THE SERVICES.

MOVEMENTS OF THE MEDICAL STAFF.

SURGEON-MAJORS ROBINSON and Braddell and Surgeon-Captains Daly and Lavie are under orders for service in Egypt. Brigade-Surgeon-Lieutenant-Colonel O'Connell has been transferred from Cork to Dublin. Brigade-Surgeon-Lieutenant-Colonel Boileau has been appointed to Trowbridge. Surgeon-Captain Thacker has embarked for India on exchange. Surgeon-Lieutenants Keble and Lattey have embarked for a tour of service in India.

ARMY MEDICAL STAFF.

Surgeon-Captain Arthur de Courcy Scanlan is placed on temporary half-pay on account of ill-health.

INDIA AND THE INDIAN MEDICAL SERVICES.

Surgeon-Lieutenant-Colonels to be Brigade-Surgeon-Lieutenant-Colonels: *Madras Establishment*: Arthur Mudge Branfoot, William Edward Johnson, M.D., George Frederick Bevan, and Andrew Francis Dobson. *Bombay Establishment*: Frederick Charles Barker, M.D. (*London Gazette*).

The services of the undermentioned officers of the Indian Medical Service are placed permanently at the disposal of the Chief Commissioner of Burmah:—Surgeon-Lieutenant-Colonel Upendra Nath Mukerji, Surgeon-Captain R. H. Castor, Surgeon-Captain T. W. Stewart, Surgeon-Captain Kanta Prasad, and Surgeon-Captain J. W. Wolfe. Surgeon-Captain J. B. Smith has delivered over charge of the Shikarpur Prison. Brigade-Surgeon-Lieutenant-Colonel C. T. Peters, M.B., and Surgeon-Captain J. B. Smith, M.B., have respectively delivered over and received charge of the Bijapur District Prison. The following promotion is announced subject to Her Majesty's approval: *Madras Medical Establishment*: To be Surgeon-Colonel: Brigade-Surgeon-Lieutenant-Colonel Terence Joseph McGann, vice Surgeon-Colonel C. E. McVittie, promoted.

NAVAL MEDICAL SERVICE.

The following appointments are announced:—Staff-Surgeon John H. Thomas to the *Dædalus*, temporary. Surgeons; Launcelot Kilror to the *Redbreast* and Montague H. Knapp to the *Sphinx*, both additional, and for appointment when recommissioned; Horace Elliott and Beauchamp F. Parish to the *Sappho*. Thomas Gibbons to the *Jason*, and James Mowat to the *Hood*.

VOLUNTEER CORPS.

Artillery: 1st Ayrshire and Galloway: Surgeon-Lieutenant W. A. Algie resigns his commission. 2nd East Riding of Yorkshire (Western Division, Royal Artillery): Surgeon-Lieutenant J. Soutter to be Surgeon-Captain. *Fortress and Railway Forces, Royal Engineers*: 1st London: Surgeon-Lieutenant-Colonel E. T. Watkins resigns his commission, also is permitted to retain his rank and to continue to wear the uniform of the Corps on his retirement. *Rifle*: 4th Volunteer Battalion the Royal Scots (Lothian Regiment): William Lewis Martin, M.B., to be Surgeon-Lieutenant. 1st Volunteer Battalion the Queen's Own (Royal West Kent Regiment): Surgeon-Lieutenant C. Vise, M.D., to be Surgeon-Captain. 1st Volunteer Battalion the Gordon Highlanders: Brigade-Surgeon-Lieutenant-Colonel A. Fraser, M.D., resigns his commission; also is permitted to retain his rank and to continue to wear the uniform of the Battalion on his retirement, vacating at the same time his appointment in the Aberdeen Volunteer Infantry Brigade.

ARMY MEDICAL RESERVE OF OFFICERS.

Surgeon-Lieutenant James Aitken Clark, M.B., the Queen's Rifle Volunteer Brigade, the Royal Scots, to be Surgeon-Lieutenant.

ARMY RECRUITING.

The report of Sir Francis Grenfell, the Inspector-General of Recruiting, for 1895 is a satisfactory one. The total number of men who joined the army in that year was 29,583. Of these 1809 enlisted for twelve years, 26,198 for seven years with the colours and five in the reserve, and 1576 for three years with the colours and nine in the reserve. The full strength of the army reserve at the beginning of the present year was over 78,000. The strength of the regular army, militia, volunteers, and army reserve on Jan. 1st, 1896, was 640,625. The militia numbers 108,350, composed of 72,343 English, 13,479 Scotch, and 22,529 Irish. Out of the total number of recruits for the regular army medically

inspected during the past year 41 per cent. were rejected, which is about the same proportion as has obtained during the last four years. In respect of the percentage of special enlistments of recruits under the standard, of the progress of education and intelligence, and of the diminution of crime and desertion, the improvement has been notable. General Grenfell remarks that the far greater attention given to the comfort, health, and amusement of the men in barracks, and the granting of passes to them have contributed to raise the position of the soldier and to make him more contented, and in that way—which is the best way—to advertise the advantages of the army.

