hitherto for the most part neglected. Has not every bodily disease perchance its special mental complexion? Unquestionably the distribution of diseases, mental and bodily, into separate tight compartments, and the corresponding isolation of minds limited to the study of them, contradict the very principle of the unity of body and mind, and are fraught with the worst hindrances to the progress of medical science. Another probable advantage of the close observation day by day of the individual patient would be a perception by physicians and nurses of the favourable psychological moment when at the dawn of convalescence the opportune removal from the asylum to a convalescent institution or to private care might save the tottering reason of the patient, who, then awakening to the painful consciousness of his sad surroundings and realising the seeming hopelessness of the situation, might otherwise sink into despair, abandon hope, and gravitate into dementia. That there are crowds of incurable cases of insanity congregated in large asylums is undoubtedly owing in some measure to the common neglect of early treatment when the malady is most curable. The longer the disease has lasted the smaller are the chances of recovery; and the time soon comes in some cases when, if neglected, there is no remedy. Here, as everywhere, the right treatment is to stop the beginnings of mischief. It may reasonably be expected, therefore, that besides the prevention of incipient insanity by wise counsel and treatment in its out-patient department, the early treatment of acute insanity in a special hospital should prevent the present necessity and perhaps lasting expense of placing some patients in a lunatic asylum.

Dr. Maudsley's gift, which had the inspiration we have just set out, having been accepted by the London County Council, a site was eventually found at Denmark Hill. On the outbreak of war the hospital was hastily completed, and is now used as a military hospital for the treatment of war psycho-neurosis, and whatever may be its future career, posterity will regard its originator as one who has done much to break down the artificial barriers which for so many decades separated mental from physical disease.

We close this notice of a remarkable man with a few words of personal reminiscence from Colonel Mott. He writes:—

I always much enjoyed my visits to Bushey Heath as I profited much by conversing with a man who was a broad-minded philosopher with a remarkable intellect and memory. In fact, he retained all these faculties to the very end. I conversed with him only the Sunday before he died. He took a great interest in the hospital which bears his name and which owes its existence to his great generosity. He was especially pleased when I told him that a number of American officers had been studying the psycho-neuroses under my direction. He showed a special interest in my personal affairs. He told me that he did not wish to live any longer; at the same time, when I said the sun would shine again and I hoped he would live to see what had been done by the soldiers in making the gardens of the Maudsley Hospital fruitful, he brightened up. For he thoroughly agreed with me that employment was the best mode of treatment in convalescence of these cases. I often had propositions to make to him regarding the hospital and grounds, the pathological laboratory, and the research work carried on there, and he would criticise my remarks with much force and scientific acumen, partly, I think, to draw me out, partly it was his nature not to accept any statement without examination. In discussing general topics, such as politics and social problems, one learnt to respect greatly his shrewdness, wisdom, and knowledge of human nature and the motives of men. He used often to say to me, "You are an optimist," and I retorted, "You are a pessimist." When I got to know him intimately I found an extraordinarily kindly nature beneath what at first might appear to have been a satirical and cynical attitude towards mankind generally. This was no doubt due to the fact that he hated sham, humbug, and vainglorious people of all grades, religions, and professions. His wife was the youngest daughter of John Conolly, of Hanwell, a great pioneer in lunacy reform. A few years ago he contributed a sum of money to commemorate Conolly's name at Hanwell. I think his wife, who was a very sweet woman, must have helped him with the idea of building a hospital. He told me that she was his "foolometer"; by that he meant he read over his MS. to her and confided in her his plans. Dr. Maudsley had the greatest mind of anybody that I have had opportunity of knowing intimately. His knowledge was not only profound and extensive, but accurate. He was a great Shakespearian scholar, and this is revealed in his writings;

and he would quote passages not only from the Bible and Shakespeare, but from most of the great authors and poets, so that after dining and spending the evening with him I would come away sometimes humbled but always mentally refreshed. He had a remarkable knowledge of the works of the great philosophers, ancient and modern, and he frequently told me that he had a profound admiration for the philosophy of Spinoza. In his early days he was apprenticed to Clover at University College Hospital, and it was interesting to hear his opinion of the members of the staff of the hospital in his time. He was a good bowls player, and later in life he attended Lord's cricket ground pretty regularly, and I was surprised when I first met him to find this great philosopher knew far more about the style of play, the capacity for run-getting and bowling of well-known cricketers than I did. It is said that as a student he never seemed to work, and yet he carried off all the prizes at University College Hospital.

Correspondence.

"Audi alteram partem."

BOOKS FOR THE WOUNDED.

To the Editor of THE LANCET.

SIR,—The committee of the London Library, St. James's-square, London, S.W., understands that it would greatly assist the noble work of the Red Cross and Order of St. John War Library if the London Library could be used as a collecting centre for books.

