2. That trench fever is a source of toxin in these conditions which cannot safely be ignored.

3. That many of the cases diagnosed as "pyrexia of uncertain origin" (P.U.O.), myalgia, "rheumatism," "influenza," should really be recognised as cases of trench fever.

4. That the trench fever infection is far more persistent than has been generally supposed, and that, as a consequence, its sequelæ are more widespread and important than has been recognised.

5. That hyperalgesic areas of skin and muscle are commonly met with in cases having a history of trench fever, "P.U.O.," myalgia, "rheumatism," "influenza," and also malaria, and that the same areas exist in many cases of D.A.H., or "soldier's heart," who may not be able to give a definite history of trench fever at the time of observation, but who, nevertheless, on exposure to undue effort, not infrequently develop a slight remitting temperature and other symptoms indicative of trench fever.

Disordered action of the heart (D.A.H.) in the soldier is now by some observers recognised as a clinical entity; but the condition may, nevertheless, conceivably result in the large majority of instances from one of many forms of intoxication or infection. The importance of leaving no effort unexpended to identify the specific toxin in each instance has not, perhaps, been fully admitted. The impairment of physical capacity has been carefully estimated, the classification of patients by their response to graduated exercise has been instituted as a reliable guide to the medical officer; but what remains to be done is to show that, granted intoxication or infection as a cause, a sound treatment must be based on the recognition and subsequent elimination of the toxin which caused the damage.

Our observations on the above enumerated conditions seem to us to support the view that intoxication or infection underlies D.A.H., and are therefore submitted for publication in the hope that the future investigation of the condition may be along the lines of a broader inquiry into the causes of intoxication rather than in further estimation of its effects.

The recent work of one of our number, Captain Dimond, in his recognition of the organism associated with trench fever illustrates what we mean, and if the remaining sources of intoxication or infection, whether in the blood, lungs, kidneys, or alimentary tract, could be similarly isolated by special workers we would be safe in assuming that a prognosis could, in most cases, be arrived at and prophylactic measures and treatment materially advanced.

We hope at an early date to publish a more complete statement upon our findings.

We are, Sir, yours faithfully,

W. BYAM, Major, R.A.M.C., Officer in Charge, Medical Division;

LYN DIMOND, Captain, R.A.M.C.;

V. E. SORAPURE, Captain, R.A.M.C.;

R. M. WILSON, Lieutenant, R.A.M.C.

Hampstead Military Hospital, Sept. 3rd, 1917.

* * A communication on the subject of trench fever from Captain Lyn Dimond appears in another part of our present issue.—ED. L.

PSYCHIATRY IN ENGLAND.

To the Editor of THE LANCET.

SIR,—Everyone with any experience of the treatment of mental and nervous breakdown must have read your leading article on "The Effect of the War upon Psychiatry in England" with the deepest interest. Shell shock cases and other mental disturbances caused by the war must have individual rather than general treatment, and as these cases are in the large majority purely functional it is manifestly clear that they require encouragement, happy environment, and people to be with them to distract their minds in various ways, gain their confidence, and assure them that they will soon be quite themselves again. The excellent book you mention, by Professor G. Elliot Smith and Mr. T. H. Pear, does not, to my mind, instil into our minds the necessity for well-chosen companions or nurses to help in their treatment, and too much stress is laid upon the physician's help. It is absolutely wicked to send many of these cases to asylums, although I have known of some few cases where such institutions were necessary and where they could not safely be supervised anywhere else, especially cases with a definite impulsive suicidal tendency.

With some 44 years of experience in lunacy the matter is one that greatly appeals to me. For the first 14 years of my medical life I dealt considerably with borderland cases, and many of these were saved from the necessity of certification. For the next 20 years I was superintendent of a fairly large private asylum, while during the last 10 years I have treated large numbers of borderland cases, and have seen very many mental cases in consultation. That the present lunacy laws are a great handicap to early treatment is a matter too well known to need discussion, though I admit that the Board of Control are taking a much less decidedly old-fashioned way of dealing with many cases and thus making it easier for experienced psychologists to deal with early mental cases without the fear of legal prosecution against those who receive these cases. One great fact which has never been satisfactorily cleared up is the standing reproach that with our palatial institutions for the insane, and with our great increase in pathological research, the recovery-rate of insanity is no higher to-day in these institutions than it was in the decade of 1865 to 1875.

