increase. One death from violence and four inquest cases were registered; and 70, or about one-third, of the deaths occurred in public institutions. The causes of 10, or nearly 5 per cent., of the deaths registered in Dublin last week were not certified.

THE SERVICES.

ROYAL ARMY MEDICAL CORPS.

Lieutenant-Colonel H. H. Stokes is continued on the Active List as a Supernumerary to the Establishment, under the provisions of Article 473 of the Pay Warrant. Lieutenant-Colonel H. H. Stokes is placed on retired pay. Dated Sept. 13th, 1902. Lieutenant-Colonel Edward A. Mapleton retires on retired pay. Dated Dec. 10th, 1902.

Lieutenant-Colonel J. Hickman proceeds to Ireland for duty on being relieved at the Royal Military Academy by Captain T. H. J. C. Goodwin. Lieutenant-Colonel W. L. Reade proceeds to Colchester for duty in the Eastern District, in relief of Major C. S. Sparkes, who proceeds to Aldershot for duty. Major E. A. Burnside has joined the Southern district for duty. Captain R. F. E. Austin takes charge of the Station Hospital, &c., Portland.

IMPERIAL YEOMANRY.

West Kent (Queen's Own): Surgeon-Lieutenant G. W. Trouton to be Surgeon-Captain. Dated Dec. 13th, 1902.

ARMY MEDICAL RESERVE OF OFFICERS.

Lieutenant Samuel Macfarlane Sloane, Royal Army Medical Corps (Volunteers), to be Surgeon-Lieutenant. Dated Dec. 10th, 1902. Surgeon-Captain R. R. Sleman to be Surgeon-Major. Dated Nov. 22nd, 1902. This announcement is in substitution of that which appeared in the *Gazette* of Nov. 21st, 1902, under the heading of Royal Army Medical Corps.

VOLUNTEER CORPS.

Royal Garrison Artillery (Volunteers): 1st Midlothian: Surgeon-Captain W. B. Macdonald to be Surgeon-Major. Dated Dec. 13th, 1902. *Rifle*: 1st Volunteer Battalion the Royal Warwickshire Regiment: The undermentioned gentlemen to be Surgeon-Lieutenants: George Henry Ernest Bekenn (dated Dec. 13th, 1902) and Charles York Flewitt (dated Dec. 13th, 1902). 2nd Bucks (Eton College): Surgeon-Captain E. S. Norris to be Surgeon-Major. Dated Dec. 2nd, 1902. 3rd London: Surgeon-Lieutenant T. W. Parry, from the 2nd Volunteer Battalion the Sherwood Foresters (Nottinghamshire and Derbyshire Regiment), to be Surgeon-Lieutenant. Dated Dec. 2nd, 1902. 1st Tower Hamlets: Surgeon-Captain J. D. Pratt to be Surgeon-Major. Dated Dec. 2nd, 1902.

INSANITY IN THE GERMAN ARMY.

Assistant-Surgeon E. Stier has written a pamphlet of 43 pages¹ on the Prophylaxis and Treatment of Mental Diseases in the German Army. Relying upon an extensive examination of the statistics bearing upon his subject he starts with the disturbing statement that mental affections, properly so-called, are increasing not only amongst the civil population of Germany, but also in the army. In 1882 the number of lunatics in the ranks was 0.32 per 1000 of strength, whereas in 1898 the proportion was 0.52 per 1000. Compared with the total sick-rate from all causes (682.5 per 1000 in 1898) the disability from lunacy may seem small, but the above ratios are exclusive of all such affections as epilepsy, hysteria, and chronic alcoholism, in which mental symptoms are secondary. Military surgeons, continues Assistant-Surgeon Stier, have to consider lunacy from three separate points of view. First, as it affects recruits, in order that incipient and obscure cases may be eliminated; secondly, in its latent form among enlisted soldiers, so that possible outbreaks may be foreseen and guarded against; and, thirdly, as an established disease to be treated and subdued. If, he adds, it were possible to recognise all cases of latent or potential insanity among recruits there would not be many lunatics in the ranks. To this end it has been proposed that experts in mental disease should sit upon all recruiting boards, but to such a procedure there are objections; for instance, the amount of time necessary for the establishment of accurate diagnosis for every recruit would

