Surgeon-Captain C. E. Abbott, to be Surgeon-Major. 1st Volunteer Battalion, the Northamptonshire Regiment: Edward Percival Dickin, M.D., to be Surgeon-Lieutenant.

VOLUNTEER MEDICAL STAFF CORPS.

The Glasgow Companies: Surgeon-Lieutenant J. G. Graham, M.B., to be Surgeon-Captain.

THE ARMY REORGANISATION SCHEME FOR INDIA.

The *Times of India* of the 27th ult. has a long article upon the new army reorganisation scheme for that country. The Governor-General's order, with the subsidiary order by the Commander-in-Chief, is to be issued immediately. The Madras and Bombay Armies Act comes into force on April 1st next. Under the new organisation the army of India consists of the following commands:—Punjab, Bengal, Madras, and Bombay, each under a lieutenant-general. The first and second-class districts remain with their staffs unchanged, Quetta alone going to the Bombay command, and Burmah remaining with Madras. To each command a principal medical officer, with a personal professional assistant, is allotted. One of the secretaries to the principal medical officer with H.M.'s Forces in India at headquarters will be abolished. All appointments in the medical and other departments will be made under the existing rules. The principal medical officer with H.M.'s Forces in India and the principal medical officers of commands and districts, if of the Army Medical Staff, will be appointed by H.R.H. the Commander-in-Chief, and officers of the Indian Medical Service by the Government of India.

DEATHS IN THE SERVICES.

Inspector-General B. W. Marlow, M.D., C.B., at Alverstoke, Hants, on the 7st inst., aged seventy-four. He attained the rank of Deputy-Surgeon-General in 1870. For his services during the Eastern Campaign of 1854–55 he received the war medal with three clasps and the Turkish medal. He was also a Knight of the Legion of Honour.—Fleet-Surgeon Martin Magill, M.D. St. And., F.R.C.S. Eng., died on the 1st inst. He became surgeon in the Navy in October, 1856, was promoted staff-surgeon in March, 1867, and retired as fleet-surgeon in June, 1881. He served as staff-surgeon to the *Orontes* during the war against the Zulus in South Africa of 1877 to 1879, receiving the Zulu medal.

MALARIAL FEVER IN CALCUTTA.

There appears to be a somewhat unusual prevalence of malarial fever at the present time in Calcutta. The number of admissions from this cause into the hospitals of that city has been very large of late. The type of fever is described as severe, the fever temperature being high and many of the patients during the cold stage suffer from abdominal cramps and a more or less collapsed condition.

The *Malabar* arrived at Portsmouth from Bombay on the 12th inst. with 118 invalids for Netley.

The hired transport *Dilwarra* sailed from Bombay on Oct. 25th with 246 patients for Netley.

The proceeds of the Carnival recently held at Aldershot in aid of the proposed hospital amounted to £321.

It has been suggested that the services rendered by the Shropshire Light Infantry in stamping out the plague at Hong-Kong should be recognised by the presentation of a piece of plate to the regiment, and that the soldiers should each receive a medal, but for this the sanction of the War Office must be obtained.

NOTTINGHAM MEDICO-CHIRURGICAL SOCIETY.—On Nov. 7th the President, Dr. Tew, delivered an introductory address from the chair on Some of the Legal Responsibilities of Medical Men. The question of administering the oath previously to giving evidence was dealt with at some length, and the forms adopted in various countries were described. The Oaths Act was considered to meet all present day requirements. Swearing with the uplifted hand was considered preferable to the usual method of kissing the Book. Any method of judicial swearing should be allowed which is not ridiculous in performance or repugnant to the feelings—religious, racial, or otherwise—of those about to make such important judicial statements as medical witnesses were called upon to do. He also spoke on the subjects of death certification and the giving of evidence before the coroner or in the law courts.

Correspondence.

"Audi alteram partem."

"THE POSITION OF THE THEORY OF EVOLUTION."

To the Editors of THE LANCET.