I have been in correspondence with many mental physicians and with the Lunacy Board of Scotland, in which country far more clinical work is carried out than is the case in England, and yet the recovery rate is still *in statu quo*, and I have not yet been able to come to any definite conclusion as to the cause of this deplorable fact. It may be due to many causes: (1) the legal restrictions, which make the proper early treatment so difficult; (2) the want of individual study of the character, temperament, and causes which have led to the mental breakdown; and (3), perhaps the most important of all causes, the want of proper departmentisation of cases in asylums. This last cause has been brought home to me in many cases. Patients have been sent to institutions with the danger mark of suicidal tendency, and with this stigma they have been placed at once on the side of the asylum with the worst cases, because there, and there only, can constant supervision be easily and economically carried out. I have known mild cases of this sort which have been rendered much worse by being herded together with severe mental patients to their definite detriment. In the asylum I presided over I made a point of this departmentisation with very good results, while some of my patients who lived with my family hardly realised that they were in an asylum, and I could give the history of the recovery of many of such cases. Then, again, I fear we do not employ sufficient lady and gentleman companions who, if well trained, have such a beneficial effect upon many patients.

It is certainly the fact that many general practitioners are now getting into touch with mental cases caused by shell shock and nervous disturbance and gaining a considerable experience, but we still have many busy medical men who, in their own words, "cannot be bothered with mental cases and have no spare time to give to looking after them," and are only too glad to get them off their books.

I am, Sir, yours faithfully,

Bournemouth, Sept. 3rd, 1917.

L. A. WEATHERLY, M.D.

INFANT MORTALITY AT VILLIERS-LE-DUC.

To the Editor of THE LANCET.

SIR,—In your annotation in THE LANCET of Sept. 1st relating to the report on infant mortality issued by the Commonwealth Committee on Death and Invalidity, you say that the report refers to the scheme enforced by the Municipality of Villiers-le-Duc, which it claims has simply abolished the death-rate of infants. The same claim was made in a recent Milroy lecture. I have not seen the Commonwealth report, but it is difficult to believe that its authors were aware of the extreme smallness of the data upon which these conclusions are based. The experience of Villiers-le-Duc has been widely boomed by social reformers, but in none of the accounts which I have seen have the actual figures been quoted—merely the death rates. The following are the facts:—

	Total births.	Deaths.	Infant mortality rate.
1892-1903	54	0	0
1906-1915	43	4	93

Taking the two periods together we have a rate of 41 deaths per 1000 births, which is about equal to the average of Connaught and much of the west of Ireland, and many healthy English rural districts.

Of course, no one with even an elementary knowledge of statistics would draw inferences from such wholly insufficient material, and to work out infant mortality rates per 1000 births on an average of less than 6 births per annum is the acme of absurdity. Yet this has been done in several of the published accounts of the Villiers-le-Duc scheme in order to show the effects of regulations.

I am, Sir, yours faithfully,

WILLIAM A. BREND.

Barmouth, North Wales, Sept. 2nd, 1917.

CAUTION IN GRANTING MEDICAL CERTIFICATES.

To the Editor of THE LANCET.

SIR,—Inasmuch as one of the daily duties of consultants just now is the granting of medical certificates to men who anticipate being called up on military service, it has occurred to me that in order to prevent the possibility of personation by unscrupulous people it is wise to get the examinee to write his signature in one's presence on the certificate given him. Otherwise the unfortunate consultant might find himself figuring at a later period in a criminal trial!

I am, Sir, yours faithfully,

Wimpole-street, W., August 29th, 1917.

DAN MCKENZIE.

Obituary.

ARTHUR EDWARD PATTERSON, M.D. ABERD.

Dr. A. E. Patterson, who died on August 26th after a short illness, was senior assistant medical officer to the City of London Mental Hospital, Dartford. Son of the late Major D. A. Patterson, he received the whole of his education in Aberdeen, graduating M.B., C.M. at the University in 1885. After a short period of general practice he became assistant medical officer to the Derby Borough Asylum, and was later appointed to the City of London Mental Hospital. A conscientious and painstaking officer, his cheery manner and true kindness of heart made him popular amongst staff and patients alike. He was an active member of the Medico-Psychological Association, and published several articles, of which the most important was "An Analysis of 1000 Admissions into the City of London Asylum," in the *Journal of Mental Science*.

