

Volunteer Battalion, Princess Louise's (Argyll and Sutherland Highlanders): Surgeon-Lieutenant A. Peacock, M.B., resigns his commission.

#### THE JAPANESE ARMY MEDICAL SERVICE ORGANISATION AND ARRANGEMENTS.

According to the statement of eye witnesses published in the *Times* and the *Standard* there does not seem to be any doubt that the Japanese forces operating at Port Arthur were guilty of terrible atrocities after the capture of the forts and dockyard of that place. The conduct of the Japanese troops on that occasion has aroused a feeling of righteous indignation and disgust amongst even their well-wishers in Europe, which the Government of Japan will find it very difficult to remove. It shows that the civilisation of the Japanese is but veneer after all. Their intelligence, energy, and enterprise, and their remarkable aptitude in acquiring and applying the results of European science and art cannot, however, be denied. Their medical arrangements during the present war with China, and their hospital organisation at Hiroshima and elsewhere, in connexion with their Red Cross Society and the Army Medical Staff and Medical Staff Corps, seem to have been excellent. In the attack and capture of Port Arthur on Nov. 21st the main body of the attacking force of the Japanese army passed through a small hamlet which was afterwards used by the Japanese Red Cross as one of the chief sites of their advanced field hospital work. The wounded, the special correspondent of the *Standard* writes, were rapidly brought in from the front, placed on straw, and promptly attended to by members of the medical service. The equipment of the Japanese Red Cross is stated to have been excellent. There was a plentiful supply of antiseptic agents and dressings, and all the operations were conducted on the recognised principles of antiseptic surgery of Western civilisation. Labels were attached to the wounded briefly stating the nature of the injury and what had been done before the cases were transferred to the hospitals in the rear, and, in fact, everything was done in accordance with the principles and methods followed in modern war in Europe. The resistance offered by the Chinese was small and ineffective, and there was, no doubt, no great strain on the Japanese medical organisation and arrangements; still the work was well done and very creditable to the Japanese service. With the small total of casualties of 29 officers and men killed and 210 wounded, the Japanese managed to capture at Port Arthur sixteen forts and redoubts with all their guns, together with the dockyard with its plant and workshops complete.

#### THE WAZIRISTAN EXPEDITION.

The latest intelligence regarding the punitive expedition against the Waziris shows that, notwithstanding that the British force has destroyed or dismantled many fortified towers and met with relatively little opposition, the affair is not by any means at an end. The Waziris have fled, no doubt; but they will probably return before very long and again attempt to harass the troops by occasional raids and desultory attacks on positions occupied by the British force. In the meantime, what with the extreme cold and severity of the weather in the Afghan hills at this season and the difficulty of transport, all field operations are very trying to the troops concerned, and the amount of pulmonary disease among the native portion of the force especially will probably be considerable.

#### THE LATE CHOLERA OUTBREAK AT LUCKNOW.

We are glad to notice that the services rendered by the medical officers on the occasion of the late severe cholera outbreak in the Lucknow garrison have not only been handsomely acknowledged by Sir Robert Low, K.C.B., the general officer commanding the Oudh District, but that Sir George White, the Commander-in-Chief, has desired that his thanks may be conveyed to them, and that this may be noticed in their service sheets. His Excellency also expressed his admiration of the devotion of the wife of Colour-Sergeant Millett, 1st Battalion, East Lancashire Regiment, the corps, it will be remembered, that suffered so severely during the outbreak in question.

#### NAVAL MEDICAL SUPPLEMENTAL FUND.

At the quarterly meeting of the directors of the Naval Medical Supplemental Fund, held on the 8th inst., Inspector-General F. W. Davis in the chair, the sum of £99 was distributed among the several applicants.

#### DEATH IN THE SERVICE.

Deputy-Inspector-General David Wilson (retired) died suddenly at his residence at Devonport on the 8th inst., in his sixty-seventh year. He was Fleet-Surgeon of the *Himalaya* in South Africa during the Zulu War in 1877-79.

The *Broad Arrow* states that the Secretary of State for India has refused to sanction the extension of the services of Surgeon-Major-General Bradshaw, P.M.O. with Her Majesty's Forces, as proposed by the Government of India. He will consequently be retired in March next on attaining the age of sixty-two.

Surgeon-Major-General William Arthur Thomson, M.B., has been appointed Honorary Physician to the Queen, vice Surgeon-General J. Fraser, M.D., C.B., deceased.

Brigade-Surgeon-Lieutenant-Colonel W. R. Hooper, who has been appointed to succeed Sir Joseph Fayrer as President of the Indian Office Medical Board, is the senior of his rank, and has held several important appointments in India. He entered the Indian Medical Service in 1859.

## Correspondence.

"Audi alteram partem."

### "THE CARE OF THE PHTHISICAL POOR."

To the Editors of THE LANCET.

