a small decrease. Nine inquest cases and three deaths from violence were registered, and 55, or more than a third, of the deaths occurred in public institutions. The causes of six, or more than 4 per cent., of the deaths registered in Dublin last week were not certified.

THE SERVICES.

ROYAL NAVY MEDICAL SERVICE.

THE following appointments are notified:—Surgeons; A. W. Tredell, F. E. Robinson, and M. T. Male to the *Vivid* for disposal, lent to Plymouth Hospital; J. S. H. Rooney to the *Vivid* for disposal; R. Thompson, E. S. Wilkinson, and E. A. G. Wilkinson to the *Pembroke* for disposal; R. Kennedy, J. H. L. Page, and W. E. Ormsby to the *Duke of Wellington* for disposal; and A. F. Fleming to the *Wildfire* for disposal.

ROYAL ARMY MEDICAL CORPS.

Lieutenant-Colonel E. H. Fenn, C.I.E., to be Colonel, vice W. McWatters, retired (dated August 26th, 1903).

The undermentioned gentlemen to be Lieutenants, on probation (dated August 31st, 1903):—Arthur Clayton Horner Gray, Douglas Percival Watson, Thomas Scarbrough Dudding, Carrick Hey Robertson, Francis Montagu Maxwell Ommanney, John Edward Powell, Robert Henston MacNicol, Osburne Jevers, David Duncan Paton, Santiago Luis Pallant, Charles Reginald Bradley, Hugh Herbert James Fawcett, Thomas James Wright, Gerrard Ainslie Kempthorne, James Thomas McEntire, Stanley Everard Lewis, Norcott D'E-terre Harvey, Joseph Allen Longley, Norman Edwin Dunkerton, Patrick John Hanafin, Arthur Carr Osburn, Marmaduke Cordeux Wetherell, Reginald Thomas Collins, William MacDowall MacDowall, Francis John Turner, Harold Crossley Hildreth, Gordon Stewart Mackay, John Duncan Richmond, Forbes Manson Grantt Tulloch, and Ernest Mure Glanvill. The undermentioned Lieutenants are seconded under the provisions of Article 349 of the Pay Warrant:—C. H. Robertson (dated August 31st, 1903); J. A. Longley (dated August 31st, 1903); and N. E. Dunkerton (dated August 31st, 1903).

Civil Surgeon Reginald Bean Anderson is appointed to the medical charge of the troops and Station Hospital, Bodmin, and Civil Surgeon A. J. Copplestone to the medical charge of troops at Devonport.

IMPERIAL YEOMANRY.

South of Ireland: Frederick Faber MacCabe to be Surgeon-Lieutenant (dated Sept. 12th, 1903).

VOLUNTEER CORPS.

Royal Garrison Artillery (Volunteers):—4th West Riding of Yorkshire: Arthur Mayers Connell to be Surgeon-Lieutenant (dated Sept. 19th, 1903).

Rifle: 3rd Volunteer Battalion the East Surrey Regiment: Surgeon-Lieutenant Alfred Landon Walter Whitehouse resigns his commission and is appointed Second Lieutenant (dated Sept. 19th, 1903). 2nd (Renfrewshire) Volunteer Battalion Princess Louise's (Argyll and Sutherland Highlanders): James Cowe Robertson to be Surgeon-Lieutenant (dated Sept. 19th, 1903).

ROYAL ARMY MEDICAL CORPS (VOLUNTEERS).

The Manchester Companies: Charles Roberts to be Lieutenant (dated Sept. 19th, 1903).

DEATHS IN THE SERVICES.

Staff Surgeon William Job Maillard, V.C. (retired), on Sept. 10th, at Bournemouth, aged 40 years. He entered the service as surgeon in August, 1889, was promoted staff surgeon in 1899, and retired in 1902. During the outbreak at Candia on Sept. 6th, 1898, some seamen were landing from the *Hazard* when Surgeon Maillard, who had disembarked and reached a place of safety, returned through a perfect deluge of bullets to the boat and endeavoured to bring into safety Arthur Stroud, ordinary seaman, who had fallen back wounded into the boat as the other men jumped ashore. Surgeon Maillard only failed to bring Stroud in through the boat being adrift and it being beyond his strength to lift the man (who was almost dead) out of so unstable a platform. Surgeon Maillard returned to his post with his clothes riddled with bullets, though he himself was unhurt. For this gallant action he obtained the Victoria Cross.

Colonel William Briggs Allin, R.A.M.C., principal

medical officer of the Bombay Presidency, at Landom, India, on Sept. 8th. Colonel Allin entered the army as surgeon in February, 1877, and was promoted to colonel in November, 1900. He served in the Afghan war of 1878–80, for which he was awarded the medal, and with the Nile expedition of 1884–85 when he had charge of the field hospital at Gakdul Wells, being mentioned in despatches, promoted to surgeon-major, and awarded the medal with clasp and Khedive's star. He also took part in the Isazai expedition of 1892 and was in the South African war in 1899–1900 as principal medical officer of the infantry division. For his services on this occasion he was also mentioned in despatches and promoted to colonel.

