons Corkery, Braganza, and Patch, of the Indian Medical Service, embarked on board H.M. troopship *Malabar* on the 16th, for passage to Bombay.

Surgeon John Findlay, Army Medical Department, has been appointed surgeon on the personal staff of Sir James Ferguson, Governor of Bombay, vice Surgeon-Major Waters, Bombay Medical Service, resigned.

James Wilson, F.F.P.S. Glas., has been appointed Medical Officer to the detachment of the "Black Watch" now stationed at the Barracks during Her Majesty's stay at Balmoral Castle.

ADMIRALTY.—Staff-Surgeon William Redmond has been promoted to the rank of Fleet-Surgeon in Her Majesty's Fleet, with seniority of August 8th, 1881.

In accordance with the provisions of Her Majesty's Order in Council of April 1st, 1881, Fleet-Surgeon Samuel Campbell, M.D., has been placed on the Retired List of his rank from this date.

The following appointments have been made:—Staff-Surgeons: M. A. Hart, to the *Royal Adelaide*, vice Games; and G. Robertson, to the *Lord Warden*, vice Harte. Fleet-Surgeon R. C. P. Lawrenson, to the *Hercules*, vice Siccama; Staff-Surgeon Solomon Kellett, to the *Alexandra*, additional for the *Falcon*, when recommissioned; Surgeons Michael J. McCarthy, M.D., to the *Impregnable*, vice Kellett; and Alfred H. Kelly, to the *Oruell*, vice Staff-Surgeon Dunlop; Fleet-Surgeon R. Siccama, to the *Northumberland*, vice Campbell.

It having been decided to erect a children's ward at the West Kent General Hospital, Maidstone, to the memory of the late Mr. Jonathan Saunders, the friendly and benefit societies of the town have forwarded a cheque for £100, part of the proceeds of their recent fête, towards the expenses. A workman's collection in aid of the fund has also been made.

THE Camberwell Board of Guardians have voted to Mr. Simpson twenty guineas, and to Mr. Pinder, Dr. Blomfield, Dr. Hague, and Mr. Roberts fifteen guineas each, as gratuities in consideration of the extra services required of them during the small-pox epidemic.

Correspondence.

"Audi alteram partem."

"TREATMENT OF THE INSANE IN PRIVATE HOUSES."

To the Editor of THE LANCET.

SIR,—I trust you will allow me to make a few remarks in comment on your leading article of Sept. 3rd relating to the treatment of the insane in private houses. I am not surprised that you anticipate being hotly assailed on account of your insisting on the abolition of the asylum system and the speciality of medico-psychology.

You enunciate several broad and far-reaching statements, chief among which I find are—

1st. That "however valuable may have been the contributions which medico-psychology has made to medicine, it has done very little, if anything, during the last fifty years to augment the chances of recovery for the insane."

2nd. That "asylum physicians believe insanity to be practically incurable, and that it is this hopelessness, the pitiful outcome of fifty years' work at mental disease, which constitutes the bane of asylum practice, and cripples the hands of those who, lacking faith, necessarily fail to cure."

3rd. That "the treatment of the insane by association is a radical error, and that those who do recover in asylums do not recover by measures adopted for their recovery, but their recovery is developed in spite of the circumstances in which they are placed."

4th. That "classifications of mental diseases are nearly all faulty, and have as yet no practical bearing on treatment. The utmost purpose they serve is to cast deepening shadows of hopelessness on the cases classified. For example, if a man have general paralysis of the insane, he is at once branded as incurable, although recent explorations of nervous disease by scientific physicians who are not medico-psychologists go far to prove that even general paralysis is curable, and may be cured, though not by asylum physicians or on asylum principles."

5th. That "we unhesitatingly declare in favour of the treatment of the insane in private houses, and against the asylum system."

Now, either these statements are true or they are untrue, and to a young physician whom circumstances and a love of the subject have caused to follow out this speciality are of deep interest and importance.