SIRS,—That the progress of preventive medicine will always remain one of the distinctive features of the Victorian era has been shown by an abler pen than mine and with a mastery of detail to which I can lay no claim. Nevertheless, the leading article which appeared under the above title in the last issue of THE LANCET calls attention to a great question which, as you truly say, urgently presses for solution. It involves no reflection on existing institutions for the treatment of phthisis to point out that, in conformity with the design of their supporters and administrators, their chief use is to minister to the wants of acute and advanced cases. The subjects of pulmonary tuberculosis in its earlier stages are mostly consigned to the out-patient departments, attendance in which involves not only loss of wages and increasing penury, but leaves them to carry on a hopeless struggle against their relentless enemy under domestic conditions which combine to ensure its ultimate victory and enable it to claim fresh victims from among their susceptible offspring. The magnitude of the evil is attested by the fact to which you draw attention—namely, "that about one person out of every seven who die succumbs to phthisis." On the other hand, the evidence that that disease need not, in all cases, lead to a fatal issue is unequivocal. The late Dr. Hughes Bennett placed on record the fact that over 20 per cent. of the necropsies he had performed on patients who had died from non-tuberculous diseases or as the result of accident revealed the cicatrices of old pulmonary vomicae. Other pathologists have made similar and confirmatory observations. What, then, is being done to meet the requirements of such a situation? Having regard to the paucity and the nature of the hospital accommodation which is available for the abounding multitude of phthisical poor, it would not be far from the truth to say that practically nothing is done until in too many instances medical skill and hygienic surroundings can only avail to alleviate suffering and delay the inevitable issue. Provision for the treatment of the subjects of injuries and of acute disease and homes to expedite their convalescence abound. The great blot on our hospital system, the yawning gulf in our charitable and administrative organisations for the relief of disease, is that no effort has as yet been made to check in the early stages the ravages of a disease which claims a holocaust amounting to one-seventh of the total annual mortality. So glaring a defect is a reproach to an age which has witnessed the establishment and maintenance of a national system of vaccination and the devotion of public funds to such purposes as the treatment of the sick poor, the isolation of the contagious and the mentally unsound, and the disinfection of dwellings. The first step should be to provide in each sanitary district a bacteriological laboratory in which the sputa of suspected persons could be examined at the public expense on the request of the medical attendant; the

next, but more difficult because more costly, would be the erection of specially constructed buildings on carefully selected sites, to serve as temporary homes of rest and treatment for those who, in most of the existing institutions, would be treated as out-patients.

Is it too much to hope that the Victorian era will not close before something has been accomplished to meet what is, perhaps, our greatest national want?

I am, Sirs, yours faithfully,

Jan. 5th, 1895.

W. BEZLY THORNE.

## "CHILD MORTALITY IN ENGLAND."

To the Editors of THE LANCET.

SIRS,—Mr. Biddle, in his letter on this subject in the last issue of THE LANCET, expresses the opinion that the late Dr. William Farr would have approved the use of his "coefficients" as "the best means of setting forth the relative mortality of the several age groups." Having for more than twenty-five years enjoyed the advantage of daily official intercourse with Dr. Farr, I feel justified in asserting that he would have entirely endorsed your unfavourable criticisms on Mr. Biddle's method and conclusions. It is true that Mr. Biddle's "coefficients" correctly show the relative mortality in any age group to the mean mortality at all ages; and it is also true that the mortality in the age group 0 to 5 now bears a higher proportion to this mean mortality than it did ten or fifteen years ago. Mr. Biddle argues and assumes from this that the power of resistance to disease and death among children at this age must therefore have declined during this period. This assertion is in direct opposition to the evidence afforded by the fairly steady decline in the annual death-rate per 1000 at this age period during the last thirty years, which beyond question implies that an increasing proportion of children born in this country now attain the age of five years. I cannot refrain from expressing surprise that Mr. Biddle, in spite of his long devotion to vital statistics, should fail to see that his "coefficients" are absolutely fallacious as a test of the increase or decrease of mortality in any given age group. Child mortality is, indeed, shown by Mr. Biddle's method to have increased, whereas by the unflinching test of the rate of mortality per 1000 living we know that it has considerably declined; and he has thus been led to make the indefensible assertion that the power of resistance among children to disease and death grows less year by year. It is unnecessary to discuss Mr. Biddle's precise method of obtaining his "coefficient" which has led him to make his unfounded assertion; but, knowing that it is the quotient obtained from the group death-rate and the mean or average death-rate at all ages, it is somewhat amusing to be told that, "having the average and the coefficient, we easily obtain the group death-rate as their product;" or, in other words, that we easily come back to the point whence we started. The true rate of increase or decrease in the mortality at any age group can only be obtained from the recorded death-rates among the persons living at the same ages in a series of years, and the use of the mean death-rate at all ages in Mr. Biddle's method introduces an inevitable source of fallacy. It may be, and indeed is, a matter for serious consideration and effort that child mortality is not decreasing at the same rate as the mortality of persons above the age of five years, but this fact gives no kind of warrant for Mr. Biddle's assertion, to which you were so fully justified in taking exception. Mr. Biddle misses or ignores the main point of the argument when he asserts, with regard to the increased proportion of child mortality to the mean mortality at all ages, that it makes no difference whether this is due to the increase of mortality among children or to the decrease of mortality at ages above five years. Allow me in conclusion to refer briefly to Mr. Biddle's line of argument as to the comparative power of resistance among London children to zymotic disease. Here again his "coefficients" appear to have led him to make fully as untrustworthy conclusions. He finds that the rate of mortality from scarlet fever, diphtheria, measles, whooping-cough, and diarrhoea, at the age group 0 to 5, now bears in each case a higher proportion to the mean death-rate from the same diseases at all ages, than was the case eighteen years ago. This fact is not without interest, but it affords no tittle of evidence of any increase or decrease of the power of resistance among children to these several diseases. The decline in the death-rate from scarlet fever during this period, for instance, is

