28.6 per 1000 during the week ending March 1st. During the past four weeks the death-rate has averaged 27.9 per 1000, the rates during the same period being 26.5 in London and 22.3 in Edinburgh. The 208 deaths of persons belonging to Dublin during the week under notice showed a decline of 34 from the number in the preceding week, and included 13 which were referred to the principal zymotic diseases, against 11 in each of the two preceding weeks; of these, five resulted from whooping-cough, three from "fever," three from diarrhoea, one from measles, and one from scarlet fever. These 13 deaths were equal to an annual rate of 1.8 per 1000, the zymotic death-rates during the same period being 2.9 in London and 1.6 in Edinburgh. The fatal cases of whooping-cough, which had been two, three, and two in the three preceding weeks, rose again last week to five; the deaths referred to "fever," which had been two, two, and three in the three preceding weeks, were again three last week; and the fatal cases of diarrhoea, which had been two in each of the two preceding weeks, increased last week to three. The 208 deaths in Dublin last week included 35 of children under one year of age and 66 of persons aged upwards of 60 years; the deaths both of infants and of elderly persons showed a slight decline from the respective numbers recorded in the preceding week. Two inquest cases and five deaths from violence were registered; and 65, or nearly one-third, of the deaths occurred in public institutions. The causes of 12, or nearly 6 per cent., of the deaths in Dublin last week were not certified.

THE SERVICES.

ROYAL NAVY MEDICAL SERVICE.

Staff Surgeon William George Kynaston Barnes has been promoted to the rank of Fleet Surgeon in His Majesty's Fleet. Dated Feb. 27th, 1902.

The undermentioned Surgeons have been promoted to the rank of Staff Surgeon in His Majesty's Fleet:—Frederick William Parker, Philip Nicholas Randall, George Goss Borrett, Walter Henry Skinner Stalkartt, George Alexander Stuart Bell, and John Ambrose Keogh. Dated Feb. 21st, 1902.

Staff Surgeon H. Meikle has been appointed for service at R.N. Rendezvous. Spring-gardens.

IMPERIAL YEOMANRY (IN SOUTH AFRICA).

The Imperial Yeomanry Depôt: Captain E. T. Vint, Medical Officer, is granted the temporary rank of Major. Dated Jan. 1st, 1902.

ROYAL ARMY MEDICAL CORPS.

Lieutenant-Colonel George Arthur Hughes, D.S.O., is granted the local rank of Colonel whilst acting as Principal Medical Officer at Hong-Kong. Dated Oct. 12th, 1900.

ARMY MEDICAL RESERVE OF OFFICERS.

Surgeon-Major W. S. Cheyne to be Surgeon-Lieutenant-Colonel. Dated March 5th, 1902. Surgeon-Lieutenant J. P. Brown to be Surgeon-Captain. Dated March 5th, 1902.

IMPERIAL YEOMANRY.

North Somerset: The undermentioned officer resigns his commission:—Surgeon-Lieutenant J. G. D. Kerr. Dated March 5th, 1902.

VOLUNTEER CORPS.

Rifle: 1st Volunteer Battalion the Northumberland Fusiliers: James Graham Miller to be Surgeon-Lieutenant. 4th Volunteer Battalion the King's (Liverpool Regiment): Lieutenant Edward Lucas Hughes resigns his commission and is appointed Surgeon-Lieutenant. 3rd Volunteer Battalion the Prince of Wales's Own (West Yorkshire Regiment): Surgeon-Lieutenant R. G. Hann to be Surgeon-Captain. 2nd Volunteer Battalion the Prince of Wales's (North Staffordshire Regiment): Surgeon-Lieutenant F. N. Cookson resigns his commission; Edward Churchill Stock to be Surgeon-Lieutenant. 2nd Tower Hamlets: Surgeon-Lieutenant E. T. McDonnell to be Surgeon-Captain.

VOLUNTEER INFANTRY BRIGADE.

Staffordshire: Surgeon-Captain C. A. MacMunn, 3rd Volunteer Battalion the South Staffordshire Regiment, to be Brigade-Surgeon-Lieutenant-Colonel on appointment as Senior Medical Officer to the Brigade.

SOUTH AFRICAN WAR NOTES.

Surgeon-Captain George Davidson Laing, attached to the 5th Battalion the Imperial Yeomanry, was slightly wounded in the right leg during the action with Colonel Von Donop's column.

The following officers have been discharged from hospital to duty:—Major G. T. H. Thomas, R.A.M.C., Major C. J. Holmes, R.A.M.C., Captain W. T. Mould, R.A.M.C., and Civil Surgeons Ilott, Bell, Jensen, Brown, and Fleming.

Major C. W. R. Healey, R.A.M.C., and Lieutenant L. E. L. Parker, R.A.M.C., are on passage home.

Correspondence.

"Audi alteram partem."

FORSYTHE *v.* LAW.

To the Editors of THE LANCET.

