Suffolk Regiment:—Surgeon-Lieutenant J. P. Atkinson, M.D., to be Surgeon-Captain. 2nd Volunteer Battalion the Prince Albert's (Somersetshire Light Infantry); Surgeon-Lieutenant H. Norris to be Surgeon-Captain, to resign his commission, to be permitted to retain his rank and to continue to wear the uniform of the Battalion on his retirement. 2nd Volunteer Battalion the Sherwood Foresters (Derbyshire Regiment): Surgeon-Lieutenant-Colonel W. Milligan resigns his commission, also is permitted to retain his rank and to continue to wear the uniform of the Battalion on his retirement.

DEATHS IN THE SERVICES.

Surgeon-General James Ekin, C.B., on the 14th inst., aged sixty-seven. He entered the Army on April 7th, 1854, and was appointed Surgeon in October in the following year. He attained the rank of Surgeon-Major in March, 1873: Brigade-Surgeon, November, 1879; Deputy Surgeon-General, March, 1882; and retired in April, 1884, as Hon. Surgeon-General. He was with the 4th Regiment at the siege and fall of Sevastopol in 1855, and received the medal with clasp and Turkish medal. He served in the Afghan war in 1879-80, accompanied Sir Frederick Roberts in the march to Kandahar as principal medical officer of the Infantry Division, and was present at the battle of Kandahar, being mentioned in despatches, and receiving medal with clasp and bronze decoration. He also served throughout the Egyptian war of 1882 as principal medical officer of the First Division, was present at the battle of Tel-el-Kebir, and was mentioned in despatches, received a Commandership of the Bath, was awarded medal with clasp, third class of the Osmanieh, and Khedive's star.

Deputy Inspector-General of Hospitals Benjamin Swift, M.D., at Dover, aged seventy-nine years. He was appointed Surgeon in April, 1842; Surgeon-Major, January, 1854; Surgeon-Lieutenant-Colonel, April, 1862; and retired with the rank of Hon. Inspector-General, July, 1867.

ARMY AND INDIAN MEDICAL SERVICE COMPETITIVE EXAMINATIONS.

The following is a list of successful candidates for commissions in the Medical Staff of Her Majesty's Army at the recent examination in London:—

E. T. F. Birrell...	2740	A. J. MacDougall...	2207
A. H. Morris...	2308	G. B. Riddick...	2135
S. A. Archer...	2297	H. Hewetson...	2107
E. W. W. Cochrane...	2223	K. W. Clements...	2000
M. Swabey...	2210		

The successful candidates for Her Majesty's Indian Medical Service at the examination held in London on the 7th inst. are as follows:—

H. J. Walton...	3186	H. R. Brown...	2331
H. Ainsworth...	3010	A. N. Fleming...	2316
J. W. Cornwall...	2683	S. P. James...	2305
F. A. Smith...	2635	A. E. H. Pinch...	2285
J. S. Stevenson...	2610	P. Dee...	2283
H. A. D. Dickson...	2604	F. O. N. Mell...	2263
W. G. Richards...	2518	F. D. Brown...	2259
M. Dick...	2513	F. A. L. Hammond...	2223
A. Miller...	2476		

THE ASHANTI EXPEDITION.

We are glad to learn that the health of the troops returning from Ashanti is satisfactory. The *Manila* arrived at Las Palmas, Grand Canaries, on the 14th, and left the following day. She had one officer and twenty-six men sick, but no serious case on board. The hospital ship *Coromandel* arrived on Feb 16th with eleven officers and fifty-six men sick, all doing well. The deaths of a sergeant of the Ordnance Store Corps and two men of the West Yorkshire Regiment are reported.

The troopship *Malabar* arrived at Portsmouth on the 17th inst. from Bombay with invalids and time-expired men from various regiments stationed in India. The *Malabar* returns to Bombay on the 28th inst. and makes her last voyage to India, hired transports in the future doing the work.

Surgeon-Captain George Hilliard, M.B., B.Ch. Dubl., who attended Prince Henry of Battenberg in his last illness, has been personally decorated by the Queen with the Military Companionship of the Order of St. Michael and St. George.

We regret to announce the death of Mr. James Edward Tuxford of Boston, Lincolnshire. Deceased, who was in his ninety-third year, qualified as L.S.A. so far back as 1824. He had been a J.P. for the borough of Boston since 1841.

Correspondence.

"Audi alteram partem."

"PHARMACY AND PHARMACOLOGY."

To the Editors of THE LANCET.