one of the most remarkable facts in connexion with recent mortality statistics; and yet, because Mr. Biddle's "coefficient" for this disease shows an increase, he argues a decline in children's power of resistance to this disease. May not the fact upon which he bases this assumption be probably due to a decline in the virulence of the type of recent scarlet fever? We know that in severe epidemics of zymotic disease the deaths include a larger proportion of older children and adults than in non-epidemic periods; and yet Mr. Biddle sees in the decreased proportion of deaths from this disease above the age of five years a decreased power of resistance to the disease under that age. Again, because medical practitioners do not now so often as formerly assign diarrhoea as the cause of death of children and adults aged above five years, a decreased power of resistance to this complaint among children under this age is assumed!

I am, Sirs, yours faithfully,

Surbiton, Jan. 7th, 1895.

NOEL A. HUMPHREYS.

\* \* We regret that we can at present give no more space to this question.—ED. L.

## "THE BARIUM WATERS OF LLANGAM-MARCH AND THE THERAPEUTICS OF BARIUM SALTS."

To the Editors of THE LANCET.

SIRS,—The use of the salts of barium have lately come under special notice in the columns of THE LANCET, and hence I venture to offer this small contribution to the subject. One of our most eminent physicians in Dublin, the late Dr. Alfred Hudson, fully thirty years ago taught me the value of iodide of barium in strumous glandular affections, and ever since I have used his formula with remarkably good results in suitable cases. Dr. Hudson's favourite prescription was as follows: R—Barii iodidi, gr. ii.; aqua, 3 ii.; misce et solve. Deni adde: Syrupi ferri iodidi, ext. sarsae comp. fl., aa 3i.; succi conii, 3vi.; one teaspoonful in half a wine-glassful of water thrice daily after food.

I am, Sirs, yours faithfully,

Dublin, Jan. 7th, 1895.

F. R. CRUISE, M.D. Dub.

## THE PLURAL OF LOCUM TENENS.

To the Editors of THE LANCET.

SIRS,—I fear that in the matter of the missing plural for locum tenens "purity of language" will ever want its averging philologist. This technical but time-honoured use of the present participle singular as a substantive is itself a barbarous dog-Latinism, and cannot be purified by pluralisation. In default of any possible authority from philological sources I would suggest "*locum-tenents*" to serve as a practical plural for this singular solecism. This hybrid word should be spelled with an "e" in the fourth syllable instead of an "a" (as in the Anglo-French and familiar form of the word "tenant") in order to avoid confusion with other technical usages.

I am, Sirs, yours truly,

Jan. 4th, 1895.

H. B. DONKIN.

## AMINOL AS A GERMICIDE.

To the Editors of THE LANCET.

SIRS,—The interesting remarks and speculations of Dr. Thorne Thorne at the recent meeting at the Examination Hall, in reference to finding "in the bodies of lower animals the medium by which specific contagia may be reduced to comparative or complete impotency" receive no little elucidation and support from what we know of "the amines process of sewage treatment" and the disinfectant aminol. The active principle in both these is a gas derived from herring brine (which contains blood and debris from the pickling of herrings) when acted upon by strong lime water. This gas is a most potent germicide and antitoxin and has by no means received the attention and study which it deserves. The proportion of herring brine used in sewage treatment, three grains to the gallon, is so small that "it would seem highly probable that this process results in the production (perhaps only in a very small amount) of a substance or substances strongly inimical to bacterial life. As a matter of fact, there is no valid chemical reason to be urged against such a conclusion."<sup>1</sup>

<sup>1</sup> Brit. Med. Jour., Nov. 1st, 1890.