aged 85 years, on Dec. 4th. He entered the service as surgeon in 1846, became staff-surgeon in 1855, fleet-surgeon in 1870, and retired with the rank of deputy inspector-general in 1879. He was assistant surgeon on the *Leander* during the Russian war in the Black Sea, 1854 (Crimean and Turkish medals).

Major Espine Charles Robert Ward, A.M.S. (retired), at his residence in Ireland, aged 61 years, on Nov. 28th. He entered the service in 1871 as assistant surgeon and became surgeon in 1873, surgeon-major in 1883, and retired in 1887. He served in the Zulu war in 1879 and in the subsequent operations against Sekukuni, including the storming of the stronghold (medal and clasp). He also served in the Boer war of 1881 and was present in the engagement at Madder Spruit, where he was slightly wounded (mentioned in despatches).

JOURNAL OF THE ROYAL ARMY MEDICAL CORPS.

The December issue of this journal, which contains the index to Vol. XIII., opens with a short biographical appreciation of Sir John Pringle, Bart., from the pen of Major H. A. L. Howell, R.A.M.C. John Pringle was intended for a commercial career, but while on a visit to Leyden he attended a lecture by Boerhaave, which so deeply impressed him that he determined to become a pupil of that celebrated physician. He afterwards went to Paris, and subsequently returned to Edinburgh. In 1742 Pringle became private physician to the Earl of Stair, who at that time commanded the British forces in Flanders, and was also appointed physician to the military hospital there. He retired from the army in 1758. From a list of his writings Major Howell shows that Sir John Pringle was "unquestionably the father of modern military hygiene," and a study of his works "proves that he was aware of many facts in connexion with military hygiene which most of us have considered as of comparatively recent discovery." "In conclusion," says the writer, "it is believed that to Pringle is due the first foreshadowing of the Geneva Convention of our own day." In the same issue Lieutenant-Colonel R. J. S. Simpson, C.M.G., R.A.M.C., continues his medical history of the South African war; and the address on Some Modern Views concerning Heredity and Variation, by Brevet-Colonel R. H. Firth, R.A.M.C., which was recently delivered before the Aldershot Military Medical Society, is reprinted. Major P. J. Freyer, I.M.S. (retired), makes some practical observations on the operation for total enucleation of the enlarged prostate.

NURSES IN THE TERRITORIAL FORCE.

On Dec. 3rd Miss Haldane, sister of the Secretary of State for War, presented the badges to 110 nurses who have enrolled themselves in that force. The ceremony took place in the Royal Victoria Infirmary, Newcastle-upon-Tyne, under the presidency of Sir George Hare Philipson, consulting physician to the infirmary. After the presentation Miss Haldane gave an address on the Territorial Force scheme as it would apply to nurses, and outlined their duties and responsibilities. She congratulated the matron of the Royal Infirmary, who is the organising matron in the counties of Durham and Northumberland, on the success which had attended her efforts, and trusted that the full complement of nurses (120) from this district would soon be forthcoming. To this ceremony was added the presentation of prizes to the nurses of the infirmary as the result of their various test and certificate examination.

ATTACK ON AN INDIAN MEDICAL SERVICE OFFICER.

A Reuter's telegram from Lahore, dated Dec. 19th, states that Captain J. E. Clements, I.M.S., superintendent of the Central Jail, Montgomery, has been stabbed in the back and seriously wounded by a Pathan prisoner. The chief gaoler was also wounded in the stomach by the same prisoner. A later telegram states that Captain Clements has rallied and is going on well.

THE ARMY MEDICAL ADVISORY BOARD.

The Army Council has approved of the appointments of the following gentlemen as members of the Army Medical Advisory Board being renewed for a period of three years:—Dr. J. Rose Bradford, F.R.S., Sir C. Cameron, C.B., Dr. L. C. Parkes, Dr. M. S. Pembrey, and Sir F. Treves, Bart., G.C.V.O., C.B.

Correspondence.

"Audi alteram partem."

ABDOMINAL CRISES IN DIABETES.

To the Editor of THE LANCET.

