In the light of your comments it is evident that the fact that I have made no attempt to establish in any degree the relative effect that different causes have in determining the size of the child will lead the reader to suppose that I do not consider the usually accepted ones as potent. This is very far from being the case and the omission to lay stress on these is due to the fact that opportunity to sift such figures as I have accumulated has hitherto been lacking. It is very far from my intention to put forward this law of parallel growth as the only factor determining the size of the child; it is undoubtedly only one of several, but it is one which has hitherto escaped attention but yet merits further investigation, and it is partly for this very reason that I have published the figures, for being no longer in a position to carry on this investigation myself I wish to bring it to the notice of others for confirmation or refutation. You further criticise my paper in two directions—first, as regards facts and, secondly, as regards the inferences to be drawn from them. The facts you object to, first, on the score of the insufficiency of the measurements. The cases are 111 in number and certainly before such a law as I have stated is allowed generally the figures available will have to be much greater; at the same time I think that the very regularity of the parallelism between the size of the conjugate and that of the child is a warranty that further numbers will confirm those given.

You are disposed to think that my figures are not accurate and that accurate figures could only be obtained either by examination on the cadaver or under anæsthesia. Undoubtedly measurements on the cadaver would be most useful, but their accumulation would take very much longer than the accumulation of clinical figures. I do not consider that the condition of anæsthesia would make results more accurate because the recti have usually little influence ten days after delivery in the ease with which the promontory is reached. The muscles are usually still separated and the hand can sink between them without serious resistance. You are further of opinion that it is impossible clinically to estimate the size of the conjugate diameter of the pelvis accurately within a quarter of an inch. This is probably true in any individual case but I think that by taking many measurements the results will be accurate in the average. Even if this conclusion is not correct, it will yet be found that the figures for successive increase of half an inch in the conjugate diameter, concerning the general accuracy of which there can scarcely be any question, are just as striking and as strong evidence of the law which I have put forward.

My conclusions are drawn from averages. That the parallelism of the child and the pelvis is one of average is constantly insisted on in all the tables accompanying the paper and it will not necessarily hold in individual cases except within wide limits. In order to avoid making the paper too long no lists of actual figures were given. As an example of the differences in these I may say that taking the Bengalis with a pelvis estimated at between four and four and a quarter inches in the conjugate diameter the weight of the children varied from four pounds 14 ounces to eight pounds six ounces. This in itself is sufficient proof that other factors than that of the size of the pelvis are concerned in regulating the size of the child and that the size of the latter can only be estimated within wide limits from that of the former. I do not wish to claim that the law which I have enunciated is the only or even the chief law by which the size of the child is determined; but subject to confirmation or refutation I hold that it is a factor, a practically unrecognised factor, and one the relative place of which among the others requires investigation which I am not in a position to carry out myself.

Your objection that normally sized children may be born through a congenitally contracted pelvis need not, I think, invalidate the general law. Other congenital factors may have been stronger and have resulted in the production of a normally sized child. The consideration of the relative influence of these various factors in determining the size of the child, so far as I have figures on which to base conclusions, I have intentionally omitted from my paper and my apparent dogmatism has been due not to any want of appreciation of the importance of these but partly to the wish to emphasise the new factor and partly to the hope that I should find opportunity in the future to sift the evidence satisfactorily.

I am, Sirs, yours faithfully,

CLAYTON LANE, M.D. Lond.,
Captain, I.M.S.

Medical College, Calcutta, Oct. 20th, 1903.

THE M.D. DEGREE OF BRUSSELS.

To the Editors of THE LANCET.

SIRS,—If Dr. N. Leonard will refer the question of the value of the M.D. Brux. to the proper official quarter in Brussels he will find that my statement in THE LANCET of Oct. 17th, p. 1119, is absolutely correct—viz., that the degree does *not* confer the right to practise in Belgium and that the examination is quite a different one from that which the Belgians themselves undergo. A few foreign medical men were formerly authorised to practise a *speciality* in Brussels irrespective of the particular qualifications they held—though similar favours are not now granted. This, I presume, is what Dr. Leonard refers to in his last paragraph in your issue of Oct. 24th. I think if these facts were more widely known fewer Englishmen would be ready to take a degree which is valueless even in the country where it is obtained.

