

and habit as evil. We cannot be mistaken in this, even while we freely acknowledge the terrible fascination which the habit exercises in China, and the fact that in many places the opium pipe, of course only for a brief space, precedes the transaction of business, and that it is fashionable in many houses to make it an accompaniment of the feast. The mass of the community deplore it as a terrible curse upon their country. I say nothing here of the disgraceful history of our opium relations with China, though it cannot be forgotten in any honest consideration of our duty, our national duty, towards a great Eastern people.

But it is said: *Cui bono?* The Chinese now grow far more than we send them, and the stoppage of the Indian export would be of no benefit to China. I dissent utterly from any such conclusion. China's hands are not free, nor shall we, as long as we cultivate a million acres of poppy for her people, ever give her such a guarantee of freedom as is rightly required by her Government before taking action. I have the fullest conviction that a stoppage on our part of the Indian export would be the signal in China for a great movement of reform.

Two of the emphatic conclusions of the analysis are so glaringly misleading that I only mention them. "Not less," we are told, "than half the revenue of the Government of India, about ten millions sterling, would cease to be (by the abolition of the opium trade), and would have to be replaced either by doubling the taxes, or not at all." The revenue from opium is not ten millions sterling. Last year it was about four millions, and this year it will be considerably less. The net revenue of India is not twenty millions sterling, but nearer fifty millions, and it would be much nearer the truth to speak of the opium revenue as one eleventh or one twelfth of the whole, and not one half.

The other point is that to stop the growth of opium would put half a million of cultivators out of work, take away their income, and bring about a rebellion. Does the writer of the analysis forget that six years ago, on account of the overcrowded opium factories, the Government of India reduced the acreage of poppy by 100,000 acres, that the same Government did not give a single farthing of compensation to the ryots whom she had thus put out of work and income, and that the result, on the part of the 100,000 cultivators, was neither rebellion nor even the suggestion of a riot, but an immediate application of their fields to other crops.

Finally, Sir, we have never urged, but protested against, increase of taxation in India as the one means of meeting a deficit. The salt tax in India is disgrace to us enough without anything more of the same kind. If there is no room for retrenchments in the military and civil expenditure of India we must be prepared to help.—I am, etc.,

Highbury Park, N., March 5th. JAMES L. MAXWELL, M.D.

REVIVAL OF A PORTUGUESE MEDICAL SOCIETY.—The Uniao Medica, a medical society of Oporto, which seems to have been in a condition of hybernation since 1886, has lately shown signs of reviving animation. A meeting was held on December 30th, 1893, under the presidency of Dr. Agostinho Antonio do Souto, and a resolution was passed that the time had come for the Society once more *superas evadere ad auras*. Dr. J. de Andrade Gramaxo was elected President of the "Administrative Council," and economic, professional, and scientific committees were appointed, so that the resurrection of the Society may be looked upon as complete. The first scientific subject which engaged the attention of the Society was the schedule of questions relative to leprosy sent out not long ago by the Sociedade das Sciencias Medicas de Lisboa.

THE MEDICAL PROFESSION IN GERMANY.—According to official statistics recently published the total number of medical practitioners in the German Empire is now 21,621, being an increase of 5.46 per cent. as compared with the previous year, and 22.5 per cent. as compared with five years ago. The practitioners are distributed as follows: Prussia, 12,851; Bavaria, 2,431; Saxony, 1,563; Baden, 855; Würtemberg, 739; Alsace-Lorraine, 632; Hamburg, 429; other provinces less than 200. The proportion of doctors to population in the whole empire is 4.37 per 10,000; the ratio in 1892 was 4.15.

OBITUARY.

GEORG ALBERT LÜCKE, M.D.,

Professor of Surgery in the University of Strasburg.