SIRS,—I trust you will allow me some of your valuable space to reply to Dr. Kidd's rather vaguely expressed dubitations as to the credibility of the doctrine of evolution. In a matter of this sort, of course, no one will expect categorical proof; it is merely a question as to whether the general drift of our knowledge points in this direction or not. The unanimity with which the various branches of science have one after another independently adopted this doctrine, so that it now dominates the whole range of science, is certainly a very remarkable phenomenon. From it we may infer that the grand problem suggested by the study of nature has never before been so well explained. This is the sole *raison d'être* of the doctrine of evolution—and it is sufficient. We need not bother ourselves about its consequences. Once established, a theory of this kind will always be believed until it can be shown to be false or until something better has been devised. At present I fail to see any indications of this kind; on the contrary, the progress of knowledge is constantly revealing new facts which tend but to confirm it. It would be very strange if a doctrine so far-reaching in its effects, after having revolutionised the rest of biology, failed to make its influence felt in pathology. As a matter of fact, however, not much progress has yet been made in this direction. The reason for this is the extremely backward state of pathology, which still lags far behind any other branch of natural science. We are indebted to Herbert Spencer for pointing out that there are three grades of knowledge: (1) knowledge of the lowest kind, which consists of isolated facts, or *un-unified* knowledge; (2) science, or *partially unified* knowledge; and (3) philosophy, or *completely unified* knowledge. What makes modern English pathology so sterile and insignificant is that it has failed to rise above the level of the lowest of those grades. In this respect the Germans are far in advance of us. For many years they have been steadily unifying their pathological data, and they now have accumulated an unrivalled stock of partially generalised knowledge, which will be of immense service when the time comes—as come it assuredly will—for making still wider generalisations. In this country the *Centralblatts* and *Jahrbüchers* of the Germans have no counterparts. Anyone who will compare the matter published in the transactions of our medical societies and journals with that which appears in corresponding German works will at once see how deficient the British publications are.

Buckle, one of the greatest of modern English thinkers, has expressed himself on this subject as follows:—

"Our scientists display an inordinate respect for experiments, an undue love of minute details, and a disposition to overrate the invention of new instruments and the discoverers of new but often insignificant facts. ..... We are in that predicament that our facts have outstripped our knowledge and are now encumbering our march. The publications of our scientific institutions and of our scientific authors overflow with minute and countless details, which perplex the judgment, and which no memory can retain. In vain do we demand that they should be generalised and reduced into order. Instead of that, the heap continues to swell. We want ideas and we get more facts."

Viewing the matter in this light, it seems to me that in his recent address on "Scientific Temper" Sir J. Paget struck a false note when he urged his hearers not to think, but to seek out facts. It is quite certain that Hunter, to whose example he appealed, owes his great influence with us, not to the new facts he discovered, but to the new ideas he promulgated. English pathology is languishing to-day, not for the want of facts, but for the want of the necessary intellect to interpret them. The student's head must be spherically expanded. There is no need to urge the accumulation of facts in such times as we are now living in—these are certain to be produced in the greatest abundance; but what is sadly needed is the mental aptitude necessary for their proper comprehension. What more than anything else has contributed to the present deplorable condition of our medical science is

the pernicious custom of filling all the chief offices connected with our hospitals and medical schools with men whose sole distinction is that they have passed difficult examinations, and who subsequently devote most of their time to teaching others to do likewise. For work of this sort no intellect is required. The whole art of passing examinations is simply a parrot-like trick of the memory, and what is thus acquired is not real knowledge, but merely a fraudulent imitation thereof. The pungent lines of Voltaire rise up in my mind :—

"Eh quoi! vous ne ferez nulle distinction
Entre l'hypocrisie et la dévotion.
Vous les voulez traiter d'une semblable langage
Et rendre même homage au masque qu'au visage?"

If the credit of the English schools is not altogether to pass away from them, the present iniquitous system of making hospital appointments must be abandoned, and men of a higher grade of intellectual capacity must be substituted.

I am, Sirs, yours truly,

Preston, Nov. 4th, 1894. W. ROGER WILLIAMS.

"THE ETIOLOGY OF TYPHOID FEVER."

To the Editors of THE LANCET.

SIRS,—This question is one of great importance to health officers and others interested in the causation of disease; but much more important to them is the study of the way or ways by which the disease is communicated from one person to another. In taking part in this discussion I do so solely from the epidemiological point of view, as I am not competent to discuss it from the bacteriological standpoint.

For ten years before I came to practise here in Rome I acted as deputy for Mr. Jacob, medical officer of health of the Surrey Combined Districts. During that time I had very many opportunities of investigating outbreaks of typhoid fever and the other infectious diseases in isolated cases as well as in epidemic forms in towns and country districts. I quite agree with Dr. Kenwood that in a large number of cases of typhoid fever one has to investigate we cannot trace the direct source of infection; but we find this also in diphtheria, small-pox, scarlet fever, and other infectious diseases. If, therefore, we agree with Dr. Kenwood that after the most careful investigation of all the known means of communicating typhoid fever from one individual to another, we cannot trace it immediately or mediately to a previously existing case, it must arise *de novo*. Why should we not believe, reasoning in the same way, that diphtheria, scarlet fever, measles, and all the other infectious diseases arise *de novo?* I do not know whether Dr. Kenwood admits this, but to be logical he ought to do so. I certainly do not admit it. On the contrary, I believe that typhoid fever is produced only by the admission of the typhoid germs into the organism, and consider that whenever we are unable to trace the medium through which these microbes obtained their admission it is much more reasonable to believe that we either have not succeeded in thoroughly investigating every source of infection from a previous case, or, more probably, that we have not yet complete knowledge of the various media by which the disease is communicated from one person to another, than to accept the *de novo* origin of the disease.

