

before the members of the Association our need of more branches and corresponding members.

Since last January the following pamphlets have been issued: 1. Experiments on Animals during 1908 in Great Britain and Ireland. 2. Anaesthetics used in Experiments on Animals. 3. On the Use of Dogs in Scientific Experiments. 4. The Value of Antimeningitis Serum. 5. Recent Surgical Progress. 6. Advance in Knowledge of Cancer. 7. Some Thoughts on Causation in Health and Disease. 8. Reprint of correspondence in the *Times*, December, 1908–January, 1909. 9. Reprint of articles in the *Standard*, July 20th, 1909.

Other pamphlets are in course of publication, and a series of short popular leaflets is being prepared for more general distribution. A set of all pamphlets and leaflets lately published will be sent in due time to each member of the society. The society's work must be slow and cannot be judged only by the number of pamphlets distributed and lectures given. But we have abundant evidence that the society is gradually impressing on the public mind the facts as to experiments on animals in this country.

We remain, Sir, yours faithfully,

CROMER,

President.

SYDNEY HOLLAND,

Chairman of Committee.

F. M. SANDWICH, M.D., F.R.C.P.,

Hon. Treasurer.

STEPHEN PAGET, F.R.C.S.,

Hon. Secretary.

## SCIENCE TEACHING IN SCHOOLS.

To the Editor of THE LANCET.

SIR,—In the appreciation of my address to the Public Schools Science Masters Association in your issue of Jan. 22nd the suggestion is apparently made that I am an opponent of literary training, as you say, “*pace* Professor Armstrong, we can see no opposition between a scientific and a ‘literary’ secondary education.” Let me assure you that neither can I. Although I have no particular leaning towards either Smollett or Goldsmith, I could not sit at the breakfast table in peace if I felt that I had offended against Wendell Holmes.

With you, I earnestly hope that “the preliminary training of boys destined for medicine will in the future be in the best sense of the word literary.” My scheme does not exclude Latin—in fact, the words I used are, “Boys properly prepared in the way I contemplate will learn far more Latin and even Greek, if desirable, than under the present system, even if the teaching be postponed until the last two years of school life.” My address will appear in full in Mr. Murray’s quarterly journal, *Science Progress*, in the course of this week and I hope that my arguments will receive the attention of medical men in particular.

I may point out that, to make Latin and Greek useful even for the limited purpose of interpreting technical terms, something more than mere knowledge of these languages is required. The technical jargon of the day is a hopeless maze, because of our failure to think broadly and act consistently when devising new names. Thus an *analysis* is an operation involving splitting up *by* and not *of* a chemist; *electrolysis* and *hydrolysis* connote splitting up *by* electricity and *by* water respectively, not *of* them. What, then, are we to suppose is the meaning of the modern term *hæmolysis*, for example—a splitting up *by* blood? *Amylolytic*, *proteolytic*, &c., ferments—are these ferments which split up *by* means of starch or of protein? Attention is called in vain to such inconsistencies.

Nothing could be more admirable than the way in which you insist in the penultimate paragraph of your editorial article that science studies must proceed little by little and line upon line. It is because I am so entirely in agreement with your final paragraph that during the past 25 years I have ever and again called attention to faults in the preliminary medical curriculum. The improvement of medical education must await the improvement of our secondary schools; I therefore would ask for the whole-hearted support of medical men in this crusade.

I am, Sir, yours faithfully,

HENRY E. ARMSTRONG.

Jan. 24th, 1910.

## ASEPSIS AND ANTISEPSIS.

To the Editor of THE LANCET.

SIR,—May I once more intrude on your space very briefly? As I have repeatedly said, I believe it is quite possible without the use of antiseptics during and after an operation to obtain aseptic results, and the admirable statistics brought forward by Mr. Percy Sargent demonstrate that this is the case. But the point for which I contend is that while such results may be obtained by specially skilled surgeons operating under the very best circumstances, the method is too difficult for ordinary practice, and that a reasonable use of antiseptics in addition to the other precautions, instead of being a disadvantage, will enable surgeons to obtain aseptic results more easily and with greater certainty, and under circumstances which are by no means ideally good.

The subject is so confused at present that I should like to see the formation of a small committee of surgeons from different hospitals—say half-a-dozen, with the addition of one or two bacteriologists—to go over every detail bacteriologically, and to study how each works in practice. They might thus be able to arrive at an authoritative statement as to what was efficient and what was inefficient, and what was practical and what was not. In this way a sort of standard of wound treatment might be laid down which would be of the greatest value to the profession.

Personally, I should be very pleased to do anything I could to forward the work of such a committee. My only desire in the matter is that the foundations which Lord Lister has so laboriously and successfully laid down are built upon with due care and simplicity and in a permanent manner.