be prohibitive. Municipal authorities might, however, be called upon to indicate on the recruiting rolls the youths who had been inmates of asylums; and Assistant-Surgeon Stier also thinks that so far as possible all hereditary liability to mental weakness should likewise be mentioned. If not found practicable as regards the rank and file this latter measure at least should be insisted on for officers. A military life, in Assistant-Surgeon Stier's opinion, is not entirely exempt from danger to the mental equilibrium of its votaries, but very often when lunacy follows, and appears to depend upon, causes such as sunstroke or cranial injury the probability is that the latter merely acted as an excitant. If the sufferer had been perfectly sound of constitution previously the upsetting of his mental balance would not have supervened. Soldiers occasionally become insane, continues Assistant-Surgeon Stier, through fear of punishment, dislike of a gregarious life, hatred of discipline, or some such reason incidental to a military career. These men should be got rid of because they are worse than useless; in their case invaliding is permissible, but the term "insane" is a misnomer. They have simply shown themselves to be deficient in the quality of ratiocination. Alcohol as a cause of military lunacy makes itself manifest solely in "mental degenerates"—the kind of men who in civil life would have been ne'er-do-wells, beggars, or in a word, vagabonds. Syphilis by attacking the brain may affect it to madness, but, according to Assistant-Surgeon Stier, there is an effective means of combating this scourge. It consists of the energetic treatment of the primary disease together with a balneary course to supplement the therapeutics. In every military station, large or small, there ought, he says, to be a special hospital for insane patients. In a general ward lunatics exercise a deplorable effect and it is impossible to supervise and to control them. In conclusion, Assistant-Surgeon Stier recommends that instruction in mental disease should be made available for military medical officers.

"LEST WE FORGET."

Whether people in this country call to mind or have forgotten this time three years ago, the fact remains that the close of 1899 saw the beginning of that series of gloomy events in South Africa which were continued in the succeeding year 1900 and gave rise to no little national misgiving and depression at the time of their occurrence. South Africa was not only fated to become the burial place of a number of our brave troops but the graveyard also of many military reputations. The only bright spot perhaps in the picture was the work that was then being done by the medical department. The fall of Paardeberg and the epidemic of enteric fever at Bloemfontein, mainly consequent on the capture of the waterworks by the Boers, had not then occurred.

Correspondence.

"Audi alteram partem."

RIGHT-HANDEDNESS AND LEFT-BRAINEDNESS.

To the Editors of THE LANCET.

SIRS,—Every child seems to be born either-handed; one-handedness comes with development, partly from inherited, partly from educational, influences. If "the child is father to the man" the child may also exemplify the primitive paternity of the human race. No physical preponderance of one hemisphere or one side now to be found can be detached from inherited influence, acting through countless generations. The occurrence of occasional invincible left-handedness seems likely to remain inexplicable. It goes back, moreover, to prehistoric times if the significance of some implements is rightly understood. They may suggest that left-handedness was then less rare than now, and this seems also suggested by the number of left-handed and either-handed warriors mentioned in the Hebrew records.

Every human contrivance for use with the right hand, such as the screw, would have been equally effective in reverse construction for use by the left hand. Can we conceive or perceive any constant influence, coincident with the earliest stage of human intellect and human habit, which

¹ Published at Hamburg by Luedeking, 1902.

may have determined the use of the right hand rather than the left?

There is one which I think has hardly received the weight it deserves. If man came into being, by whatever means, north of the equator, the sun would always seem to him to move from left to right in its process through the sky. When his growing intellect enabled him to observe and to indicate its movement, it would be with the right hand more readily than with the left. This is a fact of his physical conformation, independent of right-handedness. When the imitative faculty developed, the first curved line he traced in the shifting sands may naturally have been in the same direction and with the same right hand. Moreover, this direction would influence the aspect of all circular motion; that of a revolving body, even a rolling stone, would correspond to that of the sun when viewed from the right and not as seen from the left side. The most minute influence, if constant and of long duration, becomes ultimately great in its effect. There may have thus resulted, in the course of time, the direction of movement of the upper millstone, of the twist of the screw, and of the hands of the clock.

I would echo Sir Samuel Wilks's advice that children should be allowed, and even encouraged, to continue this early tendency to use each hand, and I would add that a definite effort should be made to induce them to use each hand in writing. Few persons escape conditions which, at some time, would make this ability most useful. It is reasonable to think that it would render the right hemisphere more susceptible of speech-training after destruction of the speech-centres in the left hemisphere, but I do not know of any facts which support the opinion. Left-handed persons who have only written with the right hand are able to write with the left almost at once. I have seen to-day an instance of this in a man aged 40 years.

It may interest some reader to know that Messrs. Sampson Low, and Marston have published a copy-book for left-handed writing by Mr. J. Jackson. The thick cover contains grooves by which, with a style, the beginner may train his left hand in the necessary movements. Its author is a strenuous advocate of training children to write with either hand.

I am, Sirs, yours faithfully,

WILLIAM R. GOWERS.

Queen Anne-street, W., Dec. 13th, 1902.

PS.—The "each-handedness" of infancy cannot properly be called "ambidexterity," whatever meaning be attached to the constituent parts of this word.

DUTY-FREE ALCOHOL FOR RESEARCH.

To the Editors of THE LANCET.