GEORG ALBERT LÜCKE, who has so soon followed his friend and collaborator, Billroth, to the grave, was born at Magdeburg in 1829. His first intellectual bent seems to have been towards poetry and the fine arts, but finally he chose medicine as a career, because it seemed to him to offer so many problems of great practical importance to be cleared up. He began his professional studies in the University of Heidelberg, afterwards migrating, as is the custom in Germany, to Göttingen and Halle, where he graduated in 1854 with a thesis: "De Monstro Quodam Humano." After taking his degree he travelled for a time in Italy, France, and Algeria. On his return to Germany he was appointed assistant to Blasius at Halle. In this post he had Volckmann as a colleague. In 1860 he left Halle for Berlin, where he became assistant to Von Langenbeck, a position which he continued to hold till 1865. He accompanied Langenbeck in the Schleswig-Holstein campaign in 1864, acquitting himself so bravely in the field that he won a medal "For Valour," and gathering a rich harvest of surgical experience.

In 1865 Lücke was offered the chair of surgery in the University of Berne. This he occupied till 1872, when, on the opening of the new German University at Strassburg, he accepted an invitation to become professor of surgery there. This post he continued to hold to the greater glory, it may be said, not only of the new University, but of Germany surgery, till his death.

Lücke was remarkable, even among German professors, for his power of hard work. He used to say that while he was Langenbeck's assistant in Berlin he often did not leave the clinic the whole day, interrupting the research he was engaged upon only to snatch an improvised meal. His literary and scientific activity up to 1888, when his health began to fail, was prodigious. His earliest investigations were on the nature of the fluid of hydatid cysts and the presence of hippuric acid in human urine, both published in *Virchow's Archiv* in 1860. In the same journal appeared papers on "Atheromatous Cysts of Lymphatic Glands" (1861), "Blue Pus," and "The Theory of Resections" (1862).

Among his other contributions to medical science may be mentioned his paper on the "Origin and Growth of Tumours during Pregnancy" (1862), "The Nature of Tumours" (1863-66), his investigation in collaboration with Klebs on "Ovariectomy and our Knowledge of Abdominal Tumours" (1867), "Congenital Clubfoot" (1871), and the "So-called Inflammatory Flatfoot" (1872). Lücke wrote for Pitha and Billroth's *Handbuch der allgemeinen und speciellen Chirurgie* a monograph on "Tumours" (1869), and another on "Diseases of the Thyroid Gland" (1875). His experience of military surgery in the Schleswig-Holstein campaign, which had been embodied by him in his *Kriegschirurgische Aphorismen*, published in 1865, was largely extended during the Franco-German war of 1870, when he was in charge of a hospital at Darmstadt. Here between the middle of August and the end of October about 1,000 wounded passed through his hands, and how well he made philanthropy serve as the handmaiden of science on this occasion may be seen in his valuable *Kriegschirurgische Fragen und Bemerkungen* (1871).

In 1872 Lücke, in collaboration with C. Hueter, founded the *Deutsche Zeitschrift für Chirurgie*, which he continued to conduct till his death. In this appeared a number of papers from his pen on subjects ranging over the whole field of surgery. Among these may be mentioned Resection of the Second Branch of the Trigeminal (Bd. 4, 6), Nephrectomy (Bd. 15), and Laparotomy and Suture of the Intestine in Perforating Typhoid Ulcer (Bd. 25).

In 1879 he undertook, in collaboration with Billroth, the great work, *Deutsche Chirurgie*, of which 66 parts have appeared. The section on Tumours is from Lücke's own pen, and the whole work bears the impress of his editorial care and ripe literary and surgical experience.

Lücke was a brilliant teacher, and as a surgeon he was not less skilful with the knife than with the pen. He was greatly beloved by his pupils and by all who had the privilege of knowing him intimately. His home life was happy, but in

the later years of his life it was darkened by calamities of a kind peculiarly afflicting to his affectionate nature. Not long after his removal to Strassburg he lost two children from diphtheria, and ever after it was observed that he had an especial horror of that disease, and in particular he always showed great reluctance to perform tracheotomy.

