THE ETHICAL STANDARDS OF PANEL PRACTICE.

To the Editor of THE LANCET.

SIR,—One must be careful in fixing ethical standards for medical practice not to identify them with any particular system which may be in vogue. Ethical standards are ingrained in the individual and are reflected by his work. It is of no use to fix them in the work and hope that they may permeate the individual. A parish doctor in a village may be a model to a hospital physician as far as ethics are concerned. The first lesson to be learned is to respect and trust one another, and what system of medical practice, even if backed up by the might of a British Parliament, will ever infuse that elementary truth into our composition? Diatribes on medical ethics were not unknown in pre-panel days, and there were many towns where the sharp competitive practices of some medical men not only lowered the practice of medicine as a whole, but completely alienated one practitioner from the other.

To say that the best qualified men do not always get the biggest panels is as inane as to say that the cleverest student does not always come out first in his examination; and one is entitled to derive what consolation one can from that reflection. Surely tact, polish, worldly wisdom, knowledge of human nature are assets quite as valuable as a large panel list. If medical men would only use their constructive talents to improve the panel system instead of clamouring for something they know nothing about, we might hope for the evolution of a medical service agreeable and useful to all. The panel system was evolved by the best brains of the profession, and if that system is to be changed let us have solid reasons for the change, and still more solid ones for suggesting another in its place.

I can imagine nothing more objectionable than a whole-time State service which binds a medical man to a certain number of patients, for some of whom he may have no sympathy, and to some of whom his advice and treatment may seem worthless and dangerous. We revert to the parish and club system again, but call it a State system. Before we laud the methods of the regimental medical officer would it not be well that they should be put in the crucible of a Royal Commission just as the Poor-law Service was. If they emerge pure and unimpeachable let us have them by all means. But no Government, I am sure, will lend its countenance to a system which has to be maintained by the public purse, which will convert the consulting-room into barracks where the sick will be paraded and the malingersers ejected, merely to raise the standard of medical ethics.

I am, Sir, yours faithfully,

Exeter, Nov. 14th, 1916.

J. A. W. PEREIRA.

GRAVES'S DISEASE AND ELECTRICAL TREATMENT.

To the Editor of THE LANCET.

SIR,—The address by Dr. Hector Mackenzie to the Royal College of Physicians of London, which appears in your issue of Nov. 11th, is peculiarly welcome to those of us whose work lies in the application of X rays and electricity in medicine. A short time ago I read a lengthy address on the subject of Graves's disease by a distinguished physician in which radiation treatment was not even mentioned.

I note that Dr. Mackenzie was not favourably impressed with the results of the X ray treatment of his own cases in former years. One notices, in examining the records, that small doses were given at intervals of seldom less than a week, and often longer. Nothing is said as to the quality of the rays; quite possibly they were soft or medium only. The treatment seems to have dragged on for six months, a year, or more. My personal experience is that the bulk of what can be done by X rays can be done in three months, often less. But to get rapid results doses must at first be given at frequent intervals—not less than three times a week, and in very acute cases daily. Hard rays filtered through 2 mm. of aluminium should be used, and it is never necessary to produce more than a slight brownish discolouration of the skin. Causes of failure are the existence of mental distress or physical pain; long and tiring journeys to receive treatment often nullify its effects. Dr. Florence Stoney rightly lays stress upon the retarding effects of constipation and dental trouble. When the disease is associated with

mental obsession or where it has originated owing to trying circumstances which are no longer operative, hypnotic treatment should be combined with that by X rays. It is unlikely to help when the surroundings remain bad.

I have lately associated cerebral galvanism with X ray treatment, with most beneficial results. It has a remarkably soothing and steadying effect on the nervous system in such cases. The positive pole is placed over the forehead and the negative on the back of the neck, and the patient holds a long bar covered with lint in *both* hands. Cerebral galvanism is a most valuable procedure in many nervous disorders, but it is extremely dangerous in unskilled hands.

Dr. Mackenzie remarks that X rays seem to fail in acute and severe cases. This is not always so, as the following case demonstrates.

A. C., a chief draughtsman in an important railway centre, became acutely ill after a long period of overwork. His pulse became almost uncountable, his eyes prominent, and he had violent tremor. He was soon unable to leave his bed, and continued to go downhill. A consulting physician who was called in gave him only a few days to live. His own medical attendant, believing that he could be made no worse, had him carried on a stretcher to my consulting-room. He was given small doses of hard rays *daily* for a fortnight, at the end of which time he was able to come in a cab, and to walk in and out with assistance. Two months later—having had in all 30 doses—he returned to his duties. His pulse was 80 and steady. There was no tremor. Exophthalmos persisted to a considerable extent, and the thyroid, which had never been much enlarged, was not visibly altered in size. This was five years ago. Two years ago, when I last heard of him, he was still at work and in good health.