SIRS,—In the recent trial Forsythe *v.* Law certain allegations were made against me, which, if true, would rightly expose me to disapproval, especially among my professional brethren. May I, therefore, point out certain things which were stated, or insinuated, and which were quite without foundation and absolutely untrue.

1. The plaintiff was in a dying condition when she came under my care. There was and could be no doubt that huge doses of morphia and especially chloral had been taken by or administered to her at that time. This was admitted by Dr. W. T. Law. It was also admitted that she had very grave heart disease and these drugs had produced a very serious condition of health. She had had an extra large dose of chloral just before I saw her, and on arrival at 62, Ladbroke-grove, this began to take effect to an alarming extent and she required very great care. This was successfully treated and then began the effects of withdrawal of the opium. I was quite prepared for emergencies; they did arise as I had anticipated and were successfully combated. The one great danger was, however, due to the condition of her heart, rendered more dangerous by the exhibition of chloral. I was supported in my treatment by Dr. George H. Savage, the eminent specialist, who, I think, is in a better position than any other man to know whether or not I was correct. He did not alter one single detail, but quite agreed that I was doing right in treating the case as I was. The allegation that I was not treating the case scientifically and successfully therefore falls to the ground. Dr. Law's own witnesses showed that.

2. It is asserted that force was used to remove her and that she was under restraint in what the judge, without a shred of justification, termed a madhouse. *No force was used whatever.* She came freely and without any undue persuasion. She was not under restraint, except that she was continuously watched and tended by a nurse. She was free to go out of the home if she wished to do so. The so-called madhouse was an ordinary medical and surgical nursing home. Dr. Law admits, and I agree, that she had certain suicidal tendencies due to the chloral; these we watched and they quickly passed off. She expressed gratitude to me for stopping the morphia on many occasions.

3. Mr. Bankes, K.C., asked the judge to note the word "we" in my answer, "We did not think it wise to let her be put into the witness-box." He was quite aware that "we" meant that another doctor and I had examined her and considered it unsafe for her to appear. I need not give that doctor's name; he may not wish it, but the certificate signed by him was put in. Mr. Bankes wished it to appear to the judge and jury as if I were a party to the trial; that I deny absolutely and he was not justified in making that allegation. At the very first I told Dr. Law to try to avoid the scandal and exposure which a trial would mean to him. I did so entirely in his interests. It was no business or interest of mine whether the trial came off or not, but I all along hoped it would not come off. I had nothing to do with it except in so far as I was called upon to examine and make notes on prescriptions submitted to me for that purpose. I was bound on oath to find fault with these. They were almost all without directions of any kind—a most dangerous and unprofessional way of

prescribing poisonous and powerful drugs under any circumstances, especially in such huge doses and to a woman not responsible for her actions.

4. Mr. Bankes attempted, but most miserably failed, to connect me with an attempt to entrap Dr. Law into a consultation with the family solicitor. I need hardly do more than deny that; it is such an absurd allegation and so absolutely without foundation, and with the evidence before him a very unjustifiable thing for a man like Mr. Bankes to attempt.

Dr. Law and I were perfectly friendly; our meeting was friendly, our parting was friendly. After the consultation I expressed to him when shaking hands a hope that all would be settled satisfactorily. Dr. Law himself asked me to accompany him to the house. I did so. At the door of the house I was asked to come in to the interview. I did so. I took no part or interest in the interview; it was no business of mine. I did say Dr. Law's prescriptions were, to my mind, very injudicious, but "fishy" is a word I never used. I had no possible reason for being antagonistic to Dr. Law any more than I had for being the contrary to Miss Forsythe. The whole thing has been most distasteful and hateful to me, but, in my opinion, I could not act in any other way than I did. And I absolutely deny any and all the allegations made against me by Mr. Bankes. I am sorry to have written at such length, but I think this explanation necessary.

I am, Sirs, yours faithfully,

Ladbroke-square, W., March 1st, 1902.

JAMES KIRKLAND.

THE STUDY OF THE HISTORY OF MEDICINE.

To the Editors of THE LANCET.

SIRS,—In the *British Medical Journal* of Nov. 23rd, 1901, it was suggested by Dr. M. G. Biggs that a society should be formed for the study of medical history, and in the following issue Dr. D. C. Lloyd-Owen uttered a further plea for the inclusion of the subject in the medical curriculum.

Having allowed a considerable interval to elapse it became apparent upon inquiry that nothing further had been done in the matter, and since the acceptance by the Royal College of Physicians of London of the FitzPatrick endowment of a lectureship of medical history had excited a quite unusual amount of interest in the subject it seemed to me a mistake to allow such an opportunity to pass.

In this spirit I ventured to bring the suggestion to the notice of several of those whose names—by authorship or otherwise—have become associated with the subject, and the scheme has already met with the approbation and support of Dr. J. F. Payne, Dr. W. H. Allchin, Professor A. Macalister, Mr. D'Arcy Power, Mr. Charles Williams, Dr. E. T. Withington, Dr. Lloyd-Owen, Dr. Arthur J. Hall, Dr. J. Stokes, Dr. Biggs, and Dr. A. H. Robinson.

