

composed of old trash (*vieilleries*). The ventilation of the wards was defective and the warming by means of stoves could not be commended. Dr. Machenaud also says that there was no operation room (*salle de chirurgie*), and adds that no one showed him a bath-room, or a kitchen, or any reserve of material. In the Japanese hospital, with a strength of 3500 men, there were only 33 patients, mostly convalescents from typhoid fever and bronchitis. The equipment, surgical as well as medical, was very complete. All the instruments and appliances having been manufactured in Japan, although the drugs were imported from Hamburg. Hory's apparatus for detecting cheating in recruits by means of prismatic glasses and coloured letters was included in the ophthalmic armament, which in other respects was very well supplied. When leaving the hospital Dr. Machenaud and his companions were much interested in the care their Japanese *confrères* took to wipe their feet on wet mats at the doors of the building. These mats, it seemed, were impregnated with a germicide solution, and the object of the attrition was to free the feet from any noxious microbes that might have been picked up while walking the hospital. The fourth and last establishment on the list was the German Field Hospital, No. 2. Here, in the opinion of the French visitor, everything was comparatively good, although not equal to the perfection of the American ambulance.

INDIAN MEDICAL SERVICE.

The following is a list of the candidates for His Majesty's Indian Medical Service who were successful at the competitive examination held in London on Feb. 10th and following days. 30 candidates have been passed, instead of 17 as previously announced.

	Marks.		Marks.
Macpherson, J.	3210	Hallilay, H.	2629
Ross, W. C.	3086	Wilson, F. E.	2610
Kunhardt, J. C. G.	3051	Paymaster, B. B.	2577
Franklin, G. D.	3026	Crossle, H.	2560
Gill, J. H.	3011	Cook, L.	2546
Lloyd, R. A.	2878	Forrest, J.	2490
Barnardo, F. A. F.	2870	Scott, L. B.	2483
Gourlay, C. A.	2853	Ferriss, J. H.	2456
Walker, E. A.	2750	Patton, W. S.	2445
Sime, F. W.	2746	Mackworth, N. W.	2409
Hirsch, L. L.	2713	Trafford, W. L.	2393
Ross, H.	2684	Rundall, L.	2365
Batty, H. E. J.	2666	Maunsell, E. C. C.	2342
Davys, G. J.	2656	Robertson, G. C. I.	2277
Betts, A. J. V.	2650	O'Keefe, D. S. A.	2062

THE NEW DESIGNATION FOR THE VOLUNTEER MEDICAL STAFF CORPS.

A correspondent writes: "There are, according to the Army List (January), one artillery volunteer medical officer, one engineer volunteer medical officer, one yeomanry medical officer, and eight regimental volunteer medical officers serving with the Royal Army Medical Corps, as against two only of the Volunteer Medical Staff Corps. Surely if the services of the Volunteer Medical Staff Corps merits its new designation and change of titles the other medical officers have earned for themselves and their colleagues—if the change from a professional to a combatant title is a compliment—a right to omit, if only for the sake of uniformity, the prefix of 'surgeon' when describing their rank."

MEMORIAL TO THE LATE SURGEON-GENERAL HARVEY, C.B.

It has been decided to start a subscription list for a memorial to the late Surgeon-General Robert Harvey, C.B. Director-General, Indian Medical Service, but the exact form of the memorial will not be decided till the subscription list is complete. In the meantime subscriptions should be sent to the Editor, *Indian Medical Gazette*, care of Messrs. Thacker, Spink, and Co., Calcutta, by whom they will be duly acknowledged.

SOUTH DEVON AND EAST CORNWALL HOSPITAL, PLYMOUTH.—The annual meeting of the subscribers to this institution was held on Feb. 7th, under the presidency of Mr. J. C. Williams. The medical report stated that 1349 in-patients had been admitted during 1901, an increase of 67 as compared with 1900. The out-patients numbered 2795, as against 2654 in the previous year. During the year 51 nurses and 282 patients were sent to the Pearn Convalescent Home. The average daily number of occupied beds in the hospital was 109. The financial statement showed that the total income amounted to £7453 and the total expenditure to £7706.

Correspondence.

"Audi alteram partem."

SURGICAL OPERATION FOR MITRAL STENOSIS.

To the Editors of THE LANCET.

SIRS,—I should feel very keenly the disapprobation of my suggestion which your leading article of Feb. 15th seems to express were it not that it seems to me that it has been written under a certain amount of misapprehension in regard both to my object and experiments. I fear my preliminary note to THE LANCET of Feb. 8th has not been sufficiently explicit, for I have no intention whatever of leaving to other workers to prove or disprove the value of the treatment I have suggested. I have just obtained a renewal of my licence and certificates and hope ere long to put my idea to experimental proof on the living animal, but "art is long and time is fleeting," and in the meanwhile many patients are suffering and dying from mitral stenosis. I cannot hope from my own experiments alone to prove the advisability of an operation against which, as stated in your leader, so many *a priori* arguments can be brought, and therefore hope that others will take up the subject as well as myself. I am quite aware of the responsibility that rests upon me for my suggestion, but I must state that while my experiments on the valves were made only on dead animals my knowledge of the manipulation of the living heart and of the effect upon it of wounds and punctures is based upon very numerous experiments made at intervals during the last 35 years. Some of these at least have, as I believe, borne good fruit. I do not wish to claim any credit which does not belong to me, and if I am wrong I shall be glad to be corrected, but I believe that the use of strychnine as a cardiac stimulant which is now so common in this country, although still neglected abroad, dates from an experiment made by Dr. Cash and myself on the injection of strychnine into the interior of the frog's heart.¹ This showed so clearly the stimulating effect of the drug upon the heart that I have lectured upon it in my course of pharmacology and therapeutics at St. Bartholomew's Hospital every year since, and I think it is from this hospital that the practice of using strychnine both as a cardiac and respiratory stimulant has spread, with the result, as I believe, of saving many lives.

