

that post at Devonport for some time past. Captain Charles S. Cato resigns his commission (dated August 15th, 1906).

Captain R. A. Cunningham has arrived for duty at Gosport. Lieutenant E. G. Anthonisz has left the Southern Command for duty at Colchester.

#### THE PRINCIPAL MEDICAL OFFICER IN INDIA.

Surgeon-General W. L. Gubbins, C.B., M.V.O., A.M.S., has been appointed to Lord Kitchener's staff as Principal Medical Officer of His Majesty's forces in India, in succession to Sir Thomas Gallwey, K.C.M.G., C.B., transferred to Aldershot.

#### IMPERIAL YEOMANRY.

2nd County of London (Westminster Dragoons): Frederic William Longhurst to be Surgeon-Lieutenant (dated July 16th, 1906). Lothians and Berwickshire: John McWatt (formerly Surgeon-Lieutenant, 2nd (Berwickshire) Volunteer Battalion the King's Own Scottish Borderers), to be Surgeon-Lieutenant (dated July 7th, 1906). Suffolk (The Duke of York's Own Loyal Suffolk Hussars): Surgeon-Lieutenant L. A. Avery to be Surgeon-Captain (dated August 15th, 1906). Sussex: Surgeon-Lieutenant J. H. Dauber to be Surgeon-Captain (dated August 15th, 1906).

#### VOLUNTEER CORPS.

*Royal Engineers (Volunteers)*: 2nd (Leeds) Yorkshire (West Riding): Alexander Brodie Seton Stewart to be Surgeon-Lieutenant (dated August 15th, 1906).

*Rifle*: 1st Lanarkshire Volunteer Rifle Corps: Surgeon-Major F. V. Adams is borne as Supernumerary whilst holding the appointment of Brigade-Surgeon-Lieutenant-Colonel, Senior Medical Officer, Scottish Rifle Volunteer Infantry Brigade (dated July 3rd, 1906). 2nd Volunteer Battalion the Oxfordshire Light Infantry: Hubert de Burgho Dwyer to be Surgeon-Lieutenant (dated August 3rd, 1906). 2nd Volunteer Battalion the Sherwood Foresters (Nottinghamshire and Derbyshire Regiment): Surgeon-Captain and Honorary Surgeon-Major J. H. Maclean resigns his commission, with permission to retain his rank and to wear the prescribed uniform (dated August 11th, 1906). 1st Nottinghamshire (Robin Hood) Volunteer Rifle Corps: Surgeon-Captain R. H. Cordeux resigns his commission (dated August 11th, 1906). 2nd Volunteer Battalion the Duke of Cambridge's Own (Middlesex Regiment): Surgeon-Captain E. Farr resigns his commission (dated August 11th, 1906).

#### ROYAL ARMY MEDICAL CORPS (VOLUNTEERS).

*Scottish Command*: Edinburgh Company: Lieutenant D. Waterston to be Captain (dated August 11th, 1906).

#### DEATHS IN THE SERVICES.

Deputy Surgeon-General Henry Fowle Smith, A.M.D. (retired), recently, at the age of 82 years. He joined the army as an assistant surgeon in March, 1847, and having taken the M.D. of the University of Aberdeen in 1850, served throughout the Eastern Campaign of 1854-55, being attached to headquarters. He had medical charge of the staff belonging to the adjutant and quartermaster-general's department, and was subsequently on the personal staff of Sir James Simpson and Sir William Codrington. He was present at the action of Bulganar, at the battles of the Alma, Balaclava, and Inkerman, and throughout the siege of Sebastopol until the fall of the fortress (medal with four clasps, Turkish medal, and the Fifth Class of the Medjidie). In 1867 he was promoted to be surgeon-major. He retired in 1875, with the rank of deputy surgeon-general.

## Correspondence.

"Audi alteram partem."

### STOMATITIS DUE TO A MERCURIAL INJECTION GIVEN FIVE MONTHS PREVIOUSLY.

To the Editors of THE LANCET.

SIRS,—The case reported by M. P. Menetrier and M. Bouchard and referred to by you in an annotation in THE LANCET of August 11th, p. 386, as exemplifying the dangers of mercurial poisoning by the injection of "grey

oil," is the best object-lesson I have yet read to illustrate the results of disregarding one of the first rules followed by the advocates of the intramuscular method—viz., that the mercury must be injected into the muscles and not merely deposited in the subcutaneous tissue. I venture to assert that in the case referred to the poisoning occurred in consequence of faulty technique, as the mercury never reached the muscles at all but, as M. Menetrier and M. Bouchard themselves state, was discovered in the subcutaneous tissue where it had remained temporarily encapsuled.