Medical News.

MEDICAL OFFICERSHIP OF BATH.—The post of medical officer of health for the city of Bath, rendered vacant by the death of Dr. W. H. Symons, will be temporarily filled for the duration of the war and six months afterwards by Mr. O. A. G. Collins, the medical officer of the Bath Statutory Hospital. It was felt by the sanitary authority of the city that, with so many potential candidates serving in the war, it would have been unfair to have advertised a permanent appointment, a view with which Mr. Collins has stated himself to be in accord.

MEASLES AND RESEARCH.—At the last meeting of the Sanitary Committee of the Manchester Corporation the following resolution was passed:—

That in view of the frequently recurring outbreaks of measles on an extensive scale throughout the country and the mortality among young children occasioned thereby, this council urges upon the Government the desirability of setting aside a sum of money for research work into the causation of this disease and the best means of securing its prevention.

A copy of the resolution has been forwarded to the President of the Local Government Board.

Vacancies.

For further information regarding each vacancy reference should be made to the advertisement (see Index).

When the application of a Belgian medical man would be considered the advertisers are requested to communicate with the Editor.

APPLECROSS PARISH COUNCIL.—Medical Officer and Public Vaccinator for the Torridon District. Salary £350 per annum, with house, &c.

BELFAST MUNICIPAL SANATORIUM, Whiteabbey.—Lady Superintendent (Temporary). Salary at rate of £120 per annum, with rations, &c.

BIRKENHEAD BOROUGH HOSPITAL.—Junior House Surgeon. Salary £175 per annum, with board, &c.

BIRKENHEAD UNION INFIRMARY.—Junior Female Resident Assistant Medical Officer. Salary at rate of £300 per annum, with board, &c.

BOLTON INFIRMARY.—Female Locum Tenens Assistant House Surgeon.

BRISTOL ROYAL INFIRMARY.—House Physician and House Surgeon.

Salary at rate of £120 per annum, with board, &c. ●

BURY INFIRMARY.—Junior House Surgeon. Salary £150 per annum, with board, &c.

CARLISLE, CUMBERLAND INFIRMARY.—Female House Surgeon for six months. Salary at rate of £250 per annum, with board, &c. Also Female House Physician for six months. Salary at rate of £200 per annum, with board, &c.

CUMBERLAND, COUNTY OF.—Female Assistant Medical Officer. Salary £350 per annum.

DARTFORD, KENT, CITY OF LONDON MENTAL HOSPITAL.—Temporary Assistant Medical Officer. Salary £7 7s. per week, with board, &c.

DERBY, DERBYSHIRE ROYAL INFIRMARY.—House Surgeon. Salary £200 per annum, with board, &c.

HAMPSTEAD GENERAL AND NORTH-WEST LONDON HOSPITAL, Havestock Hill, N.W.3.—House Physician for six months. Salary at rate of £200 per annum, with usual allowances.

HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST, Brompton.—House Physician for six months. Salary 30 guineas.

HULL, VICTORIA HOSPITAL FOR SICK CHILDREN.—House Surgeon.

MANCHESTER, ANCOATS HOSPITAL.—Unqualified Resident. Salary £50 per annum, with board, &c.

MANCHESTER, ST. MARY'S HOSPITAL FOR WOMEN AND CHILDREN.—House Surgeon for Maternity Hospital. Salary £200 per annum, with board, &c.

MANCHESTER COUNTY ASYLUM, Prestwich—Locum Tenens. Salary £7 7s. per week, with board, &c.

MIDDLESEX EDUCATION COMMITTEE, MEDICAL INSPECTION OF SCHOOL CHILDREN.—Temporary Assistant School Medical Officers. Salary at rate of £350 per annum.

NORTHUMBERLAND COUNTY COUNCIL.—Temporary Assistant County Medical Officer of Health and Assistant School Medical Officer. Salary at rate of £350 per annum.

NOTTINGHAM AND MIDLAND EYE INFIRMARY.—Ophthalmic House Surgeon.

PORTSMOUTH, ROYAL PORTSMOUTH HOSPITAL.—House Surgeon for six months. Salary £250 per annum, with board, &c.

ROTHERHAM HOSPITAL.—Junior House Surgeon. Salary £150, with board, &c.