The human mind, as a rule, is only too apt to rush to conclusions on insufficient data, and I am afraid that our investigations of disease causation are not exceptions to this rule. At any rate, much stronger evidence must be brought forward than there has been up to the present before I shall believe in the *de novo* origin of typhoid fever or any disease of its kind. To my mind, it is as difficult to accept this theory as it is to believe in abiogenesis.

I am, Sirs, yours faithfully,

JOHN J. EYRE, M.R.C.P. Irel., D.P.H. Cantab.

Piazza di Spagna, Rome, Nov. 7th, 1894.

DEATHS UNDER CHLOROFORM.

To the Editors of THE LANCET.

SIRS,—There appears of late to have been an increase rather than a decrease in the number of deaths under chloroform, cases being from time to time reported in THE LANCET and comments made thereon. The question, however, as to whether it is ever necessary, and, if not, whether it is justifiable, to give chloroform does not appear to have had due consideration. I maintain that it is never necessary to use pure chloroform as an anæsthetic, and that when used it should be mixed with ether. The most satisfactory combination, so far as my experience goes, is a mixture of equal parts of chloroform and ether. The advantages of this mixture are the following. 1. The ether acts as a stimulant, counteracting the depressing effects of the chloroform on the heart. (That chloroform has a depressing effect on the heart is a clinical fact, whatever the results of the Hyderabad experiments may attempt to prove.) 2. During the commencement of the administration and during the struggling stage the patient is chiefly breathing ether, and so the initial dangerous period of chloroform administration is tided over. 3. During struggling, for the above reason, the anæsthetic can be pushed with much more safety than can chloroform alone. 4. For the same reason there is less shock in those too frequent cases where the surgeon commences to operate before the patient is ready.

The only disadvantages are—(1) that about two or three times as much anæsthetic is used; and (2) sometimes rather profuse salivation is excited. These are, however, trivial points compared with the greater safety of the mixture over chloroform. I am well aware that the mixtures of chloroform and ether in various proportions have been used for some considerable time. The point I wish to urge is that there is never any occasion to use chloroform except in the form of a mixture with ether, and, therefore, that the use of chloroform by itself should be altogether abolished.

I am, Sirs, yours truly,

C. F. MARSHALL, M.D., F.R.C.S.,
Late Anæsthetist to the Hospital for Sick Children,

Nov. 13th, 1894. Great Ormond-street, W.C.

"THE TEACHING OF CHILDREN'S DISEASES AT GENERAL HOSPITALS."

To the Editors of THE LANCET.

SIRS,—Dr. McCaw's friendly criticism of my letter calls for but slight answer from me. Whilst we are thoroughly agreed as to the necessity for further teaching and study of children's diseases on the part of the student, we are at variance as to the method to be employed for gaining these ends. Dr. McCaw considers that my suggestion of appointing a special physician for children's diseases on the staff of each general hospital, if adopted, would add to the labours of the already over-burdened student. I cannot, however, see how his plan of professorial lectures with enforced attendance at a children's hospital is in any way an improvement on mine in the way of lightening these burdens. The two methods, in fact, are essentially the same, with the single exception that in my method the student has the tuition he has a right to expect afforded within the walls of his own hospital. With Dr. McCaw's alternative one the student is compelled to travel, perhaps some distance, to obtain it. I do not believe, moreover, that the student would find the proposed children's department an incubus. On the contrary, I believe such a department would come to be the most popular one in the hospital, and one in which the student might profitably increase his knowledge of adult diseases by studying them in the child. There are no grounds for any accusation against me for attempting to magnify the importance of a narrow speciality, for "speciality" is a curious term for a subject that will form more than half the practice of most qualified men. The time will come, too, when examining boards will realise this fact; and when children's diseases meet with due recognition on their part the teaching authorities at general hospitals will have to move in the matter. With improved conditions in this respect one may expect some utility in holding inquests on infants, in that some other verdict than the stereotyped one, "Death from convulsions," may occasionally be returned, and that there will cease to be any justification for such a sentence as "practitioners only too often find more employment for their grim lancets than for their common sense."

I am, Sirs, yours faithfully,

Upper Berkeley-street, Nov. 12th, 1894. J. A. COUTTS.

"CREAMERIES AND INFECTIOUS DISEASES."

To the Editors of THE LANCET.

SIRS,—I have read with great interest Dr. Welply's former and latter articles on "Creameries and Infectious Diseases."[1]

[1] THE LANCET, April 21st and Nov. 10th, 1894.