1st Volunteer Battalion the Leicestershire Regiment, to be Surgeon-Lieutenant.

THE HEALTH OF THE TROOPS IN INDIA.

The *Times* of the 1st inst. publishes an analysis of the memorandum which has just been issued by the British Committee of the Federation for the Abolition of the State Regulation of Vice, signed by the chairman, Mr. Walter S. B. Maclaren, and accompanied by a "brief statement as to the nature and tendency of the Contagious Diseases Acts and why their re-introduction should be resolutely opposed." The committee recognise the seriousness and difficulty of the situation, and although they declare a return to the old regulation system to be impossible, not only because it encouraged vice, but because it failed in its object, they are not in favour of a do-nothing policy. What, in their opinion, must be done is to attempt honestly to diminish the vice which is the cause of the disease. To this end moral character should be made an important element in promotion; a man's "medical history sheet" should be taken as an indication of character in the same way as the "defaulters' sheet," and regiments in a specially bad condition should be treated with special discipline. Further, a Select Committee should consider how the moral tone of the Army can be raised amongst both officers and men; how further occupation and recreation can be provided; why the percentage of married soldiers is so much smaller than it used to be; whether a longer service system for older men is feasible or desirable; why the numbers of cantonment hospitals and cantonment general hospitals have so greatly decreased; how the contraction of disease may be made more difficult; and why the admissions to hospital vary so much in different stations and different regiments. The committee point out that anything on the lines of the Act for the Notification of Diseases and the detention or imprisonment of persons in hospitals would lead to improper denouncing in certain cases and blackmail. They object to any scheme which necessitates the examination of women, and are prepared to resist to the uttermost such a system as that of the Cantonments Regulations.

GUN-SHOT WOUNDS DURING THE MADAGASCAR EXPEDITION.

That the late Madagascar war cost the French dear is unfortunately well known, but not many of the casualties were due to the weapons of the enemy. According to a return which has just been published by order of the War Minister 46 men belonging to the flying column were treated for gun-shot injuries in the ambulance which was established at Isoavinandriana in the building formerly occupied by the English hospital. The strength of the column which left Andriba on Sept. 14th, 1895, was 237 officers and 4013 men, with 1515 non-combatant followers. It was not until the 26th that the first batch of wounded, consisting of 6 men, reached the ambulance. On the 28th 5 arrived, and the next day 5 more. The final consignment, 30 strong, was received on the 30th; 44 men out of the 46 were wounded by soft lead bullets fired from breech-loading rifles of a large calibre. Two men only were struck by small bore projectiles of the Winchester pattern. The shells that were discharged by the Hova artillery were badly aimed and seldom or never burst; no one was injured by them. Five deaths took place among the wounded, a result which, considering the bad health of the troops and the hardships and privations they were exposed to, must be regarded as highly creditable to the medical officers of the ambulance. Only one amputation was performed, the 40 remaining cases recovering without the loss of a limb.

THE "ALEXANDER MEMORIAL FUND" PRIZE.

The prize of £50 and the gold medal for the "Alexander Memorial Fund" for 1896 has been awarded to Surgeon-Major Cecil Birt, Army Medical Staff. The subject for the next competition is "Injuries to Joints and Long Bones caused by Modern Small Arm Projectiles; their Nature, Diagnosis, and Treatment, with special Reference to the Appliances Required and Available on Field Service." Essays must reach the President of the committee on or before December 31st, 1899. Essays are to be legibly written, superscribed with a brief motto, and accompanied by a sealed envelope similarly superscribed, containing the name and address of the author. No essay shall exceed in length fifty pages of ordinary printed octavo, which may be estimated as amounting to 20,000 words.

This limit is exclusive of tables, which may be added in the form of appendices. The competition is limited to executive officers of the Army Medical Staff on full pay; but professors and assistant professors at Netley are not allowed to compete while so employed.

THE HEALTH OF THE TROOPS.

A Parliamentary paper has been issued showing the average annual strength of the troops at certain home and foreign stations in the years 1894 and 1895, with the admissions of soldiers to hospital and the ratio of admissions per 1000 of mean strength for all forms of venereal disease and the ratio constantly sick from such causes per 1000 of mean strength. From this return it appears that the ratio of admissions to hospital and of men constantly sick from all forms of venereal disease shows a decrease in the named years in the United Kingdom, in the West Indies (including Jamaica), and in Egypt; but an increase in Gibraltar, Malta, Canada, Bermuda, South Africa and St. Helena, China and the Straits Settlements, and in India; while as regards Cyprus the ratio of admissions has increased, but of men constantly sick has decreased, and as regards Mauritius and Ceylon the opposite has taken place.

Correspondence.