SIRS,—As so many fallacious arguments have been adduced in favour of the abolition of pharmacology as an examination subject I should esteem it a favour if you would permit me to say a few words in reply. In the first place, it is stated that the term "pharmacology" has no definite meaning and that no two authorities are agreed as to the interpretation of the word. As a matter of fact that is no difficulty. Pharmacology is the science which deals with the action of drugs and other agents on the healthy organism. It means the same thing as the physiological action of drugs, bearing in mind, however, the fact that it includes all agents capable of producing modifications in the healthy organism, such, for example, as heat, light, and electricity. The observations are made, not with the direct object of curing diseases, but with the view of ascertaining the action of the agent employed. The experiments may be made on man, on one of the lower animals, or on a portion of an animal, such as the isolated frog's heart. The attempt to confound pharmacology with pharmacognosy is puerile. By pharmacognosy we mean the recognition of drugs by their physical and chemical characters with the detection of adulterations. It means practically the same thing as "spotting specimens," an expression in common use amongst students. Secondly, it is asserted that there are no books of pharmacology, and this again is incorrect. Dr. Lauder Brunton's classical work on "Pharmacology and Therapeutics" has been before the profession for over ten years, "Schmiedeberg's Pharmacology" has a world-wide reputation, and a translation of the "Pharmacology" by Binz of Bonn will shortly be issued by the New Sydenham Society. Thirdly, it is said that no examining board has succeeded in introducing pharmacology as an examination subject. I do not profess to be acquainted with the regulations of all the examining boards, but I know from personal experience that an examination in pharmacology, both by written papers and *viva-voce*, has for many years been held in the University of Edinburgh, and I understand that similar examinations are held in the Victoria University. There is no difficulty in setting papers on pharmacology and there is no difficulty in teaching the subject. At the Westminster Hospital for the last four years I have lectured on pharmacology pure and simple, and have experienced no difficulty in finding ample materials for a full summer course. Fourthly, it is objected that pharmacology should not be taught because it cannot be taught practically on account of the restrictions of the Vivisection Act. This argument, if true, would apply equally to physiology, but, as a matter of fact, there is nothing to prevent most of the elementary facts of pharmacology from being demonstrated before a class. Students, for example, are always willing enough to inhale nitrite of amyl, so that the action of the drug on the pulse may be shown by the sphygmograph, and there is no danger in the experiment. There is nothing to prevent me from killing a frog by pithing it, and, when the animal is dead, from demonstrating the influence of muscarine in slowing and finally arresting the heart, and then the antagonistic effect produced by atropine and other members of that group. Even the opponents of pharmacology would hardly maintain that experiments on dead frogs are prohibited by the Act. Then, again, the influence of strychnine, brucine, thebaine, and other tetanisers can be perfectly well shown on pithed frogs, whilst Roy's apparatus in its various forms and modifications is admirably adapted for demonstrating the action of digitalis and its congeners on the isolated frog's heart. The effects of chloroform, ether, and other anaesthetics can be shown in the same way. Experiments illustrating the effects of various drugs on ciliary motion are equally available; in fact, pharmacology is just as capable of being taught practically as is physiology. Finally, it is argued that every physician is capable of conducting examinations in pharmacology and consequently that the subject should form a portion of the examination in medicine. Theoretically, of course, every physician is an accomplished physiologist and anatomist and

is equally well up in chemistry, toxicology, forensic medicine, and hygiene, but we know practically that the intimate knowledge of these subjects necessary for examination purposes is confined to a few who make a specialty of them. I know many excellent examiners in medicine who would cut a sorry figure if they were to attempt a *vivâ-voce* examination in pharmacology, and who would have a very uncomfortable quarter of an hour if they had to tackle a student even moderately well up in his work.

It may be said, What is the good of pharmacology, and why should a student be required to know anything about the action of drugs? The answer is because pharmacology is the basis of therapeutics and of all rational treatment, and that a medical man who does not know the principles on which he prescribes is an empiric and little better than a quack. These gentlemen who have such a profound contempt for the physiological action of drugs do not show up very brilliantly when called in to a case of poisoning. They go hunting round for some little text-book to find out the antidotes, but as far as their own personal knowledge goes they are of no use whatever. In a few years' time if this kind of thing goes on we shall have a race of practitioners growing up who cannot write a rational prescription, and when our patients leave us and resort to the advertising chemist and the patent medicine vendor we shall know whom to thank for the degradation of our profession.

I am, Sirs, your obedient servant,

WILLIAM MURRELL, M.D. Brux.,
Lecturer on Pharmacology and Therapeutics
at the Westminster Hospital.

Welbeck-street, W., Feb. 16th, 1896.

"FUNCTIONAL APHONIA IN MAN; TREATMENT, ETC.; WITH SPECIAL REFERENCE TO SO-CALLED VARICOSE VEINS AT THE BASE OF THE TONGUE."

To the Editors of THE LANCET.

SIRS,—In the concluding paragraph of his article in THE LANCET of Feb. 15th on Functional Aphonia with Special Reference to the So-called Varicose Veins at the Base of the Tongue Dr. Tilley asks: "Does such a condition [as varicose veins of the tongue] exist, and, if so, with what frequency?" My experience is that enlargement of the veins at the back of the tongue often exists in persons over fifty years of age in such degree as to be fairly described as "varicose." But while in a good many cases they are coincident with morbid states of the pharynx and larynx, and a few may be contributory factors in relation to various morbid sensations in the throat, I have found that the so-called "varicose veins" may be more frequently observed in patients who do not complain of any throat trouble at all, and that their importance has been greatly exaggerated in some quarter.

