Correspondence.

"Audi alteram partem."

PROPHYLAXIS IN VENEREAL DISEASE.

To the Editor of THE LANCET.

SIR,—At one time I had medical charge of an establishment employing 2000 men—mostly young and away from home. Venereal diseases were very prevalent among them. I gave the usual lectures—with the usual result. I could not prevent immorality. However, my duty, that for which I was employed and paid, concerned rather the health and efficiency of my charges. At length I delivered a lecture, often repeated, which produced results. I explained in simple language the nature of the several venereal diseases, pointing out that the microbes, when accessible, were easily killed by antiseptics, and that immediately after infection they were present, not in the urethra (a closed pipe) or under the surface of the skin, but on the surface itself. I insisted that if the men exposed themselves to infection they must disinfect without delay. My dispensary attendant had orders to give any man who asked for it an ounce of solution of permanganate of potash (1/2000) and a little cotton-wool. The men were instructed to sponge the penis carefully, especially about the frænum and the meatus, the lips of which were to be a little everted, with the cotton-wool wetted with the antiseptic. Any other antiseptic will do equally well. Within a few days I ceased to see fresh cases. Thereafter not one originated in the establishment for more than six months. Then one occurred in a man who had taken no precautions. Then no more. I daresay I had some good fortune, but there can be no doubt that the very simple procedure adopted was extraordinarily successful. After all, it was only such as any surgeon would use did he fear infection of any sort. It was a form of very early treatment.

More elaborate methods are cumbersome and unnecessary. Owing to the delay involved they are less effective. They are not required if disinfection be carried out immediately. For instance, injections into the urethra and calomel cream are quite unnecessary. The latter is a feeble antiseptic and is useful only when, much later, the micro-organisms have penetrated the tissues. I take it, no surgeon would dream of disinfecting his hands with calomel.

I offer no excuse or apology. I was right, and every normal person will think I was right. Indeed, I have never met anyone who thought otherwise. I can be blamed only by foolish fanatics, now I think few in number, who may be ignored. The fear of disease does not prevent immorality. Young men who know much about venereal diseases are on the average much less continent than young girls who know little. I am told, I do not know with what measure of truth, that since the present war began from one-third to one-quarter of the British Army has contracted venereal disease. It is certain, at least, that an enormous proportion of the colonial forces have suffered, and that abroad, at any moment, tens of thousands of men of all ranks are in detention camps. What will happen when the soldiers who have suffered in hospital, but not in the field, return to their homes? Must we expect such another epidemic as that which swept Europe in Tudor times and was then known as the Great Pox in contradistinction to that lesser evil, the small pox? It is surely a bitter reflection that there lay, and lies, at hand in every medical military inspection room the means to prevent all this suffering, loss of efficiency, and future danger to the public.

We must bear in mind the helplessness of all classes under our current laws and the protection afforded by these laws to the criminal. In England at the present day if one person wilfully kills another with arsenic he is hanged by the neck till he is dead. If he tries to poison with arsenic but fails, he is condemned to a long term of penal servitude. But if he wilfully poisons with venereal disease, even to death, the law holds him guiltless provided the poisoning is done in a particularly cruel and treacherous way. Even when the sufferer is a perfectly innocent person (e.g., a wife) the law punishes not for the poisoning but for the infidelity.

I am, Sir, yours faithfully,

Southsea, Oct. 27th, 1917.

G. ARCHDALL REID.

SUCCESS AND FAILURE IN THE TREATMENT OF TUBERCULOSIS.

To the Editor of THE LANCET.

SIR,—In addressing you last week my purpose was not to mete out praise or blame to anyone, but simply to give things their proper proportions and relations. Your assurance that the object of your leading article was precisely to show that "the foundations of an efficient anti-tuberculosis scheme have been well and truly laid" is especially serviceable at a time when war conditions threaten to leave us between "the devil and the deep." The effects of the war on the incidence of tuberculosis constitute an added reason for urgency, yet, in many quarters, contrariwise the war forms the excuse for doing nothing. If the foundations are sure and the need is growing, for Heaven's sake let us go ahead with the building.

I am, Sir, yours faithfully,

Edinburgh, Oct. 27th, 1917.

R. W. PHILIP.

THE WELFARE OF THE BLIND.

To the Editor of THE LANCET.

SIR,—May I draw attention to an error inadvertently made by Mr. Arnold Lawson in his interesting "Notes on the Report of the Departmental Committee" in your issue of Oct. 27th. The same mistake appeared in a notice in the *Times* of Oct. 26th. In referring to the recommendations of the committee concerning workshop accommodation for the blind, Mr. Lawson writes that the committee "calculates that about 3000 such shops, at a cost of £100-£175 each, are needed." The committee's statement (para. 219) reads: "Some 3000 additional *places* (my italics) are urgently required, and the estimated cost per place varies from £100-£175." This statement means additional workshop accommodation for that number of individuals, and is based on the committee's conclusions (para. 139) that there are approximately 3000 blind persons employed in workshops at present, and rather more than 3000 blind persons capable of training and employment, but receiving neither.

