

ROYAL ARMY MEDICAL CORPS (VOLUNTEERS).

The Manchester Companies: George Fyfe Waterson to be Lieutenant. Dated July 25th, 1903.

VOLUNTEER INFANTRY BRIGADE BEARER COMPANY.

5th London: Surgeon-Captain J. G. Fraser, 19th Middlesex Volunteer Rifle Corps, to be Captain and to command under paragraph 55A Volunteer Regulations. Dated July 25th, 1903.

SUNSTROKE: A CALAMITOUS MARCH.

The Vienna correspondent of the *Standard* furnishes some particulars regarding a calamitous occurrence which recently befell some troops engaged in military field operations in Herzegovina. According to the description published in that journal of July 27th it appears that two battalions of the 12th Austro-Hungarian Infantry made a march of some 20 miles and had a sham fight on the way with the garrison of Bilek. This small force suffered so severely from sunstroke that the losses attending these military manoeuvres were as serious as in war itself. The mid-day heat was very great, the country mountainous, without shade or water, and the men marched with field service equipment, each man carrying about 50 pounds. According to reports in the Hungarian papers more than 400 soldiers fell out and were left lying on the road, while the War Office admits that no fewer than 15 died from sunstroke and that about 40 more were taken, partially unconscious and in a critical condition, to hospital, while another 60 are suffering less seriously from the effects of sunstroke. The matter has naturally caused a good deal of adverse criticism and the conduct of the military authorities will no doubt be made a subject of official inquiry.

THE ARMY AND NATIONAL PHYSIQUE.

This subject continues to occupy attention and its importance is beginning to be fully recognised. It is the alleged physical degeneration of the class which provides the bulk of our soldiers that mainly concerns us, when the unskilled labouring class is no longer content to remain in rural districts but migrates to large towns and only adds to the existing overcrowding and all the other evils to be found in city slums. Although it is undeniable that a system of national training can do much it manifestly cannot do everything. In cases where the conditions have throughout been exceptionally unfavourable—from infancy upwards to early manhood—it is too late to expect that all the results can be effaced by any mere physical training, notwithstanding that it is capable of doing a good deal under other conditions in improving physical development. We require to enlarge our field for recruiting and to tap other sources of supply.

There will be two vacancies this month in the senior rank of the Army Medical Staff as Surgeon-General W. S. M. Price, Principal Medical Officer, Bombay, reaches the limit of age on August 11th, as does Surgeon-General Sir W. D. Wilson, K.C.M.G., attached to the Home District, on August 27th. The *Army and Navy Gazette* understands that one of these vacancies will be utilised to absorb Surgeon-General W. J. Fawcett, who was recently promoted to act as Principal Medical Officer of the 3rd Army Corps in Ireland.

The number of competitors for 30 commissions in the Royal Army Medical Corps at the examination which commenced on July 29th is 72.

Correspondence.

"Audi alteram partem."

THE CAVENDISH LECTURE ON DISEASES OF THE ASCENDING AORTA.

To the Editors of THE LANCET.

SIRS,—I have read with the pleasure I always experience in perusing his work, Professor T. Clifford Allbutt's lecture on Diseases of the Ascending Aorta, published in THE LANCET of July 18th. I also had the privilege of hearing the Cavendish lecture delivered. We should be grateful to Professor Allbutt, in the midst of his academic activities for having detached himself from these to lay before us so much of interest bearing on his theme and in so happy a manner. For, although the kernel is the meat of the nut, there are those—and I confess myself one of them—who prefer to reach the kernel leisurely with the aid of crackers, artistic

