immediate vicinity; they can know little or nothing of the strategical and tactical objects of the military movements. The main benefits to be derived from big military manœuvres are reserved for the generals commanding and their staffs. As regards strategy the commanders of each side had very little initiative allowed them and they had comparatively little, instead of absolute, freedom of action to deal with the actual situation as it presented itself and varied from time to time. One well-known firm undertook to supply the canteens, which is a very different thing to supplying an army in the field, a large number of things being provided in the one case which could not be furnished, or expected to be furnished, in the other. Another well-known firm supplied the hired transport. Transport is always a great practical difficulty in war and it is unfortunately the pivot on which so much depends in a campaign. The employment of civilian horses, drivers, and carts was by all accounts far from a success. It is a very general and popular belief that big contracting firms could do everything better for a force than the regular transport and supply branches of the army, but the experiment on this occasion should convince people that it is an uncommonly difficult thing to deal satisfactorily with the conditions presented by an army in the field—conditions which are quite novel to contractors. Organisation and discipline are absolutely essential in all undertakings of this kind, and the Army Service Corps did their work in a more efficient and better way than their auxiliary civil aids, only that corps was too weak, owing to the Egyptian and other campaigns, to undertake the task unaided. It is well, however, that the civil experiment has been made, because its shortcomings can be guarded against by better arrangements in the future. Lord Wolseley has called for information and full returns to be furnished to the War Office in connexion with the manœuvres. We have every reason to believe that, as far as the arrangements of the Royal Army Medical Corps were concerned, they were satisfactory and worked well.

THE LATE SPANISH-AMERICAN WAR.

The sufferings of the American soldiers from disease—especially of those of the force recently operating in Cuba—have been very great and continue to cause much indignation among the American people, whose conscience has been keenly aroused in this respect. Nothing could have exceeded, by the way, the kindness of the people to these unfortunate American soldiers; it was quite conspicuous. In addition to the malarial and climatic fevers and other disorders which may be fairly attributed to active service in Cuba, there has also been a lamentable prevalence of enteric fever among the American troops recently employed there and elsewhere. The food, it is alleged, supplied to the Cuban force was unsuitable, the hospital accommodation and sick supplies were insufficient for the purpose, the land transport was inadequate, and the shipping transport for the sick and wounded left much to be desired in various ways. Moreover, several of the military camps in America, owing to their having been badly selected and insanitary, are stated to have given rise to much preventable disease. The whole subject is, it is understood, to be investigated and reported upon by a Commission appointed by the United States Government.

GALLANTRY OF FRENCH MEDICAL OFFICERS IN THE FIELD.

The French navy has reason to be proud of its medical officers. In addition to Dr. Abbaticci, whose decoration for Soudan services was recently mentioned in this column,¹ another young naval surgeon has been rewarded with the Cross of the Legion of Honour for gallant conduct before the enemy in Madagascar. When the outpost at Bekapoka was attacked last September Dr. Rapuc, rifle in hand, ably seconded the efforts of the lieutenant in command, and by his *sangfroid* and energy materially contributed towards the discomfiture of the assailants. The following month also, while on a medical tour, this officer succeeded in effecting the escape from the rebels of almost the whole of his escort after their leader, a European sergeant, had been mortally wounded. In the same gazette the special promotion of yet another naval medical officer, Dr. Emily, is recorded on account of "exceptional services in the Oubanghi district," while a member of "the Marchand mission."

DEATHS IN THE SERVICES.

Surgeon-Major-General Inkson, A.M.S., retired, at Acton, on Friday, Sept. 9th, at the age of sixty-two years. He served with the Baltic Expedition of 1855, including the bombardment of Sweaborg. He was appointed an Assistant Surgeon in the Army in October, 1857. The following year he served in the Indian Mutiny campaign, including the capture of Jugdespore and three subsequent actions in October, for which he had another medal. In 1865 he was again employed on active service, this time with the Bhootan Expedition, for which he had a third medal. Surgeon-Major in March, 1873, Brigade-Surgeon in 1883, and Surgeon-Colonel in September, 1888, he became Surgeon-Major-General in 1893 and was placed on the retired list in November, 1895. The late officer was an M.D. of Edinburgh University and L.R.C.S. Edin.

Among the appointments on the personal staff of Sir William Lockhart on his assuming the command of the forces in India we notice the name of Captain Beyts, R.A.M.C., as surgeon to the Commander-in-chief.

Correspondence.

"Audi alteram partem."

THE SO-CALLED CONSERVATIVE SURGERY OF THE UTERINE APPENDAGES.

