anything else to benefit the auxiliary forces, and it was manifestly unfair that the duty of defending their country should perforce devolve entirely on the comparatively few good men who are prepared to leave their homes and their belongings, to sacrifice even their lives for her, while the shirkers who refuse to offer their services would gain all the advantage of their compatriots' devotion without any risk to themselves. Such a course persisted in meant the degeneration of the race and the decadence of the empire. Earl Roberts delivered an address on the same subject at a dinner of the London Chamber of Commerce which was held at the Trocadéro Restaurant, London, W., on Dec. 13th.

"THE PERSONAL HYGIENE OF THE SOLDIER."

Major C. J. W. Tatham, R.A.M.C., delivered a lecture entitled "The Personal Hygiene of the Soldier" on Dec. 4th at the Raglan Barracks, Devonport. Major Tatham, in the course of his interesting address, referred to the essential importance of cleanliness, temperance, and clean living for the soldier. He stated that soldiers' food was far better cooked and served than it used to be and added that the arms and equipment carried under service conditions were too heavy for long marches; many cases that he had seen of men on the march falling out from exhaustion were called sunstroke but were really due to heavy weights and feeble circulation aggravated by marching. Major Tatham alluded to the necessity of pure water and said that by anti-typhoid inoculation it was hoped the young soldier would be in as safe a position as regards enteric fever as those who had by living amongst it all their lives become practically immune to the disease. Dysentery and enteric fever were the scourge of European armies, as beri-beri was of an Asiatic army and he did not think that the Japanese were more successful in dealing with this than the British were in dealing with enteric fever. At the conclusion of the address Major-General Sir J. Leech, K.C.V.O., who presided over a large audience, moved a hearty vote of thanks to Major Tatham for his valuable and instructive lecture.

Lieutenant-Colonel D. Prain, I.M.S., Director of the Botanical Survey of India, has been appointed Director of the Royal Botanic Gardens, Kew, vice Sir William T. Thiselton-Dyer.

Correspondence.

"Audi alteram partem."

SUDDEN DEATH FROM EXPLORATORY PUNCTURE OF THE CHEST.

To the Editors of THE LANCET.

SIRS,—The note which appeared in THE LANCET of Dec. 2nd (p. 1636) on this subject calls attention to a risk which is, I fear, too little appreciated by those who, unlike myself, have never had the misfortune to lose a patient in this manner. 11 cases have now been collected[1] and Dr. T. Oliver, who records three,[2] mentions that he can recall at least four others. It appears to me that considering the frequency of exploratory puncture of the chest, the smallest possible risks should be carefully considered; at present all that seems to have been done is to adopt emergency expedients on the spur of the moment, with very unsatisfactory results. I must plead guilty to having acted in this way myself in the case which I have recorded[3]; the patient became cyanosed and I performed artificial respiration, the heart failed, and I injected strychnine and digitalis. In extenuation I may plead that my case occurred before Dr. Oliver's paper appeared in THE LANCET and that I was then unaware of Dr. G. Carpenter's and Dr. A. E. Russell's communications.

With a view to rational therapeutics it would be well to consider the probable pathology of these cases. Speaking generally, they seem to occur most often in children and in patients who are pulled down by illness and whose lungs are the seat of definite disease. Caution, therefore, in exploring the chests of such subjects is the first and most important indication. Passing on to a more detailed consideration of the subject it may be said that the cases are divisible into two groups, those characterised by considerable hæmorrhage from the lungs and those where this symptom is slight and inconsiderable. Underlying both groups there seems to be (1) stimulation of the cardio-inhibitory centre by irritation of the pulmonary afferent branches of the vagus; (2) depression of the respiratory and vaso-motor centres.[4] Accepting this conception of the pathological process, the treatment should be directed towards obviating the vagus inhibition, stimulating the cardiac muscle, keeping the respiratory mechanism going, averting the consequences of vaso dilatation—that is, cerebral anæmia—and in hæmorrhagic cases arrest of the hæmorrhage.