They have information that literature for the wounded and sick of our Navy and Army is an increasingly urgent need. A letter received from Palestine this week says:—

In this receiving station I was pleased to notice amongst other Red Cross goods one of our Field Libraries so that the Red Cross War Library workers have the satisfaction of knowing that some of the books sent out by them were in Beersheba ready for our wounded a very few hours after the capture of the town.

This extract is a proof of the efficiency of the Red Cross organisation, and the London Library invites the public who do not use the Post Office scheme to send all the literature it can possibly spare addressed to the Librarian at St. James's-square, where it will be sorted, the valuable books sold to buy larger numbers, and the whole given to the Red Cross War Library, Surrey House, Marble Arch, London, for distribution to those of our Navy and Army suffering from wounds and disease.

Parcels should be clearly marked "For Wounded," and should be addressed to the Librarian, London Library, St. James's-square, London, S.W.

I am, Sir, yours faithfully,

EDMUND GOSSE,

Chairman, London Library Committee.

St. James's-square, London, S.W., Jan. 25th, 1918.

* * Many medical men buy books other than medical books, but only require to keep the latter for purposes of reference. We hope, therefore, that Mr. Gosse's letter may produce results.—ED. L.

THE VALUE AND LIMITATIONS OF SANATORIUM TREATMENT.

To the Editor of THE LANCET.

SIR,—Mr. G. B. Dixon's remarks in his letter in THE LANCET of Jan. 5th about the absence of properly equipped schemes in many districts will be welcomed by all interested in this subject. Many localities have never had a sanatorium proper in their midst. They may have had substitutes in the shape of wards attached to fever hospitals, coupled with the absence of a resident physician of experience, with the result that the local practitioners have developed a totally wrong belief as to the way in which this disease should be treated. Again, it should be fairly clear to an unbiased mind that statistics derived from the reports of the Registrar-General for the last 50 years as to the causes of death prevalent among the community should be received with great caution, deaths from tuberculosis having been placed in all sorts of categories, such as pneumonia, bronchitis, pleurisy, heart disease, and what not. Nor is this to be wondered at when we consider the stigma which is so often cast upon the victims of what is really a well-nigh universal infection. In areas where there have been experienced

tuberculosis officers and observant practitioners it was to be expected that more cases would be notified correctly. Those who are still hide-bound in prejudice are very keen on telling us that our cases, if cured, could not have been tuberculous; nevertheless, the above aspect of the question they use as a justification for their contentions. Mr. Dixon makes the statement that "No one who has suffered from tuberculosis can be safely guaranteed immunity from further attack." This should surely have read "No one can be safely guaranteed immunity from an attack of tuberculosis." This is the rock upon which all our efforts have, so far, come to naught. So long as the general public imagine that nothing but a hot-house (or as some would say an ice-house) existence, in which life can only be prolonged by the most careful precautions, is the goal of treatment in a sanatorium, so long will the public remain improperly treated.

It should not be too hastily assumed that treatment in sanatoriums is not, if properly used, a very efficient means of eliminating tuberculosis; for supposing the majority of first cases occurring in families were so treated we should expect a very rapid drop in the incidence of the disease—treated, where possible, before tubercle bacilli had been demonstrated in the sputum. It is now very generally admitted that most of us have a tuberculous focus somewhere, but only those require treatment who are exhibiting symptoms of activity, if diagnosed quickly and not after the third or fourth attack, as commonly happens now; treated not, of course, in the first place by work but by rest in bed, the only exercise required by such cases being sufficient to restore them to physical fitness. Then these people might in many instances be restored to their places among the so-called normal part of the population.

Many cases at present sent to sanatoriums might be as easily diagnosed by a policeman as a physician. It should be remembered that it is well known to all sanatorium physicians that it is possible to prolong the life of chronic cases, often for years, if kept in institutions where they are not overworked and have no worry; but that is not the aim of sanatoriums. The idea is to produce results such that the patients will as a rule be able to return to their former occupations. It is, doubtless, true that suitable housing, high wages, plentiful food, correct habits of life, are advantageous and should be striven after; but all these things have up to the present been inextricably mingled with such problems as the living wage, and only concern the medical profession when the requisite amount of funds are forthcoming.

In conclusion I would remark that, in my experience, whilst out-of-door work, such as farming, may be very beneficial whilst exercised under the surroundings of a properly equipped farm colony, which is largely a sanatorium in disguise, it is by no means always the best occupation for these people under normal conditions, occupations such as that of clerk, signalman, shop assistant, being often far less likely to end in disaster. For it is undoubtedly true that over-exertion is a more potent factor in causing recrudescences than the absence of fresh air.

I am, Sir, yours faithfully,

EDWARD E. PREST.

Ayrshire Sanatorium, New Cumnock, Jan. 5th, 1918.

THE LANCET, VOL. II., 1917: THE INDEX.

OWING to the continued shortage in the paper-supply the Index and Title-page to the volume of THE LANCET which was completed with the issue of Dec. 29th, 1917, have been printed separately, and copies have been supplied gratis to those subscribers who have, up to Jan. 30th, intimated to us their wish to receive them. Other subscribers will be similarly supplied, so long as the stock remains unexhausted, on application to the Manager, THE LANCET Office, 423, Strand, London, W.C.2. Such applications should be sent in at once.