An injection may fail to be absorbed for many reasons. Firstly, the needle used may not be long enough to reach the muscle through the fatty tissue which is often very plentiful in the gluteal region. Secondly, the needle, though long enough, may not be passed in sufficiently deeply. Thirdly, the locality chosen for the injection may not be a suitable one; for example, if the injection is given too high up in the buttock where the muscular layer is thin absorption is likely to be slow. In a case of my own where injections were given to a stout patient with a short needle, in spite of the fact that several injections had been given the patient's condition did not improve and, a doubt arising as to whether the mercury was being absorbed, a radiograph was taken which showed each dose that had been administered lying in a lump in the subcutaneous tissue. The collections of mercury left by these injections could be both felt in the tissues as nodes and seen in a radiograph for some six weeks afterwards.

In contrast to this a series of radiographs of my patients show that mercury when injected into the muscles themselves spreads out in striæ along the course of the muscular fibres, in which position the looseness of the tissues and their constant state of motion render encapsulation impossible. There is never any node to be felt and a few weeks are always sufficient to obliterate all radiographic evidence of mercury. My assistants and I have pursued this method for over two years, during which time we have had upwards of 200 cases of syphilis under our care in private and hospital practice. Some of these patients have received as many as 40 or 50 injections of grey oil without any ill-effects.

I am, Sirs, yours faithfully,

Liverpool, August 14th, 1906.

STOPFORD TAYLOR.

PS.—A similar explanation might also apply to the cases of mercurial poisoning occurring in the Egyptian command in 1901 and reported in the Army Medical Report of 1904.

### THE BELATED LUNACY REPORT.

To the Editors of THE LANCET.

SIRS,—May I draw attention to the fact that the sixtieth annual report of the Lunacy Commissioners is not yet issued? In view of the great increase of lunacy and the projected appointment of a Royal Commission of inquiry may I urge upon the Lord Chancellor—to whom these reports are addressed—to see that the sixtieth report is issued without any further delay than is absolutely necessary? The fifty-ninth report is dated June, 1905. The cost of pauper lunacy for 1904 was £2,286,652; for 1905 this huge sum will be greatly exceeded.

I am, Sirs, yours faithfully,

H. R. GAWEN GOGAY.

Southchurch Beach, Essex, August 11th, 1906.

### THE LESSON OF THE PERKIN JUBILEE.

To the Editors of THE LANCET.

SIRS,—Your readers will all be interested in your account of the jubilee of Sir William Henry Perkin, the discoverer of the first aniline dye, but I think it important that the true lesson of this jubilee should be pointed out. There is no gainsaying the fact that the aniline industry was originally an English industry and one we could carry on to the greatest advantage but that to-day the aniline dyes and the other valuable compounds derived from coal tar by synthetic chemistry are made in Germany. The reason for this is not far to seek. If to-morrow a chemist discovered a synthetic process for making quinine at say 1s. an ounce and he took his process to any body of capitalists they undoubtedly would start the works for making the quinine in Germany rather than in England for two reasons: (1) that under the German patent laws a patent is only valid for two years unless the article is made in Germany; and (2) if the works are to be in Germany the manufacturer has an open market

of 60,000,000 in Germany and 40,000,000 in the British Isles, while if he puts his works down in England he has only 40,000,000 in England, with 60,000,000 in Germany being closed to him by tariff. For the sake of making a fair comparison I have left out of consideration other countries. If I am wrong I should be very glad to be put right by any of your Free Trade readers.

I am, Sirs, yours faithfully,  
SIDNEY BARWISE, M.D. Lond., B.Sc. Birm.  
Duffield, near Derby, August 8th, 1906.

## "FLAGELLA OR PSEUDOPODIA?"

To the Editors of THE LANCET.

SIRS,—In Dr. E. H. Hunt's very interesting note *re* the discovery of flagellated protozoa in a rectal abscess caused by the swallowing of a fish-bone, which appeared in THE LANCET of July 28th, p. 216, he states that "the outer coat was very thin and easily protruded when the organism came in contact with pus cells," though he does not seem to connect this property of the amoebæ with the formation of the flagella; he admits that after six hours the flagellated bodies became circular and that the flagella were difficult to see—they had, in fact, disappeared. I need hardly say that these amoebæ, including bacillus coli, have long been known to have the property of protruding pseudopodia in the act of enveloping erythrocytes, &c., a few of which are generally to be found within their endosarcic protoplasm, as shown by the "two or three darker masses seen inside resembling nuclei." The highly refractile ectosarc, extraordinary motility, relatively large size, and the length of their pseudopodia, as compared with those of the bacillus coli, had they been observed, point clearly to their being the entamoeba histolytica vel dysenteriae of Schaudinn.

I would further point out the important fact that these amoebæ are practically extra-corporeal, as noted in my letter to the *British Medical Journal*, dated July 23rd last, and as shown in Dr. Hunt's case their intra-corporeal presence was merely accidental. Regarding the impossibility to detect such protozoa in specimens prepared by any of the ordinary stains, I have always found Romanowsky's stain very satisfactory in distinguishing this protozoon from the bacillus coli; the ectosarc of the latter stains less intensely than the endosarc, while in the entamoeba dysenteriae the ectosarc stains more intensely than the endosarc. There are, of course, many other means of differentiating between the two.