I have not failed to notice for some years past the growing animus against and reproach cast upon asylum physicians and asylums in THE LANCET. We are accustomed in THE LANCET to read principles inculcating fellowship and professional amity among medical men; but these principles appear to fall short of physicians practising in lunacy; and they are considered fair game evidently for every variety of imputation, be it as to their avariciousness as private asylum proprietors, their want of medical skill as healers and curers of disease, or their inability for original work in the vanguard of scientific medicine. I can surely not be accused of exaggerating in thus speaking after reading your article of September 3rd. Let me examine as shortly as I can the principles you lay down in that article. What is meant by saying that the contributions by medico-psychologists are valuable, and yet have not augmented the chances of recovery I fail to see. As well state that Fritsch and Hitzig's experiments have not raised the recovery rate of the insane one per cent.; a direct estimate of the effect of medical investigation on the recovery rate is always a difficult matter, but surely the writings of Dr. Conolly, Dr. Hack Tuke, Dr. Batty Tuke, Dr. Crichton Browne, Dr. Major, Dr. Julius Mickle, and Dr. Clouston, and many others have not been in vain.

Regarding the second principle, that alienists are quite convinced of the incurability of insanity, I am at a loss to find how this conclusion has been arrived at, seeing that Thurnam, Luke, Pliny, Earle and others have written a great deal regarding recovery rates, and their writings all point to the fact that insanity, if treated early, is quite as curable as any other severe acute disease, such as typhoid, rheumatic and other fevers. At the last visit of the Commissioners

in Lunacy to this asylum we had to furnish, as usual, a report detailing admissions, discharges, &c.; since their last visit, about ten weeks before, twenty-three patients had been admitted, and fifteen patients, not *cases*, remember, had been discharged recovered. How, in the face of facts like these, can we be accused of disbelieving in the curability of insanity? Thus, I contend, there is no foundation for your statement, which I have called No. 2.

As regards No. 3. The question of association being radically wrong is a matter of opinion; and while in some cases individual treatment is more suitable, the majority are benefited by association, *bien entendu*, within limits; by association I do not mean herding droves of lunatics together. There can be no doubt that as the young lad benefits by associating with his fellows at a public school, so in an asylum does the hypochondriac, melancholic, or weak-minded patient derive more good by associating with others better or worse than himself, than he would at home, where his fantastic egotism grows day by day until he becomes an insufferable annoyance to himself and his friends. Where else but in an asylum can he be coaxed or made to take part in outdoor games or work, and his dieting regulated and enforced, if necessary? However, abler pens than mine have discussed this question, and thus I leave it.

Fourthly, regarding classification. I fail to see that classification affects the prospect of recovery in any possible way, however perfect or imperfect that classification is. I would ask what classifications are perfect even in more exact sciences than medicine? Of course, our classifications are faulty, and so are those of ordinary diseases; but to say that on that account insanity is the more incurable and hopeless means no more than if we said that the classification of tumours is faulty, and therefore any one suffering from cancer of the pylorus has additional gloom cast on his case on that account. You instance general paralysis. Now, most strenuous attempts have been made throughout the asylums of the kingdom to cure general paralysis. Witness the writings of the Wakefield and Grove Hall, Bow, medical officers, and I may say as a wide reader of neurological and other medical journals I have met with no account of the recoveries in this disease wrought by scientific physicians who are not medicopsychologists. If such cases exist, probably they are only the intermissions in the disease described and well known. The great bulk of medical men, I would say 95 per cent., could not recognise a case of general paralysis if they saw it, and to pit the authority of a physician in ordinary practice against that of such an authority in general paralysis as Dr. Julius Mickle would be tantamount to pitting my knowledge of glaucoma against that of Mr. Bowman.

Throughout the article, and in the letters to the editor in the same number of THE LANCET, one great factor seems misunderstood, and it is this—viz., that the insane are not all suffering from acute mania; if so they might, as a rule, be treated at home just as for any other serious illness, and probably they are, for in this asylum of 500 patients we have not a dozen cases of acute mania admitted in the year. The great majority of those admitted to asylums suffer from aberration of mind apart from any acute febrile state, whose habits, blasphemous or obscene language, noisiness at night, propensities dangerous to themselves and others, necessitate their removal from society to an asylum. The idea of hospitals for such cases is absurd. Try and persuade a man suffering from an early stage of general paralysis to go to a hospital, and watch the result. Not until he has become a helpless invalid, not until he has squandered his money, ruined himself and his family, probably landed himself in prison, not till then is the time for hospital treatment, pure and simple; or a case of partial mania, with delusions, a man whose bodily health may be above the average, but who believes he is heir to estates, and who will pester his lawyers and his friends *ad nauseam* about his rights. Hospitals for such cases as these, and they constitute 90 per cent. of the cases in asylums, are out of the question, at any rate using the word hospital in the way we understand the term at present.