I am, Sir, yours faithfully,

Harley-street, W., Jan. 24th, 1910.

W. WATSON CHEYNE.

## THE LATE DR. T. D. SAVILL.

To the Editor of THE LANCET.

SIR,—The death of Dr. T. D. Savill leaves, no doubt, a blank in the ranks of the medical profession, but in the ranks of his friends the loss is in every sense more intimate and is irreparable. His profession revealed his abilities as a physician, but only the closer circle of his friends and patients knew the man and were therefore capable of understanding and estimating his rare qualities of mind and heart. Life, its complications, difficulties, to many its impossibilities, are the inevitable moulders of character; and Dr. Savill did not escape the scalpel of discipline and of disappointment. No fewer than three times was he stricken down with rheumatic fever, leaving him each time crippled and nearly penniless, before he was thirty. Temperamentally a man of firm will, his early struggles emphasised this quality of mind; and the later obstacles which confirmed and stamped him as a man of action and determination gave him at times a certain abruptness of manner which was not always understood. The combative side of his nature—always present in strong characters—which was developed, without coöperation on his part, by the exigencies and struggles of life, concealed a tenderness of heart that never wore through the surface of his outward reserve. Suffering, at its first call, unlocked his heart; he was then the sympathetic minister of the poor, the lonely, the distressed. To all women he was as a brother. An inexorable student, a conscientious, a relentless, I may add often an exhausted, worker, he yet found time for the care and development of a rare appreciation of domestic life, of poetry, of the arts, which particularly endeared him to his friends. Apart from the inevitable publicity of his profession, his life was essentially private, and his dislike of all *réclame* innate. The friends who found him ever a charmingly simple comrade, loyal, cheerful, and calming, will preserve his memory, while they unite in deepest sympathy for his devoted wife.—I am, Sir, yours faithfully,

ANTONIO DE NAVARRO.

Court Farm, Broadwell, Jan. 24th, 1910.

To the Editor of THE LANCET.

SIR,—A leading characteristic of Savill was his great industry and capacity for work. He never spared himself and often insisted on carrying out details which might well have been relegated to others. His untiring energy

was well displayed during a recent visit to the Continent I made with him for the purpose of inspecting the leading hospitals there. All the arrangements for the itinerary were made by him. This entailed an enormous amount of work—the writing of letters late into the night and often early in the morning during the whole of the tour—but so admirably was every detail worked out that not a single hitch occurred in the arrangements. Savill's absorption in work caused him at times to appear abrupt in manner, and to be neglectful of those little arts which make for popularity. Thus it was that he was not understood by everyone. Only in this way can I explain the fact that he was never elected to the Fellowship of the Royal College of Physicians, a distinction which he had long since richly merited. I myself never had any difficulty in understanding and appreciating the real man. Savill was an undemonstrative man, but one *felt* the good that was in him and the loyalty of his friendship, and this was all-sufficing. During our long friendship I never heard him speak unkindly of anyone. He has been suddenly snatched away just when he was beginning to reap the full reward of a brave and strenuous life, and those who knew him—really knew him—mourn his tragic end.—I am, Sir, yours faithfully,

Wimpole-street, W., Jan. 25th, 1910.

HARRY CAMPBELL.

## THE PANCREATIC REACTION IN THE DIAGNOSIS OF DUODENAL ULCER.

*To the Editor of THE LANCET.*

SIR,—I am much interested in a letter under the above heading in THE LANCET of Jan. 22nd, p. 269, and I can confirm the opinion expressed by Dr. G. Herschell as to the value of the pancreatic reaction in the diagnosis of duodenal ulcer in excluding functional hyperchlorhydria. It has probably escaped Dr. Herschell's notice that in my Hunterian lecture on Duodenal Ulcer and its Treatment, which was published in the *British Medical Journal* of Feb. 2nd, 1907, p. 248, will be found the following paragraph: “The presence of an excess of urobilin may indicate catarrh extending to the bile ducts, and the presence of pancreatic crystals, as shown by Cammidge's test, may point to catarrh extending up the pancreatic duct.”

It should be borne in mind in estimating the value of this test that it is common both to duodenal ulcer and to cholelithiasis, both of which are associated with duodenal catarrh. In the former disease I have found it universally present, hence it has been my custom for some years in any case of doubtful diagnosis to avail myself of a pathological report, but in the latter condition the pancreatic reaction occurs only in about 70 per cent. of cases, so that in estimating the value of the test the presence of cholelithiasis has to be taken into consideration. My estimate of the value of this test has resulted from a considerable experience of duodenal ulcer, as, besides having operated on 150 cases, I have employed it in a large number of cases which were not operated on, but where the diagnosis was able to be subsequently verified.