The Manager will be obliged if subscribers who have no further use for them will return to him their copies of the Indices to Vols. I. and II., 1916. They should please be addressed to him as above.

The War.

THE CASUALTY LIST.

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

Wounded.

Capt. R. D. Bell, R.A.M.C.
Capt. A. M. Johnson, R.A.M.C.
Capt. J. L. Pearce, R.A.M.C.
Capt. T. Martin, R.A.M.C.
Capt. T. C. Storey, R.A.M.C., attached Lancers.

CASUALTIES AMONG THE SONS OF MEDICAL MEN.

The following additional casualties among the sons of medical men are reported:—

Probationary Flight Officer W. E. Floyd, R.N.A.S., killed while flying, eldest son of Dr. W. R. Floyd, of Cloughton, Birkenhead.
Lieut. J. G. Scott, R.N.V.R. (attached R.N.A.S.), died on service, only son of the late Dr. W. M. Scott.
Lieut. M. H. Collier, R.N., lost at sea, younger son of Lieut.-Col. W. Collier, R.A.M.C., of Oxford.

FOREIGN DECORATIONS.

All the recipients of the following *Serbian* decorations are members of the R.A.M.C., except where otherwise stated:—

Order of St. Sava.

2nd Class.—Surg.-Gen. Sir H. R. Whitehead, K.C.B., Director of Medical Services, British Salonika Force.

3rd Class.—Lt.-Col. F. J. Brakenridge, C.M.G.; Lt.-Col. H. J. M. Buist, D.S.O.; Col. S. F. Clark, late R.A.M.C.; Temp. Col. T. C. English, C.M.G., A.M.S.; Lt.-Col. B. Forde, C.M.G.; Lt.-Col. A. G. Hay; Temp. Col. J. P. Stewart, C.B., A.M.S.; Col. A. A. Sutton, C.B., D.S.O.; Maj. (temp. Lt.-Col.) A. E. Kidd.

4th Class.—Capt. A. E. Barnes; Capt. E. J. Y. Brash; Bt. Maj. D. M. Corbett; Capt. H. W. Farebrother; Temp. Capt. R. D. Fitzgerald; Temp. Capt. C. Y. Flewitt; Capt. W. R. Galwey, M.C.; Temp. Capt. A. A. Greenwood; Capt. A. W. Harrington; Temp. Capt. W. Haward; Maj. J. T. Johnson, D.S.O.; Temp. Maj. G. P. Mills; Temp. Maj. K. W. Monsarratt; Capt. W. L. Murphy; Temp. Maj. L. G. Parsons; Maj. H. Rutherford; Capt. R. V. Slattery; Temp. Capt. C. O. Stallybrass; Maj. F. A. Stephens, D.S.O.; Maj. W. J. Weston, D.S.O.; Dr. H. W. Wiltshire, Royal Army Medical College; Temp. Capt. L. D. Woods; Temp. Capt. F. M. Bishop; Capt. B. L. Davis; Capt. J. Fenton; Capt. R. Fullarton; Temp. Lt. B. W. Howell; Capt. A. B. Jamieson; Capt. P. H. Mitchiner; Capt. A. R. Moodie; Capt. W. A. Valentine; Maj. H. Walker.

5th Class.—Temp. Lt. J. N. M. Turk; Temp. Lt. H. C. Terry; Temp. Lt. J. H. Watson; Capt. H. J. Shields, Canadian A.M.C.

AUXILIARY R.A.M.C. FUNDS.

AT a meeting of the Committee held on Jan. 25th the following two cases were considered:—

Widow of a captain in the Auxiliary R.A.M.C. who died in France after two years' service. Applicant is training for a nurse in a maternity hospital. Granted £10 at once and another £10 in March.

Widow of a private in the R.A.M.C. who was drowned while on active service. Left with two children, ages 2 and 4. Only income Army pension. Voted £5.

Major Ewen Maclean was reappointed chairman of the Committee, and Colonel W. Hale White and Colonel Mansell Moullin commenced their duties as honorary secretary and honorary treasurer. The Committee are prepared to receive applications for the relief of the orphans of commissioned officers in the Auxiliary R.A.M.C., also from the widows and orphans of non-commissioned officers and men in the same service. Donations should be sent to the honorary treasurer at 11, Chandos-street, London, W.1, and other communications to the honorary secretary at the same address.

A MEMORIAL HOSPITAL.—Lieutenant-Colonel C. H. Innes Hopkins has transferred to the Minister of Pensions his country mansion, the Towers, at Ryton-on-Tyne, which will be used as an orthopaedic hospital for the disabled in the war. The gift has been made in memory of the donor's two sons who have fallen while fighting for their country. If, after the war, the hospital is no longer needed to meet the requirements of the disabled the institution will be handed over to the Newcastle Royal Infirmary for the treatment of injured workmen.