However, I fear I have already long exceeded the limits of a letter, and therefore conclude by saying that the only principle you urge, and with which I or any of my colleagues here can agree, is that something ought to be done to remedy the deplorable ignorance of mental diseases in the generality of medical men.

I am, Sir, your obedient servant,

D. G. THOMSON, M.D. Edin.

Camberwell House Asylum, Sept. 1881.

THE APOTHECARIES' COMPANY.

To the Editor of THE LANCET.

SIR,—Many members of the profession will respond to the sentiments of Mr. Wickham Barnes touching the important services rendered of old by the above Society, specially by the former teachers at the medical schools who now propose unavoidable changes, but who in times gone by were practically conscious of the notorious fact, "that the indolent student might perhaps readily pass the portals of the Royal College of Surgeons, whereas the same student would probably not attempt to face the more comprehensive examination at the Hall." Such reminiscences will be freely acknowledged and gratefully remembered by the then pioneers of medical education.

Yet, in spite of the high qualifications of the present examiners, most of us are, I think, cognisant that sooner or later the "Apothecaries' diploma" will be no more seen. In Mr. Barnes's letter in your journal last week we look in vain for an explanation of the *cruz criticorum* which is uppermost in the minds of many who were unable to attend the meeting at Ryde. A resolution, proposed by the Council or by the "Committee of Council," was there submitted to and passed by the general meeting, hastening the decease of the above examining body. Can he inform us "how the late president of the council voted upon the said resolution?" The late president and another member of the council—both of them rejoicing in that accumulation of wisdom which we believe to be present in the "sere and yellow leaf"—had been but a few days before appointed examiners of the Company, whose demise they had apparently pre-determined.

Such freedom of appointments made by a body supposed to be moribund denote liberal and enlightened minds, and exhibit a conscientious determination on the part of the Court to carry out their duties irrespective of their special interests; in the above instance, possibly in accordance with the well-known maxim, "*Fas est ab hoste doceri.*"

Your obedient servant,

September 5th, 1881.

A HOSPITAL TEACHER.

READING CORPORATION ACT.

To the Editor of THE LANCET.

SIR,—In reply to Dr. Shea's remarks in your number of Sept. 3rd, I beg to say that my remarks on the Reading Corporation Act, 1881, in THE LANCET of August 27th, were based upon a notice to medical practitioners inserted in the local papers by the Corporation, and which purported to give a summary of the provisions of the Act as it applied to medical men. This notice, whilst drawing attention to the fact that the medical attendant is bound to immediately report every case of infectious disease, did not say a word about the householder being also bound to make a report, nor does it say a word about a fee. I am happy to find that both these points are covered by the Act, and wish to point out how it was that I was misled by the notice.

I am, Sir, yours faithfully,

Reading, Sept. 7th, 1881.

H.

IRELAND.

(From our own Correspondent.)

AT a meeting of the Board of the Ledwich School of Medicine held last Saturday, the resignation of Dr. Wharton, Senior Lecturer on Surgery, was brought under the notice of the members. The resignation having been accepted, a resolution was unanimously adopted by the board expressing their sincere regret at losing the services of an old and valued colleague, and one whose connexion with the institution so materially aided in its prosperity and popularity. Mr. Wharton has been attached to the Ledwich School of Medicine for the past twenty-four years, as Lecturer first on *Materia Medica* and afterwards on Surgery. Mr. J. E. Kelly now becomes senior lecturer, and Messrs. Nixon and Stoker have been added; two of the number will lecture on theoretical and one on practical surgery. Mr. Stoker has been connected with the Medical School of the Royal College