I am, Sir, yours faithfully,

Park-crescent, W., Jan. 24th, 1910.

A. W. MAYO ROBSON.

## THE EYE-SIGHT OF MOTOR DRIVERS.

*To the Editor of THE LANCET.*

SIR,—The drivers of motor cabs, omnibuses, and other public vehicles are required to pass certain tests for vision, and thus one source of danger to the public is guarded against. It is doubtful if more than a very small proportion of the owners of private motor-cars ever make inquiries concerning the sight of their chauffeurs. The three following examples of gross defect of sight in drivers of private cars have recently come under my notice.

1. An owner who usually drives his car; myopia of high degree, wears glasses when driving, with which his vision is: R. eye, 6/36, imperfectly; L. eye, 6/60. He states that he has “no difficulty except when the light is dull.”

2. Chauffeur, in the employ of a private owner. High degree of hypermetropic astigmatism. Left eye congenitally amblyopic; right sees 6/18 badly, and can be improved to 6/9, but with a fully correcting lens patient is uncomfortable and consequently does not usually wear glasses when driving.

Occasionally, “if the light is bad,” he wears glasses which partially correct the refractive error and give vision of 6/12.

3. Chauffeur, in the employ of a motor manufacturer and proprietor. He is not a regular driver but is often sent out with cars. He is blind in the left eye; sight lost after operation in childhood. In the right there is a congenital cataract and the sight is only 4/60, not improved by lenses. He stated voluntarily that he could not tell whether a vehicle was approaching or going from him until he was “right on it.”

I am, Sir, yours faithfully,

Harley-street, W., Jan. 24th, 1910.

J. B. LAWFOED.

## THE STATE REGISTRATION OF NURSES.

*To the Editor of THE LANCET.*

SIR,—In the heat and worry of electioneering I must be forgiven if I do not reply at length to Dr. J. M. Mason's letter, in which he comments on an excellent speech I made at the meeting of the Cottage Benefit Nursing Society. I thank him, at any rate, for replying to it in a very different spirit to that which is generally vouchsafed to me by the advocates of the registration of nurses.

Dr. Mason writes that “no one suggests, as Mr. Holland assumes, that because a nurse has passed a State examination therefore she has all the attributes of the best nurse.” But unfortunately this is suggested, and certainly the public would be led to believe that in engaging a registered nurse they would be securing a competent and suitable nurse. Let us see what Lady Helen Ferguson, one of their ablest advocates, has written: “The continuance of a nurse's name on the register would be a *guarantee* [Mark this. S. H.] of her professional fitness—general fitness for employment”!

As a fact, it would guarantee nothing except that, perhaps many years before, she had passed what must necessarily be an easy examination, and had left her training school with a good character. And no guaranteeing body would really know anything of her afterwards. Registration would secure to the public neither professional fitness nor fitness of character. It is not the remedy for the present chaos, and a false remedy is worse than a known danger.

I learn that the nurses are not registering in the State of New York where they have a Registration Act, and I will prophesy that if passed in England, which is not likely, after the novelty of the thing has worn off, nurses in England, certainly the best, will not register. It may help the bad, of course. If anyone is interested enough to care to read my speech I shall be happy to send him a copy.

I am, Sir, yours faithfully,

Royston, Herts, Jan. 21st, 1910.

SYDNEY HOLLAND.

## “A VICTIM TO SCIENCE.”

*To the Editor of THE LANCET.*

SIR,—As a neighbour of Mr. Cox, the “X ray martyr,” and conversant with the facts of the case, I thank you for your annotation of Saturday last and for the insertion of Mr. F. W. Alexander's letter in support of Sir William Treloar's appeal. Mr. Alexander's statement is no exaggeration when he says “that a more pitiable case I have never witnessed in any human being during my 32 years' professional career.” Words fail to express the pathetic condition of the man who has sacrificed health and fortune for the benefit of his race, and who bears his sufferings with heroic fortitude. Testimonies are daily to hand from leading members of the medical profession expressing their indebtedness to Mr. Cox, whose work they acknowledge to have been of the greatest service. Visiting him the other day he said, “When I was working with the doctors I little thought the help I was rendering would return to me in such generous sympathy as I am receiving from them now.” Mr. Cox's medical attendant, Dr. R. Taylor, says: “It is not outside my professional office to mention the very great deal which this public action is meaning to him, both as a comfort to his fatal trouble and as a hope of leaving his family in some measure provided for.” Mr. Cox is in his forty-seventh year, and when able to follow his calling was an enthusiast in scientific research. Generous and self-sacrificing, he lived for others, and was always ready to give the X ray treatment freely to the poor who could not afford to pay. Sir William Treloar in raising a fund for Mr.