I am, Sirs, yours faithfully,
Stratford-place, W., Feb. 15th, 1902. LAUDER BRUNTON.

To the Editors of THE LANCET.

SIRS,—Referring to the preliminary note on the possibility of treating mitral stenosis by surgical methods by Sir Lauder Brunton in THE LANCET of Feb. 8th, p. 352, it may interest your readers to know that this suggestion was made by me to my colleague, Dr. Lauriston Shaw, some years ago. I then went into the matter fully, both as to the surgical measures to be adopted and the physical conditions of the valve which seemed most suitable for such interference, and was quite prepared to act as soon as Dr. Shaw succeeded in finding a case likely to derive benefit. It was entirely due to his perhaps wise caution that the operation has not yet been performed by me. The method by which I proposed to divide the contracted valve through the ventricle was practically identical with that described by Sir Lauder Brunton. Personally I believe that the operation is feasible and, under certain circumstances, justifiable.

I am, Sirs, yours faithfully,
W. ARBUTHNOT LANE.
Cavendish-square, W., Feb. 15th, 1902.

To the Editors of THE LANCET.

SIRS,—In your leading article upon the suggestion by Sir Lauder Brunton that it may be possible to operate upon some cases of mitral stenosis you give several reasons why such an operation is likely to fail. It seems to me that another may be added. Marked fibrosis of the cardiac muscle is found after death in many cases of mitral stenosis and it

¹ St. Bartholomew's Hospital Reports for 1881, vol. xvi., p. 231.

is probable that the prognosis in this variety of valvular disease depends as much upon the condition of the heart-wall as upon the size of the mitral orifice. If the cardiac muscle remains healthy it is possible not only for life to be prolonged, but for the man or woman in whom the mitral orifice is narrowed to live an active life. For example, in an ostler, aged 64 years, who was busy at his work to within a few days of his death, which was caused by acute bronchitis, I found a mitral orifice which would only admit one finger.

I am, Sirs, yours faithfully,

Feb. 18th, 1902.

THEODORE FISHER.

To the Editors of THE LANCET.

SIRS,—The "preliminary note" suggesting the probable advisability of treating certain hopeless cases of mitral stenosis by dividing the constriction, which Sir Lauder Brunton published in THE LANCET of Feb. 8th, p. 352, merits, I think, serious consideration at the hands of experienced surgeons. In THE LANCET of April 2nd, 1898 (p. 927), I concluded a communication on Cardiac Peristalsis with these words, "I anticipate that with the progress of cardiac surgery some of the severest cases of mitral stenosis will be relieved by slightly notching the mitral orifice, and trusting to the auricle to continue its defence." Believing, as I there maintained, that the auricle, in cases of mitral stenosis has an important rôle in preventing regurgitation at the mitral, it seems to me probable that slightly notching the valve, though increasing the incompetence at the orifice, would not result in a greurgitation comparable in evil to the advantages gained by facilitating the onflow. It is, however, very important that the orifice should not be cut too freely. Sufficient stenosis should remain to render a prolonged contraction of the auricle necessary to fill adequately the ventricle, so that the auricular contraction may continue into ventricular-systolic time and help to prevent regurgitation at the mitral orifice. The question which Sir Lauder Brunton raises whether to elongate the natural opening or cut the valves transversely is a problem somewhat similar to "which foot should be drawn down in podalic version?" Probably in practice they may be congratulated who succeed with either.—I am, Sirs, yours faithfully,

Mentone, Feb. 12th, 1902.

D. W. SAMWAYS.

UREA IN THE TREATMENT OF TUBERCULOSIS.

To the Editors of THE LANCET.