Lücke's early taste for art remained with him throughout life, and the "occasional verses" with which he relieved his graver studies had a touch of genuine poetic inspiration that only needed cultivation to have earned for him a niche in the noble Gothic cathedral of German poetry.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently passed away are Dr. James E. Wendel, for more than half a century one of the leading practitioners of Nashville, U.S.A., aged 81; Dr. C. Wurth, one of the founders of the Société Médico-Chirurgicale of Liège, and a leading practitioner of that city, aged 64; and Dr. Casimiro Sperino, Senator of Italy, Emeritus Professor of Ophthalmology in the University of Turin, one of the leading ophthalmic surgeons in Italy, aged 82.

NAVAL AND MILITARY MEDICAL SERVICES.

THE NAVY.

The following appointments have been made at the Admiralty: J. D. MENZIES, Surgeon, to the *Euphrates*, February 21st; ROBERT BENTHAM, Staff-Surgeon, to the *Raleigh*, February 26th; DANIEL J. P. McNABB and CHRISTOPHER L. W. BURTON, Surgeons, to the *Raleigh*, February 26th; SAMUEL W. JOHNSON, M.B., Surgeon, to the *Impregnable*, February 27th; GEORGE B. D. LEVICKE, MORRIS C. LANGFORD, and PERCY H. BOYDEN, M.B., Surgeons, to the *Victory*, additional, February 27th; ALFRED H. JEREMY, B.A., M.B., to Plymouth Hospital, February 27th; HENRY N. STEPHENS, Surgeon, to the *Victory*, additional, March 10th; THOMAS D. HALSHAM, B.A., M.B., Surgeon, to the *Pembroke*, March 12th; JAMES P. WILLIS, M.B., Surgeon, to the *St. Vincent*, additional, March 16th; WALTER R. KNIGHTLEY, Surgeon, to the *Excellent*, additional, March 16th; EDWARD A. ROGERS, Surgeon, to the *Vivid*, additional, March 16th; ARTHUR GASKELL, Surgeon, to the *Excellent*, additional, March 23rd.

Surgeon W. G. K. BARNES, M.D., having served twelve years, has been promoted to be Staff-Surgeon, February 27th.

Surgeon ALEXANDER G. W. BOWEN, has been appointed to the *Colossus*, March 1st.

Surgeon CHARLES DICKINSON, late of H.M.S. *Victor Emanuel*, Hong Kong, died at West Brighton on February 28th. His commission dated from February 28th, 1887.

Surgeons J. R. McDONNELL and C. L. W. BUNTON left Plymouth in the *Pembroke Castle* on March 4th for service in West Africa.

Surgeon MARTIN HENRY ATOCK, M.D., has been permitted to withdraw from the service, with a gratuity. He was appointed Surgeon, February 18th, 1886.

ARMY MEDICAL STAFF.

SURGEON-CAPTAIN R. C. K. LAFFAN is promoted to be Surgeon-Major, March 7th. He entered the service, February 5th, 1881, and served in the Egyptian war of 1882, being present at the battle of Tel-el-Kebir (medal with clasp and Khedive's bronze star), and with the Nile expedition in 1884-85 (clasp). He was nominated to the 3rd class of the Order of the Osmanieh for his services as Inspector of Hospitals to the Egyptian Sanitary Department.

INDIAN MEDICAL SERVICE.

THE Queen has approved of the admission of the following gentlemen to be Surgeon-Lieutenants, dated January 29th, 1894:—*Bengal*: GEORGE LAMB, HENRY BURDEN, JOHN FISHER, EDWARD SURMAN PECK, CHARLES HARFORD EVANS, STANLEY ARTHUR HARRISS, EWAN CAMERON MACLEOD, CHARLES THOMSON. *Madras*: ALFRED EUGENE BERRY, HERBERT ST. JOHN FRASER. *Bombay*: BERNARD HENRY FREDERICK LEUMANN, HUGH BENNETT.