in shape if possible, to having the naked contents placed before them in balder fashion. With these remarks I perceive you, Sirs, sympathise in your leading article on the lecture in THE LANCET of July 25th. There are many sound and nutritious nuts in the graceful dish which Professor Allbutt has placed before us, but I have picked up one specially recommended by the lecturer, cracked it leisurely, and laid it aside as not suiting my palate, very possibly owing to some defect in my own taste which I cannot help and can only acknowledge. Perhaps I may in time become less fastidious on this point or even, as is the case with some viands, develop an acquired liking for it. The nut in question has been a very hard one to crack for many a day. There are those, indeed, who affirm with some show of reason that this particular kind of nut has never yet been cracked, often as it has been served up at medical banquets and sometimes with the recommendation that it had been cracked and enjoyed by many notable physiological and medical gourmets. Need I add that the nut in question is that always interesting and still obscure problem concerning the nature and site of angina pectoris. The subject occupies a considerable portion of Professor Allbutt's remarks on the symptomatology of the condition of which he treats. It is with him synonymous with aortic pain, arises in some portion of the aorta more or less near its origin, and causes its fatal results when these ensue by overthrowing the heart secondarily. That such is the case at times I should be the last to dispute, but Professor Allbutt so states his position as to leave the impression that the agony which distresses or kills a patient in these circumstances does not frequently arise elsewhere. He even utilises Pawinski's work in support of his "long-published opinions on the nature of angina," and these, as I have said, associate the pain chiefly with the aorta. The condition which Pawinski describes might, of course, be argued to be as closely related to the coronary circle as to the aorta, but it has probably little to do with either and must affect mainly the nervous mechanism common in some measure to both these structures and to the parts immediately inflamed. Pain of sufficient severity in or near the heart, or, indeed, remote from it, will, we know, at times inhibit a heart into syncope, especially if, as Professor Allbutt points out, the organ be degenerate in fibre. When, however, he states that the "glamour of great names," the "tenacity of a habit of thought," and the "sapping effect of fixed doctrine upon simplicity of thought," have had such an effect as too exclusively to fix our regard upon the coronary arteries as the site of angina pectoris, I can only agree with him with some reservation. The coronary arteries may indeed have been too frequently regarded as the place of origin of this important syndrome, but they can scarcely be said to have been too minutely examined. Beyond having been split up, or dissected, or casually inspected at their orifices, so far as my acquaintance with the literature of the subject is concerned, they have rarely been examined by microscopic section sufficiently carefully to declare their true condition and we are even now largely ignorant of their nervous anatomy. But, this aside, my object in addressing you, Sirs, on this point has been to express my conviction that the time is past for too exclusively situating the causes of angina pectoris in this or that tissue of the heart or its neighbourhood, whether it be the aorta, the coronary arteries, the cardiac muscle, or the extra-cardiac nervous system. It may arise in any of these situations or in one or more of them, and to determine where and how in any particular case we require much more minute examination to be made in fatal cases of the textures of and around the heart than has hitherto been the case in reports of the condition, and more especially with reference to that most neglected field in cardiac pathology, the investigation of the cardiac nervous system after death. I trust that the remarks I have ventured to make may not be regarded as presumptuous when offered in criticism of the views of one who has done so much to enlist our interest in this important question, but I feel convinced that until we break loose from the warp of single localisation in theories of angina—a modd observed in so pronounced and dogmatic a manner in the published conclusions of, for example, M. Huchard—we shall long find this subject a very hard nut to crack and not very digestible even when we flatter ourselves that we have succeeded in reaching the kernel of the matter. But I would fain see in Professor Allbutt's references to Pawinski's work the loosening of a too exclusive

attachment to the aortic theory of angina pectoris as published, for example, in his Lane lectures, although some of Pawinski's cases do not present a very striking likeness to the classical features of Heberden's disease.

I am, Sirs, yours faithfully,

ALEXANDER MORISON.

Upper Berkeley-street, W., July 25th, 1893.

THE SOCIETY OF APOTHECARIES OF LONDON AND THE GENERAL MEDICAL COUNCIL.

To the Editors of THE LANCET.

SIRS,—I must, on behalf of the Society of Apothecaries of London, take exception to the leading article in THE LANCET of July 25th, p. 242, commenting upon the recent meeting of the General Medical Council and the consideration which then took place of the reports upon the primary examinations of the Conjoint Board and of the Society of Apothecaries. In dealing with the question of the first year's study the statement is made that the Society, following in the wake of the Conjoint Board, has so far failed to carry out the spirit of the recommendation of the Council that it has accepted the last year of study of any boys' school, in which there might be a pretence of playing at science teaching, as the first year of the medical curriculum. I am not concerned to inquire whether this is or is not a correct description of the teaching institutions recognised by the Conjoint Board but not approved by the General Medical Council, to which institutions I assume the statement alludes, but in justice to the Society of Apothecaries I must point out that only candidates who have studied either at medical schools or at institutions recognised by the Council are admitted to the Society's primary examination.

I also regret to notice in the article statements which appear to link the Society with the Royal Colleges in what is termed an "opposition" to the General Medical Council, an "opposition" which, in the case of the Society, I have no hesitation in saying, is entirely non-existent. The Society of Apothecaries is now, and always has been, most anxious to work loyally and to the best of its ability with the Council and has, in fact, consistently done so, recognising fully that the strength and usefulness of the Council can best be maintained by generous coöperation on the part of the licensing corporations; and it has certainly at no time in the past taken up the position, in the words of your article, of "defending its rights and privileges" against "aggression" on the part of the Council, nor does it intend to do so now. I think it is only necessary to refer to the conciliatory terms of the Society's reply to the recent visitors' report on the primary examination to recognise that it is entirely beside the mark to ascribe any intention of hostility or opposition on the part of the Society to the General Medical Council.

