Bearer Company is commanded by Surgeon-Major J. Grove Crofts, the officers for duty being Surgeon-Captains J. S. Green and V. Davoren. The Field Hospital is under the command of Surgeon-Lieutenant-Colonel J. C. Dorman, Surgeon-Majors R. D. Donaldson and H. A. Haines, Surgeon-Captain E. G. Browne being one of the duty officers.—The annual sports of No. 12 Company (Woolwich) were held on the 8th inst. at Charlton-park, and included corps competitions illustrating the various modes of dressing and removing the wounded on the battle-field. Among the company present were Surgeon-Major-General and Mrs. Jameson, Surgeon-Colonel and Mrs. Ferguson, Brigade-Surgeon-Lieutenant-Colonel and Mrs. Fawcett, Brigade-Surgeon-Lieutenant-Colonel Allin, Colonel Yorke, R.A., and many other officers of the garrison. Surgeon-Major Bedford acted as judge in the corps competitions. At the close of the meeting the prizes were distributed by Mrs. Fawcett.

VOLUNTEER CORPS.

Artillery: 1st Norfolk (Eastern Division, Royal Artillery): Surgeon-Lieutenant S. W. Woollett to be Surgeon-Captain. 1st Ayrshire and Galloway: Thomas Easton, M.D., to be Surgeon-Lieutenant. *Royal Engineers* (Volunteers): 1st Lanarkshire: Surgeon-Captain A. Mehan, M.B., to be Surgeon-Major. *Rifle*: 3rd Volunteer Battalion the Prince Albert's (Somersetshire Light Infantry): Surgeon-Lieutenant A. W. Dalby to be Surgeon-Captain. 5th Volunteer Battalion the South Wales Borderers: Charles Evan Humphreys, gent., to be Surgeon-Lieutenant. 1st Nottinghamshire (Robin Hood): Robert Plenderleith Shearer, M.B., to be Surgeon-Lieutenant. 22nd Middlesex (Central London Rangers): Surgeon-Lieutenant G. Herschell, M.D., to be Surgeon-Captain.

VOLUNTEER MEDICAL STAFF CORPS.

The Woolwich Company: Thomas William Bartlett, gent., to be Surgeon-Lieutenant.

DEATH OF SURGEON REGINALD JAMES FYFFE, R.N.

Surgeon R. J. Fyffe, M.R.C.S. Eng., L.R.C.P. Lond., of H.M.S. *Rattler*, died under distressing circumstances on July 12th, at the early age of thirty years. The deceased had only recently returned from the China station, on leave, to be present at the naval review, his home being at Southsea. On July 10th he went to Bratton, near Westbury (Wilts), to his brother-in-law, the Rev. R. S. Jacobs, the vicar. The deceased was riding a bicycle on July 12th to Trowbridge, when he was seen to fall off the machine, and it is surmised that he missed the pedal, which caused the accident. Mr. Fyffe was picked up in an unconscious state, from which he never recovered, and died about eleven o'clock the same evening. At the inquest evidence showed that he had sustained a fracture of the skull, and a verdict of accidental death was returned. Much sympathy is felt in the district at the death of so promising an officer.

A vacancy in the list of Honorary Physicians to the Queen has been filled by the appointment of Surgeon-Major-General William Roche Rice, M.D., C.S.I., late chief of the Indian Medical Department, Sanitary Commissioner with the Government of India, and in earlier years Chief Inspector of Hospitals in the North-West Provinces and Oudh. He joined the service in November, 1856, and has the medal for the Indian Mutiny.

Correspondence.

"Audi alteram partem."

THE TWELFTH INTERNATIONAL MEDICAL CONGRESS.

To the Editors of THE LANCET.

SIRS,—I have to-day received a letter from Professor Roth in which he states (a) that cheques of £1 are received in full discharge of the membership subscription; (b) that the preparation of the free railway tickets in Russia and the *cartes de legitimisation* is in active progress, but that delay is occurring from the want of exact information from members as to the route chosen by them in entering and

leaving Russia; and (c) that in a few days a fresh supply of the pamphlet "Renseignements divers" will arrive. To meet the second difficulty a small form, to be sent at once to Professor Roth, has been prepared and issued to every member who has received his form of inscription from me, and copies of this form will be issued to anyone requiring them.

I am, Sirs, yours faithfully,

G. H. MAKINS.

47, Charles-street, Berkeley-square, W., July 19th, 1897.

"CYCLING FOR WOMEN: ITS EFFECTS ON PARTURITION."

To the Editors of THE LANCET.