SIR,—In THE LANCET of Nov. 27th is an annotation on the above subject recording two cases of diabetes in which an abdominal crisis occurred simulating acute intestinal obstruction, and it is mentioned that, although similar cases do not appear to have been reported previously, Grube has described in diabetes attacks resembling the gastric crises of tabes. The rarity of the condition leads me to think that a few notes of a recent case under my observation may be of interest. The patient was a lady, aged 25 years, who had been under my care during the last two years with severe diabetes. At first there had been marked improvement with alteration of diet and with the administration of sodium salicylate. The glycosuria rapidly diminished and there was great increase in weight. For 12 months she was able to resume carbohydrates, while continuing to take sodium salicylate. Then sugar reappeared, and she again came under my care in April, 1909. On this occasion, although similar precautions were adopted, there was not the same rapid improvement. The weight increased from 8 stones 4 pounds to 8 stones 11 pounds in three months, but the sugar never disappeared from the urine, diacetic acid and acetone were frequently present, and there was marked increase of the daily percentage of urea. To all outward appearance, however, she seemed well; she was always bright and cheerful and did not complain of fatigue. She returned to her home in the country in July, and I heard good reports of her progress until Oct. 30th, when she had sudden severe abdominal pain with slight sickness. The pain was located in the lower part of the abdomen, and was suggestive of colic due to appendicitis, but it was not associated with rigidity of the abdominal walls, and it yielded in the course of 24 hours with the use of warm applications. As she had recently been exposed to cold it was hoped that the trouble might be merely a severe attack of intestinal spasm. Four days later, however, vomiting returned and became persistent; the diacetic acid and acetone increased, and the patient rapidly lost flesh and strength. When I saw her on Nov. 6th she was bright and cheerful, there was no localised pain over the abdomen, though there was a general sense of discomfort. She told me that the vomiting occurred suddenly without being accompanied by nausea. There was some headache, not severe, and the pupils were both moderately dilated and did not react to light on ophthalmoscopic examination. Within a few hours, however, she became comatose and gradually sank.

In view of the readiness with which patients with diabetes suffer from tuberculosis, the peculiar type of the vomiting at first led me to think of tubercular meningitis, but the optic discs did not support this hypothesis, there was no indication of paralysis beyond the sluggish nature of the pupils, and the ending was far more rapid than is customary. Vomiting has been mentioned as a precursor of coma, but it is not a frequent symptom, and when, as in this case, it appears to be primarily associated with severe abdominal pain, it is easy to understand that an erroneous diagnosis of appendicitis may readily be made.

To compare such cases with the gastric crises of tabes is, I think, rather unfortunate. The symptoms are, to my mind, far more suggestive of vomiting of toxic origin affecting the central nervous system.

I am, Sir, yours faithfully,

Harley-street, W., Nov. 29th, 1909.

NESTOR TIRARD.

THE VACCINE TREATMENT AND THE NEGLECT OF CLINICAL SIGNS.

To the Editor of THE LANCET.

SIR,—It appears to me that the system upon which the vaccine treatment of disease is being established gives cause for regret in that it asks but slight attention to clinical signs, though in the out-patient departments and in the wards of the hospital, physicians and surgeons have, till now, at any rate, been constantly urging their great importance before the

student. In some institutions, indeed, this modern treatment is being carried on somewhat independently of, or apart from, hospital work. In some cases the vaccine-therapist may scarcely have set eyes upon the patient. "Only let me have," says he in another case, "a sample of his blood, and I will treat his disease." This almost suggests the practice of the man who engages to supply the character of a person after merely studying a specimen of his handwriting. I deplore this neglect of the clinical method, and give herewith a marked instance of it.

Last week a lady was brought to me because of a glandular swelling beneath the upper part of her sterno-mastoid muscle, for the treatment of which she had previously been under the care of a highly accomplished vaccine-therapist. He had examined her blood, and at intervals had given her three injections of what I suppose was tuberculin, as, much to her alarm, he had told her that he thought her trouble was of tubercular origin—though apparently the blood test had not clearly indicated it. The swelling was slowly increasing in size, and she was now fearing lest an operation should be necessary. The case may well have been tuberculous, and she may have been ill-advised to leave the vaccine-therapist to go to a general surgeon. But the point of my remarks is this, that whilst she was under his care he did not (as I was assured) examine the teeth or look into the mouth. On my making an inspection, however, I found a chronic abscess about the stump of the first lower molar tooth of that side, for which I advised immediate extraction. In my opinion this was the actual cause of the trouble, though I think it quite likely that the septic adenitis may have been followed by tuberculous invasion of the damaged tissue.

The time surely has not yet arrived that the vaccine-therapist can rise superior to those methods of investigation which are taught as the A B C to students as soon as they begin clinical work. It is far more important in such a case to examine the teeth than the blood, and a neglect to do so is apt to bring the newer methods into disrepute—methods which at present are still upon their trial.

I am, Sir, yours faithfully,

Great Cumberland-place, W., Dec. 6th, 1909. EDMUND OWEN.

THE THERAPEUTIC VALUE OF LIQUID AIR AND SOLID CARBON DIOXIDE.

To the Editor of THE LANCET.

