Correspondence.

"Audi alteram partem."

A HOME MEDICAL SERVICE FOR THE TREATMENT OF SOLDIERS.

To the Editor of THE LANCET.

SIR,—In a leading article in your issue of Jan. 13th, referring to a proposal that greater use should be made of the part-time services of civilian doctors for the treatment of sick and wounded soldiers in this country, you say (p. 68): "We believe that in this way an economy of personnel could be effected, and more medical men found to meet the demands of the Director-General of the Army Medical Service."

I am confident that your belief is as well founded as it is widely held by large numbers of men qualified to express an opinion on the question. At the same time you refer to the well-known difficulties attached to the proposal. I believe that these difficulties are only on the surface, and would disappear if they were boldly faced. There certainly should be no difficulty in obtaining men for this home service. A properly constituted authority set up by Government and empowered to offer a moderate remuneration for the work undertaken would at once be inundated with offers, not merely of part-time but of whole-time service, by medical men who on account of age, nationality, partial invalidity, or commitments to their civilian patients could not be regarded as eligible for commissions in the R.A.M.C. The difficulty here would merely be one of selecting those best fitted for the work by their professional attainments or most suitably situated locally to carry out together their hospital duties to the soldiers and their domiciliary duties to their civilian patients.

If the personnel of the constituted authority were properly chosen, not only could these tasks of selection be well performed, but the professional work to be carried out could be wisely allocated according to the type of practice, general, consultant, or specialist, in which the applicant had previously been engaged. With such a volunteer home service enrolled there should be no difficulty in providing from it an adequate staff for any hospitals already, or hereafter to be, established for the treatment of sick and wounded soldiers in this country. There are already numerous Red Cross and private hospitals for soldiers running smoothly and efficiently, which are staffed by men of the type who would constitute this service, the only difference being that these staffs have been individually appointed to these hospitals, and do not form part of any centralised service. The existence of a central controlling authority would promote efficiency and make it easy to meet any troubles that from time to time might arise, and to remove and replace an inefficient member of the staff.

Nor should any difficulty be found in arranging for members of this home service and members of the Royal Army Medical Corps to work side by side in hospitals in which this seemed a desirable plan. Civilian doctors without commissions, part-time civilian doctors with *à la suite* commissions, and R.A.M.C. officers are conjointly staffing many hospitals now. But if this is not thought desirable, some hospitals could be staffed entirely by the home service and others by the R.A.M.C. It should not be difficult for the authorities of the Army Medical Service to select the hospitals whose transference to home service staffs would set free the largest number of R.A.M.C. officers for duty abroad. There should be no difficulty in finding funds for the payment of this service or in fixing the remuneration of its members. The cost would certainly be considerably less than that of remunerating a corresponding number of commissioned officers. There would be no need to make provision for pensions.

If I have by chance unduly minimised the difficulty of solving some of the problems indicated above there can certainly be no doubt that they are collectively incomparably easier of solution than is the problem of providing additional medical men for the Army, without dangerous depletion of the medical services of the civilian population, by any other means than by the greater use of the part-time services of civilian doctors for the treatment of soldiers. Perhaps, however, the difficulty you, Sir, have

in mind is that of persuading the Government that this step is necessary or of securing the cordial coöperation of the authorities of the Army Medical Service. If so, I venture to think that again these difficulties are exaggerated. The Government is now thoroughly alive to the fact that the war is not to be won by the fighting forces alone, but that the needs of munition workers and food producers must also be considered. The War Office, too, is learning to accept gratefully any relief from responsibilities which can be safely entrusted to others.

With the powerful assistance of the medical press there should be no insuperable difficulty in persuading the Cabinet of the urgent need of the prompt establishment of a home medical service for the hospital treatment of sick and wounded soldiers in this country.

I am, Sir, yours faithfully,

London, N.W., Jan. 15th, 1917.

LAURISTON E. SHAW.

THE DEFINITION OF ACUTE ALCOHOLISM.

To the Editor of THE LANCET.