I am, Sirs, yours faithfully,  
H. D. McCULLOCH, M.B., C.M. Glasg.,  
late Chief Medical Officer to H.H. the Nizam's State  
Railways Company.

Bournemouth, August 9th, 1906.

## SALICYLATE OF SODIUM IN PUERPERAL FEVER.

To the Editors of THE LANCET.

SIRS,—I wish to draw attention to the value of salicylate of sodium in the treatment of puerperal fever. In spite of the utmost care on the part of accoucheurs in disinfecting their hands and instruments septic infection will result in a few cases from various causes, especially among those living in poor and overcrowded districts. A quick pulse with a rise of temperature is an indication of early and active interference, whether this is considered to be due to sepsis or not. A mercurial intra-uterine douche, to be continued twice daily if necessary, and the administration of 10 grains of salicylate of sodium every three hours should soon reduce both the temperature and the pulse. Should there be any depression quinine may be substituted later. I have seen such beneficial results from the use of salicylate of sodium both in puerperal fever and puerperal malarial fever when other remedies have failed that I have no hesitation in recommending it to be tried first of all drugs. Its action is that of an internal antiseptic and together with the local application of an antiseptic douche forms a rational mode of treatment in all cases of puerperal septicæmia. The drug is mentioned in obstetrical works but it does not appear to be used in practice so frequently as it deserves. Its early administration would save the employment of antistreptococcus serum.

I am, Sirs, yours faithfully,  
Baling, W., August 9th, 1906. EDWIN CHILL, M.D. Edin.

## STUTTERING.

To the Editors of THE LANCET.

SIRS,—Your issue of July 14th has only just reached me and I crave your indulgence for space in your next issue. Dr. W. S. Colman in his admirable paper does not lay sufficient stress upon the difference between stammering and stuttering, an error commonly made. A stammerer does not know *how* to speak. A stutterer does not know *when* to speak. Stammering is caused frequently, as the author points out, by malformation of the organs of speech, their misuse, &c., whereas the organs in the case of stuttering are perfectly normal and its cause is often cerebral. If accompanied by facial and other muscular twitchings it is more difficult to cure. Medical treatment should go hand in hand with the educational treatment.

I am sure that all concerned in the subject must be grateful to Dr. Colman for having drawn attention to it, for unfortunately we have neglected too long the care and attention of proper articulation in our big public and elementary schools and I hope that very shortly a "Spracharzt" will be attached to all our large educational establishments. We shall have to find a word for the one I use (an importation from Germany), for which I think we have no equivalent as yet in our own language.

I am, Sirs, yours faithfully,  
WILLIAM VAN PRAAGH.

Fitzroy-square, W., August 10th, 1906.

## WHAT IS A SPECIALIST?

To the Editors of THE LANCET.

SIRS,—In THE LANCET of July 28th you published a letter with this title signed "A. Z." which appears to me to go insufficiently deep into the matter and to rather understate his case. Your note at the end emboldens me to come to his support, as I firmly and honestly believe you take a rather too charitable view of matters, though your view is the one which I myself held till I experienced what I will relate. I have become disillusioned and write with much bitterness of heart and complete and absolute distrust of all my fellow-men, particularly if belonging to the medical profession, with, of course, a few exceptions. Claiming your motto, "Audi alteram partem," as my justification, I ask you to put before your readers these views and estimations of my fellow men; they have been forced upon me by actual experience of a system of which I and scores of other men are the helpless victims. Incidentally the careers of men are altered by this system and, as "A. Z." puts it, "adversely and profoundly altered"; besides there is the question of helpless wives and children who suffer as the result of a want of organisation and straightforwardness in certain ranks of the medical profession.

A "specialist" as produced by our modern methods is necessarily, I maintain, for a certain number of years a fraud on his profession and the public. He is made a specialist of more or less practical ability by means of public funds subscribed for charitable purposes, the funds being more or less intrusted to the medical profession conjointly with a few lay persons. The only person who can be honestly called a specialist from the moment he starts in his specialism is one who has been working at his profession generally, but who, as the result of his work, has taken to a particular subject solely because he is proficient at it; he therefore can, and does, give real value in exchange for the money he demands. The other "specialist" (*sic*) is a person who hopes to become a specialist, who is ignorant of everything in general (not excepting his so-called "specialism") until such time as he has gleaned enough knowledge honestly to deserve to be suspected of "specialism." This person in the meanwhile practises as a "specialist," and not even yourselves can for a moment charitably pretend that the situation even savours of what ought to be. He is, as a rule, some young and lucky man, perhaps with a capacity for making himself agreeable, who has been selected by older men to fill vacancies on hospital staffs. He may even have been selected to keep out other more experienced men, and therefore more dangerous men from a competitive point of view.

Time and professional usages have marred the old ideal that the hospital staff exists for the dispensing of gratuitous