be exceedingly well managed. The midwife proprietor seems to have no other desire than that her patient should do well and that, so far as the home is concerned, there should be nothing there likely to interfere with her chances of doing well. Such lying-in homes will be easy to supervise, and registration will amount to little more than a formality. The home that is not conducted on the lines that a well-qualified and capable midwife would adopt will not be easy to supervise. In all probability many of them will not be registered and will only be discovered after careful search. If they are registered they will have to be kept under close supervision. It is of such houses that borough councils are thinking when they press for the delegation of some of the powers granted in respect of lying-in homes. Their view is, and it seems to have common-sense behind it, that they have numerous opportunities and means of localising such places and of keeping them under observation. Births are notified to their medical officer of health and are visited on their behalf by the women on their public health staff. Their officers are well acquainted with the district and are visiting in it continually. What is to hinder them from keeping watch for and over undesirable premises? Linked up as the supervising body with the London County Council as the body responsible for registration, where is the difficulty in the way of the borough council of reporting with regard to unregistered premises or removals of persons who may not be considered above suspicion? Not only is there no difficulty in this or any other part of the work if it is entrusted to the borough councils; there is a complete absence of additional expense as well. The London County Council, on the other hand, cannot, without considerable additions to their staff, keep up anything like such a close supervision as the officers of the borough councils; geographically it is impossible. The London County Council admit that new officers will be necessary and every addition to the staff of that body means expense.

Rigid economy in your view is at the moment essential. It is your view also that the London County Council is the best qualified "to perform the task with economy without sacrificing efficiency." Where is the economy when additional county council officers are to be appointed to do work that borough council officers can perform as least as well? How possibly can a person who has to travel miles to supervise a house do it more efficiently than one who is practically at the door of the house? Possibly you were thinking more of the views expressed in your annotation with regard to notification of pregnancy, than of those in respect of lying-in homes, when you stated them to be substantially your own.

In this letter, as in that of Jan. 4th, my concern is mainly with the supervision of lying-in homes, and it is entirely in the interests of economy and efficiency that I regard it as advisable that the London County Council should delegate duties in connexion with the supervision of these places to the borough councils.

I am, Sir, yours faithfully,

CHARLES PORTER,

Medical Officer of Health, Metropolitan Borough of Marylebone.

Jan. 19th, 1916.

* * We do not plead guilty either to the ignorance or the partisanship attributed to us, and we think Dr. Porter does well in the beginning of his letter to admit the uncertainty of some of his inferences. With much of what he says all must agree.—ED. L.

FUNCTIONAL NERVOUS DISEASE.

To the Editor of THE LANCET.

SIR,—The evils, and they are great, of the now popular method of so-called "psycho-analysis" will not be abolished either by reiterating that they are evils, after the manner of Dr. R. Armstrong-Jones, or by rechristening the practice with the name of autognosis, as suggested by Dr. William Brown. Every doctor worthy of his salt must, in dealing with human patients, find out all he can about the mental state of them, and thus is an analyst of mind. But "psycho-analysis" as now understood is, as it were, a patent word, and connotes the assumption of unconscious mind. There is, therefore, no such broad distinction between the theory and method of this particular practice as Dr. Brown contends. Where would the autognosist be without the psycho-analyst sitting at his bed-head? And what would become of Freudism purged of psycho-analism? The theory is the egg from which the method came.—I am, Sir, yours faithfully,

Jan. 31st, 1916.

H. BRYAN DONKIN.

(a) INVERSION OF THE PELVIC BONES; AND (b) LONG-HEADS.

To the Editor of THE LANCET.

SIR,—(a) Dr. D. Berry Hart's memoir (see THE LANCET, Jan. 29th, p. 255) does not warrant the assumption that the inversion of the pelvic bones as a cause of trouble in the female is a pathological condition newly discovered by him. Dr. Douglas E. Derry, when working in the Medical School in Cairo, was the first to give an adequate explanation of the significance of the preauricular grooves in the female os innominatum; and both he and Professor F. Wood Jones called attention to cases in ancient Nubian skeletons where inversion of the pelvic bones was a cause of deformity. In several cases they found the foetal head impacted in such pelvises.

(b) On p. 254 of the same issue the statement occurs: "On the high authority of Ripley, Keith, Chalmers Mitchell, and others we now know that the dolichocephals or long-heads, coming originally from the northern shores of Africa, have encircled Europe to the north-west as far as Finland." I do not know what this eminent trio would think of the Finland reference of which they are accused, but it is surely ridiculous to attribute to them the rest of the statement, which has been one of the few generally accepted tenets of anthropology for the last 50 years.

I am, Sir, yours faithfully,

G. ELLIOT SMITH.

The University of Manchester, Jan. 31st, 1916.

FOOD ECONOMY IN WAR TIME.

To the Editor of THE LANCET.

SIR,—The rapid development of the work of the National Food Reform Association since the outbreak of war, and particularly the ever-increasing demand for practical instruction in war-time house-keeping and for literature, has rendered an increased staff and office equipment unavoidable. The call for help comes not only from individuals of all sorts and conditions, but from many influential organisations and local authorities. The association is also coöperating with the Parliamentary War Savings Committee and the Central Committee for National Patriotic Organisations.