Captain Percy Alfred Browne, I.M.S., officiating medical officer, 17th Bengal Infantry, on Sept. 5th, at Bannu, India, from enteric fever, aged 27 years. He joined the Indian Medical Service as Lieutenant in 1900 and was promoted to Captain in June last.

Correspondence.

"Audi alteram partem."

PRIVILEGED MEDICAL COMMUNICATIONS.

To the Editors of THE LANCET.

SIRS.—The recent paper of Dr. D. W. Cheever on privileged communications raises many questions on this side of the Atlantic where (except in France) there is no statutory prohibition of the disclosure of facts ascertained *quâ* medical man.¹ With us, apart from the application of the law of defamation, the sanction enforcing secrecy is surely moral and not legal, though it is often and expensively reinforced by the loss of professional esteem. The lengthening list of compulsorily notifiable diseases (industrial poisoning, mental, and zymotic) tends to render the postulated obligation less rigid, as also does the growing practice in courts of making ulterior use of medical evidence. The rule is primarily for the protection and benefit of the patient and only applies to him, as such facts discovered during friendly intercourse (of undue influence, testamentary capacity) can be demanded as unprivileged evidence. In England the patient's waiver would be a good defence and should always be obtained prior to discussing him and his disease. Of late the lay press has regrettably broken into the sanctity of the sick chamber of several eminent men and even in technical reports in the medical journals the actual initials and age of a private patient may often reveal his identity to his neighbours. One has only to enter a public library to see how greedily the contents of the medical papers are devoured. Is it unprofessional to report the unprofessional and criminal conduct of another practitioner? Should coroners and the police be encouraged to obtain clues at public hospitals—those relics of the right of sanctuary? Is it wise to lecture upon pathological specimens obtained in private practice? It is a laudable custom for all medical men to keep patients' case notes and illustrations under lock and key and to direct in their wills the destruction of such evidence, for, to quote Junius, they are "the sole depository of their secrets which shall perish with them." In the laxity of the smoke-room we are all offenders and might well remember a solicitor described by Mr. George Meredith, "a very worthy old gentleman he was, with a remarkable store of anecdotes of his patrons, very discreetly told, for you never heard a name from him." An evasive or banal reply should always be ready to such pertinent yet impertinent questions as: "What's the matter with Mr. A, doctor?" or "How did it happen?" "Tell the truth, but be careful *what* truth you tell." Finally, how far is the relation between practitioner and patient mutual, secrecy as to the proceedings being incumbent on the latter? It may be sufficient to repeat Sir William Jenner: "Never believe what a patient tells you another doctor said of his case."

I am, Sirs, yours faithfully,

Inner Temple, Sept. 15th, 1903.

STANLEY B. ATKINSON.

* * Every care is taken by us to prevent the revelation of the identity of a patient which Mr. S. B. Atkinson alleges

¹ THE LANCET, Sept. 12th, 1903, p. 767.

often occurs in medical journals and, as far as THE LANCET is concerned, he is in complete error. All our contributors assist us in preventing any unfortunate publicity. We never give the proper initials (save where identification is impossible or unimportant) or private address of any patient, and we never give more dates than are necessary to make the story of the illness a valuable and trustworthy one from a clinical point of view. Lastly, in all cases where pain or inconvenience might conceivably be caused by publication of a report of a case, we obtain from the patient or from his responsible relatives their permission for the appearance of the article. Science occasionally loses by our precautions, as our contributors do not hesitate sometimes to point out to us, but we place the preservation of public confidence in professional discretion higher even than the dissemination of knowledge.—ED. L.

MEDICAL DOCTRINES OF HEREDITY.

To the Editors of THE LANCET.

SIRS,—I am glad to see from THE LANCET of Sept. 19th, p. 845, that Dr. C. R. Niven recognises that he was in error in attributing to me the opinion that parental alcoholism causes increased desire for alcohol in the offspring. Dr. Niven denies, however, that he imputed to me the opinion that acquired characters are transmissible. Of course, as Dr. Niven says that he did not do so I accept his statement, but as he specifically asked me (July 25th) to give "one indisputable instance of the transmission of an acquired trait," I naturally concluded that he imputed that opinion to me (or why should he have asked me for proof of it?) and I think that anyone else who read Dr. Niven's letter without having seen mine would have formed the same opinion. Dr. Niven asks me for evidence as regards the existence of "molecules" in the germ cells. I used this term in a general sense as indicating the ultimate living elements of which the germ plasma must be composed, but it would, I think, be better to adopt Weismann's term and call them "biophors." Of course, these units are hypothetical, but it is necessary to assume their existence before we can even attempt to account for any of the manifold phenomena of heredity. A science of heredity is no more possible without the assumption that the hereditary portion of the germ cell (the chromatin rods contained within the nucleus) is composed of a multitude of minute material particles or "biophors" than a science of optics is possible without the assumption of the hypothetical ether.