At one time some elongation of the uvula was constantly accused of being the source of many and diverse affections of the throat, then "varix" of the tongue was made to bear the brunt, but I believe "turbinal varix" now bears the palm. I have no manner of doubt that all these affections have a very real existence, and that they may sometimes be the main or contributory factors in the production of conditions which demand active treatment, but I am equally confident that the great majority of laryngologists would strongly oppose the tendency of a few observers to over-estimate their clinical importance.

Dr. Tilley's cases are very interesting and instructive, and illustrate the advantage and importance of taking a broad-minded and physically view of patients whose symptoms are localised in the throat.

I am, Sirs, yours truly,

P. WATSON WILLIAMS, M.D. Lond.,
Physician in Charge of the Throat Department,
Bristol Royal Infirmary.

Feb. 16th, 1896.

To the Editors of THE LANCET.

SIRS.—Dr. Herbert Tilley, assistant surgeon to the London Throat Hospital—in the Medical Directory he calls it the London Ear and Throat Hospital—"names no names," but I fail to see why he should have abstained from stating that it is the Central London Throat, Nose, and Ear Hospital where the opinion is held that varicose veins at the base of the tongue are not the sole cause, as he asserts, but part of a certain pathological condition "at the root of

many laryngeal and pharyngeal symptoms," and that galvanocautery is an appropriate treatment; for he diligently attended the practice of this hospital for no inconsiderable time, and, indeed, acted as clinical assistant to one of the medical staff. Such a view was first promulgated by me in 1880 in a communication made at Milan as the result of investigations of a series of cases the notes of which were taken by my present colleague, Dr. Dundas Grant, who then acted as registrar. The question has since formed the subject of communications to the Philadelphia Medical Society in 1887, to the British Medical Association at Birmingham in 1890, and has been discussed in the second, third, and fourth editions of my systematic work, published respectively in 1887, 1890, and 1893. A further article on the subject, full of statistical detail, is to be found in the current number of the *Liverpool Medico-Chirurgical Journal*, reference to which will show that my views are shared by workers of eminence in France, Germany, and the United States.

Opinions announced by one qualified before Dr. Tilley was born, and now so generally upheld by colleagues and independent authorities, are not likely to be upset by the report of three cases in which *ex-parte* statements as to former failures by unnamed specialists are quoted, and the rôle of the *Deus ex* is assumed with all the credulity and enthusiasm of the young graduate.

I am, Sirs, yours faithfully,

Mansfield-street, W., Feb. 15th, 1896.

LENNOX BROWNE.

To the Editors of THE LANCET.

SIRS,—I wish to say a few words regarding the cases of Dr. Herbert Tilley in THE LANCET of Feb. 15th. It was during his attendance at my practice at the Central London Throat, Nose, and Ear Hospital, and acting as my clinical assistant, that he heard about "varix" of the tongue as one of the objective causes for many subjective throat symptoms of the nature of "globus hystericus," or, as we now term it, "faucial," "pharyngeal," and "laryngeal tenesmus"; but I have never taught, nor have I till now heard, that this condition is held responsible for "functional aphonia." On the other hand, I have seen many cases presenting very distressing symptoms relieved by recognition of a complex pathological condition of which "lingual varix" is a pretty constant element.

I am, Sirs, yours faithfully,

Harley-street, W., Feb. 17th, 1896.

PERCY JAKINS.

To the Editors of THE LANCET.

SIRS,—Referring to Dr. Herbert Tilley's first case of functional aphonia in THE LANCET of Feb. 15th I read that "the base of the tongue was cauterised" a month or six weeks before Dr. Tilley saw the patient, when "there were no enlarged veins at the base of the tongue or any excess of lymphoid tissue"; but, unless Dr. Tilley desires to imply that such a condition had never existed, surely his examination proves that, so far as varicose veins were concerned, they had been very effectually destroyed by the cauterisation by the patient's former attendant.

I am, Sirs, yours faithfully,

W. G. HOLLOWAY, M.D. Cantab.,
Assistant Surgeon to the Central London Throat,
Nose, and Ear Hospital.

Somerset-street, W., Feb. 17th, 1896.

To the Editors of THE LANCET.

SIRS,—I have acted for eighteen months as clinical assistant to the Central London Throat, Nose, and Ear Hospital, and for a further two years and a half as assistant registrar, my attendance being on the days of Dr. Orwin. Although I have never been taught that "functional aphonia" was dependent on varicose veins at the base of the tongue, or that galvanocautery was the appropriate treatment, I have formed quite opposite conclusions to those of Dr. Herbert Tilley as to the importance of this condition as an etiological factor in many obscure pharyngeal and laryngeal symptoms. I have seen undoubted examples of this condition at the hospital, and as registrar have had to record quite a number. I have also seen cases where treatment directed to the varicose veins resulted in relief to the symptoms complained of. In the case of a medical *confrire*, seen by both Dr. Orwin and Mr. Lennox Browne, the varix was so pronounced as to be typical of the "black-currant-pike" aspect described and figured by the latter observer, to