

service it is pointed out that no position exists in the volunteer forces in which a medical officer of that rank could be employed, the highest being a senior medical officer of a brigade with the rank of brigade-surgeon-lieutenant-colonel. Mr. Brodrick regrets, therefore, that he is unable to give his assent to this proposal. He has, however, already approved of this rank being conferred as an honorary distinction on retirement and the necessary alterations will appear in the next revise of the Volunteer Regulations. It is by no means certain that all brigade-surgeons desire to be seconded. Many probably prefer to belong to the battalion with which they have been associated. The seconding of these officers has been made optional and the Secretary of State sees no reason to make it compulsory. The question of the granting of simple military titles to the executive officers of brigade bearer companies has already been under consideration and the decision will be notified in due course. It must, however, be distinctly understood that any change that may be authorised will only affect officers who are gazetted to a bearer company either direct or from a regiment or corps, and not regimental medical officers. Officers joining or rejoining a regiment or corps from a bearer company will assume the compound title, as is the custom among the regimental officers of the brigade of Guards. The claims of medical officers to participate with other officers of volunteers in rewards or distinctions of an honorary nature have not been overlooked, and the council of the Volunteer Medical Association may be assured that this subject will receive full consideration."

WAR GRATUITY.

According to the Special Army Order recently published by the War Office July 31st has been fixed upon for the general issue of the war gratuity for South Africa. The gratuity for the China campaign of 1900 is administered by the India Office, to which department all applications should be addressed on the part of those resident in this country who are entitled to it.

THE ARMY MEDICAL SERVICES IN INDIA.

The establishment of an Ambulance Bearer Corps for India together with a hospital train service and a considerable increase to the nursing service of that country are measures which will, it is understood, find a place among other things in the forthcoming Indian Army Estimates.

DEATHS IN THE SERVICES.

Hon. Deputy Surgeon-General Nicholas Ffolliott, A.M.D. (retired) aged 71 years, on June 27th, at his residence in London. He entered the service in 1862, and served in the Afghan War of 1878-80 (medal), retiring in 1889.

THE KEYHAM NAVAL HOSPITAL.

The hospital recently erected at the north-east end of the Royal Naval Barracks, Keyham, Plymouth, at a cost of £7500, is to have a new wing added, so that when completed the building will have 100 beds.

Correspondence.

"Audi alteram partem."

PERITYPHLITIS.

To the Editors of THE LANCET.

SIRS,—When will surgeons cease to proclaim to the world their ignorance of the existence of the above-named disease until operative means were first used for its cure and it then appeared in surgical works under the name of "appendicitis"? Otherwise it has been known and recognised ever since I entered the profession more than 50 years ago. I have already been obliged to state this in your journal together with references to support me. At the present time, being away from a medical library, I must be content by saying that a description of the disease may be found in Bristowe's "Treatise," in Reynolds's "System" and Tanner's "Practice of Medicine," and in other works, amongst these being my own lectures on Pathology, published in the year 1859. But I can go back still further and mention a description of the disease which has never been surpassed. I must first say, however, that when I attended Addison's course in 1843 he described typhlitis, or cæcitis, in regular order, and

he must have done the same for some years, since the substance of his lectures was published in 1836. Addison continued for many years to give these lectures and those who followed him always gave perityphlitis in their course. Gull was well acquainted with it. For half a century or more to my knowledge a description of the disease came into the systematic course, besides being often commented upon in clinical lectures. It therefore follows that at least 100 students every year were instructed as to the nature of this disease during this half-century. It might have been the same at other schools; certainly it was at St. Thomas's.

Addison's account is to be found in a volume entitled Bright and Addison's "Elements of the Practice of Medicine." I venture to assert that very little has been added since to his description of the disease except that which relates to bacteria and, of course, surgical treatment. The only novelty at the present time appears to be the word "appendicitis," an uncouth and improper expression, since all writers of authority have maintained that the nomenclature of disease should be clinical and not pathological, and this for the obvious reason that the latter implies a positive knowledge at which we cannot often arrive. Already the use of the modern word has been the cause of many wrong diagnoses even if the surgeon covers up his mistake by adopting such an absurd expression as pseudo-appendicitis. One may now hope that the use of the older and better expression in the case of an illustrious patient may be generally followed. It is not only a more correct appellation for any case to which a medical man may be called but it may enable him to seek in the right direction for a history of the disease.

I am, Sirs, yours faithfully,

June 30th, 1902.

SAMUEL WILKS

To the Editors of THE LANCET.