To the Editors of THE LANCET.

SIRS,—As Mr. Christopher Martin owes his education, experience and advancement in gynæcology entirely to me it is something more than a disappointment to find that he ignores or forgets some of the best instruction I ever gave him. What he refers to in his paper as valuable additions made by German authorities of recent years is merely and for the most part the discarded work of English operators of a time when Mr. Martin wore jackets. The first real piece of conservative work on the ovary and its tube was when Bantock and I discovered, almost simultaneously, that parovarian tumours could be removed entirely by enucleation and showed that they should not be classed for any purpose whatever with tumours of the ovary. From that time I have never ceased to argue that in cases of broad ligament cysts, which constitute at least 10 per cent. of all the cases reckoned as "ovariotomies," the healthy ovary and tube should be left alone. This is the only successful piece of conservative surgery in the pelvis with which I am acquainted and its success is not constant. The broad ligament is a piece of peritoneum and the ovary and tube are covered with it. If you injure the peritoneum or if inflammatory action is in any way excited in it it lies against another peritoneal surface and inevitably (so at least it appears) becomes adherent to it. If a Fallopian tube or ovary is injured they become adherent and after a time, usually years, they become cirrhotically atrophied and cause endless suffering and trouble, and their removal under these circumstances includes by far the most difficult pelvic operations we have to encounter, operations which many of those who attempt them leave unfinished and say nothing about them. On these points I have published over and over again and I have published series of cases showing that by reason of these peculiar complications the secondary operations are fatal to a terribly increased degree. The facts of these adhesions and the difficulty of overcoming them being known only to the fingers of the men operating were much doubted till I was able to show the celebrated specimens given to me by Sir Henry Littlejohn and then all doubt was set at rest.

Mr. Christopher Martin passes all this by and derives much comfort from the word "conservative." The term "conservative surgery" was invented in the reign of the late Sir William Fergusson and was greatly supported by him. Large numbers of operations of the "conservative" order were done and the victims were sent out of hospital. But in looking over the operation lists of our large hospitals now I am greatly comforted by seeing that the "conservative" class of operations are hardly performed now at all, certainly not as they were, and that flail-like limbs have gone out of fashion.

¹ THE LANCET, June 18th, 1898, p. 1718.

It is difficult to see why this second wave of "conservative surgery for the uterine appendages" should have its existence, for no suggestion in it has been made, but one, which was not tried in my *clientele* in the early "eighties." That exception is "ignipuncture," though as a perfectly certain exciter of the process of peritoneal adhesion it is the last thing which could have occurred to me as reasonable.

Finally, this "conservative surgery for the uterine appendages" is to include removal of a perfectly healthy uterus. I have shown some eight or ten years ago that secondary removal of the uterus is sometimes necessary to relieve symptoms continued after removal of diseased tubes and ovaries, some 6 or 8 per cent. of the cases requiring this secondary proceeding. But any effort to make removal of the uterus an essential part of the first operation will have my strongest disapproval. Mr. Martin exaggerates the number of cases in which vulvar and vaginal atrophy occurs after removal of the appendages, but he will immensely increase it in reality if he removes the uterus with them. Further, there are strong reasons, which I have not space to give here, why in dealing with cases in which the neurotic element is a preponderating factor the uterus should be left. This subject I hope to deal with at length before long.

In conclusion, let me beg Mr. Martin and my younger brethren generally not to fall into the pit of neglecting to read what has gone before them, even in the generation immediately preceding them. Between the years 1870 and 1894 a good deal was done in Great Britain for gynaecology, and on the conservative aspect of the case we have nothing, absolutely nothing, for which we have to be beholden to our German brethren.—I am, Sirs, yours faithfully,

Birmingham, Sept. 12th, 1898.

LAWSON TAIT.

THE PITCH OF THE HUMAN VOICE.

To the Editors of THE LANCET.

SIRS,—Has it been observed that some ratio exists between the set of the human ear and the (singing) pitch of the voice? During my holiday I have amused myself by forecasting the qualities of their voices, whether deep-toned or otherwise, before the vocalists whom I have met have sung. The inference is drawn from the squareness or angularity of the jaw and from the mode in which the ear is set on to the cheek, whether vertically with the face or obliquely; if vertically then a deep-toned voice belongs, but if the ear slants downwards and forwards a tenor or soprano voice accompanies. A better anatomist than myself will probably explain the reason.

I am, Sirs, yours faithfully,

ALEXANDER WALLACE, M.D. Oxon.

Colchester, Sept. 10th, 1898.