"Audi alteram partem."

RIGHT-HANDEDNESS.

To the Editors of THE LANCET.

SIRS,—In his Lumleian Lectures on Aphasia Dr. Bastian makes allusion to right-handedness and its probable influence on the localisation of the speech faculty in the left cerebral hemisphere, and he says, in effect, that none of the answers hitherto given to the question, "Why are we right-handed?" are altogether satisfactory. All are agreed that the causes of right-handedness are to be looked for in our remote ancestors, and an appeal is made to education and heredity as offering sufficient explanation. I believe that right-handedness is a necessity and depends upon the distribution of the weight of the viscera in the thorax, and that our four-limbed ancestors were right-pawed long before they began to stand on their hind-legs for oratorical or other purposes. The weight of the viscera in the left half of the thorax is considerably greater than that of those in the right half. This is evident in the dead body; but the contrast during life, when the heart is full of blood and the right lung is thoroughly inflated, must be far greater than it is after death.

When an animal stands upon its four limbs, the body being horizontal, it is evident that the centre of gravity of the thoracic cavity is nearer the left fore-limb than the right fore-limb, and that the stability of the body is more upset by taking the left fore-limb off the ground than it is by removing the right fore-limb off the ground. If an animal, therefore, wishes to make independent use of one of its fore-limbs, it probably chooses the right for that purpose, because by so doing it interferes very little with the stability of the body, and it is evident that unless the body be firmly planted on the ground the independent use of one of the fore-limbs cannot be really effective. A little child left to itself and crawling on "all fours" would for the same reason use the right arm by preference for purposes which are independent of locomotion.

I am, Sirs, yours truly,

Wimpole-street, April 8th, 1897.

G. V. POORE.

"A QUESTION FOR ANÆSTHETISTS."

To the Editors of THE LANCET.

SIRS,—As far as facts and figures are concerned, Mr. Clement Lucas's two long and genial letters furnish no additional arguments in favour of his views. My reading of Mr. Lucas's original article led me to the conclusion that he wished to establish some connexion between the occurrence of pneumonia and the administration of the anæsthetic, and my argument is that there is no reliable evidence in favour of this view, but that when the matter is critically examined it is seen to rest on mere tradition. There can be no two

opinions as to the desirability of cleanly administration, but there is surely a far cry between this admission and the association in question. In matters bacteriological I see no shame in admitting that I am "a child," and for this reason I was careful not to give my own opinions, but, as the context showed, the opinions of leading authorities. Whether the opinions of Crookshank and Sternberg are accepted by modern physicians is a matter for the modern physicians themselves to determine; it is true, of course, that Crookshank's last edition is now a few months old, and many theories may have been advanced since then. The diatribe against the Clover's inhaler, quoted by Mr. Lucas, is, I fancy, not unknown even in this (anæsthetically) degenerate Western hemisphere, but it loses much of its force when we recollect that almost precisely similar invective may be directed against any surgical instrument or surgical procedure. Anyone who cares to take the trouble can clean, boil, or superheat a metal inhaler with ease, and, on the other hand, a surgical instrument in careless hands may become the very acme of all that is foul and filthy; the antiseptic process itself has been condemned because of failures consequent upon faulty technique.

I have the honour to remain, Sirs, your faithfully,

J. FREDK. W. SILK.

Devonshire-street, Portland-place, W., April 5th, 1897.

"AN UNDESCRIBED SYMPTOM."

To the Editors of THE LANCET.

SIRS,—In connexion with Mr. Battle's paper in THE LANCET of March 27th, "An Undescribed Symptom in Peritonitis," it may be of interest if I briefly describe a very similar case which I recorded in THE LANCET of May 10th, 1890, p. 1015, under the title of "An Unusual Case of Strangulated Hernia." A middle-aged man suffering from strangulated hernia was admitted into the General Hospital, Birmingham, under the care of Mr. Haslam, to whose courtesy I was indebted for permission to publish the case. The man's general condition was very much the same as that of Mr. Battle's patient. He was in a condition of collapse and could hardly answer questions, so it was difficult to get a history. His abdomen was distended, motionless, and tympanitic. Over the lower part of it was an cedematous swelling. The swelling occupied both groins, especially the right, and extended into the perineum as far as the base of the triangular ligament. The scrotum was swollen and tense. The swelling on the abdomen was limited towards the thighs by Poupart's ligament. The whole appearance was so like that produced by extravasation of urine that more than one surgeon who saw the case was inclined to make that diagnosis rather than the one of strangulated hernia, to which other symptoms pointed. The patient was placed under chloroform, and an incision over the right inguinal region showed a hernia of the small intestine. The gut was gangrenous and piebald in colour, though it had not given way. The sac was full of purulent fluid. The tissues over the sac were also infiltrated with fluid. The bladder and urethra were examined, but no extravasation of urine was found. They were quite healthy. The patient was now in a moribund condition, or the abdomen would have been opened and washed out. He died a few hours after. A post-mortem examination showed extensive suppurative peritonitis which had probably started in the hernial sac.¹ The condition of cedema was almost exactly like that which Mr. Battle describes. In both cases the symptoms appeared in a "late stage of the disease" and "indicated a very intense inflammation of the peritoneum." In future cases of the kind the bacteriology ought to be carefully worked out.

