

"a sudden and more or less violent physical or mental impression: a startling agitation of the feelings." By some of the older writers, including, I think, Sir William Savory, it was reserved to denote the *event* which tended to produce a *condition* called collapse. More recently, shock has been defined as "the reaction of the central nervous system to abnormal or exaggerated afferent impulses"—i.e., to an *event* or series of events, which may or may not produce as an end-result a *condition* clinically serious. This is, no doubt, strictly correct, but the word is so generally applied to the condition of the organism when its "protective" reaction has failed, or has itself proved noxious, that it seems hardly practicable thus to alter the nomenclature.

Such being the case, I venture to suggest that at least by "surgical shock" should be understood only that condition which is a direct and immediate effect of some abnormal impulses from the periphery (as from a wound or in the course of operation), and is essentially a disturbance of the nervous system (Professor Bayliss's "primary shock"), with instant disturbance of the vital functions it controls. As an illustration I may mention that the most sudden and profound shock I have seen occurred in a healthy woman undergoing a minor operation on severance of a nerve which was in a state like that of bulbous nerve-ends in stumps. However (one may suppose because the clinical signs are similar), a variety of conditions are also called, or rather miscalled, "shock." Such are those due more or less indirectly to the "primary shock," but in addition often to other causes, chill, hæmorrhage, want of nourishment, &c., and now regarded as being essentially changes in the quality and distribution of blood ("secondary shock"), ("acapnia"); and even, strange to say, to the effects of an overdose of morphine or chloroform, which so far from causing true shock tend to prevent it! These conditions should be termed "collapse," or at any rate, not "shock"; and it would certainly save much perplexity if every writer and speaker about to make use of the word "shock" would first try to define what he means by it.

I am, Sir, yours faithfully,

Fairhazel Gardens, N.W., March 3rd, 1919. J. D. MORTIMER.

HYPOTHERMIA IN INFLUENZA.

To the Editor of THE LANCET.

SIR,—I have always looked upon the hypothermia which follows influenza as quite the most important and dangerous symptom. Indeed, I have thought it to be almost pathognomonic, and was quite unprepared to learn from Dr. Samuel West's letter in THE LANCET of Feb. 1st that it is not widely recognised. I have never even heard it disputed, and had taken for granted that it was familiar to practically every member of the profession. The high temperature, I have found, will usually go down of itself, but the low temperature which follows is far more dangerous and difficult to deal with, and renders the patient specially liable to complications. This fact is, of course, a strong argument against the use of any depressing remedies in the early stage. I believe that the treatment by antipyrin, which was at one time very prevalent, has been responsible for a great many fatal cases.

I am, Sir, yours faithfully,

Oakley-street, S.W., Feb. 7th, 1919. J. FOSTER PALMER.

BOOKS FOR SERBIA.

To the Editor of THE LANCET.

SIR,—May we appeal through your columns for books for Serbia? The Austro-Hungarians and the Bulgarians were at special pains to remove all means of education and culture in Serbia, and they destroyed her libraries after taking from them all that they themselves wanted. They also destroyed every printing press in the country. It is impossible to state in a phrase all that such losses must mean to a nation. But those of us who have imagination will hardly refuse a gift from our well-filled bookshelves. Books, old or new, of practically every kind, and in any language, are needed, and should be sent to Miss Waring, Hon. Organising Secretary for the Reconstruction of Serbian Libraries, Royal Society of Literature, 2, Bloomsbury-square, London, W.C.1. The name and address of sender should be given on the outside of the parcel.

Those who wish to help and who cannot give books are asked to send donations towards expenses, and for the

providing of books that may be missing from among the gifts. Cheques should be crossed "Messrs. Coutts & Co., A/C War Fund of the Entente Committee."

I am, Sir, yours faithfully,

CREWE,

Hon. Director of Foreign Affairs of the
Royal Society of Literature.

Feb. 27th, 1919.