"THE PLAISTOW MATERNITY CHARITY."

To the Editors of THE LANCET.

SIRS,—To reply fully to Mr. Pritchard's letter in THE LANCET of Sept. 10th would require more time and space than his special pleading merits, but the last paragraph, in which he infers that we who employ nurses from this Home are therefore satisfied with them, claims a prompt denial. It is a case of Hobson's choice. The conditions under which we practise our profession in Plaistow make a nursing institution supported by charitable funds a necessity.

We are obliged to employ these nurses because they are the only ones available and we naturally express our thanks for the help we get. But at the same time we almost unanimously condemn the maternity department and find the training of nurses leaves much to be desired, for the nurses are responsible to a superintendent nurse and not to us and frequently our instructions are not carried out. Mr. Pritchard's "more important practitioners" will hardly thank him for the insinuation that they make use of these charity nurses, not only to enable them to keep paying patients, but even to tout for them.

I am, Sirs, yours faithfully,

Plaistow, Sept. 13th, 1898.

P. NAPIER JONES.

* * In the letter from Mr. W. W. Farnfield, headed "The Plaistow Maternity Charity," printed in THE LANCET of Sept. 10th, the last three lines should have read: "St. Mary's Day Nursery and Hospital for Sick

Children, Plaistow, E., is in no way connected with the Plaistow Maternity Charity."

"A CASE OF MEMBRANOUS TRACHEITIS AND LARYNGITIS WITHOUT THE PRESENCE OF DIPHTHERITIC BACILLI."

To the Editors of THE LANCET.

SIRS,—The interesting case reported by Mr. Grimes under the above heading in THE LANCET of August 13th of membranous tracheitis and laryngitis in which no diphtheria bacilli were found, draws attention to a circumstance in regard to diphtheria which is not sufficiently recognised—viz., that the term "diphtheria" requires to be now considered in a double sense. First, we have the clinical form in which the leather-like membrane from which the word "diphtheria" was derived is the prominent feature. The conclusion of the Royal Medical and Chirurgical Society's committee of 1875 that such a membranous laryngitis is identical with true diphtheria has been allowed to give too much colour to all statements on this point from English authors. It is, however, now generally recognised that in a certain proportion—14 per cent. according to Billings—there may be a membranous laryngitis or tracheitis not truly diphtherial according to the bacteriological test. I have reported such a case in my monograph on Diphtheria at p. 181. The responsible organisms in this instance were streptococci and staphylococci. Mr. Grimes does not state what they were in his case. The second form of diphtheria to which I have alluded is the bacillary, in which the clinical evidences of membrane are but very slight or may be entirely absent. According to Variot and other observers the prognosis of this form is very favourable. May I, in conclusion, once more plead that since Trousseau gave his reasons for substituting the word "diphtheria" for "diphtheritis," the use of the adjective "diphtheritic" should give way to "diphtherial"? Certainly the term "diphtheritic bacilli" does not accurately describe the Klebs-Löffler organisms of the malady.

I am, Sirs, yours faithfully,

LENNOX BROWNE, F.R.C.S. Edin., M.R.C.S. Eng.

Mansfield-street, W.

UNTOWARD RESULTS AFTER ADMINISTERING RESORCIN.

To the Editors of THE LANCET.

SIRS,—Recently I was called in consultation with another medical man to see a child and we prescribed resorcin in 2 gr. doses. The mother states that a quarter of an hour after the powder had been administered the child's mouth became inflamed and the tongue was swollen. When I saw the child the following morning blisters had been formed on the lips similar to what would have been produced by boiling water, and in addition to a thick white coating on the tongue there was a distinct excoriation outside the mouth. On making inquiries we found the drug dispensed had been exposed to light and presented the appearance of decomposition having taken place and it occurs to us that carbolic acid or other irritant may have been produced. The chemist we have reason to believe has suggested to the parents that the injury was due to the drug having been administered without a vehicle. We have never known or heard of severe results of the kind being produced by pure resorcin and we think that in the present instance decomposition or the substitution of another drug may have had much to answer for. Perhaps I ought to have mentioned that the child was suffering from cholera infantum. I enclose some of the powders and we will feel much obliged for your opinion.

I am, Sirs, yours faithfully,

L. C.

Sept. 5th, 1898.

* * We have submitted the powders to our analyst for examination in THE LANCET Laboratory, but no evidence was gained that they contained anything but resorcin. The papers enclosing the powders were slightly discoloured, due to partial oxidation, resorcin especially in association with alkali absorbing oxygen from the air much in the same way as its analogue pyrogallol. Our correspondent will