Correspondence.

"Audi alteram partem."

TUBERCULOSIS AND THE WAR.

To the Editor of THE LANCET.

SIR.—Referring to the portion of your leading article of Feb. 17th dealing with the tuberculous soldier, it appears that possibly the best solution is *in medio tutissimus ibis*. The suggestions of both Dr. T. D. Acland and Dr. E. H. R. Harries can be reconciled by keeping the tuberculous soldier still undischarged from the Army, and allowing him a few days' furlough with his family, before ordering him into a sanatorium. Men are very human, and it hardly savours humanity to condemn a man to three months' residence in a sanatorium, in his own district, after, say, a year in France, without allowing him a reasonable chance of seeing his relatives. The time thus occupied could be made use of by requiring his attendance at the dispensary, so that his class and treatment could be carefully considered, on behalf of the Insurance Committee. Quite a considerable number will be found not to require sanatorium treatment (Class 1), but would do better with light work, if permitted. In many instances light work of military character would be very beneficial to prevent the development of the loafing habit, which is so dangerous to the mentality of the early tuberculous case. Suitable cases (Class 2) would then be ordered into the sanatorium, with the requisite authority. Discipline, which is now our main difficulty, could thus be maintained. Then the tuberculosis officer could also be consulted on the question of pensions and allowances.

There are still left the hopeless cases of men who should have been under treatment long anterior, and who, ordinary humanity and British sense of justice demand, should be given decent conditions to terminate their lives, sacrificed in the interests of their country. The advanced cases are a distinct problem in finance. If they still remain in the Army the Insurance Committee would be reimbursed for their expenses, but not in a lump sum, as at present, for their passage may be protracted. The present procedure makes a contest between the economic and patriotic feelings of the Committee.

If these views are correct, all cases should be undischarged until their classification and treatment have been reported on by the tuberculosis officer, who is to have charge of the case, and pensions and allowances could then be apportioned by the Board, after being provided with his views, in accordance with the actual requirements of the case, the country's interest, and honour.

I am, Sir, yours faithfully,

H. A. ELLIS,

Tuberculosis Medical Officer, County Borough of
Middlesbrough.

March 2nd, 1917.

A PLEA FOR THE EARLIER POST-
OPERATIVE RAYING OF BREAST
CANCER.

To the Editor of THE LANCET.

SIR,—It is unnecessary for me to advocate the raying of all cases of carcinoma, at least of the breast. Most surgeons send their hospital patients to the X ray department so soon as the patient has regained strength sufficient to allow of her being moved. The system for which I now wish to put in a plea is merely the logical extension of this. "If it were done, when 'tis done, then 'twere well it were done quickly," and, I may add, the surgeon should make a point of seeing that it is done in all cases, and not leave this important, perhaps vital, matter to the discretion of an adviser who may, perhaps, have no knowledge on the subject.

The best time to administer the X ray is undoubtedly at the operation. Then we can give two or more full skin doses without having to take the skin into consideration, but when I have proposed this course to surgeons I am met with the objection that it adds to the length of an operation already too lengthy. Whether this objection is a valid one I cannot say. Patients did very well after the operation

20 years ago, when I should say the average time taken was double what it now is, and in any case it is perhaps more the loss of blood than the length of operation which is detrimental.

I have recently had occasion to witness one or two operations for breast cancer, and as far as I am capable of judging, the present technique is perfect. Not much more progress can be made in shortening the operation, but as bleeding causes most of the delay, any improvement must take place in the method of checking this. I was much struck some years ago at the rapidity with which bleeding was checked by the use of the De Keating Hart air-cooled high-frequency current, called by him fulguration. I saw this employed in desperate cases of malignant disease, not for the purpose primarily of checking bleeding but for its reputed effect in preventing recurrence. I had also the opportunity of inspecting some of the patients who had been operated on at various periods, and I was struck by the suppleness of the scars and by the small amount of distortion caused, in spite of the large amount of tissue destroyed by the disease and removed at the operation. I was told by the surgeon that the fulguration did not delay but actually seemed to help healing. I did not see it used on closed wounds, however, and it might turn out detrimental to them. Here, it seems to me, is the direction in which to look for a means to shorten the operation for breast cancer, and the time saved by these means could be utilised to give the parts a thorough raying before the wound is closed. With the Coolidge tube two or three doses could be given in 15 minutes. This preliminary raying could then be followed up by a series begun as soon as the stitches are out.