SIR,—We have read with interest the paper by Dr. Reginald Morton in your current issue on "The Treatment of Nævi and other Cutaneous Lesions by Electrolysis, Cautery, and Refrigeration." To his main thesis we do not wish to take any exception, but we beg to differ from him as to the usefulness of liquid air. He says: "It is extremely difficult, even impossible, to use it in an efficient manner. Its liquid form is responsible for this, making it difficult to control, and impossible to make use of that most important adjunct—pressure." We have made an extensive use of this agent during the past two years in the treatment of lupus erythematosus, nævi, and "port-wine stains" with very gratifying results, and have not found that difficulty in using it which Dr. Reginald Morton indicates. We apply it by means of a piece of absorbent cotton-wool wrapped round the end of a small cane about 10 inches in length. This is immersed for about a minute in the liquid air in a Dewar's bulb, and on withdrawing it the wool is found to be saturated with the fluid. The wool is then pressed firmly against the part to be treated and no difficulty is found in graduating the pressure to the required degree. For superficial cases we have found solid carbon dioxide very good, but the action of liquid air is, in our experience, superior.—We are, Sir, yours faithfully,

STOPFORD TAYLOR,
R. W. MACKENNA.

Liverpool, Dec. 6th, 1909.

THE INFLUENCE OF DIET ON THE THYROID GLAND.

To the Editor of THE LANCET.

SIR,—I should be very sorry indeed to think that I had allowed an inaccuracy to appear in my letter of Nov. 22nd, but even after reading Dr. Chalmers Watson's comments I cannot admit that this has happened. The words I used were that "excessive meat-eating is a subject that has attracted a

whole host of investigators," but they are now repeated by Dr. Watson as "a whole host of investigators have made a special study of the direct influence of diet on the thyroid gland." This elaboration and qualification do not come from me, and if, in its revised form, the statement is misleading the responsibility is not mine.

Dr. Watson clearly wishes to maintain that his experiments must be compared only with those undertaken subsequently to his own and with the special object of ascertaining the direct influence of a protein diet on the thyroid. They must not be compared with any of the earlier work dealing with the effects of a protein diet from any other standpoint. Can Dr. Watson have forgotten his own writings? He has told us¹ that his "research was primarily an experimental investigation into the nature of avian gout and the changes in the thyroid and parathyroid glands were, so to speak, an accidental finding." I do not wish for one moment to minimise the interest of his researches, but it would be incorrect to suppose that the effects of protein diets, whether in excess or the reverse, received no attention until he began to write his papers. For more than half a century this subject has been under investigation, and he need go no further than the ordinary catalogues and indexes of scientific literature to find the references for which he asks.

To the second part of my statement, that no other investigator has produced the enlargement and microscopical changes in the thyroid, I must also adhere. Again I cannot do better than quote Dr. Watson himself who, in recording his results,² claimed that "this is the first time that there has been induced experimentally in animals an enlargement of the thyroid gland." He now brings this statement up to date by the addition that I am the only investigator who since 1904 has experimented on the subject. He forgets that in the discussion that followed his paper before the Pathological Society in 1906, Mr. Edmunds brought forward a series of his own in which he fed rats on a purely protein diet, but failed post mortem to find any change in the thyroid gland.

I am, Sir, yours faithfully,

Queen Anne-street, W., Dec. 6th, 1909.

DAVID FORSYTH.

CIVILISATION AND THE CORSET.

To the Editor of THE LANCET.

SIR,—The tendency to-day to abandon artifice and live more naturally has always appeared to me to be a most hopeful feature of modern civilisation. This is especially so in dress, a field in which artifice abounds, often to the detriment of health. As one therefore who has for some years supported the crusade against corsets, I wish respectfully to protest against the views expressed by Mr. Heather Bigg in your issue of Nov. 27th. That the corset may be of great remedial value I should be the first to admit, and, in fact, could hardly deny in the face of such an authority as Mr. Arbuthnot Lane. I gather, however, from his article on the subject that he urges its therapeutic value rather than its general use.

Mr. Bigg in his letter begins by saying that women have found by experience that corsets are indispensable. How then does he explain the fact that the experience of many women to-day is that they are better in health, and far more comfortable, for having abandoned them, and that those who are brought up from childhood without them never feel the necessity for them? He gives the extra abdominal organ as a special reason for women needing corsets; but if a corset is effectively to drive out waste blood from the abdominal viscera, surely it would divert the pressure produced by the downward movement of the diaphragm, from its general distribution forwards and downwards, to a direction entirely downwards, and so be an increased strain on the extra organ in question. Mr. Bigg says that nature has ordained women to breathe pectorally, but surely artifice, not nature, is responsible for this. Modern physiology upholds the view that the corset is the cause of pectoral breathing in women. Hutchinson, in his "Applied Physiology," p. 195, makes the following statement:—"It is now generally admitted that this type of breathing in women is due to the wearing of corsets." The breathing of women who do not wear corsets bears this out, for it is as much abdominal and as little pectoral as in man.

¹ THE LANCET, 1907, vol. ii., p. 254.

² THE LANCET, vol. i., 1905, p. 347.