SIR,—In a letter in your issue of Jan. 13th Dr. Chalmers Watson draws attention to the curious fact that, while drunkenness amongst women in Edinburgh, as measured by the police returns, decreased materially last year, there was at the same time a large increase in the number of female patients admitted to the Royal Infirmary suffering from "acute alcoholism." It would be interesting, and might, perhaps, help towards the explanation of this apparent paradox, if Dr. Watson would indicate whether there has been an alteration in the type as well as in the number of the cases included under this latter heading—whether, for instance, cases of delirium tremens have increased in the same proportion as the other conditions grouped with it under the general denomination of "acute alcoholism." Amongst the various suggested indices of excessive drinking statistics of delirium tremens have the very decided advantage that they refer to a tolerably well-defined and easily recognisable clinical condition, and are, therefore, less liable to disturbing influences arising from the differing judgments and points of view of different observers. The official returns published in the daily press show that statistics of this disease have been found to be a useful and reliable means of gauging alcoholism in England; it would be in accordance with accepted medical views to anticipate that they would be even more valuable in Scotland, where spirits are the predominant form of alcoholic beverage.—I am, Sir, yours faithfully,

London, Jan. 17th, 1917.

W. C. SULLIVAN, M.D. R.U.I.

DENTAL SURGERY AND INJURIES OF THE JAW.

To the Editor of THE LANCET.

SIR,—In the *Annus Medicus* of your issue of Dec. 30th the treatment of war injuries of the jaws was discussed under the heading of Dental Surgery. This raises an important question—the question of personnel. The principles to be observed in the treatment of fractures are fundamentally the same whatever bone be involved. The end in view is the attainment of firm union without deformity and without loss of function. The means to be employed will be largely determined by anatomical factors. It is as regards this anatomical factor only that a fractured jaw differs from a fractured femur. The means to the desired end may briefly be classified as mechanical and surgical, used more particularly in the narrower sense of operative. The dental surgeon is fitted by his training and experience to devise and construct mechanical apparatus for the efficient and accurate retention of fractured fragments in their normal positions. In the simpler forms of fracture, by the employment of such means as his daily work has made him familiar with, he may attain good results and may rightly be charged with the sole responsibility for the conduct of the case. A great number of the fractures occasioned during this war have not been, and will not be, of this simpler type. Comminution, loss of bony substance, laceration and loss of soft parts are only too frequent. In the presence of these complicating factors the dental surgeon must necessarily feel himself at a loss. There is nothing in his previous experience to guide him; he is

unacquainted with the behaviour of analogous lesions in other parts of the body. Left to himself, he utilises, and rightly so, only such methods as he feels conscientiously entitled to employ. My contention is that these methods are totally inadequate for the efficient treatment of complicated cases. Most dental surgeons will readily grant the truth of this contention, and would only too gladly welcome active coöperation and collaboration with their respective surgeons. The attitude of surgery in this matter has exhibited a tendency to two extremes. In the early days of the war the dental surgeon was ignored; it is now becoming more and more customary for surgeons to refer jaw injuries to the unassisted care of the dentist. The results under the former system were almost consistently bad; the results under the latter system are likely to be equally unsatisfactory as regards these severer types of injury. Surgical conditions should be dealt with by surgeons. War injuries of the jaw should no more be treated by dental surgeons alone than should the treatment of such injuries be discussed exclusively under the head of dental surgery.

Active collaboration between surgeon and dentist makes for the good of the patient and for progress, and until such time as the importance of this is universally recognised and acted upon so long will discreditable failures continue to occur.

I am, Sir, yours faithfully,

Queen Anne-street, W., Jan. 12th, 1917. PERCIVAL P. COLE.

THE PHENOMENA OF ANAPHYLAXIS.

To the Editor of THE LANCET.

SIR,—As it does not seem to be generally known, it may be of use to point out that after serum injections anaphylactic symptoms coming on at once and serum rashes coming on after an interval are rapidly controlled by subcutaneous injections of pituitrin. In anaphylaxis 1 c.c. given at once relieves the collapse and spasm of the bronchioles within a few minutes. The dose should be repeated if the symptoms show any sign of returning. A similar plan is equally successful in serum rashes.

I am, Sir, yours faithfully,

W. M. CROFTON, M.D. N.U.I.

Laboratory of Special Pathology, University College,
Dublin, Jan. 14th, 1917.

THE NOMENCLATURE OF "INTERNAL SECRETION."

To the Editor of THE LANCET.

SIR,—I hope and think that on reflection Sir Edward Schäfer will regret the arrogant tone he adopted in his letter in your issue of Jan. 13th concerning the nomenclature of "Internal Secretion." It is quite unworthy of his high position. I regret extremely that, in the circumstances he has created, an effective answer must necessarily contain a few remarks that will perhaps increase his displeasure. I hasten to apologise in advance, for controversy is better carried on in a spirit of mutual consideration.