It is true that excellent results are obtained in many cases of breast cancer now by operation alone, but the radiographer sees also many failures. If we and the surgeons could join our forces together more efficiently we might see still better results, and in any case there is no excuse for not trying.—I am, Sir, yours faithfully,

J. J. GRACE, F.R.C.S. Eng.,

Chief Assistant, X Ray Department, St. Bartholomew's Hospital,
Welbeck-street, W., March 5th, 1917.

SPIROCHÆTAL JAUNDICE.

To the Editor of THE LANCET.

SIR,—I have seen several letters regarding the nomenclature suggested to be given to the "spirochætosus ictero-hæmorrhagica" which has appeared at the various fronts of the belligerents in Europe. It appears to me that neither "spiroc. icterohæmorrhagica" nor "spirochætal jaundice" is quite appropriate. I would respectfully suggest that it be called "spirochætosus ictero-albuminurica," (1) because it has not yet been satisfactorily proved that the disease observed in Japan is the same as has been noticed in Europe. (2) or because "hæmorrhage" is very rarely found in European cases, whilst "albuminuria" is, in fact, always present.

It appears to me also, not appropriate the name "spirochætal jaundice," because in Egypt, Indo-China, and the Arabian coasts of the Red Sea is endemic a relapsing fever with jaundice. The nomenclature I suggest, "spiroch. ictero-albuminurica," indicates the etiology, the two principal and constant symptoms, and the seat of the disease (*causa sedesque morbi*). I am, Sir, yours faithfully,

Rome, Feb. 28th, 1917.

Prof. UMBERTO GABBI.

ECONOMY IN FEEDING.

To the Editor of THE LANCET.

SIR,—The medical profession is in a position to serve the imperial cause in a modest way by offering advice to patients in the matter of foodstuffs. A rigorous diet is twice blessed—it is patriotic and it encourages health, especially among the idle rich. Among persons of moderate estate it constitutes no mean agency in the encouragement of household economy. Among households visited by me in my daily work I find many persons eager to adopt suggestions which I have made in this matter. I recommend two meatless days in the week and a meatless luncheon every day. A luncheon dietary which I am told is strictly followed in many houses consists of oatmeal porridge, followed by salads or fruit. Many patients have told me that even after war is over they intend to follow the dietary suggested, since never before

meatless days and meatless luncheons were instituted in their household economy had they experienced better health, and never before had housekeeping money gone as far. Moreover, even without any persuasion, servants follow the example of economical living set by the heads of households.

I am, Sir, yours faithfully,

Streatham Hill, S.W., March 2nd, 1917. H. WALTER VERDON.

* * Servants cannot follow examples, however good, without detailed instructions, and these in too many instances cannot be forthcoming. Moreover, emergency instructions are not much good; the training ought to have preceded the existing situation.—ED. L.

OFFICIAL MEDICINE AND THE THRIFTY SPIRIT.

To the Editor of THE LANCET.

SIR,—“I thank Thee that I am not as other men are.” These words sprang to my mind as I read the letter of your correspondent under the above title in your issue of Feb. 24th, and my heart burned within me to reply, but I felt sure that abler pens than mine would deal with the writer and forbore. Doubtless those who could answer have more precious work to do, or in the good old English way (the *mens conscia recti*) feel that it would be undignified, but as many who read the unworthy libel may believe that silence implies a knowledge of guilt, I will venture to say a word.

There are three charges:—

1. That the diners were guilty of unpatriotic waste. The answer is that the dinner was a simple, strictly “Devonport” meal, and that no one *could* have eaten more than he would have done at home. Is it more wasteful for 60 men to dine together than at 60 different tables? When communal meals are urged as a war economy it is rather silly to blame men for saving the expense of 60 separate dinners by agreeing to dine together. Those who shared it must have smiled bitterly at the charge of “feasting” and “overstepping the Controller’s food allowance.” I know I enjoyed my bread-and-cheese supper when I finished my day’s work at midnight!

2. That the honour to Sir Alfred Keogh should be postponed till after the war. The King thinks otherwise, and that it is well to cheer and encourage his soldiers and sailors during the war, and if ever a man deserved the encouragement of the approval of the profession he honours—*now*—it is the Director-General, whose work has been hindered and injured by the ignorant criticism of jealous enemies in high places and—with shame be it said—by the attacks of members of the medical profession.