SALFORD ROYAL HOSPITAL.—Junior House Surgeon for six months. Salary at rate of £150 per annum, with board, &c.

SHEFFIELD ROYAL INFIRMARY.—Two House Surgeons. Salary £120 per annum, with board, &c.

STAFFORDSHIRE, WOLVERHAMPTON, AND DUDLEY JOINT COMMITTEE FOR TUBERCULOSIS.—Resident Medical Officer for Moxley Sanatorium, near Wednesbury, Staffs, also to assist the Dispensary Medical Officers. Salary £350 per annum, with board, &c.

STOCKPORT INFIRMARY.—Senior House Surgeon. Salary £250 per annum, with board, &c.

WEST LONDON HOSPITAL, Hammersmith, W.—House Surgeon. Salary £4 4s. weekly, with board, &c.

WIGAN, ROYAL ALBERT EDWARD INFIRMARY.—Junior House Surgeon. Salary £200 per annum, with board, &c.

THE Chief Inspector of Factories, Home Office, London, S.W., gives notice of vacancies for Certifying Surgeons under the Factory and Workshop Acts at Littleborough (Lancaster) and Wotton-under-Edge (Gloucester).

Births, Marriages, and Deaths.

BIRTHS.

DAUNT.—On August 19th, in Edinburgh, the wife of Captain Francis Eldon Daunt, M.B., B.S. Lond., R.A.M.C., of a daughter.

ORAM.—On August 31st, at "Ridgemount," Anerley Park, S.E., the wife of Capt. Alger Roy Oram, M.B., B.Ch., B.A.O.N.U.I., R.A.M.C., of a daughter.

ROXBURGH.—On August 30th, at Belgrave crescent, Edinburgh, the wife of Temp. Surgeon Archibald Cathcart Roxburgh, M.B., B.C. Camb., R.N., of a son.

WADMORE.—On August 28th, at Clifton, Bristol, the wife of Captain Wadmore, R.A.M.C., of a son.

MARRIAGES.

HEARN—COOLING.—On Sept. 3rd, at the Hampstead Parish Church, Captain Reginald John Hearn, L.M.S.S.A. Lond., R.A.M.C., to Winifred Maud, younger daughter of Mr. and Mrs. Cooling, of Hampstead.

HIGGINS—INGRAM.—On August 29th, at the Parish Church, Congleton, Cheshire, by the Rev. Thomas Twistington Higgins, M.A., father of the bridegroom, assisted by the Rev. Charles Edward Sullivan, M.A., vicar of Hulme Walfield, Thomas Twistington Higgins, F.R.C.S., Captain, R.A.M.C., to Jessie, youngest daughter of Thomas Ingram, B.A., of Melrose, Scotland.

WRIGHT—LOWENFELD.—On August 25th, at the Chapel Royal, Savoy, Henry Wardel Snarey Wright, M.R.C.S. Eng., L.R.C.P. Lond., Captain, R.A.M.C., to Helena Rosa Lowenfeld, M.B., B.S. Lond., of Great Cumberland-place, London.

DEATHS.

ATKINSON.—On Sept. 1st, at Saff on Walden, John Parkinson Atkinson, M.D. Glasg., L.R.C.P. Lond., L.R.C.S. Ed., J.P., aged 79.

FIELDING.—On August 31st, at Bethel-street, Norwich, James Fielding, M.D. Vict. Univ. Canada, L.R.C.P. Edin., M.R.C.S. Eng., of The Crescent, Norwich.

GRIFFITH-WILLIAMS.—On Sept. 1st, at Mattishall, William Henry Griffith-Williams, L.R.C.P., L.R.C.S. Edin.

HORA.—On August 31st, at his residence, Hazel Brae, Filsham Park, St. Leonards-on-Sea, Mr. James Hora, Vice-President of the London Hospital and treasurer of Westminster Hospital, late of Victoria-street, Westminster, S.W., aged 91.

LAYER.—On August 31st, at 43, Head-street, Colchester, Alderman Henry Layer, J.P., M.R.C.S., F.S.A., in his 88th year. Funeral Tuesday, Sept. 4th, St. Mary at the Walls Church, Colchester.

N.B.—A fee of 5s. is charged for the insertion of Notices of Births, Marriages, and Deaths.