To deal first with the last sentence in his letter. Professor Schäfer asserts, "I have at least as good a right as Dr. Blair Bell to suggest an appropriate nomenclature for what is after all to some extent my own progeny." With regard to the "right" he claims, I am sure no one will deny that everyone who has worked at the subject has an equal right in this matter. I have never hinted anything to the contrary. As to the assertion that the internal secretions are the progeny of Sir Edward Schäfer—well, I hardly know what to say; it seems unnecessary to say anything, so common is the knowledge that they were brought into existence long before Sir Edward Schäfer was born. If by "to some extent" he means to pay a well-deserved tribute to the numerous able collaborators with whom he has worked, why put it in such a back-handed and vainglorious manner? If by this qualification he means that he has helped to wash and nurse a lusty infant, I am sure all will agree that he has done well in the matter; but even this does not give him the right to claim the offspring as his own.

Now as to the subject under discussion. Let me say at once that I do not think my remarks regarding Sir Edward Schäfer's terminology can be described as "censure"—that is a strong term, and one which implies far more than could be extracted from my words. Besides, if he will look again at my letter he will find that I do not, as he states, attribute

the word "endocrine" to him. I am glad, however, that he tacitly admits that "endocrine" is a badly formed word. Indeed, it would hardly be a greater classical crime to make it mean "internal hair" instead of the present interpretation. This being so, I am surprised that one who later on tries to trip me up on a somewhat similar point, should demand its perpetuation.

With regard to Sir Edward Schäfer's objection to my suggested terms "hormopoietic" and "hormopoiesis," I have already said I do not approve of "endocrine," even though my sense of correct word-formation has compelled me to use it in the past in preference to "endocrine." I think that all will admit that "hormopoiesis" is more euphonious than "hormonpoiesis," which at first I thought of suggesting; and I think that there are plenty of instances to be found of such shortening—for example, "autacoid." I take it that for philological purposes the root "horm-" is the one common to the noun "hormone" and the verb from which it was derived; but by all means make the word "hormonpoiesis" if it will help the uninitiated. Further, I am afraid I must accuse Sir Edward Schäfer of having no imagination, for a very little would have shown him that even if the root "horm-" were derived from ὁρμος it would not be inappropriate, for do not the hormones connect—link up—the tissues of the body; Q.E.D., as Euclid used to say. Again, I must emphasise the fact that it would be an untold advantage, especially to students, to have some direct sequence in our terminology of the subject.

With regard to the complaint of my "following most authors" and limiting the term "hormone," perhaps the following statements from my Arris and Gale lectures may make quite clear my position, which, oddly enough, appears to be even less limited than that of Sir Edward Schäfer: "It is probable that every cell in the body is a ductless gland, and has some influence on the life and functions of the rest. The aggregations of specialised cells for the regulation of the body metabolism, which are known as the ductless glands." Further, I can assure Sir Edward Schäfer that I am quite familiar with his own small work on "The Endocrine Organs" and with the classical paper of Bayliss and Starling to which he refers in his book and letter. Unfortunately, I am too well acquainted with the paper of Bayliss and Starling for Sir Edward Schäfer's comfort, for had he been as well acquainted with it as he professes he would have avoided a mistake, of which, judging from the tone of his letter, he is incapable. There is no mention of the word "hormone" or of the term "chemical messenger" in this paper. Since there are only about a dozen references in the whole volume such a mistake is inexcusable, and to make capital of it against me is ludicrous.

I have already said that there is nothing against the words "chalone" and "autacoid" as verbal frills, but they are superfluous, and tend to burden the nomenclature of the subject. But to say that the provocation or production of inhibition—Sir Edward Schäfer calls it "provoking prevention"—is a contradiction in terms is singularly unfortunate. Here, too, a little imagination would probably have brought as much understanding as is possible in regard to inhibition produced by hormones—a phenomenon, indeed, which is little understood, even if it be admitted.

I am, Sir, yours faithfully,

Liverpool, Jan. 14th, 1917.

W. BLAIR BELL.

THE LIQUOR TRAFFIC AND THE FOOD QUESTION.

To the Editor of THE LANCET.

SIR,—There is no magic, necessarily, in State control—only wise enactments thereafter would achieve the avowed object. My point is that such legislation, if carefully thought out and really sane and practicable, can just as well be applied without purchase of the Drink Interest as with it. This is most important from the point of view of husbanding the nation's finances and avoiding the colossal addition to the National Debt which purchase would mean.

I am, Sir, yours faithfully,

Whitehall Court, S.W., Jan. 13th, 1917.

HENRY CURTIS.