Hichens, and Robert Arthur Milligan. To be Captains: Herbert Henry Brown, John Gutch, John Charles William Graham, George Frederick Rogers, George Secretan Haynes, Benjamin Hugh Nicholson, Walter Malden, and Sydney Walter Curl.

Sanitary Service: Surgeon-Lieutenant-Colonel and Honorary Surgeon-Colonel William Robert Smith, from the 1st City of London Volunteer Rifle Corps, to be Lieutenant-Colonel with the honorary rank of Surgeon-Colonel, with precedence as in the Volunteer Force (dated April 1st, 1908).

For attachment to Units other than Medical Units.—Captain and Honorary Major James Robertson Reid (Retired List (Volunteers)) to be Major (dated May 1st, 1908). William James Townsend Barker to be Lieutenant (dated July 27th, 1908). Surgeon-Captain Mark Purcell Mayo Collier, from the East London (Tower Hamlets) Royal Engineers (Volunteers), to be Captain, with precedence as in the Volunteer Force (dated April 1st, 1908). 1st Eastern General Hospital: Surgeon-Major Joseph Griffiths, from The Cambridge University Volunteer Rifle Corps, to be Lieutenant-Colonel (dated May 6th, 1908). Surgeon-Captain Frederick Edward Aphorpe Webb, from the 3rd (Cambridgeshire) Volunteer Battalion, The Suffolk Regiment, to be Major (dated May 6th, 1908).

IMPERIAL YEOMANRY.

2nd County of London (Westminster Dragoons): Second Lieutenant the Honourable Alexander C. Harris resigns his commission (dated March 31st, 1908).

VOLUNTEER CORPS.

Royal Garrison Artillery (Volunteers): 6th Lancashire: The announcements of the resignation of Surgeon-Captain Francis W. Bailey and of his appointment to a Captaincy, which appeared in the *London Gazette* of April 10th, 1908, are cancelled.

Rifle: 1st (Hertfordshire) Volunteer Battalion, The Bedfordshire Regiment: The undermentioned officer resigns his commission (dated March 31st, 1908): Surgeon-Captain Henry H. L. Patch.

Royal Army Medical Corps: Bedford Bearer Company: Captain Charles H. Perram resigns his commission (dated March 31st, 1908).

The *Army and Navy Gazette* of Dec. 5th, states: “The following movements of army medical officers may be calculated on. Colonel H. R. Whitehead, from India, to be promoted to surgeon-general, and to assume the principal medical officership of the Southern Command, vice Surgeon-General W. S. Pratt, due to retire by age on Jan. 21st. Colonel P. M. Ellis will succeed, on promotion to higher rank, to Surgeon-General W. B. Slaughter’s vacancy in India, the latter officer being due to retire by age on the 31st inst. Great credit is due to the office of the Army Medical Service for the heavy work done and doing in carrying out the details of the Territorial scheme, the completion of which may be shortly expected.”

Correspondence.

“Audi alteram partem.”

SYPHILIS IN UGANDA.

To the Editor of THE LANCET.

SIR,—On reading the leading article “Syphilis in Uganda” in your issue of Oct. 3rd last I feel bound to express my dissent to some of the data on which it is based. I unfortunately had not the pleasure of meeting Colonel Lambkin in Uganda on his visit to that country as I was then in England on leave, though my brother, Mr. J. Howard Cook, M.S., F.R.C.S., who is associated with me in charge of this hospital, did so. I went back to Uganda almost immediately on Colonel Lambkin’s return to England and so missed him again.

During the last 12 years I have repeatedly traversed Uganda from north to south and east to west, visiting also all the surrounding countries—Ankole, Toro (three times), Bunyoro (three times), Busogo (three times), Kavirondo (twice), Acholi Land, and the Southern Sudan. Our mission hospital was founded early in 1897 and has been expanding ever since till for the last two or three years we have had 120 beds. From the first we have kept careful notes and statistics of our in-patients and from 1902 of our out-patients.

Turning, then, to our recent figures I find that last year 13,388 separate out-patients attended our mission dispensary. Of this number 1978 were syphilitic, a proportion of 14·8 per cent., bad enough in all conscience, but nothing like the words in your article, “at the present time more than half the population of the Protectorate is infected.” I am convinced the proportion of syphilitics is higher here (as Mengo is the native capital) than anywhere else and feel sure that 90 per cent. in Ankole is far too high. It was certainly nothing like that when I was there. If only 14·8 per cent. were infected of those who attended our dispensary the number in the general population is surely much less.