Since then I have more than once taken an X ray apparatus into a private house when the patient has been acutely ill. I have seen it stated that X rays are unsuited for the acutely ill on account of the noise, but the old platinum break must have been in mind. A modern portable outfit is silent. When there is electric light in the house the difficulties are not great, but even if accumulators must be used treatment can be carried out, though the exposures will have to be of considerable length. Dr. Mackenzie puts the death-rate from Graves's disease at 25 per cent.—a terrible figure. I feel certain that the bedside application of X rays in the early stages of acute exophthalmic goitre would save many lives.

I am, Sir, yours faithfully,

Cavendish-square, W., Nov. 14th, 1916. F. HERNAMAN-JOHNSON.

ENTERIC AND TYPHOID: A POINT IN NOMENCLATURE.

To the Editor of THE LANCET.

SIR,—My attention has been called to a letter published in THE LANCET of April 15th, in which Dr. E. W. Goodall suggests that the term "enteric" should be used to cover the three infections—typhoid, paratyphoid A, paratyphoid B, and the term "typhoid" be restricted to cases of infection by the Eberth-Gaffky bacillus. While completely agreeing with Dr. Goodall, I would point out that this nomenclature was adopted by Dr. Chalmers and myself, in 1913, in the second edition of our "Manual of Tropical Medicine" (p. 1046).

I am, Sir, yours faithfully,

ALDO CASTELLANI,

Rome, Oct. 26th, 1916.

Surgeon-Major, R.I.N.

THE USE OF SUGAR.

To the Editor of THE LANCET.

SIR,—Would it not be well, now that food is so dear, if the medical profession issued an authoritative statement on the subject of dietetics, regarding which so much ignorance prevails? Take the case of sugar. A mother has recently written to a daily paper complaining that she cannot get enough sugar for her children's porridge, wholly ignorant that this food contains an abundance of carbohydrate, all of which enters the blood as sugar; and that the proper addition to it is not sugar but salt, as every wise Scot's son doth know. Neither the Government nor the public realise that sugar as such is not an essential ingredient of human food after the period of lactation. We spend 22 millions yearly on sugar. One-half of this might comfortably be saved. Had I my way I would long ere this have closed down the entire sweetstuff industry and devoted its immense resources to the manufacture of sorely needed equipment and munitions.—I am, Sir, yours faithfully,

Wimpole-street, W., Nov. 14th, 1916.

HARRY CAMPBELL.

The War.

THE CASUALTY LIST.

THE following names of medical officers appear among the casualties announced since our last issue :—

Killed.

- Capt. J. D. Forrester, R.A.M.C., was educated at George Watson's College, Edinburgh, and qualified M.B., Ch.B. Edin. in 1912. He had held the appointment of senior house surgeon at Rochdale Infirmary, and joined the R.A.M.C. on the outbreak of war, receiving his captaincy in February this year.
- Lieut. G. W. Guthrie, R.A.M.C., qualified M.B., Ch.B. Edin. in 1900, and was at one time obstetric house physician and house surgeon at the Middlesex Hospital. Later he practised at Tunbridge Wells, and then went to Lima, Peru, and joined the R.A.M.C. in May this year.
- Surgeon C. H. Gow, R.N., was educated at Cambridge University and at St. Bartholomew's Hospital, and qualified in 1915, and thereupon took up the appointment of a temporary surgeon in the Royal Navy.

Died.

- Lieut.-Col. C. S. Rundle, I.M.S. (retired). (See Obituary of the War in next column.)
- Major C. H. Benham, R.A.M.C., was educated at Queen Elizabeth's School, Ipswich, and at London University, and was a student at University College Hospital, London, qualifying in 1897. Prior to the war he was in practice at Brighton, and held several appointments in the district and in the county, and had been attached to the R.A.M.C. (T.F.) for some years. He was on his way home invalided from Salonica, and died at Malta.
- Lieut.-Col. H. K. Bean, Australian Army Medical Corps, qualified at Edinburgh University in 1881, and was in practice at Mossley, Lancs, for a few years. He afterwards went out to Australia, where he practised at Wallsend, New South Wales, and served with the N.S.W. contingent in the South African War. On the outbreak of the present war he went with the Australian Forces to Egypt, and was invalided to England. Later he went to France on special duty, and subsequently returned to Egypt, where he died.
- Capt. A. Groenwald, M.C., South African Medical Corps.

Wounded.