BUYING PRACTICES.

To the Editor of THE LANCET.

SIR,—May I through your columns give a word of caution to the large number of practitioners now returning to civil life respecting the present value of practices. The position is quite different now from pre-war conditions, and before any practice is purchased very careful investigation is essential in order to arrive at its value. Many practices to my knowledge have been sold to unwary purchasers on the basis of last year's income, which is, in many cases, inflated by munition workers or epidemic fees, to the extent of 50 per cent. above the normal value. To be rushed into a purchase such as this spells disaster. Far better, before making any decision, to seek the advice of any of the old-established agents, who have a reputation to maintain and who can be relied on to advise after investigation as to the proper value of any practice.

I am, Sir, yours faithfully,

125, Strand, W.C., Feb. 25th, 1919.

PERCIVAL TURNER.

The War and After.

THE CASUALTY LIST.

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

Died.

Capt. A. M. Pryce, R.A.M.C., was a student at Middlesex Hospital and qualified in 1903. He held appointments at the Leeds Sanatorium for Consumption and at the Leeds City Fever Hospital, afterwards becoming assistant M.O.H. for Leicester. At the time of joining the R.A.M.C. he was demonstrator of bacteriology at the University of Leeds. He died at Calais of broncho-pneumonia.

Capt. F. B. Chenoy, I.M.S., was a student at the London Hospital and qualified in 1913. Shortly afterwards he joined the I.M.S.

Surg. Sub-Lieut. F. W. Lemarchand, R.N.V.R.

Surg.-Lieut. R. A. Hobbs, R.N., was a student at St. Mary's Hospital, London, and qualified in 1908. He held an appointment at the Royal Surrey County Hospital, Guildford, and, prior to joining the Royal Navy, was in practice at High Wycombe, Bucks, where he was honorary medical officer to the Memorial Cottage Hospital.

CASUALTIES AMONG THE SONS OF MEDICAL MEN.

The following additional casualty among the sons of medical men is reported:—

Warrant Telegraphist T. A. Payne, R.N.R., died of pneumonia, son of Dr. A. A. Payne, of Sheffield.

THE HONOURS LIST.

The following awards to medical officers (all members of the R.A.M.C. except where otherwise stated), in recognition of their gallantry and devotion to duty in the field, are announced. The acts of gallantry for which the decorations have been awarded will be given later:—

Bar to Distinguished Service Order.

Capt. (acting Lt.-Col.) J. H. Fletcher, D.S.O., M.C.; Maj. (temp. Lt.-Col.) F. C. Sampson, D.S.O.

Distinguished Service Order.

Capt. P. A. Ardagh, M.C., N.Z.M.C.; Temp. Maj. C. F. Knight; Maj. L. May, M.C., Aust. A.M.C.; Lt.-Col. S. Paulin, Can. A.M.C.

Second Bar to Military Cross.

Temp. Capt. G. O. F. Alley, M.C.; Lt. (temp. Capt.) W. J. Knight, M.C.; Temp. Capt. (acting Maj.) M. A. Power, M.C.

Bar to Military Cross.

Capt. (acting Maj.) J. B. Cavenagh, M.C.; Temp. Capt. F. O. Clarke, M.C.; Temp. Capt. C. N. Coal, M.C.; Capt. (acting Maj.) F. F. Corkill, M.C.; Temp. Capt. (acting Maj.) J. E. Davies, M.C.; Capt. F. F. Dunham, M.C.; Can. A.M.C.; Capt. (acting Maj.) F. Gamm, M.C.; Capt. (acting Maj.) W. C. Hartgill, M.C.; Capt. (temp. Maj.) R. A. Hepple, M.C.; Temp. Capt. (acting Maj.) B. Knowles, M.C.; Temp. Capt. A. C. W. Knox, M.C.; Temp. Capt. (acting Maj.) H. D. Lane, M.C.; Capt. J. S.