It is, I think, obvious that general anæsthesia would do little to minimise the risk. In the first place, pain seems to be an unimportant factor in the irritation of the vagus. In one of Dr. Russell's cases the needle was inserted and the patient remarked that he hardly felt it. It was then withdrawn and re-inserted with fatal result. In the second place, the anæsthesia could not be pushed sufficiently far to abolish vagus excitability. It must, however, be admitted that with chloroform the hæmorrhage, if it occurred, might be somewhat reduced in amount. It has been suggested that brandy should be administered immediately before the operation. This would perhaps slightly increase the force and rapidity of the heart's beat, but probably not more than the sight of the exploring syringe. I would suggest that theoretically atropin should be given as a prophylactic in quantity sufficient to produce some obvious physiological effect. This would depress the sensory terminations of the vagus, stimulate the respiratory centre, increase the blood pressure, and, if the dose were not too large at any rate, would not depress the musculature of the heart. The recumbent position is no doubt indicated in all cases and also the lowering of the head to facilitate cerebral circulation. Should untoward symptoms occur, the treatment would largely depend on the absence or presence of considerable hæmorrhage. In the absence of hæmorrhage no harm can be done by artificial respiration. Strychnine does not seem specially indicated, as it acts on the mammalian heart mainly by exciting the inhibitory centre. On the other hand, digitalis should be of value as it acts directly on the heart muscle and raises the general blood pressure, while not acting to so great an extent on the pulmonary vessels. It would be best injected over the cardiac region. In the severe hæmorrhagic cases it would seem that little can be done, as hæmostatics like ergot and adrenalin are rather worse than useless. Artificial respiration is also probably more harmful than otherwise. Here digitalis might conceivably be of value, but in all probability the most scientific course would be masterly inactivity.

I am, Sirs, yours faithfully,

J. M. FORTESCUE-BRICKDALE, M.A., M.D. Oxon.

Clifton, Bristol, Dec. 4th, 1905.

[1] British Journal of Children's Diseases, vol. ii., No. 10, p. 466.

[2] THE LANCET, Jan. 2nd, 1904, p. 26.

[3] Reports of the Society for the Study of Disease in Children, vol. v., p. 118.

[4] Russell: St. Bartholomew's Hospital Reports, vol. xxviii.

POST-GRADUATE TEACHING.

To the Editors of THE LANCET.

SIRS,—It is the happy lot of some people to wake to find themselves famous. This, however, was hardly the lot of the general practitioner who took up the issue of your esteemed journal of Oct. 21st last. Under the heading of "Annotations" he read that the distinguished President of the Royal College of Surgeons of England had stated that he considered a post-graduate course should be made compulsory after a certain period in a man's career, the object being to increase his knowledge and *correct* his opinions. In the same issue of your journal under the heading of "Incorporated Society of Medical Officers of Health" he read that "the statutory duties at present devolving on the medical officer of health prevented his undertaking consultative work in relation to infectious diseases." I have carefully looked up in the Medical Directory the names and qualifications of several medical officers of health and entirely fail to see that these gentlemen are for an instant specially qualified or in any way justified in attempting to teach the general practitioners of the country. Anyone caring to take the trouble has but to look at the Directory to discover this.

In your issue of Nov. 25th I was greatly interested in reading a post-graduate lecture by Dr. Alexander Morison and from the obscurity of my humble position as a general practitioner looked forward with pleasure to

being taught something. However, on reading the lecture I merely found a description of a simple manipulation with which I have been familiar for some years.

It appears to be the correct thing just now to criticise adversely the general practitioner and to point out the many directions in which he is deficient in knowledge of his profession. If all these deficiencies really exist, if it be necessary that after a time he should undergo a course of instruction "to increase his knowledge and correct his opinions," if he cannot diagnose the rashes which so frequently occur in every-day practice but should seek the aid of the more erudite medical officer of health, does not all this imply a grave defect in the medical curriculum? I submit that the general practitioner himself knows best his own weaknesses and deficiencies.

Post-graduate work to be of real help *must* be practical. If it were possible to give us at the hospitals greater opportunities for the performance of such operations as general practitioners are expected to perform; to help us in the diagnosis and treatment of diseases of women, which is a form of work constantly coming under our notice, and which from the rarity with which students are enabled to make examinations has to be learnt almost entirely after leaving hospital (unless a man happens to have held the post of obstetric assistant, which is obviously impossible for all); to enable all general practitioners to diagnose and treat the commoner forms of eye trouble, to use the ophthalmoscope intelligently, and to prescribe glasses for errors of refraction in all ordinary cases, except the most difficult; to diagnose and treat skin affections which are constantly coming under observation; to learn to examine, diagnose, and treat troubles which constantly come under his observation in connexion with the ear, nose, and throat, then with these and many other practical points the greatest help would accrue to the general practitioner from post-graduate courses. How far these subjects might be incorporated in the ordinary medical curriculum and how much of it should be relegated to post-graduate work is but a question of detail.

The requirements from a general practitioner are arduous and exacting. He is required at a moment's notice to diagnose and treat anything that is brought before him and I venture to think that some eminent consultants would find themselves distinctly on the horns of a dilemma if they were asked to treat at a moment's notice cases other than those they are accustomed to meet with in that branch of specialism to which they have devoted their lives. We do not want in post-graduate courses the mere utterance of words in lectures, the subject matter of which is often familiar to almost all the listeners, but something that will be of real practical help. We ask for bread, do not give us a stone! I am, Sirs, yours faithfully,

Tooting Common, Dec. 6th, 1905. REGINALD THORPE.