SIRS,—The opinion given by Mr. J. W. McVitie in THE LANCET of July 3rd as to the effect of bicycle exercise on parturition seems to be rashly gratuitous when only based on observations that have been made on two cases; but, more than this, it is one that may be calculated to arouse some misgiving, and even fear, in a section that is very largely represented in cyceldom. Such an idea may go far towards casting into disrepute a form of exercise that is now universally recognised as being of very considerable value. The evidence upon which Mr. McVitie bases his conclusions is, indeed, slender—if he is not altogether mistaken about his instances. In the first place, primiparous cases almost invariably exhibit delay during the second stage of labour, whether they be cyclists or not, and therefore it would seem almost absurd for such cases to be taken for the purpose of advancing an alarming theory. But your correspondent exposes himself to controversy on a point of simple physical and physiological effect. The long-continued or oft-repeated pressure of a saddle would not render the perineum "unusually tough and unyielding." To argue that it would do so is merely to indulge in hasty speculation. If the pressure were sufficient to cause an amount of perineal muscular inaction, then the result would be the very opposite to that complained of; there would be atony and want of resiliency, instead of tone and increased resistance. And, on the other hand, if the movement of the perineum on the saddle exercised the muscles to the extent of an over-development of them, then, other things being equal, if the parturient cases were "of good physique" and had the ordinary expulsive forces unimpaired no unusual opposition to the passage of the child would be encountered. Instances go to show that the higher the muscular development the more perfect is any function that is concerned. Savages go through child-birth with much greater ease than do the more civilised, and the tone and development of their muscular system ensures a more rapid and perfect involution. It is extremely likely that cycling is an advantage rather than a disadvantage in the particular respect under consideration as well as in others, and that excessive riding, either on account of atony caused by the pressure thereof or through muscular development induced by the exercise, helps rather than hinders.

Mr. McVitie applied short forceps to his cases "without tearing the perineum in the slightest." Does this argue in favour of his skill, or is it the plainest proof that there was nothing "unusually tough or unyielding"? Perhaps it indicates both, but most assuredly the latter. If the perineum in each of his cases had been so unusually tough and unyielding as to cause delay during the second stage, then it would almost certainly have given way under the strain of instrumental assistance. The class of case that exhibits an inordinately rigid perineum is that affected by age. A patient approaching forty years of age will generally suffer considerable delay, and her perineum will commonly tear under the use of forceps. There is toughness and rigidity, not on account of muscular atony or even through exercise and development, but on account of age pure and simple.

The advantages of cycling are so great—and none the less to women who contemplate marriage as well as those who may be living in their first years of married life—that it would seem to be undesirable that a pet diversion should have a stigma thrown upon its character unless the circumstances upon which it is founded are overwhelming and convincing. Cycling has saved many lives in both sexes, and no section has derived more benefit from the exercise than that consisting of the married and those about to marry. It would be monstrous if the idea were widely disseminated that such a class should strictly limit the amount because

certain primiparæ displayed symptoms that, after all, most practitioners have to deal with in all primiparæ.

Mr. McVitie's warning against "immoderate use of the wheel" is a good one for all ages and both sexes, but he should not proceed to abstract from the general bliss of a married existence one of the most enjoyable, popular, and healthful exercises ever made fashionable by throwing out such an awe-inspiring warning as he has without further reason than that given. Such a theory as he has presented might not only help to limit the amount of cycling in a particular section, but would most likely conduce to an unpopularity quite incommensurate and entirely undeserved.

I am, Sirs, yours faithfully,

Buckhurst-hill, July 5th, 1897.

HAYDN BROWN.

"SOME NOTES ON THE LATE GRECO-TURKISH WAR."

To the Editors of THE LANCET.

SIRS,—In justice to my colleague Mr. Abbott, I should inform you that it was he who was in charge of the whole English expedition in the Greco-Turkish War, and had control of the larger Hospital at Chalkis. I would also add that Sir William MacCormac is the chief surgeon of the St. John Ambulance, whereas I am only chief surgeon of the Metropolitan Corps.

I have the honour to be, Sirs, yours obediently,

10, Maddox-street, Regent-street, W.

SAMUEL OSBORN.

"THE VALUE OF AN EXCLUSIVE RED MEAT DIET IN CERTAIN CASES OF CHRONIC GOUT."

To the Editors of THE LANCET.

SIRS,—Mr. William Armstrong's paper under this heading in THE LANCET of July 3rd has shown the good that can be done by sometimes using what on the face of it appears to be a theoretically wrong diet. Reasoning as the writer does on the subject of auto-intoxication the diet has much in its favour; its results are good in his practice.

Speaking of children in whom the uric acid diathesis is sometimes very marked, I will give a case in my own practice which supports the assimilation theory. A child at two days old passed a quantity of red urine which alarmed the nurse, so much so that she saved me a specimen which on being tested was found to contain pure uric acid crystals. This urine was constantly being passed by the child, who screamed a great deal, had flatulence and sickness, and seemed very miserable altogether. The mother's milk was rich in cream, but turned acid rapidly. Careful dieting of the mother had no effect on the child for good. I found eventually that no milks would agree, so I abandoned milk and put the child on mutton juice. This agreed perfectly, the crying and sickness ceased, the general aspect of the child changed for the better, and the uric acid ceased to be marked after twenty-four hours of mutton-juice feeding. I gradually brought the feeding back to a sterilised cream mixture; the child is now well and taking food without difficulty. Curiously enough the family history of this infant reads like a list of Spa patients—viz., paternal grandmother has rheumatoid arthritis; the father has passed quantities of uric acid calculi; the mother has what Sir Willoughby Wade would call gouty neuritis accompanied by acid dyspepsia.