THE MEDICAL STAFF OF THE ASHANTI FIELD FORCE.

The following very gracious and gratifying communication was received last week by the Army Medical Staff at Aldershot from the Director-General of the Army Medical Department:—"I am directed by the Secretary of State for War to acquaint you that he has received the Queen's command to convey to Surgeon-Colonel Taylor, Surgeon-Captain Hilliard, and to other officers and men of the medical staff of the Ashanti Field Force who rendered service to his Royal Highness Prince Henry of Battenberg during his illness Her Majesty's thanks for the care and devotion so willingly accorded under what the Queen fears may have been exceptionally trying circumstances. Convey to all concerned Her Majesty's gracious approbation."

The appointment of Surgeon-General with the Governor of Bombay is vacant consequent on the proposed retirement of Surgeon-Major-General Turnbull.

Correspondence.

"Audi alteram partem."

THE "CURE" OF CANCER BY OPERATION.

To the Editors of THE LANCET.

SIRS,—The recent lectures of Mr. Watson Cheyne bring before the profession and the public a very important subject, the conditions of "cure" in cancer. Confining my remarks to cancer of the mamma, it will be observed that Mr. Cheyne follows the teaching of Volkmann that if patients be free from local recurrence for three years after operation they are "cured." Should disease again appear locally it is assumed that this is a "fresh outbreak" and not a residue of the old infection. Anyone taking up a dictionary may see that the uses of the word "cure" are very numerous, and in relation to disease the term is so vague that qualifying phrases are often used, as a "lasting cure," a "perfect cure," a "temporary cure," and the like. Speaking from a pathological standpoint it is true that no disease or injury is ever cured in the sense that the organism is left in exactly the same condition as before the disease attacked it. "Cure" may, I think, justly be defined from the point of view of the public and the bulk of the profession as the removal or banishment of a disease which never returns and leaves the body and mind of the individual in a physical and mental condition equal or closely approximating to the perfection of normal health. As an instance of this may be mentioned the removal of a stone from the bladder; as an instance of imperfect or poor cure permanent hemiplegia and imbecility after the successful removal of a cerebral tumour. Looking at the meaning of the word "cure" in this severe sense any surgeon must seriously doubt whether Volkmann's law is as binding on the profession as its supporters would try to make out. The results of operation for carcinoma of the breast in the past have been so bad that there is a natural and strong inclination to escape from a position not very creditable to surgery and to hastily assume that improvements in methods of operating can lead to results as favourable as the former modes were unsatisfactory. In dealing with maladies like cancer or phthisis any new modes or results of treatment are closely criticised and watched by an observant section of the public. Nothing shakes their confidence in medical men so much as statements regarding the cure of what they regard as incurable disease which afterwards when applied in individual instances or in important personages are found false or misleading. In my

judgment it is our duty to speak with absolute truth regarding such matters, and especially not to use terms likely to mislead either the public or the bulk of the profession, who largely take their views of treatment and prognosis from the centres of medical teaching. I would ask, What would be said or thought of a family practitioner who assured a patient that now three years had passed without local recurrence she was cured, and that patient were to die within twelve months with cancer of the spine, liver, or ovary? The fact is that the "secondary" deposits of mammary cancer, especially in the bones, mediastinal glands, and certain of the internal organs, are insidious and often quite unsuspected, and pathological examination by an expert can alone settle the most vital question as to whether cancer exists or not. How far this has been done in patients who have died after the three-year limit I cannot say, but systematic pathological and accurate examination can alone settle the point of how many persons die after removal of scirrhus of the breast with all their tissues free from visible cancer. I imagine very few instances would be proved where this condition is fulfilled, unless they succumbed to the operation itself. Instances of long immunity from disease were not absolutely unknown in past days after the former methods of operation. Such cases were very exceptional and might be explained not by the absence of cancer but by its quiescence. Time and space forbid me giving instances of these interesting conditions. I would only say now that I believe the modern operations for cancer of the breast are associated with little risk if performed with perfect asepsis, that their results are better than the operations of former days in producing long immunity from recurrence, and that the individual chance of great prolongation of life is improved. All this we may with propriety urge upon our patients, but I believe with all deference that the term "cure" must be more carefully used with regard to the operative treatment of mammary cancer.—I am, Sirs, yours faithfully,

A. MARMADUKE SHEILD.

Cavendish-place, W., March 7th, 1896.

"QUALIFICATIONS FOR HOSPITAL APPOINTMENTS."

To the Editors of THE LANCET.