Turning to the in-patients, the number of in-patients admitted to the hospital and of syphilitic in-patients respectively for the last five years are as follows:—

	Total in-patients.	Syphilitic.
1903	914	108
1904	1021	134
1905	1379	154
1906	1768	204
1907	1536	159
Total	6618	759

This works out at only 11·4 per cent., and as we have two wards set apart for the reception of syphilitic cases and draw our patients from a very large area I believe we get the great bulk of the more severely diseased syphilitics in the most densely populated part of the Protectorate. The cases of pregnancy complicated by syphilis, recent or old, is undoubtedly very high. I believe it to be about 25 per cent., but have not yet worked out sufficiently large figures to lead to trustworthy results.

You say “Colonel Lambkin found a prevalent opinion among medical men in the Protectorate that the natives were bad subjects for the administration of mercury, but this view has not been sustained by his own experience.” While admitting the great superiority of his intra-muscular method I am bound to say that I fully share the opinion of my medical confrères, and though salivation is more uncommon after Colonel Lambkin’s treatment we have had several serious cases after its use and a neighbouring medical man has had a death, though he admitted that in that case he had probably used too high a dose. By the mouth our usual dosage is one-eighth of a grain of grey powder twice or thrice daily and many can only stand this with astringent mouth washes for from two to three weeks. A single dose of five grains of calomel is almost sure to salivate. I fear Colonel Lambkin is premature in assuming “that it is possible to count upon even more complete control over the patients in Uganda than in India, the influence of the chief over his people being remarkable.” This influence is rapidly dying out and I fear that the hold of the chiefs over their people in such a matter as periodical injections for syphilis would be extremely small.

Finally, I must give emphatic denial to the assumption that Christianity has been the chief cause of this epidemic. It has been all the other way. Read “civilisation” for “Christianity” and there may be some amount of truth in it. Respect for your valuable space forbids me to labour this point, but I venture to assert, Sir, that Christianity from the beginning has acted as a deterring and restraining force and is indeed, when intelligently accepted, the only true prophylaxis to this terrible scourge. In spite of my belief that the infection of Uganda by syphilis has been greatly overstated I feel certain that we owe a debt of gratitude to Colonel Lambkin for his intra-muscular method which we are practising on an ever-increasing scale and which we find is superior to any other remedy in suitably selected cases.

I am, Sir, yours faithfully,

ALBERT R. COOK, M.D., B.Sc. Lond., B.A. Camb.
C.M.S. Hospital, Mengo, Uganda, B.E. Africa, Nov. 3rd, 1908.

“THE HUMAN WOMAN.”

To the Editor of THE LANCET.

SIR,—Referring to the interesting leading article on “The Human Woman” in THE LANCET of Nov. 21st, I should like to make a comment on the following sentence: “It may be conceded fairly that medical women of the present day are entering the lists on equal terms with medical men, at least as regards education; it will be interesting to see what proportion of medical women as compared with men 50 years

hence have contributed unmistakeably to the advancement of their science."

It is true that women enter the lists on equal terms with men as regards education, inasmuch as they pass the same examinations, and in some schools they have equal opportunities of working, both in laboratories and in hospitals, with this important exception, that resident students' posts are, as a rule, withheld from them. After they are qualified the handicapping of medical women becomes more apparent, for they are rarely admitted to resident posts at general hospitals and so are debarred from experience and teaching which are of incalculable value, for it is agreed that all specialised training should be preceded by thorough general knowledge. Besides this want of experience, women have few opportunities of becoming familiar with research methods, and of using instruments and apparatus which are beyond the reach of ordinary private individuals, but which are at the service of resident hospital officials. The suggestions and stimulus given by senior physicians and surgeons must be of great value also.

It seems to me improbable that eminent surgeons of the present day would have acquired their remarkable skill if, at the beginning of their careers, they had been unable to obtain constant practice as house surgeons and resident surgical officers; and it seems equally improbable that famous physicians of the present day would have done so much to advance their science if they had been unable to make observations on large numbers of hospital patients. I do not presume to discuss the suitability or unsuitability of women for the medical profession but only wish to point out that they are by no means on equal terms with men as regards continued education after they have passed a qualifying examination.

I am, Sir, yours faithfully,

Dec. 5th.

MARY CLARKE.

STANDARDISATION OF DISINFECTANTS.

To the Editor of THE LANCET.

SIR,—May we be permitted to associate ourselves with the view expressed by yourselves in your issue of Dec. 5th? Any movement for the constitution of an independent board of experts for the standardisation of disinfectants would have our undivided support, as the present position is entirely unsatisfactory. Any departure from standard conditions should not be allowable without mature consideration; for instance, the futility of this latest modification suggested by Rideal and Walker will be apparent if comparative tests are made with disinfectants in natural waters, such as have commonly to be used, as compared with distilled water.—Yours faithfully,

NEWTON, CHAMBERS, & CO., LTD.,
(W. NEWTON DREW, Managing Director.)