SIRS,—Allow me at the present moment to recall attention to the seemingly first recorded operation for perityphlitic abscess in the Transactions of the Medico-Chirurgical Society of London for the year 1832, performed, I believe, by Dr. John Burns, who recognised well the import of the same in surgery and would have operated earlier in the case; and, furthermore, to the start given to the procedure as well as to its timely performance by Dr. Willard Parker in 1868 after a successful operation in Manhattan.

I am, Sirs, yours faithfully,

Berlin, June 28th, 1902.

W. YEOMANS COWL, M.D.

A BLOOD COUNT IN A CASE OF HYDATID DISEASE OF THE LIVER.

To the Editors of THE LANCET.

SIRS,—Now that blood examinations are becoming recognised as valuable aids in the diagnosis of abdominal cases perhaps you will permit me to record, as an addition to the paper by Dr. C. G. Seligmann and Mr. L. S. Dudgeon in THE LANCET of June 21st, p. 1765, the result of a blood count which I recently made in a case of hydatid cyst of the liver in a male, aged 35 years. There was some irregular pyrexia. The blood count was as follows: red, 3,880,000; and white, 18,440. The polymorphonuclears amounted to 78.4 per cent., lymphocytes to 11.2 per cent., hyalines to 9.0 per cent., and eosinophiles to 1.4 per cent.

A fatal termination prevented further investigation of this case. The differential count does not at first sight show any marked eosinophilia, but taken in conjunction with the total leucocyte count there is obviously an absolute increase. For taking the normal eosinophile count as 2 per cent. in a leucocytosis of 6000 we find the absolute number of eosinophiles to be about 120 per cubic millimetre, whereas in the count above cited the absolute count is about 250 per cubic millimetre, or over double the normal.

Apropos of the subject of eosinophilia I might refer to a case which presented the clinical picture of, and probably was, tuberculous peritonitis. The blood count in this case was as follows: reds, 4,800,000; and whites, 12,400. The polymorphonuclears amounted to 54 per cent., lymphocytes to 31.8 per cent., hyalines to 7.4 per cent., and eosinophiles to 6.8 per cent. This count represents an eosinophilia seven times as great as the normal of 120 per cubic millimetre. Being at a loss to account for the condition I consulted my friend Mr. Otto Grünbaum who suggested the possibility of an intestinal parasite. A watch was therefore kept upon the

motions and was soon rewarded by the passage of a large *ascaris lumbricoides*.

I am, Sirs, yours faithfully,
C. J. NEPEAN LONGRIDGE.

St. George's Hospital, S.W., June 21st.

ENTERIC FEVER.

To the Editors of THE LANCET.

SIRS,—I have just read with much interest the Milroy Lectures,¹ together with the discussion at the Epidemiological Society on April 24th, 1900, and having had some experience of enteric fever I thought that you might allow me to make a few observations on its infectivity. In the year 1878 two sisters employed in the laundry of the Homerton Fever Hospital contracted enteric fever. Their special duty was to wash the "soiled" linen, a work in which they had been engaged for about two years without contracting any illness of any kind. They would in the performance of their duty have their hands very considerably soiled by the morbid material on the linen and if, as has been long ago suggested, they had been in the habit of biting their nails or eating with unwashed hands they must have absorbed a not inconsiderable quantity of it. Whether or not they did so may be open to a little doubt, but of the fact that during those two years they were free from any recognisable illness there is no doubt whatever.

On March 22nd, 1878, the brother of the younger sister's "young man" was admitted to the hospital with enteric fever, of which he became dangerously ill, and this younger sister more or less frequently visited him. On or about April 28th she began to be ill and on May 12th was sent to an enteric fever ward the subject of enteric fever. The elder sister visited the younger daily and on July 30th was sent to an enteric fever ward the subject of enteric fever of about 10 days' duration.

He must be *fort sur ses principes* who can mistake the obvious meaning of facts like these, and they may be found in abundance in the papers of physicians from Piedvache (1850) to Goodall and others (1902).

I am, Sirs, yours faithfully,
ALEXANDER COLLIE.

June 22nd, 1902.

WHAT IS SCROFULA?

To the Editors of THE LANCET.

SIRS,—The objections raised by your correspondent "Pes" in THE LANCET of May 24th (p. 1498) and June 21st (p. 1799) in regard to the action of the Superintendent of Statistics in the General Register Office in retaining the term "scrofula" in his list of causes of death are, I venture to think, neither courteously set forth nor justifiable. It is surely unseemly to attack a public official of the acknowledged eminence of Dr. J. F. W. Tatham in such a manner and under the shelter of anonymity, and the case is not made better if it should happen that the assertions so confidently expressed are not proved to be in accordance with actual facts.