SIRS,—It has long been felt by scientific workers in this country that a serious drawback to the prosecution of research lies in the fact that the full and very heavy duty has to be paid on pure alcohol, as distinguished from methylated spirit, largely used in scientific laboratories where higher teaching and research are carried on. And this appeared to be a hardship in the first place because the alcohol thus used is either destroyed or rendered useless for potable purposes, and in the second place because no such duty is paid in Germany, France, or the United States, and thus the British worker is heavily handicapped as against the foreign worker.

At the meeting of the British Association held last year in Glasgow a committee was appointed with instructions to approach the Board of Inland Revenue with the object of endeavouring to secure the removal of this grievance—a grievance which was recognised by Government in the Budget Bill of this year. We are now glad to report that the Board has met our suggestions in the fairest possible manner with an obvious desire to extend facilities for scientific research in the direction indicated, as a perusal of the regulations which we inclose will show. The secretary to the Board of Inland Revenue informs us that pure "methyl alcohol," also much used in chemical research, may be obtained under the same regulations, and should smaller quantities of methyl alcohol be required than the minimum permitted in the case of ethyl alcohol the Board will consider special applications to that effect.

We are, Sirs, your obedient servants,

H. E. ROSCOE, Chairman.

H. B. DIXON, Secretary to the Committee.

THE MEDICAL MAN, THE CORONER, AND THE PATHOLOGIST.

To the Editors of THE LANCET.

SIRS,—I inclose an account of an inquest held by Mr. Troutbeck on Dec. 10th which is so far satisfactory that we have at last obtained a definite statement from him. In summing up to the jury he stated that medical men in general practice were not proper persons to make post-mortem examinations and that as a coroner he owed a duty to the public to see that the jurors obtained the best evidence. Now, Sirs, my answer to this is that, in the first place, no matter how excellent he may be as an official he is after all only a layman and we absolutely deny his right to set himself up as an authority in regard to the qualifications of medical men. In the second place, even if he were so qualified, as he has not allowed us to make post-mortem examinations during the few months that he has been coroner I utterly fail to see how he could form an opinion of his own. In the third place, admitting that we are not competent it ought to be his duty to see that the medical man appointed as a pathologist is one whom we could accept as an authority in such matters.

In the case in point Dr. J. Myles, who notified the baby's death to the coroner's officer, is a Fellow of the Royal College of Surgeons, Ireland, and an M.D. of Trinity College, Dublin. He has had a large experience of pathology and has acted as a deputy coroner, but Mr. Troutbeck, in the interest of the public, takes the post-mortem examination from him and gives it to Dr. Ludwig Freyberger, whose registrable qualifications in this country are of a very ordinary description, and the coroner has not the common politeness to acknowledge Dr. Myles's communication.

We in South-west London would welcome a pathologist appointed by the London County Council to act as referee in all cases of doubt or difficulty, but we would expect that appointment to be made by open competition. This is a matter in which we should all stand together, for I feel that if Mr. Troutbeck is able to establish a precedent his unjustifiable reflections on our competency may lead other coroners to follow his example.

I am, Sirs, yours faithfully,

LEONARD S. MCMANUS, M.D. R.U.I.

St. John's-hill, S.W., Dec. 13th, 1902.

* * From the account of the inquest referred to by Dr. McManus, which was published recently in the *Wandsworth and Battersea District Times* we extract the following summarised explanation by Mr. Troutbeck of the position which he had taken up:—

He said that post-mortem examinations were most difficult operations, and he did not know any doctor of weight or experience who would not agree that a medical man with a general practice was not the proper person, or the best fitted, to make such examinations. He did not wish to cast any discredit on any medical man in the district. He had never yet heard a lawyer claim to be an expert in all branches of the law, and he did not hesitate to raise the same contention in respect to medicine. Post-mortem examinations were special matters; they required to be taught, and they required great experience, which the ordinary medical practitioner did not get. He had, however, the greatest possible respect for the skill of the local doctors who did their duty conscientiously. He thought that by making a claim for particular knowledge of the kind to which he had referred, the medical practitioners would inevitably create a feeling which would not be in their own favour. The chief interests, however, in this matter were not those of the doctors, but of the public, and it was to protect the public interests that he was appointed. He should decline to give way to an impression to the contrary. It was part of his emphatic public duty to protect the public and to see that the jurors obtained the best evidence. In conclusion, the coroner again said that he did not wish by anything he had said to cast any reflection on the medical practitioners in that district, for he believed them to be devoted men who were doing their duty.

—ED. L.

THE ASSOCIATION OF LICENTIATES AND MEMBERS.

To the Editors of THE LANCET.

SIRS,—This association was formed about 18 months ago with the object of trying to remedy the admitted grievance that an L.R.C.P., M.R.C.S. England was unable (he is actually forbidden by the Royal College of Physicians of London) to style himself "Dr.," notwithstanding that he had undergone a course of study and submitted himself to examinations which he believed were as thorough