I am, Sirs, yours faithfully,

A. MOWBRAY UPTON,
Clerk to the Society.

July 28th, 1903.

THE OVERTRAINING OF MIDWIVES.

To the Editors of THE LANCET.

SIRS,—It is understood that the Midwives Board is formulating the rules for the training of midwives under the Midwives Act. May I, as one who has in a humble way supported legislation in the interest of the poorer classes of women who have to rely in the hour of their need on midwives, claim to say a word at this juncture? There is a tendency, perhaps a natural tendency, now that the Act has been gained to overdo what was meant to be done by it—in other words, to overtrain instead of training the midwife and to make her superior to the work required of her—viz., to attend poor women in ordinary confinements, to nurse them for a week or ten days afterwards, and on the occurrence of any irregularity or abnormality in mother or child to apply for medical advice and assistance. If this tendency to overtrain is not checked the full blessings of the Act will not be realised. If the midwife is to be trained for two years as a nurse, as suggested at a recent drawing-room meeting, she will be trained beyond the nature and scope of her duties, her price will become prohibitive, and the poor will be driven to resort to all sorts of makeshifts to dispense with her services and will encounter the same risks as at present. I am told by one who ought to know that the extension of the midwives' training even to six months will seriously reduce the

number of pupil midwives. To understand the tendency to overtraining and its disadvantages we have only to look at what has happened in the nursing calling. A trained nurse now costs at the rate of from 100 to 150 guineas a year. She (or he) has become a luxury beyond the reach of large sections of the community where there are many cases in which a nurse is more or less needed, though the services required are simple and do not call for the amount of training which is now given. Speaking as a general practitioner this seems to me a serious question. But I am concerned for the moment at the tendency of some of those who have most humanely fought for the training of midwives to carry it to excess. I am sure the friends of poor lying-in women will not misunderstand me when I suggest that they will do well to proceed tentatively and slowly. Two points ought to be remembered. Firstly, that the law contemplates that midwifery is still to be under the care of the medical profession and that in all its unusual forms the midwife is to seek medical assistance. Secondly, our maternity charities show well that with the present training of three months, even in very humble homes, the lying-in mortality is reduced to very small proportions.

I have before me the report of the City of London Lying-in Hospital for the year ending 1902. Of 2242 women delivered by the midwives at their own homes (subject, of course, to the supervision of the medical staff) only two women and 31 children died. It seems reasonable to think that the Midwives Board will do well in the first instance to require but little extension of the same training that has been hitherto found to be sufficient and not to endanger the success of the new Act by pitching too high the standard of education.

I am, Sirs, yours faithfully,

Highbury-place, N., July 27th, 1903.

J. G. GLOVER.

LONDON RECEIVING HOUSES FOR THE UNSOUND IN MIND.

To the Editors of THE LANCET.

SIRS,—I have just had an opportunity of reading the Bill for the establishment of these houses in the metropolis which has been sent down by the House of Lords to the House of Commons and which will shortly be discussed there. It bears the stamp of careful consideration of all matters vital to the carrying out of the scheme successfully and it is calculated to meet a pressing need, always recognised by those who, like myself, have long been engaged in caring for the unsound in mind in the great institutions of the metropolitan counties and district. But there is one point in the Bill to which I should like to call very especial attention, and that is its phraseology. A liberal and progressive measure in most respects, it is marred by the perpetuation of a misnomer, and that of a very objectionable and degrading kind. I refer to the word "lunatic."

What, I ask, is the real necessity for continuing the use of what is now considered an inaccurate and opprobrious epithet? What have mental disorders to do with the moon? No doubt such disorders do sometimes recur and pass through their phases, but can it be shown or proved that those phases are always coincident with phases of the moon or has it ever been proved that the moon produces or even influences mental disorders? Turning to Dr. D. Hack Tuke's "Dictionary of Psychological Medicine" we find the word "lunatic" defined thus: "(Luna, the moon, from its supposed influence in causing mental disease) A term applied to those diseases considered to be under the influence of the moon's phases, &c." The Act 16 & 17 Vict. Cap. 97, declares that the term "lunatic" shall mean and "include every person of unsound mind and every person being an idiot," thus including the mildest as well as the most serious disorders of the mind. It is, doubtless, the established and probably convenient legal term, but possibly we of the long-suffering medical profession have been dominated by so-called legal necessities and technicalities too long for the advantage of progressive medicine in that department, especially wherein it deals with diseases and disorders of the great nerve centres. Surely, if the will exist the skill and erudition of some person, be he legal or be he medical, will devise some words better indicating fact and more appropriate generally than the words "lunatic" and "lunacy."

Before closing this letter I would remark that the Bill in question invites the application of out-patients for relief to those receiving houses. I can imagine some such would-be out-patient debating in his own mind before making such an