Some 450 demonstration-lectures and meetings have been held during the 12 months ending Dec. 31st, 1915, while those already fixed for 1916 number close upon 150. A steadily increasing interest in our teaching on account of war-time conditions is reported. The audiences, ranging from a dozen to 2000 women of every section of the community—wage-earners, social workers, professional cooks, and mistresses of households—come to learn economy with increased efficiency, and show great enthusiasm about the practical nature of the lectures. We are now arranging about 20 such demonstrations a week—many of them courses—and could find openings for many more if we had a larger office staff. We feel justified, therefore, in appealing for an extension fund to meet present needs and to provide for inevitable developments, for while our membership is steadily growing and the receipts for sales of literature are daily increasing, we still need additional support to meet the unprecedented demands for our special war-time work.

We are confident that those who recognise the value of the educational and preventive work accomplished during the past eight years will rejoice at the national service the association is able to render at this crisis and will make a generous response. Help will be welcomed in any of the following ways:—

(a) Subscriptions or donations. (Cheques should be made payable to "National Food Reform Association" and crossed "Messrs. Barclay and Co., Ltd.")

(b) Orders for literature, especially for "Economic Dishes for Workers" (1d.), of which 50,000 copies have been called for during the war, "Hints Towards Diet Reform" (2d.), "Facts for Patriots," three series (3d. each), "Fireless Cookery" (1d.), "Our Children's Health at Home and at School" (5s.), and "Rearing an Imperial Race" (7s. 6d.).

(c) Offers to arrange for drawing-room meetings or demonstration-lectures, single or courses.

Yours faithfully,

MARGARET ASHTON.	WINIFRED PORTLAND.
HENRIETTA O. BARNETT.	HORACE PLUNKETT.
LAUDER BRUNTON.	B. SEEBOHM ROWNTREE.
ROBERT HUTCHISON.	BEATRICE WEBB.
F. E. LACEY.	BASIL WILBERFORCE
LEIGH.	(Archdeacon of Westminster).
LYTTON.	G. SIMS WOODHEAD.
ISABEL MARGESSON.	H. BECKETT-OVERY
GILBERT MURRAY.	(Acting Chairman).

National Food Reform Association,
Jan. 28th, 1916. 178, St. Stephen's House, Westminster.

EPSOM COLLEGE.

To the Editor of THE LANCET.

SIR,—My attention has been called to a special appeal for contributions to the Royal Medical Foundation attached to Epsom College from Sir Henry Morris.

As an old Epsomian now serving in the R.A.M.C. with the Salonika forces might I suggest that a special individual appeal in the form of a notice through the post be sent to all old Epsomians or the parents of such who are at present non-subscribers. I feel confident that the response would be satisfactory and that they would rally to the old "Coll." in this time of stress.

I am, Sir, yours faithfully,

Jan. 14th, 1916.

O. E.

Obituary.

SIR FRANCIS HENRY LOVELL, C.M.G., LL.D.,
F.R.C.S. ENG.,

DEAN OF THE LONDON SCHOOL OF TROPICAL MEDICINE.

Sir Francis Henry Lovell, who died in London on Jan. 28th in his seventy-second year, was the son of the late Henry Hill Lovell, D.C.L. He was educated at St. Bartholomew's Hospital, becoming M.R.C.S. Eng. in 1865 and L.S.A. in 1867. From 1873 to 1878 he was colonial surgeon in Sierra Leone, and from then to 1893 chief medical officer and president of the general board of health of Mauritius, with a seat on the Legislative Council. From 1893 to 1901 he was surgeon-general and member of the Executive and Legislative Councils of the colonies of Trinidad and Tobago. In these appointments he showed high administrative qualities and, by the sanitary measures he introduced, contributed in no small degree to an improvement in the public health. In recognition of his good work he was appointed C.M.G. in 1893 and was knighted in 1900, just before his retirement from the colonial service. He then became attached as dean to the London School of Tropical Medicine.

A member of the staff writes: "Sir Francis Lovell had been in ill-health for some time, but this did not deter him from continuing to take a keen interest in the school and doing all he could for its advancement. His loss will be seriously felt, for he was by his courteous manners, kindly disposition, persuasiveness, and perseverance particularly successful in interesting others in the work of the school. During his deanship he visited Bombay, as well as the Eastern and Western colonies, and by his conference with the governors, administrators, and medical officers of these succeeded in raising considerable funds, which materially helped to place the finances which the rapid development of the school demanded on a more stable basis."

JOHN WYLLIE, M.D., LL.D. EDIN., F.R.C.P. EDIN.,
EMERITUS PROFESSOR OF MEDICINE, UNIVERSITY OF EDINBURGH.

John Wyllie, emeritus professor of medicine in the University of Edinburgh, died on Jan. 25th, at the age of 72, from an apoplectic seizure of which he had had a forewarning twelve months before. He was born in 1844 in Haddingtonshire and was educated at Edinburgh University, graduating there with honours in 1865, after which he was house surgeon in the Royal Infirmary to Professor Spence, and house physician to Dr. Rutherford Haldane. He then spent a summer in Paris attending Trousseau's lectures, and was for two years house physician at the General Hospital, Birmingham before returning to settle finally in Edinburgh in 1868. In 1870 Dr. Wyllie was elected a Fellow of the Royal College of Physicians of Edinburgh and became lecturer on pathology in the extra-mural school, and in 1878 lecturer on the practice of physic. He was for a time pathologist to the Royal Infirmary and also gave courses of lectures upon ophthalmology, laryngology, and medical electricity. In 1876 he was appointed assistant physician, becoming full physician in 1882. On the expiry of the usual term of 15 years he became, in 1897, consulting physician, to return again to the active staff in 1900 on succeeding Sir Thomas Grainger Stewart in the chair of medicine. He discharged the duties of his professorship until