It has been objected by some that there are already so many societies that it is doubtful whether there is room for another; that their multiplication tends to starve existing ones; and that the subject might well be discussed in any of these. But in spite of the quarter whence these objections come I am by no means convinced of their soundness.

With reference to the first objection, I am hopeful of its being practically refuted by succeeding in the endeavour to form a society similar in its objects to that recently established in France—the study of the history of medicine and the allied sciences considered from the multiple point of view of the evolution of doctrines and institutions, biography, bibliography, and documentary research. Are we always to remain behind our continental neighbours in this speciality? National vanity alone should negative the objection, for if such a society can thrive in France, why not in England? In the second place, the fact remains that the subject is very rarely discussed in any of the existing societies and the reason is not far to seek. The number of those who take a real and lasting interest therein is comparatively small. In the provinces they are generally only to be found far apart from each other, and there, as in London, a paper upon some topic allied to medical history read at one of the societies' meetings is by no means sure of gaining the approbation, if the attendance, of members. For it must be generally conceded that the present apathy of the bulk of medical men with reference to the history of their profession constitutes a gross anomaly. There is no professorial chair of the subject in any of our universities; it is

included neither in the schedules of education nor examination—even as an optional subject—at any of our medical schools; and there is no existing society which makes it a speciality.

Having already taken the initial steps towards the formation of such a society, I venture to place the scheme before the profession and to ask for further support.

I am, Sirs, yours faithfully,

GEORGE C. PEACHEY.

Brightwalton, Wantage, Feb. 17th, 1902.

GREY HAIR AND EMOTIONAL STATES.

To the Editors of THE LANCET.

SIRS,—In his article on "Grey Hair and Emotional States," published in *THE LANCET* of March 1st, p. 583, Dr. Robert Jones refers to the connexion of grey hair with certain states of the nervous system. That such connexion exists there can be no doubt. We can, I think, speak more definitely and say that abnormal greyness is an infallible index of some defect in the nervous system—a defect which may range from comparative slight instability, manifesting itself as mere nervousness, to one so pronounced as to culminate in such grave disorders as angina pectoris and insanity. This statement is founded upon an examination of a large number of cases extending over several years, and it is because I am sure that it embodies a truth of considerable practical value to the physician that I am venturing to draw attention to it here.

But what, it will be asked, is abnormal greyness? We shall best answer this question by enumerating the characters of normal greyness. Between the normal and the abnormal there is, of course, no sharp dividing line—the one runs imperceptibly into the other—but, speaking generally, we may say that the chief features of normal greyness are: (1) it does not come on before, say, the age of 35 years; (2) it is symmetrical; (3) it begins in certain regions, preferentially the temples (so named on account of this very fact) spreading thence; (4) the blanching progresses gradually; (5) the blanching on the scalp does not proceed decidedly in advance of that on the face.

We are now in a position to give the features of abnormal greyness: (1) Premature blanching of the hair is the most important sign of it, and the earlier the greyness appears the greater the abnormality—thus it is greater in one who turns grey in his twenties than in one who does not begin to go grey till in his thirties; (2) asymmetrical greyness is so well recognised to be due to defective nervous action that I need not further insist upon the fact; (3) greyness which does not begin in symmetrical foci spreading thence, but affects the whole scalp or beard equally in all its parts, is, unless it progresses slowly, generally abnormal; (4) rapid blanching is always abnormal; and (5) when the whole of the hair on the scalp is decidedly grey, while that on the face retains its colour completely, the condition is abnormal. We may frequently observe this condition in men in their early thirties or early forties. I have never observed the exact converse of this, though it is quite common for men to grow more rapidly grey in the beard than in the scalp; this I do not regard as abnormal.

These, Sirs, are, in my opinion, the marks of abnormal greyness, and when any one of them is pronouncedly present we may infer the existence of nervous instability.

I am, Sirs, yours faithfully,

Wimpole-street, W., March 2nd, 1902.

HARRY CAMPBELL.

To the Editors of THE LANCET.

SIRS,—Dr. Robert Jones has drawn attention to this subject in an interesting paper in *THE LANCET* of March 1st. There are cases of localised blanching of the hair which illustrate the influence of nervous changes. I do not now refer to the white hairs sometimes found in long-standing cases of neuralgia, but to cases of whitening of the eyelashes and eyebrows in connexion with sympathetic ophthalmia and spontaneous irido-choroiditis. A number of these cases have now been recorded. I saw one case of this kind in a girl, aged 15 years, who, when first seen, had been blind for four years from severe inflammation of the eyes unconnected with injury. The history was clear that the eyelashes and in part the eyebrows had become

¹ See Transactions of the Ophthalmological Society, vol. xii., p. 29.