I am, Sir, yours faithfully,

Harley-street, Oct. 29th, 1917.

J. B. LAWFORD.

ETHER-OIL ANÆSTHESIA BY THE RECTUM.

To the Editor of THE LANCET.

SIR,—I was much interested in the article by Mr. H. M. Page on this subject in your issue of Oct. 27th. Gwathmey's method has been on trial sufficiently long to enable us to form a fairly accurate judgment of its merits. Probably its especial value lies in its application to cases which present difficulties with the ordinary methods of anæsthesia; prominent amongst these are, as Mr. Page says, cases of hyperthyroidism. Ether-oil per rectum, plus Crile's technique of rehearsals, gives excellent results. If I venture to criticise Mr. Page's article it is chiefly because he has omitted to mention the all-important contra-indication to the use of the method—viz., the existence of any pathological condition of the lower bowel. The danger of causing irritation of the mucous membrane in a normal case is not to be ignored,¹ and the fear of this has led me to use the method as little as possible. I am glad, therefore, to read that Mr. Page finds that 6 ounces of a 2 to 1 solution is safe, and at the same time gives adequate anæsthesia. I hope that this dosage will prove satisfactory in other hands. The whole future of the method depends upon the certainty of freedom from irritation of the lower bowel.

Another criticism that I should like to make is that Mr. Page does not give any warning as to the necessity of keeping a close watch upon the depth of anæsthesia. This may seem unnecessary, but it must be remembered that there is very little control over the anæsthesia; the dosage is not accurately known, and anæsthesia sometimes comes on unusually rapidly and quickly deepens. For this reason I find it advisable to leave the rectal tube *in situ*, with a clip on the end. Some of the solution can then be run off if necessary. Fortunately, a much lighter anæsthesia is adequate than with inhalation methods, and the minimum amount of the solution should be injected. In some cases

¹ Surg., Gyn., Obstet., 1917, vol. xxiv., p. 370.

some of the injection is returned and the anæsthetist is then in the dark as to the depth of anæsthesia to be expected. To prevent this it is a good plan before injection to place a pillow under the buttocks, which are then held together for a few minutes when injection is complete. If the patient has been anæsthetised in bed he should be moved carefully on to the operating table.

Distension of the intestine may occur (it probably always does); has Mr. Page found that it interferes with abdominal surgery? I cannot agree with him that ether-oil is a good method in oral surgery; one cannot guarantee the presence of a vigorous cough reflex, and, if it is present, I do not think it is welcome to the surgeon. There can be very little doubt that intratracheal insufflation of ether is the best method in this branch of military surgery. Small quantities (3-4 oz.) of a solution of suitable strength of ether-oil may be used to great advantage as an addition to the preliminary hypodermic to overcome the difficulties or dangers of induction in special cases. But it must not be forgotten that the highly sensitive and fastidious patient may not take kindly to ether-oil per rectum.

I am, Sir, yours faithfully,

FRANCIS E. SHIPWAY.

Queen Anne-street, W., Oct. 29th, 1917.

BRITISH HOSPITALS' ASSOCIATION AND INCREASED GRANTS FOR TREATMENT OF SOLDIERS.

To the Editor of THE LANCET.

SIR,—A conference was held by the British Hospitals' Association at Westminster Hospital on Oct. 19th for the consideration of the following subjects—viz.: (1) Increase of grants for treatment of soldiers, and (2) proposed payment for discharged soldiers. There was a large and representative attendance, and after full discussion the following resolutions were passed—viz.:

1. That, having regard to the abnormal advance in prices of provisions and all other commodities since the rates of payment for the treatment of wounded soldiers in civilian hospitals were fixed, this meeting is unanimously of opinion that formal representations should be made to the authorities concerned with a view to obtaining an immediate increase in such rates of payment.

2. That this meeting is of opinion that the scale of charges for the treatment of disabled sailors and soldiers in civilian voluntary hospitals, as proposed by the Ministry of Pensions (*vide* Schedule 1, "Instructions and Notes on the Treatment and Training of Disabled Men") is inadequate and would only partially meet the cost of such treatment, and strongly affirms the view that the scale of charges should be such as would cover the whole cost of the maintenance, including treatment given and remuneration in respect of professional medical services.

3. That the chairman and council of the British Hospitals' Association are hereby requested to consider the foregoing resolutions and take such action as may be necessary.

The executive committee have forwarded the resolutions to the secretaries and superintendents of hospitals, asking these officers to bring them to the notice of their managing committees, with a view to their sending to the association, not later than Nov. 10th, any comments which they may desire to express thereon.

We are, Sir, yours faithfully,

J. COURTNEY BUCHANAN, } Honorary
CONRAD W. THIES, } Secretaries.

14, Victoria-street, Westminster, S.W. 1, Oct. 26th, 1917.

A COMMITTEE over which Sir George Makins will preside has been appointed to inspect the hospitals for British troops in India and to issue a report regarding them.