THE PROPOSED AMALGAMATION OF THE LONDON MEDICAL SOCIETIES.

To the Editors of THE LANCET.

SIRS,—I beg to thank Sir R. Douglas Powell for kindly replying to my letter in THE LANCET of Dec. 2nd, p. 1641, but I hope that he will forgive my saying that he has not *answered* it.

In the abstract I fully agree that the idea of forming a Royal Academy of Medicine with sections of medicine, surgery, obstetrics, electro-therapeutics, laryngology, and so on, is an excellent one, and if all these various societies were now on the point of taking birth, such an amalgamation would almost certainly happen, each branch of the Academy preserving its individuality and its Fellows or Members being assured their special privileges. And even in the present circumstances I feel sure that I should not differ from Sir Douglas Powell on the question of general principles. But as a devoted Fellow and a trustee of the old Medical Society of London—the parent of all the societies—I wrote last week on the advantage of there being a large, popular society, in which the general practitioner element should remain on even terms with the purely medical and purely surgical elements, and I asked this question: "In the amalgamation scheme what provision would exist for the continuance of this excellent arrangement?" Before expressing approval of our society (which Lettsom desired to establish "on a permanent basis") entering into the Hanover-square scheme, I should desire a definite and satisfactory answer to this question, and also an assurance that the memory and associations of Lettsom and his friend Fothergill should not be lost sight of, and that there should not be too great a sacrifice of the interests of its Fellows.

The old Medical Society of London is in its formation and work much like the Harveian and certain other "district societies" which, in Sir Douglas Powell's opinion, "should remain as they are." To break up such societies in order to establish a Royal Academy of Medicine would be, indeed, a sad misfortune, and to strip and ruin Lettsom's venerable edifice for that purpose would be to repeat the act of those Ecclesiastical Rulers of Rome in the Middle Ages, who turned the Colosseum into a quarry in order to use its well-hewn stones to build a Palace. I am, Sirs, yours faithfully,

Dec. 11th, 1905. EDMUND OWEN.

VARICOCELE—WHAT OF IT?

To the Editors of THE LANCET.

SIRS,—Referring to my letter under the above heading in THE LANCET of Nov. 11th, p. 1430, I am now able to supply the details as to cases of varicocele which were supplied with suspenders by the Surgical Aid Society in the year ending Sept. 30th, 1905. Out of 9094 male "cases" there were only 38 of varicocele. The total number of suspenders supplied for any cause was 72.

I am, Sirs, yours faithfully,

Duchess-street, W., Dec. 8th, 1905. E. MUIRHEAD LITTLE.

A CASE OF CLAY-COLOURED STOOLS WITHOUT JAUNDICE BUT ATTENDED WITH COPIOUS BILIOUS VOMIT.

To the Editors of THE LANCET.

SIRS,—I fully agree with Dr. W. Gordon's remark in THE LANCET of Dec. 9th, p. 1687, that the observations of Dr. J. T. Walker with regard to the pale colour of the stools met with in disease of the pancreas have not received adequate recognition and in my Hunterian lectures on the pancreas delivered in 1904 I expressed this view. Dr. Gordon does me the honour of criticising my opinion that "the characteristic white stools often seen in pancreatic disease in the absence of jaundice owe their pale colour entirely to the solidification of the fat when the motion cools, although there may be a normal amount of bile entering the intestines." This opinion is based not only on a large number of observations made on cases that have been under my care and which I have watched carefully, but also on a thorough analysis of the fæces of these patients made for me by Dr. P. J. Cammidge and other pathologists. Dr. Gordon in disagreeing with my conclusions does not say whether his opinion is based alone on the case he reports nor whether he has had an analysis made of the fæces. Judging from his statement—"An abundance of bile may enter the duodenum, yet if the pancreatic juice is cut off from the intestine stercobilin may be absent from the fæces"—I gather that he has had such an examination made, and it is unfortunate that in support of his view he has not published the details.

Before any reliable opinion could be expressed on Dr. Gordon's arguments it would be necessary to know the details of the analysis of the fæces and also whether a microscopical examination of the diseased head of the pancreas was made, for it is unusual, in my experience, for a cancer of the head of the pancreas to involve the pancreatic duct without at the same time obstructing the common bile duct. I am, Sirs, yours faithfully,

A. W. MAYO ROBSON.

Park-crescent, W., Dec. 11th, 1905.

TOXICITY OF URIC ACID.

To the Editors of THE LANCET.

SIRS,—Dr. A. P. Luff, in his address published in the current number of THE LANCET, p. 1667, says on p. 1670, "I believe that uric acid possesses no toxic properties whatever." Having reason for believing otherwise I beg a few lines of your valuable space to place the facts before your readers.

It is known that Sir A. B. Garrod and others have administered considerable doses of uric acid or its salts and that though these occasionally produced a little irritation of the