I am, Sirs, yours faithfully,

Hove, March 29th, 1897. D. R. P. STEPHENS, F.R.C.S. ENG.

"SHOULD EPILEPTICS MARRY?"

To the Editors of THE LANCET.

SIRS,—Any one knowing much of epileptics—whether suffering from immediate traumatic epilepsy or transmitted (?) or obscure epilepsy—must know that even the best of them are quite unfitted for responsibility. They may be skilled up to certain points in music, art, literature, or manual work; but they are always subject to fits of more or

less irresponsibility, they are always uncertain and not to be relied upon, and thus are quite unfit to have the training or hold the destinies of others in their hands. Thanking you in anticipation for your courtesy in giving my letter room,

I am, Sirs, yours faithfully,

MABEL ANDERSON, Lady Superintendent.

Meath Home for Epileptics, Godalming, April 3rd, 1897.

THE PROPHYLACTIC VALUE OF QUININE IN MALARIA.

To the Editors of THE LANCET.

SIRS,—I am reported in THE LANCET of April 3rd as having drawn attention, in a note upon Central African malaria, read before the Liverpool Medical Institution, to the "prophylactic value of small daily doses of quinine sufficient to cause slight aural disturbance." In discussing the prophylactic measures adopted by me in Central Africa, I gave a certain amount of credit to the exhibition of small daily doses of quinine, commenced at sea before entering the country and continued whenever the line of march lay along the course of low-banked rivers or cut across marshes or alluvial plains at a watershed foot. The doses were quite small, about four grains per diem, and were never pushed to the causation of symptoms.

The physiological index is of great value in the treatment of actual febrile manifestations. The personal equivalent being such an uncertain factor, it is impossible to lay down an unalterable dosage of quinine which will be applicable to all cases and which will yield universally good results. In two patients, under the same external conditions, suffering from malarial fever of the same type, a dose which will be quite effective in one may show little or no good in the other. In Central Africa it was found after experience that the best clinical results were obtained by apportioning to each individual such an amount of the drug as sufficed to produce in him an aural disturbance indicative of the commencement of quininism.

I am, Sirs, yours faithfully,

STANLEY KELLETT SMITH, F.R.C.S.,
Late Surgeon, Rhodesia Exploratory Expedition to
Central Africa.

Liverpool, April 5th, 1897.

"THE MIDWIVES REGISTRATION BILL."

To the Editors of THE LANCET.

SIRS,—It would seem useless to repeat arguments against midwives registration worn absolutely threadbare from reiteration. Nevertheless, as some of your correspondents appear to take an *ex parte* view of the scheme, may I offer a few remarks? Nobody can dispute that melancholy casualties occur at rare intervals from employing the Gamps—which, after all said, is only equivalent to having no attendance at all; but it is curious to note how the registration schemes have recently unearthed a state of affairs—i.e., the dire mortality due to Gamps—that nobody until quite lately seemed aware of. It should appear quite self-evident that if these fatalities exceed anything beyond rare occurrences the Gamps would not have held their own for so many generations past in country and other places where they have plied their craft, seeing how pronounced fatal cases of midwifery are. Further, if otherwise, it is impossible to conceive that in Continental countries where civilisation runs parallel with our own, and where legislative restraint has been at play for many years past, the mortality should exceed that of our own country. I am aware that certain undetermined factors such as contracted pelvis, &c. (as amongst the Germans), have to be taken in to consideration; but it is preposterous to contend that these slender factors would suffice to strike a balance of mortality in favour of our own country if the damage due to midwives was anything like that represented by the witnesses who gave evidence before the Select Committee of the House of Commons. Granting, therefore, that I am correct in stating that the fatalities due to midwives are rare, I should like to ask Mr. Humphreys and his followers if such retrograde and revolutionary measures as the public have been edged on to anticipate are not likely to produce a greater mortality, taking all things into consideration, than already exists. I have remarked that the employment of Gamps is equivalent to having no attendance at all; but of what earthly use is it employing a registered

¹ I have not the report of the case by me, but my memory is very clear as to the above described symptoms.