Your correspondent has evidently adopted the modern doctrine that all that was formerly regarded by the best clinical observers as indicative of a scrofulous or strumous habit of body is now, in the light of Koch's researches, to be considered as distinct proof or evidence of tuberculous invasion or influence. This view has, I regret to find, been rather widely adopted, especially by surgeons, but it cannot be regarded as adequate to meet the stern facts of clinical experience.

I discussed this question of the relation of tuberculosis to scrofula in an address delivered last October in Liverpool. This was published in THE LANCET of Nov. 9th, 1901, p. 1250, and again at greater length in the *Liverpool Medico-Chirurgical Journal* for March, 1902. I maintained that the strumous habit of body should be regarded as presenting a peculiar condition of tissue proclivity, one sensitive and vulnerable to irritants of all kinds and specially prone to harbour and foster the bacillus of tubercle. I maintained, further, that it was not inevitable for a scrofulous subject to become tuberculised and that such an individual might, and, indeed, often did, remain free from manifest tuberculosis throughout life. I quoted, and denied, Osler's statement to the effect that "scrofula is tubercle, as it has been shown that the

bacillus of Koch is the essential element," but stated my agreement with him when he went on to remark: "After all, as Virchow pointed out, an increased vulnerability of the tissue, however brought about, is the important factor in the disease."

We are not warranted in believing that all the ailments of the scrofulous subject are indicative of, and dependent upon, tuberculosis. No one, for example, would rightly regard the disorder known as ciliary blepharitis as a tuberculous condition, though instances of it are common enough in scrofulous children.

I am unable to follow your correspondent in his criticism of the terms "tubercular" and "tuberculous," but Dr. Tatham's use of the latter may safely be defended if etymology or morbid anatomy are in question.

I, therefore, entirely support the view taken by the authorities of the General Register Office, and am content, in the face of all that Koch has taught us, the value of which cannot be too highly appreciated, to hold with Watson, Paget, Simon, and many other clinical masters, that there is a condition of body to which the term "scrofula" is properly applicable. Inflammatory and other disorders are apt to assume a special type in scrofulous subjects, and this tendency modifies only too gravely many of these. Our duty to-day is to place Koch's discovery in its due relation to this diathetic strumous proclivity and not to displace all the older views in regard to this matter. Scrofula is not tuberculosis and tuberculosis is not scrofula, and if anyone were absolutely to affirm the contrary I should venture to regard him as but slenderly equipped with true clinical instincts. The modern views in question are the progeny of the pathological laboratory. They neither emanate from, nor are they chastened by, the discipline of the bedside. I am, Sirs, yours faithfully,

June 23rd, 1902.

DYCE DUCKWORTH.

THE SEED AND THE SOIL.

To the Editors of THE LANCET.

SIRS,—The tenour of the admirable and statesman-like lectures recently delivered on "The Seed and the Soil" tend to make it appear that this question of "soil" is a new view in the elucidation of the causation of disease. But I would point out that this question of the necessity of suitability of soil was the constant contention of Lawson Tait more than a quarter of a century ago. In his persistent opposition to the teaching of Lister—that great man who has brought such honour to the House of Peers by his promotion to the peerage, who in future generations will take his rank in medicine with Hunter and Jenner, in religion with Luther, in teaching with Arnold, in science with Newton and Kelvin, in literature with Shakespeare, and in politics with Gladstone—his contention was that Lister's far-reaching researches, however true, only revealed half the truth. For he contested in no measured terms that it was immaterial how many millions of germs entered a wound provided no suitable soil were permitted for their germination.

When, if ever, the life and work of Lawson Tait comes to be written it will be manifest to generations to come—when all his asperities, his failings, and his heinous faults are forgotten—that Lawson Tait's great work in the surgery of the abdomen holds the highest place in the annals of the surgery of the latter half of the nineteenth century. It was he who taught the profession the marvellous feats that could be performed in abdominal surgery and which have since borne fruit beyond his wildest expectations. His greatness will live when his littleness is forgotten.

I am, Sirs, yours faithfully,

Rugby, June 26th, 1902.

CLEMENT DUKES.

THE MEDICAL SERVICE OF THE MERCHANT MARINE.

To the Editors of THE LANCET.

SIRS,—In THE LANCET of June 28th, p. 1857, Dr. W. T. Burres of the R.M.S. *Peru* (or should it be *Para*?) complains bitterly of the inadequate pay of ships' surgeons. I have been in the service of the very same company to which Dr. Burres belongs and consequently can speak with a certain amount of authority. Whilst in thorough accordance with your correspondent on the general principle that medical men should uphold the dignity of their profession by insisting upon proper remuneration

¹ THE LANCET, March 22nd (p. 793) and April 5th (p. 942), 12th (p. 1013), and 26th (p. 1155), and May 3rd (p. 1231), 1902.