SIRS,—Referring to a letter which appeared in your issue of Feb. 29th under the above heading, I am directed by the Committee of Management to inform you that Fellows or Members of the Royal College of Physicians of Ireland are eligible as candidates for medical appointments on the staff of this hospital. The committee much regret that the qualification was accidentally omitted from the recent advertisement which forms the subject of the letter referred to owing to the fact that the Royal College of Physicians of Ireland has taken the place of the King's and Queen's College of Physicians of Dublin, the latter body being the one designated in the constitution of the hospital. The wording of the constitution has now been amended, and the omission will not occur again.

I am, Sirs, yours faithfully,

LEWIS H. GLENTON KERR,
Secretary, Great Northern Central Hospital,
Holloway-road, N.

March 10th, 1896.

"THE PORTSMOUTH LUNATIC ASYLUM."

To the Editors of THE LANCET.

SIRS,—In this week's issue of THE LANCET I notice an annotation which takes exception to the recent statement made by the chairman of the Portsmouth Borough Asylum Committee at their recent meeting relative to the appointment of a medical superintendent. The chairman made use of the following words: "All that is wanted in a medical superintendent is good organising ability and skill to deal with the diseases that attack lunatics in common with sane people."

I know nothing whatever about the merits of the candidate for the post, nor do I defend for a moment the system of making the appointment without having previously advertised it, but from three years' practical experience in lunatic asylums I am in a position to endorse the chairman's statement. Asylum superintendents who relegate to themselves the title of "mental specialists" give the treatment of the

patients entirely into the hands of the medical officers and confine themselves to the general administration and organisation of their establishments.

I am, Sirs, yours faithfully,

R. P. RYAN, F.R.C.S. Irel.

Devonport, March 13th, 1896.

"FUNCTIONAL APHONIA IN MAN; TREATMENT, ETC.; WITH SPECIAL REFERENCE TO SO-CALLED VARICOSE VEINS AT THE BASE OF THE TONGUE."

THE SURGICAL IMPORTANCE OF VARICOSE VEINS AT THE BASE OF THE TONGUE.

To the Editors of THE LANCET.

SIRS,—Before you finally declare your columns closed to correspondence on this subject I shall be grateful if you will allow me to send you one more letter. The first charge (Feb. 15th) was that of Dr. Tilley that "functional aphonia" was taught at a hospital—now allowed to be the one of which I am the senior surgeon—to be due to varicose veins at the base of the tongue. This may be dismissed, for Dr. Tilley admits that he was not thus taught by the surgeon whose practice he followed at that hospital, and I have challenged him to produce any printed evidence that any one of my colleagues is responsible for so extravagant a doctrine. In the following week came a letter from Dr. Watson Williams, in which he at once admitted and questioned the frequency and the importance of varicose veins. I must refer your readers to his letter for details. At any rate, he was "confident that the great majority of laryngologists would strongly oppose the tendency of a few observers to over-estimate their clinical importance." I promptly claimed to agree with this pious expression of opinion. Then on Feb. 29th you published the encyclical of Dr. Semon, Dr. Hall, Mr. Butlin, Dr. Macdonald, and Mr. Symonds, in which they "fully endorse the views set forth by Dr. Tilley and by Dr. Watson Williams."

Now I had intended, in view of the unwarranted and unsupported statement of Dr. Tilley and the vague one of Dr. Williams to have taken no notice of this conjoint letter except to dismiss it with what I fear was but a blunderingly humorous quotation against them from Dr. McBride, whom I quite recognise to be of their way of thinking. But I have been told by many friends that it is a duty to point out that Dr. Watson Williams has, in quite recently published utterances, taken a quite different position to that now assumed. This gentleman, whose laboured regret to expose a mote in my eye has made him oblivious to a big beam in his own, thus writes in "Diseases of the Upper Respiratory Tract," (London, October, 1894), p. 43:—"Varix and Adenoid Hypertrophy at the base of the tongue is another condition *very frequently* [the italics are mine] observed in association with chronic pharyngitis. The hypertrophied nodules of adenoid tissue by impinging on the epiglottis may cause a constant irritating cough. The most marked case I have met with, as shown in Fig. 16 [which, by the way, does not illustrate impingement on the epiglottis], was in a schoolmaster. These nodules and any varicose veins should be destroyed by the galvano-cautery in the same way as enlarged veins in the pharyngeal mucous membrane." These eighty words represent all the information afforded on the subject in the volume. No word of protest is uttered as to the importance of looking beyond local causes or of taking a broad-minded and physicianly view of the question, which is, indeed, treated in as local and narrow a manner as could well be demonstrated.

I forbear to push the matter further, being confident that the signatories of the conjoint protest will now feel that they have been somewhat in a hurry in their endorsement of views which are either not very sincere or are the result of but a very recent conversion. Nor would I inquire too curiously if the writings of some of their own party would bear close scrutiny, for I am not at present concerned to show that there are quite as many English—to say nothing of French, German, and American—laryngologists who are in agreement with me as with them. In conclusion, I would ask permission to again repeat that lingual varix has never been taught by me to be the sole cause, but only a portion of a complex condition responsible for many minor throat troubles as well as indicative of several constitutional states,