I am, Sirs, yours faithfully,
Ludgate-hill, E.C., Nov. 5th, 1903. P. A. NIGHTINGALE.

SIMPLE CYST OF THE LIVER.

To the Editors of THE LANCET.

SIRS,—Attention having been called to the rarity of simple cysts of the liver in the paper by Mr. Alban Doran in THE LANCET of Oct. 31st, p. 1218, I think it worth while to refer very briefly to one case of my own. I knew at the time I operated on the case that it was a rare one but after reading Mr. Doran's paper it seems to me desirable that it should be recorded.

A woman, aged 63 years, came under my care in hospital in November, 1900, with a smooth round swelling in exactly the position of a distended gall-bladder. She had no symptoms and had noticed the swelling (which was visible) accidentally two months before I saw her. On opening the abdomen I found the whole liver enlarged so that the lower border of the liver reached nearly to the umbilicus, and projecting from it a bluish translucent cyst of the size of an orange. There was no liver tissue on its anterior aspect but it did not quite extend through the substance of the liver below—i.e., it lay above the quadrate lobe. Its wall was very thin, white, and glistening and it contained straw-coloured fluid. It did not in the least resemble hydatid cyst. The gall-bladder was hidden away under adherent colon and omentum. I stitched the cyst wall to the parietal peritoneum and drained it and she made a good recovery.

I am, Sirs, yours faithfully,
Bristol, Nov. 6th, 1903. CHARLES A. MORTON.

ROBERT STEPHENSON AND THE PUBLIC HEALTH.

To the Editors of THE LANCET.

SIRS,—In these days when we think as little of getting into a train for a short or long journey as we do of eating our breakfast or going to church on Sunday it is perhaps somewhat difficult to cast our minds back to the time when George Stephenson constructed and carried through the first railway for passenger and goods traffic that the world has ever known. In the surveying of "The Stockton and Darlington Railway" George Stephenson was greatly assisted by his only son Robert, to whom England owes much as a pioneer in railway enterprise, after having paid due homage to his truly illustrious father. The centenary of Robert Stephenson has recently occurred, for he was born on Oct. 16th, 1803, and in these days when centenary anniversaries are taken as fitting occasions for the recognition of lives that have been spent in the service of their country it seems unjust that a life so well spent and of such practical service not only to Great Britain but to the whole world should be passed by without comment of any description.

When we consider how dependant we are on our railways and other engineering projects, how the health of dwellers in towns is often speedily restored at perhaps a minimum of time and expense by a quick journey to the country or seaside for rest and change of air and scene, when we think also how the congested state of our towns can at any time be relieved and how at the same time the ambitious villager can satisfy his curiosity about town-life and progress by journeying from one place to another, the general public and the medical profession with it can only recall with gratitude the names of those benefactors who have helped, even indirectly, to increase the standard of health in our country

and consequently the happiness of the individual. The landmark, therefore, that draws attention to the birth of one of such men can hardly be allowed to pass by unobserved and the name of Robert Stephenson should be again revived and remembered for that ability, perseverance, and industry that have contributed so much to the increased comfort of life and thus been of such inestimable benefit to the public at large.

I am, Sirs, yours faithfully,

T. WILSON PARRY, M.A., M.B., B.C. Camb.

Highgate, N., Nov. 9th, 1903.

THE NEW REGULATIONS FOR THE INDIAN MEDICAL SERVICE.

To the Editors of THE LANCET.

SIRS,—The text of the new memorandum regarding the Indian Medical Service published in THE LANCET of Oct. 3rd, p. 973, and your special article commenting on its provisions sufficiently show that the Secretary of State and his advisers may be sincerely congratulated on the issue of the document, though much still remains to be accomplished and not a little to be explained.

The date of the memorandum is October, 1903, and although the heading of the memorandum would make it to appear that the advantages announced are prospective, yet I cannot help thinking that the wording is at fault and that these advantages are also to be retrospective and that they will apply to the officers now holding commissions. It is a wise departure from an old rule that no promotion examinations should obtain in the Indian Medical Service, that lieutenants after completing 18 months' service and before promotion to the rank of captain will be required to pass an examination in military law and in military medical organisation. I read that the result of this examination may affect an officer's promotion—this statement would have been more useful and better liked had it been accompanied by some explanation of the possibilities attached to such an examination. Is the result of this examination to carry the privilege of accelerated promotion or is failure to pass it merely to retard promotion to captain's rank? and is such retardation to be temporary only or to carry with it a permanent forfeit of position in the Army List? These are the questions which men are now asking.