Thorncliffe, near Sheffield, Dec. 7th, 1908.

THE CAUSE AND PREVENTION OF DENTAL CARIES.

To the Editor of THE LANCET.

SIR,—The editor of the *Dental Surgeon* indicates that I seem "to think that the value of hard and resistant food and general exercise of the jaw muscles as prophylactics against dental caries is a new discovery" and refers to Coleman's "Manual on Dental Surgery and Pathology." What are the views to be found on the pages referred to? The following extracts indicate what they are:—

One of the chief causes of this degeneracy [of the teeth] we believe to be the change, both in character and mode of preparation, which the food of man has undergone during the last few centuries. Take, for instance, his bread; this, as compared with that of the present day, was imperfectly ground and contained a larger proportion of husk of the grain, and, in consequence, a larger proportion of phosphates. Organs or structures not properly exercised undergo, after it may be many generations, some form of degeneration, and it is only reasonable to conclude that the teeth and jaws follow the same law; the former unprotected losing their power of resisting external agencies.

This is a clear statement of one of the theories which I have tried to combat. I have consistently opposed the idea that the teeth are undergoing any degeneracy on account of lack of sufficient use. If the degeneracy theory were correct the hope of regaining perfection in our teeth would only be but a remote one, instead

of being within the immediate power of every intelligent parent. Again, the old dietetic theory might lead to distinct and serious error. Thus, for example, fine biscuits, toffee, and bon-bons of various kinds may stimulate mastication and therefore might be supposed to develop and strengthen the teeth so that they would be able to resist external agencies. The truth is, however, in my view, that such foods tend to stick about the teeth and undergo rapid fermentation, so that caries is the inevitable result. Nor did the degeneracy theory in any way suggest one of the most important provisions in the new method of prevention—namely, that the meal should be so arranged that the last part of it should leave the mouth physiologically clean. In other words, that if a meal has included sweets or sticky carbohydrates these should be followed by some detergent food or drink, such as, for example, fresh fruit or a cup of coffee. It is one thing to contend that the refinement and softening of food tend to make it lodge unduly about the teeth and undergo acid fermentation, and quite another to say that this refinement and softening deprive the teeth of their proper share of phosphates and blood for their proper development.

I am, Sir, yours faithfully,

Wimpole-street, W., Nov. 29th, 1908.

J. SIM WALLACE.

To the Editor of THE LANCET.

SIR,—I notice that Dr. R. W. Allen in his interesting paper on the Common Cold gives a prescription for a gargle containing a certain amount of free hydrochloric acid. My attention was drawn to the subject of hydrochloric acid in gargles by the fact that a patient presented herself to me for dental treatment last spring showing a large amount of dental caries, from which heretofore she had been fairly free. I inquired whether she had been taking any medicine, but she said that she had not but had been using a gargle. Upon seeing the prescription I found it was a very similar one to the one mentioned in Dr. Allen's paper.

We know that mineral acids, even when very dilute, have a decalcifying action on the enamel. Furthermore, a gargle if used properly must necessitate the liquid being held in contact with the back teeth for some considerable time, much longer than when medicine is swallowed. It is, therefore, reasonable to suppose that an acid gargle is more injurious to the teeth than an acid draught, while the former cannot be taken through a tube like the latter.

I would suggest that instructions should be given to patients taking any mineral acids into the mouth to rinse the mouth well afterwards, preferably with an alkaline solution. I have seen a similar condition in the mouths of two members of one family who had dosed themselves freely with dilute phosphoric acid as a remedy for colds.

I am, Sir, yours faithfully,

WM. RUSHTON, L.D.S. ENG.

Harley-street, W., Dec. 7th, 1908.

A SERUM TREATMENT FOR CARCINOMA IN MICE.

To the Editor of THE LANCET.

SIR,—It has been represented to me that there are some who think that in my criticism of Mr. C. E. Walker's paper and in my letter published in *THE LANCET* of Nov. 21st I expressed myself in terms more forcible than was necessary in the circumstances. I am glad, therefore, to take the earliest opportunity of saying that I am sorry if I put forward my views in a manner that could give rise to such a feeling. I should also like to express regret if I have placed Mr. Walker and my colleagues on the council of the Liverpool Medical Institution in a position open to misconstruction by my remark that the former "asked to be invited." I was away from home at the time, but I understand that what happened was that Mr. Walker stated through the secretary that he had some work which he would like to bring before the members of the institution. This communication was considered by the council, as to ways and means, with the result that Mr. Walker was unanimously invited to read his paper at an ordinary meeting, a full discussion being arranged for. I learned this unofficially on my return home.

I had intended not to discuss the subject further, but I feel that I owe it to myself to establish my good faith in the scientific aspect of the matter under discussion. There is, however, only one point left which requires elucidation, and