3. That the Royal Society of Medicine is not doing its “bit” for the war. This last only accuses the accuser, for it proves that he has grossly neglected his duty as a Fellow, and knows nothing of the war activities of his *confrères*. Immediately on the declaration of war those responsible for the work of the society set themselves to consider what it could do to help, and it would scarcely be an exaggeration to say that almost the whole work of the society since then has been directly or indirectly war work.

You, Sir, could not allow the space were I to attempt to catalogue its war activities, but I know that not once but many times has it received the warm thanks of the War Office for its help, and that scarcely a day passes that letters and messages are not received from Whitehall. Does the writer of the attack know that the War Office at its own expense keeps a special telephone attendant at 1. Wimpole-street, and has installed a private telephone wire exclusively for war work? He is ignorant, too, of the abstracts, translations, reports, and even books and instruments which are being sent to medical officers at the various fronts, and have brought to the society *heaves* of grateful letters. I know something of these things, because I consider it my duty to know what any society with which I am connected is doing for the war, and if possible to help it. If your correspondent knows of anything useful the society could do, and is not doing, I am authorised to say his suggestions will be cordially received.

I am, Sir, in proud humility,

March 7th, 1917.

A PUBLICAN AND SINNER.

Obituary.

THE LATE PROFESSOR DÉJÉRINE.

FRENCH science has suffered a severe loss in the death of Professor Déjerine on Feb. 26th. Born at Geneva on August 3rd, 1849, of French parents, he studied medicine at the Paris hospitals, graduating in 1879 with a thesis on the nervous lesions of ascending paralysis. From this time on he devoted himself to the study of nervous diseases and their pathological anatomy. Chief of the clinic in 1879, he was elected to the hospital staff in 1882, becoming professor in 1901. Occupying in succession the chairs of history of medicine and clinical medicine, he found his proper place in the Salpêtrière clinic, where, after Raymond, he succeeded Charcot. His work marked distinct progress in the knowledge of nerves and of the central nervous system. He had as frequent collaborator Mme. Déjerine, née Klumpke, the first woman to hold the title of interne at the hospitals, and especially in the remarkable work, “Anatomie du Système Nerveux.” Of other important works, the “Traité des Maladies de la Moëlle Epinière” was written in collaboration with Dr. Thomas, and a chapter, “Sémiologie du Système Nerveux” appeared in Bouchard’s “Text-book of Systematic Pathology.” Dr. Déjerine devised a method of examining the spinal cord in thin serial sections, which notably advanced the study of the pathological lesions of nervous tracts. His influence may be seen in the history of our knowledge of most nervous diseases—e.g., tabes, myelitis, radiculitis, aphasia. His great gifts were recognised during his life-time: in 1908 he was elected member of the Academy of Medicine, and he was an officer of the Légion d’Honneur.

LOUISA WOODCOCK, M.D., B.S. LOND., M.A. T.C.D.

PHYSICIAN TO ENDELL-STREET MILITARY HOSPITAL, LONDON; PHYSICIAN TO OUT-PATIENTS, NEW HOSPITAL FOR WOMEN.

Dr. Louisa Woodcock, whose death on Feb. 17th in her fifty-second year we briefly recorded a fortnight ago, was educated at Cheltenham, where she studied classics, especially being attracted by the Greek language and literature. Passing on to Somerville College, Oxford, she took Honours Schools in morphology and zoology, spending a further year in the study of philosophy. In recognition of this work the University of Dublin awarded her the degree of M.A. From Oxford she entered the London (Royal Free Hospital) School of Medicine for Women, obtaining in 1900, after a six-years’ course, the degree of M.B. Lond. with honours in medicine and the M.D. in medicine four years later. At this hospital she held the Mabel Webb Research Scholarship in Pathology. After qualification Miss Woodcock took the first resident appointment opened to women at the Royal Free Hospital, that of house physician, and was then in succession pathologist and demonstrator of clinical pathology. At the New Hospital for Women, Euston-road, after holding resident posts, she became pathologist, and in 1907 physician to out-patients, and held the senior post at the time of her death.

In addition to these appointments Dr. Woodcock had a varied clinical experience which broadened her outlook and gave her a conscious security in her many fields of work. She was part-time assistant medical officer to the London County Council, doing special work on children’s eyesight; she was medical officer to the Epileptic Colony at Chalfont