Section 16, which deals with the "pay and allowances," has evidently been the subject of much earnest attention. The gains to the service which are announced are substantial, as the appended table clearly sets forth, in which I have compared the old and new rates of pay.

to be no selection for that rank to which every officer, as heretofore, who serves long enough will attain. It will be noted that the "grade pay" and "staff pay" taken together are the equivalent of the pay and allowances for the permanent medical charge of a regiment. We are told that "staff pay" is the pay of a "command" and is drawn in addition to grade pay. What the word "command" will be deemed to signify is not clear but it will no doubt have a wide significance and be applicable to all military medical appointments which are not connected with the medical charge of a regiment.

There are certain circumstances other than those pointed out in your article in which the memorandum may be a disappointment to the service. You rightly comment on the absurdity of saying that men can enter the service up to the age of 28 years and at the same time informing them that the maximum pension is not open to them. As a rule the men who enter the service after 25 years of age are those who have spent additional time in study, in resident hospital posts, and in the junior teaching appointments in the schools, and such men ought to be encouraged in every way, while under the present rules they are almost debarred from the highest rate of the ordinary pension; but it is a real pity also that nothing has been done to increase the rates of temporary and permanent half-pay for those who break down in India and are really incapacitated. Many of the captains in the service are married and the sum of £127 15s, the rate of permanent half-pay accorded to them, is very small. All of us know of cases where men have been so broken down by the Indian climate that they have been forced to retire on this pittance and in a condition where work in private practice in this country is not possible to them. The rates of half-pay are less than those offered to the officers of the Royal Army Medical Corps and they stand in need of revision.

From your comments on the conditions of civil employment it might be supposed that no improvement in the pay of the officers in civil employment has been contemplated. May I, however, point out that the pay of an officer in substantive charge of a first-class civil station has always been Rs. 50 a month more than the pay for the charge of a native regiment and that the pay for the substantive charge of a second-class civil station has always been Rs. 50 a month less than the pay of an officer in permanent charge of a regiment, so that the increase of pay on the military side of the service naturally infers an equal increase for those officers who prefer to work in civil appointments. Now that the chances of private practice are so much less than formerly the pay of a civil surgeon of the second class should be increased so

Rank.	Unemployed pay.		Grade pay.	Staff pay.	In officiating medical charge of a regiment.		In permanent medical charge of a regiment.	
	Old rules.	New rules.			Old rules, minimum.	New rules.	Old rules.	New rules.
	Rs.	Rs.	Rs.	Rs.	Rs.	Rs.	Rs.	Rs.
Lieutenant	350	420	350	150	400	425	450	500
Captain... ..	350	475	400	150	400	475	450	550
„ after five years' service	450	475	450	150	500	525	600	600
„ after seven years' service	450	*	500	150	500	575	600	650
„ after ten years' service	500	*	550	150	550	625	600	700
Major	640	*	650	150	—	725	800	800
„ after 15 years' service	677	*	750	150	—	825	800	900
Lieutenant-Colonel	852	*	900	350	—	1075	1000	1250
„ „ after 25 years' service	888	*	900	400	—	1100	1000	1300
„ „ specially selected for } increased pay	900	*	1000	400	—	1200	1100	1400

*Grade pay.

The minimum sum which a lieutenant can now receive after arrival in India is Rs. 420 a month, the equivalent, with the exchange compensation, of £357 a year; while the officer who never aspires to anything beyond the charge of a regiment and who serves for over 25 years will in future draw Rs. 1300 a month, which is equivalent to over £1100 a year. To these rates of pay every man who enters the Indian Medical Service may confidently look forward, for paragraph 9 states that "a major is promoted to lieutenant-colonel on completion of 20 years' full pay service"—there is

as to be at least equal to that of an officer in regimental employment.

In conclusion, although there are directions in which the memorandum fails to redress obvious grievances, as you rightly indicate in your comments, the additions to pay and pension and the other privileges announced must go some way to render the Indian Medical Service as popular as it was some 20 years ago.—I am, Sirs, yours faithfully,

VETERAN.

Nov. 6th, 1903.