CORNWALL COUNTY COUNCIL AND MIDWIVES.—The sanitary committee of the Cornwall county council has given £250 to the local county nursing association for the purpose of training five nurse-midwives who will work in parishes unprovided with midwives. The medical officer of health for the county of Cornwall, Dr. E. M. Clarke, states that Cornwall requires 20 additional midwives.

THE LATE MR. WILLIAM ELDER.—William Elder, L.R.C.P., L.R.C.S., L.M. Edin., died at his residence, Cottam, Bristol, on Oct. 14th, in his seventy-third year. The deceased devoted his life to medical missions; he was for 13 years superintendent of the Madras Medical Mission Dispensaries and Hospital and Medical School. He afterwards was appointed superintendent of the Medical Mission at Bristol, holding the appointment for over 30 years. He was held in high respect in Bristol and did a wonderful work amongst the poorer inhabitants of that city.

The War.

THE CASUALTY LIST.

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

Killed.

Major G. M. Hunt, M.C., Australian A.M.C., qualified at Sydney in 1911, and was in practice at Candelo, New South Wales, prior to joining the Australian Expeditionary Force. The award of the M.C. was recorded in THE LANCET of April 21st, 1917, p. 630.

Capt. J. Alston, R.A.M.C.

Died of Wounds.

Capt. F. B. Metcalfe, Australian A.M.C.

Capt. J. R. Tillett, Australian A.M.C.

Capt. J. Davie, Australian A.M.C.

Wounded.

Capt. E. P. Dark, M.C., R.A.M.C.

Lieut. W. B. Douglas-Drummond, R.A.M.C., attached Scots Guards.

Capt. J. A. Liley, M.C., R.A.M.C., attached King's Own Scottish Borderers.

Major W. H. Rennick, Australian A.M.C.

Capt. J. Howard, R.A.M.C.

Capt. H. A. Macmillan, R.A.M.C., attd. Leicester Regiment.

Capt. F. Metcalfe, R.A.M.C.

Capt. F. C. Pridham, R.A.M.C.

Capt. E. A. Lumley, R.A.M.C.

Capt. F. L. Bignell, Australian A.M.C.

Lieut.-Col. C. W. Thompson, Australian A.M.C.

Capt. G. A. Birnie, R.A.M.C., attached East Surrey Regiment.

Capt. T. Duncan, R.A.M.C., attached Royal Scots.

Capt. F. E. Keane, R.A.M.C., attached Argyll and Sutherland Highlanders.

Capt. A. E. Pringle-Paterson, R.A.M.C., attached Royal Scots.

Capt. F. W. Stone, R.A.M.C.

Capt. I. Faris, New Zealand M.C.

Capt. W. A. Todd, R.A.M.C., attached Norfolk Regiment.

Capt. H. F. Wilson, R.A.M.C., attached Durham Light Infantry.

Capt. F. W. Fay, Australian A.M.C.

Major H. L. Welch, D.S.O., Australian A.M.C.

Capt. C. H. Brennan, R.A.M.C.

Capt. J. E. Cable, R.A.M.C., attd. Northumberland Fusiliers.

Capt. W. G. Goudie, R.A.M.C., attached R.F.A.

Capt. H. B. Graham, R.A.M.C.

Capt. R. MacKinnon, R.A.M.C.

Capt. D. H. Russell, M.C., R.A.M.C.

Capt. E. B. Leech, R.A.M.C., attached West Yorks Regt.

CASUALTIES AMONG THE SONS OF MEDICAL MEN.

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

Capt. E. T. Gaunt, R.A.M.C., killed in action, second son of Dr. J. P. Gaunt, late of Alvechurch, Worcestershire.

Capt. E. B. C. Burnside, The Buffs, killed in action, only son of Col. E. A. Burnside, A.D.M.S., Ripon.

Capt. D. W. Edwards, M.C., A.S.C., attached Royal Flying Corps, reported missing April 6th, 1917, now reported killed in action, younger son of Capt. D. W. Edwards, R.A.M.C.

Lieut. R. S. M. Inch, M.C., Norfolk Regt., killed in action, son of Dr. R. Inch, of Gorebridge, Midlothian, Scotland.

THE HONOURS LIST.

The following awards to medical officers are announced. The acts of gallantry for which the awards were made are not yet announced. All are members of the R.A.M.C.

Distinguished Service Order.—Temp. Capt. J. C. Sale, M.C.

Bar to the Military Cross.—Temp. Capt. H. R. MacIntyre, M.C. (The award of the Military Cross was recorded in THE LANCET of August 25th, 1917, p. 332.)

Military Cross.—Temp. Lieut. H. M. L. Crawford, Temp. Capt. L. H. Guest, Temp. Capt. W. L. A. Harrison, Temp. Capt. W. G. Johnston, Temp. Capt. R. Kennon, Temp. Capt. J. Kirton, Temp. Capt. W. J. Pearson.

THE Bronze Medal for Gallantry in Saving Life at Sea has been awarded by the King to Captain E. D. Gairdner, D.S.O., R.A.M.C., in recognition of his services when the transport *Iverna* was torpedoed in the Mediterranean on Jan. 1st last.