When Dr. Eustace Smith introduced meat-juice feeding he saw the wonderful way in which the albumin was assimilated, and I am quite convinced that it is in cases of uric acid diathesis that milk-mixed carbohydrate diets often disagree. Beef-tea I never give to children, as I only see harm from its use. In several other cases of children unable to digest milk well I have noted uric acid, but the family history is not so marked. When one considers that sugar, which is almost harmless in itself, can (as Sir Dyce Duckworth has pointed out) by setting up fermentation produce flatulence and acidity, it is obvious that carbo-hydrates may retard stomach digestion by acting as diluents alone, as well as by improperly fermenting and throwing the whole digestive tract out of gear by sending into the duodenum a fermenting mass, the toxins of which are absorbed—veritable taskmasters to an overworked system. Sir William Roberts has called attention

to the value of mixed diets, and they certainly are more comfortable than the single red meat and water or vegetarian; but in the special cases mentioned by Mr. Armstrong the microbes must be mastered.

I am, Sirs, yours faithfully,

LENNOX WAINWRIGHT, M.D. Brux., &c.

Folkestone, July 19th, 1897.

CERTAIN POINTS IN THE CAUSATION AND TREATMENT OF SPINAL CURVATURE.

To the Editors of THE LANCET.

SIRS,—In a paper recently published on the above subject Mr. Barwell again draws attention to the condition which he terms "amesial pelvis," and he alludes to a figure of this condition in the last edition of his work on Spinal Curvature. In a work on the same subject now in the press I have discussed this condition, and I have shown that the "amesial pelvis" is not the whole story. Briefly the facts are these. Mr. Barwell has only taken his plumb-line from the "vertebra prominence," and noticed that the rima narium is to one or other side of it. If Mr. Barwell had taken the plumb-line from above the patient's head to the ground between her feet he would have found not only the pelvis but also the whole body amesial. The figure he alludes to in his book has the plumb-line passing through the middle line of the head to midway between the heels. This I believe to be a most unusual condition for a curvature patient. Mr. Barwell's account of how he arrived at this diagram explains the error. She was examined "piece-meal," "and the result embodied in an outline sketch." If in his second figure a vertical be drawn up from between the knees, it will not pass through the middle line of the head, but very much to one side of it. It would pass still more to one side if drawn up from between the heels. Therefore the head as well as the pelvis and all the intermediate portions are amesial. This condition I have found to be nearly if not quite universal in cases of lateral curvature. As to the reason of this amesiality, I believe it has its first cause in general muscular weakness. The body bends to one or other side because the muscles are not strong enough to hold it straight, much as a willow stick bends to one or other side when stood on end, whilst a brass rod of the same diameter would remain straight. The side to which the amesiality occurs, depends on any cause, such as an habitually bad position, which weakens the ligaments on one side of the spine by frequently over-stretching them. Once amesiality has commenced, curvature has begun. Amesial pelvis is, therefore, but a part of a general amesial condition. This amesiality causes an inequality in the amount of weight borne by each foot. If Mr. Barwell will examine the boots of his second case with amesiality to the right he will probably find that the outer side of the right sole and the inner side of the left show most signs of wear. I can quite corroborate Mr. Barwell's statement that the amesial pelvis "is generally also oblique." It must be so if the legs are of equal length. This is obvious from ordinal mechanical considerations.

Mr. Barwell has undoubtedly proved the uselessness of most spinal supports. The revulsion of opinion has, as usual, gone too much the other way, and I should like to say a good word for Fig. 3 in his paper. This is one of the modifications of the late Mr. Chance's instruments, and is notoriously very largely used by another eminent spine specialist. At the present time I am treating several patients with them, and though I am even more alive than Mr. Barwell to the amesial pelvis, I do not find it a bar to fitting the instrument and getting a great deal of good from it. The plates are not meant to act "with sufficient power and constancy to have an effect on the most prominent part of the curve," nor *when properly applied* can one "with the greatest ease sway the whole thing from side to side." What is claimed for these instruments, I can testify that they do: (1) they keep the spine in as upright a position as possible, for flexion increases the deformity and especially increases the rotation; (2) this is done by shoulder-straps, which only prevent the shoulder from falling forwards and do not otherwise limit their movements; (3) this constant keeping back of the shoulders tends to develop the flattened chest, removes stoop, and therefore cures part, whilst it removes an active cause, of the deformity; (4) they limit movement into a worse position when the patient is erect, and when at rest