SIRS,—The communications from Dr. H. Harper in THE LANCET of March 9th (p. 694), June 15th (p. 1672), and Dec. 7th (p. 1567), 1901, detailing his experience in the use of urea in tuberculosis have greatly interested me, especially as this same treatment was suggested, and to a certain extent employed, by Dr. Samuel G. Dixon of this city several years ago. Like Dr. Harper, Dr. Dixon appreciated the fact that certain animals and persons that had not had tuberculosis and that were not inoculated against it possessed a positive immunity to this disease and in seeking the reason for this independently observed that gout and tuberculosis do not often occur simultaneously in the same subject. That this latter fact had already been noted by Sir Dyce Duckworth, and perhaps by others, seems to have escaped the attention of both investigators at the time they were respectively convinced of the antagonism between the tuberculous and the gouty or rheumatic diathesis, though it must be remembered that Dr. Dixon referred to the first results of his experiments based on the theory of this antagonism very soon after the publication of Sir Dyce Duckworth's "Treatise on Gout," from which Dr. Harper quotes, and that in these experiments he used in turn each member of the group—creatin, urea, uric acid, taurin, &c.¹ Later, and because of its close resemblance to urea in formula, he used a vegetable derivative, thiosinamin, in combination and alternation with the above-mentioned nitrogenous metabolic products. It may be interesting to Dr. Harper and other readers of THE LANCET to know that Dr. Dixon always administered these substances subcutaneously and in comparatively small doses. Whether the

larger amounts which seem to have been necessary when the urea was given by the mouth to Dr. Harper's patients were partially wasted in the economy because of the action of the digestive juices or of changes during absorption is a question for future investigation.

In addition to his successful experiments upon animals most favourable results were secured in several cases of long-continued and intractable disease, such as psoriasis, acne pustulosa, and lupus.² Unfortunately, the only cases of pulmonary tuberculosis in which he ventured to administer the nitrogenous substances were far advanced and of mixed infection, consequently negative rather than positive results were noted. This serves to confirm Dr. Harper's opinion concerning the administration of urea in such cases. Just at this time the election of Dr. Dixon to the presidency of the Academy of Natural Sciences of Philadelphia and other important offices and his consequent duties compelled him to postpone his experimental studies and up to the present time no leisure or opportunity for resuming them has come to him.

The above statements and the references noted will, I trust, be sufficient to establish the priority of Dr. Dixon in this line of work, though I am sure that the following quotation from one of his papers³ will convince your readers not only of his appreciation of the breadth and extent of the problems involved, but also that no one is more ready than he to congratulate Dr. Harper upon his apparent success and to encourage his future labour in this direction:—

However, I think that sufficient has been said to open up the very broad question as to whether the conditions that predispose to or favour the development of tuberculosis are not those of faulty, deficient, or abnormal nitrogenous metabolism, and whether the truly scientific method of obtaining immunity against this dread malady will not necessarily come through a thorough understanding of the processes involved and the changes that take place in the various cells and tissues of the body in so far as they are related to the assimilation, secretion, and excretion of nitrogen and nitrogenous compounds. Believing that this is largely so I would, therefore, suggest that future work carried on along the following lines promises to return good results and to lead to substantial ground on which we may base our hopes of eventually securing positive immunity. Such work should include, I think—

1. A systematic investigation as to the amount of nitrogen secreted by the healthy, the tuberculous, and the lithæmic, and the relative proportions of the various nitrogenous products in each case.

2. A tabulation of the clinical results from the systematic hypodermic administration of tuberculin, nucleins, and members of the amide group of metabolic products to healthy, tuberculous, and lithæmic subjects, preferably the same, if possible, as those in the first series of experiments; the results to include full reports as to temperature, secretion and excretion of nitrogen and nitrogen compounds, increase or decrease in white blood corpuscles, condition of subject, &c. A considerable amount of this work has been done but far more is needed. Collateral experiments upon animals would also have their place here and would be of value.

3. Experimentation as to special treatment or diets as would be indicated by a study of the results of the above series of experiments.

Confident that such a work as indicated will be rich in returns to those that undertake it, and trusting that others may be induced by these remarks to join with me in carrying it out, either in general or in detail, I am sure that in whatever way immunity against tuberculosis is eventually secured it will be in very truth a blessing to humanity almost inconceivable and which will be measured least of all by the undying fame of its discoverers.

I am, Sirs, yours faithfully,

SENECA EGBERT, M.D.,

Professor of Hygiene in the Medico-Chirurgical College of Philadelphia, U.S.A.
Philadelphia, Jan. 11th, 1902.

THE DECEASED WIFE'S SISTER BILL.

To the Editors of THE LANCET.

SIRS,—I beg to urge the medical profession to show more interest in the Deceased Wife's Sister Bill. The influence of the profession is an acknowledged factor in public life, and I feel it to be a public duty to press for the removal of an awkward and useless clause in matrimonial law where, there being no blood relationship, conjugal union would be not only desirable but beneficial to the community, and to place the bar of prohibition against all blood-marriages—cousins within the third and fourth degree. I believe we should thus improve the status of the step-mother and secure more satisfactory results from second marriages. Furthermore, by abolishing blood-marriages the constitution of many families would become amended.

I am, Sirs, your faithfully,

Stockport, Feb. 11th, 1902.

J. GOOD.

¹ Reaction of the Amide Group upon the Wasting Animal Economy, Philadelphia Times and Register, September and October, 1890; also Proceedings of the Philadelphia Academy of Natural Sciences, Nov. 18th, 1890.

² Proceedings of the Academy of Natural Sciences of Philadelphia Feb. 21st, 1893.

³ Proceedings of the Academy of Natural Sciences, Philadelphia Nov. 6th, 1894; reprinted in the Therapeutic Gazette, Dec. 15th, 1894.