

Dr. Hewitt cannot, of course, patent the instruments himself, and we are sure it is quite unnecessary to say that he receives no pecuniary profit whatever by the sale of his instruments, and does not desire to do so; but he does desire that his instrument maker should receive the legitimate reward for his work. He is also anxious—and naturally, both as medical man and as scientific inventor—that the profession should not purchase under his name instruments only distantly resembling his apparatus. The employment of these instruments, from his point of view would be attended with risk, and he does not intend to be associated in the eyes of medical men with possible accidents.—ED. L.

## OPERATIVE TREATMENT IN INSANITY.

*To the Editors of THE LANCET.*

SIRS,—I have already in several lectures and papers discussed many of the questions put forward by Dr. C. Mercier in his letter in THE LANCET of Sept. 22nd, p. 831, and perhaps Dr. Mercier may remember (for he was present) that at the meeting of the British Medical Association at Bournemouth I placed the question of the justifiability of trephining in general paralysis before the psychological branch, when, on the motion of the late Dr. Hack Tuke, it received the stamp of permissible approbation. What Dr. Mercier describes as a result of the operation—"a permanent gap in the brain-pan"—is a forcible way of stating what does not occur, at least in my experience. I have never seen such a "gap" as he imagines; indeed, the hole made by the trephine instrument is eventually firmly sealed and the patient is quite protected from liability to injury. As to what may be seen of the condition of the brain and membranes after the removal of the bone much of course depends upon the extent to which the operation is carried. I can only say that when the skull opening has been free, I have seen, especially after incision of the dura mater, conditions of membrane which were indicative of congestion, inflammation, and pressure, and, if necessary, corroborative evidence on this point could be given by the surgeons who actually performed the operations. As to Dr. Mercier's demand for "evidence of increased cranial pressure in insanity," there was certainly plenty of evidence in some of the cases operated upon, for when the bone was removed the parts of the brain and membranes rose up into the hole in the form of a tense tumour; indeed, I remember particularly that in one case there was no pulsation of the brain to be noticed until after the dura mater had been opened and the fluid had drained away, whereupon pulsation returned.

Mr. Harrison Cripps was so persuaded of the absolute presence of pressure in some (not all) of the cases upon which he operated that he proposed a large removal of bone and subsequent drainage by placing a tube between the cavity of the arachnoid and the outer skin, and that this mode of drainage was possible was proved by one case in which from a tube so placed drainage of cerebro-spinal fluid went on for a considerable number of hours. I have elsewhere given reasons for thinking that the timely removal of pressure would prevent the "swollen nerve cells and disintegration of fibres" of which Dr. Mercier speaks, and as to the preference to be given to lumbar puncture I would readily yield because the principle being allowed the operation is more simple and not so expensive, though lumbar puncture would not satisfy in every case the conditions for which I have urged the intervention of the surgeon. In a paper read a little time since before the Medico-Psychological Association I mentioned cases where there was reason to believe that the delusions were the result of hallucinations arising from disease or derangement of the sensory centres and early operation was discussed with the view of examining the particular centre involved and if possible of applying local remedies to it. It afterwards appeared that I had been anticipated in this recommendation by a prominent surgeon in Liverpool who, in one of the medical journals (I think), gave the result of his work. I have at this moment under observation a lady in whom the delusions which she exhibits appear distinctly traceable to hallucinations of hearing and the advisability of exposing the particular brain tract supposed to be involved is under consideration, there being many reasons for thinking that a primary lesion is to be found there.

Surgical operation in insanity is not likely to become

general for several reasons; the friends of patients are opposed to what seems to them a formidable remedy, the services of an expert are required and the fees are large, whilst in the case of pauper patients the special surgical skill and the appliances are not always accessible, but that there are occasions when direct contact with the brain is the only true method of dealing with the disease has passed beyond the limit of speculation and is, I believe, a truth which may be accepted. I have seen not only relief and (probably) prolongation of life from the selected recourse to it, but I have seen, and have reported, cure due to the relief afforded by operation.

By your courtesy I am very glad to have this opportunity of replying in some measure to Dr. Mercier's very reasonable inquiries and also of bringing forward the discussion of a procedure which has been largely adopted in Germany and which is, I think, worthy of more consideration in this country than has been given hitherto to it. My object in writing an answer to "M.R.C.S." was not to provoke a discussion with Dr. Mercier but to point out the danger of tying the carotid artery and to explain the manner in which operation might be useful after the failure of other remedies. If "M.R.C.S." desires a detailed explanation of the *pros* and *cons* on the whole question of operation in insanity I beg to refer him to some of the chapters in my book "Ex Cathedra."

I am, Sirs, yours faithfully,  
Harley-street, W., Sept. 25th, 1906. T. CLAYE SHAW.

## THE FINANCIAL SIDE OF ARMY HOSPITALS.

*To the Editors of THE LANCET.*

SIRS,—The reforms of the last 30 years have placed the entire control of our military hospitals in the hands of the officers of the Army Medical Service. The whole responsibility for discipline, medical care, and stock-keeping is now rightly in their hands. One important factor in administrative efficiency is still in the background—I mean a full knowledge of the financial details of the hospitals by the medical officers. This financial side is sure to be fully inquired into in the near future and I desire to invite medical officers to study it thoroughly. In studying finance the cost of structural maintenance can be obtained from the Royal Engineers' Works Department. The pay of officers and staff is easily made out; the cost of rations and supplies comes from the Army Service Corps; the laundry charges—fuel, light, and water expenditure—are easily obtained; the medical department can supply the cost of medicines; charges for stationery would come from H.M. Stationery Office; and gardening charges from the Royal Engineers. The summing-up of these various groups would, I think, fairly cover the charges for maintenance of the institutions. I commend to the attention of all medical officers the forms printed by Waterlow and Sons, Limited, London Wall, London, obtained for a few pence, and made out to meet the demands of the Hospital Sunday Fund as to the expenses of hospitals in civil life. They show the various headings of expenditure and receipts, which latter in the army would be the hospital stoppages paid by the officers and men under treatment in the hospitals. No doubt an army form similar to Messrs. Waterlow's form should be issued officially and the cost per bed per annum formally shown. A just economy is the "conscience" of administration and by mastering the financial side of their responsible duties medical officers would be still more fully qualified on retirement from the army for the secretaryship of hospitals, an appointment to-day in the hands largely of amateurs, but awaiting the coming of the specialist. Until the medical officer knows still more accurately the cost of maintenance per bed per annum his complete knowledge of the institution in his charge will be defective.

A comparative table of cost of army hospitals in England, the colonies, and India should be easily forthcoming and would be interesting outside the confines of the army. The cost per bed of naval hospitals should also be easily obtainable. Even the cost of the Sepoy hospitals in India, so primitive and undeveloped, would be worth inquiring into. They would gain, I have no doubt, first prize for actual cheapness, but cheapness *per se* is not to be desired, it is "cheapness with efficiency." The "stoppage" system of the army is sure in the near future to become the model on which municipal hospitals will recover from patients the cost of their maintenance. When