The question as to whether alcoholism in the human subject is capable of producing mental or other defects in the offspring is not a matter that can be submitted to direct experiment and therefore rigorous scientific proof is not obtainable. But it does not necessarily follow from this that the indications given by investigations into the family histories of insane persons are altogether unreliable. The fact that healthy children are often born of drunken parents does not in any way disprove such a possible relationship, as so many counteracting circumstances come into play. The same irregularity of result is seen in insanity irrespective of alcohol, which it can scarcely be doubted is hereditary, that is, of course, that the innate tendencies in the germ plasma of which the insanity of the individual is the outward and visible expression are frequently handed on from parent to child. If one parent is insane it happens not very rarely that none of the children are affected, and almost always some of them escape. Nay, when both parents are insane it is the exception for all the children to become so too. Yet in spite of these negative cases we do not on that account ignore the very numerous cases of insanity in which ancestral taint is clearly demonstrated or consider that they bear no relation to that taint in the direction of cause and effect. As regards my own experience I may say that out of 3445 cases of insanity which have been under my care in no less a proportion than one-sixth of the whole a definite history of parental alcoholism without insane taint was obtained. It is necessary to emphasise the fact that from these figures all cases of parental alcoholism in which such alcoholism was associated at any time with any form of mental derangement have been eliminated, which is clearly a very necessary precaution to take. Now all that these figures really prove is that parental alcoholism is a very frequent *antecedent* to filial insanity, and an antecedent need

not necessarily be a cause, even if it be constant or well-nigh so. Nevertheless when an antecedent is very frequent it strongly suggests some causal relation between it and the consequent. The evidence thus afforded is the same in kind as that which leads us to think that insanity is hereditary. Here, again, all that we really know is that ancestral insanity is a very frequent *antecedent* to personal insanity. Of course, it is possible that the relationship suggested by the above figures may be purely accidental and that the facts may admit of quite a different interpretation, and I shall be quite prepared to give up my view if proof to that effect can be furnished.

I note that Dr. G. Archdall Reid in his letter of Aug. 29th, p. 630, commenting on the results of Professor Cossar Ewart's important experiments (which I have myself elsewhere¹ referred to), which he recognises as constituting a difficulty in the way of acceptance of his views, throws out the suggestion that possibly the action of poisons on the germ plasma (if such action takes place) may be of the nature of a "modification" and not a "variation" in which case it would not be heritable. The *modus operandi* of a poison on the germ plasma, we, of course, do not know, but it is possible that the action may be different according as it influences the germ cell when fully developed or the same cell when in process of development. In the former case we might expect the change to be a "modification," whereas in the latter it would seem more likely that a "variation" would take place. This is, however, of course purely hypothetical, but I gather from Dr. Reid's remarks that if the change produced were merely a "modification" his theoretical objection to the germ plasma being capable of receiving permanent injury by the action of poisons would be removed.

Dr. G. R. Leighton's letter in your last issue, p. 843, reminds us very opportunely of the great need which exists for the study of biology to occupy a much more prominent part in the medical curriculum than it does at present. The subject is of vast importance—of how great importance is very far from being generally recognised. What is urgently needed is a national laboratory for the experimental study of heredity, which might in its operations lead to results secondary in importance to no others. Columns of THE LANCET are at present being occupied by a discussion on one very important aspect of heredity, and yet neither side is capable of supplying definite scientific proof of its contentions. Yet the question is one which lends itself to experimental inquiry and could probably be definitely settled on experimental lines. As I have elsewhere² put it, "Whilst the nineteenth century may be said to have witnessed the placing of the science of biology on a definite scientific basis with the enunciation of the general laws underlying the development of the organic world, so it may well be that the present century may witness not merely an extension of those laws but the practical application of them to the furtherance of the development of the human race." A well-endowed and well-equipped national laboratory for the experimental investigation of all questions bearing on heredity might be potent for human good beyond the dreams of imagination.

I am, Sirs, yours faithfully,

Rainhill, Sept. 20th, 1903.

J. WIGLESWORTH.

To the Editors of THE LANCET.

SIRS,—In reading the discussion on the above subject I am reminded of a story which I read lately, given on the evidence of the eminent and veracious Dean of St. Patrick's. A certain man was declared to have a wonderful nose. The learned society of the place met to discuss the case and, having decided that no person could have such a nose, was engaged in passing a motion to that effect, when the man, nose and all, walked into the room. As far as I can discern, the present position of Dr. G. Archdall Reid and those who agree with him is that there is no conclusive evidence against their particular views, that there is a good deal of evidence in favour of them, but that the strongest argument in their favour is the biological doctrine that acquired characters are not inherited, which in Weismann's hands becomes the oppressive assertion that acquired characters *cannot* be inherited. It comes to this, that if this extreme view of Weismann cannot be upheld the whole theory of heredity with which Dr. Reid and his friends are intimately concerned fails them;

¹ "Heredity and Insanity": Journal of Mental Science, October, 1902.

² Ibid.