- Lieut. G. C. Linder, R.A.M.C., attached Royal Field Artillery.
- Capt. J. T. Heffernan, R.A.M.C., attached Duke of Cornwall's Light Infantry.
- Capt. J. Sainsbury, R.A.M.C.
- Capt. H. St. A. Agate, R.A.M.C., attached S. Wales Borderers.
- Surgeon F. B. Eykyn, R.N.
- Lieut. G. Arthur, R.A.M.C., attached Bedford Regiment.
- Capt. H. E. P. Yorke, R.A.M.C., attached East Yorks Regt.
- Previously reported Prisoner in German hands, now reported Released.*
- Capt. H. Kay, South African Medical Corps.
- Previously reported believed taken Prisoners at Kut-el-Amara, now reported Prisoners of War.*
- Lieut. N. S. Jatar, I.M.S.
- Lieut. R. V. Martin, I.M.S.
- Capt. K. K. Mujesji, I.M.S.
- Lieut. N. R. R. Ubhaya, I.M.S.

DEATHS AMONG THE SONS OF MEDICAL MEN.

The following sons of medical men must be added to our lists of those who have fallen during the war :—

- Lieut. F. H. Stewart Caiger, 92nd Battery Royal Field Artillery, only son of Dr. F. F. Caiger, of the South-Western Fever Hospital, Stockwell, London. Lieut. Caiger was in his second year at Caius College, Cambridge, when he joined, and had already commenced his medical studies.
- Second Lieut. W. M. Clarke, Royal Engineers, younger son of Professor J. Michell Clarke, of Clifton, Bristol.
- Second Lieut. K. B. Stuart, Durham Light Infantry, only son of Dr. R. Stuart, of Durham.
- Second Lieut. K. P. L. Williams, Welsh Regiment, only son of Dr. W. L. O. Williams, of Llanrug, near Carnarvon.
- Major C. H. Benham, R.A.M.C., son of Dr. H. J. Benham, of Ollon, Vaud, Switzerland.
- Lieut. H. C. D. Buchanan, Middlesex Regiment, son of Dr. L. Buchanan, of Arvagh, co. Cavan, Ireland.
- Capt. L. O. Habershon, East Yorkshire Regiment, youngest son of the late Dr. S. H. Habershon, of Harley-street.
- Second Lieut. T. S. Woods, Royal Field Artillery, eldest son of Sir R. H. Woods, late President of the Royal College of Surgeons, Ireland.
- Second Lieut. R. H. Boys, Bedfordshire Regiment, youngest son of Dr. A. H. Boys, of St. Albans, Herts.

OBITUARY OF THE WAR.

ALFRED THOMAS LOGAN, M.B., CH.B. GLASG.,
CAPTAIN, ROYAL ARMY MEDICAL CORPS.

Captain A. T. Logan, who was killed on active service on Sept. 16th (and at first reported "Missing"), was 28 years of age and second son of Thomas Logan, of Strathbungo, Glasgow. He was educated at Glasgow University, where he gained a Dr. Gibson bursary, and was resident at the Western Infirmary and the Eastern Hospital before graduating with distinction in surgery in April, 1915. Obtaining a commission at once in the Royal Army Medical Corps, he trained at Eastbourne and went out three months later attached to the Grenadier Guards, and saw much heavy fighting during his 14 months of service, for which he was mentioned in despatches.

Captain Logan's wish was to become a medical missionary, and it was in this mould that his energies were cast. At Glasgow he was President of the Christian Endeavour Society and of the Young Men's Guild, and was active in the social work of the Lodging House Mission. His early death cuts short a life of promise.

WILLIAM HENRY EDMUNDS, L.M.S.S.A. LOND.,
SURGEON, ROYAL NAVY.

Surgeon W. H. Edmunds, who died at the Western Infirmary, Glasgow, on Oct. 4th, at the age of 27, was the only son of J. L. Edmunds, of Chepstow, Mon. He was educated at West Monmouth School, Pontypool, and University College, Cardiff, where he passed the Second M.B. Examination, and then entered St. Mary's Hospital with an open University Exhibition. He qualified in 1913, was for a time assistant to Dr. T. E. Mitchell at Old Hill, Staffs., and was then appointed medical superintendent of the Birmingham City Hospital at West Heath. This appointment he resigned to join the Navy as a temporary Surgeon at the end of 1915. After some experience at naval bases he became medical transport officer to a naval ambulance train, and contracted while performing his duties there blood poisoning, from which an operation failed to save him.

Surgeon Edmunds was a keen athlete. At Cardiff University he won his cap at water polo and football, and will be remembered as a fine Rugby football player. Generous in mind and brave in body, his personal qualities made him popular with his fellow students, while his chief writes of him as a loyal colleague and pleasant companion, well up on the scientific side of his profession. Surgeon Edmunds was recently married.

CUBITT SINDALL RUNDLE, M.B., C.M. EDIN.,
LIEUTENANT-COLONEL (RETIRED), I.M.S.

Lieutenant-Colonel C. S. Rundle died at Jersey on Nov. 11th. The deceased was a member of the Indian Medical Service, and on his retirement some ten years ago