Surgeon-Colonel G. C. CHESNAYE, Bengal Establishment, has retired from the service, which he entered as Assistant Surgeon February 10th, 1859, attaining the rank of Surgeon-Colonel January 14th, 1889. He served in the Hazara campaign in 1868 (medal with clasp), and in the Loosai expedition in 1872 (mentioned in despatches, clasp); also throughout the Afghan war of 1878-80 as Principal Medical Officer, and in charge of the Staff 1st Brigade 1st Division, being present at the attack and capture of Ali Musjid (received the thanks of the Governor-General and of the Commander-in-Chief in India in General Orders), and in the advance to Cabul under Brigadier-General Charles Gough; was Principal Medical Officer at the Bala Hissar during the winter of 1879-80; Principal Medical Officer of the expedition under Major-General Ross against the Wardaks, and present in the engagement at Saidabad; accompanied Sir Frederick Roberts in the march to Candahar as Brigade-Surgeon under Brigadier-General MacGregor, and present at the battle of Candahar, and on the following day was placed in charge of all the native wounded (mentioned in despatches, medal with three clasps, and bronze decoration). He also served with the Marri expedition as Brigade-Surgeon and Principal Medical Officer (mentioned in despatches).

The appointment of Surgeon-Colonel B. FRANKLIN, Bengal Establishment, to be Surgeon to the Governor-General, is officially announced.

Brigade-Surgeon-Lieutenant-Colonel J. C. G. CARMICHAEL, M.D., Bengal Establishment, is granted the temporary rank of Surgeon-Colonel from January 22nd, while officiating as Principal Medical Officer, Presidency District.

Surgeon-Colonel G. THOMSON, Bengal Establishment, officiating Principal Medical Officer, Presidency District, is appointed Principal Medical Officer Lahore District, in succession to Surgeon-Colonel G. C. Chesnaye, who completed his tour of service on January 4th.

Surgeon-Colonel L. D. SPENCER, Bengal Establishment, officiating Principal Medical Officer Punjab Frontier Force, is confirmed in that appointment, *vice* Surgeon-Colonel R. HARVEY, D.S.O., transferred to civil employment in the Presidency District.

THE VOLUNTEERS.

THE under-mentioned gentlemen have been appointed Surgeon-Lieutenants to the corps specified, all dated March 3rd: HUBERT HOUSSE-MAYNE DU BOULAY, 1st Dorsetshire Artillery (Southern Division Royal Artillery); SAMUEL ARCHIBALD DAVID GILLESPIE, M.B., 1st Ayrshire and Galloway Artillery; JAMES AITKEN CLARKE, M.B., the Queen's Rifle Volunteer Brigade, the Royal Scots (Lothian Regiment); WILLIAM WATKINS JONES, M.B., 3rd Volunteer Battalion the Welsh Regiment (late the 2nd Glamorganshire); CHARLES JOSEPH ARKLE, M.D., 14th Middlesex (Inns of Court); ALFRED EDDOWES, M.D., 24th Middlesex.

Surgeon-Lieutenant G. D. TODD, 1st Volunteer Battalion the Prince of Wales's Own West Yorkshire Regiment (late the 1st West Riding of Yorkshire) is promoted to be Surgeon-Captain, March 3rd.

Surgeon-Lieutenant-Colonel H. F. HOLLAND, 3rd Volunteer Battalion Bedford Regiment, has been nominated for Brigade-Surgeon-Lieutenant-Colonel of the Home Counties Brigade.

THE OPERATIONS IN WEST AFRICA.

DESPATCHES have been received from Colonel A. B. Ellis, commanding the troops on the West Coast of Africa, relating to the expedition against the Sofas, and detailing the unfortunate mischance by which a party of French native troops under Lieutenant Maritz, of the French army, attacked the British forces. Reporting the subsequent progress of the expedition, Colonel Ellis thus refers to the medical officer under him: "Surgeon-Major A. H. Morgan, of the Army Medical Staff, was Senior Medical Officer of the expedition, and, owing to the miscarriage of a letter sent to the medical officer at Kommedi, was in sole charge of the wounded from December 19th to January 7th. The difficulties in transporting the wounded in hammocks over a country such as the expedition traversed, and where the cutlass was constantly required to cut a way, seemed to me at times almost insurmountable, and that the expedition was not greatly delayed was entirely due to Surgeon-Major Morgan's great personal energy."

THE MEDICAL STAFF MESS AT HONG KONG.

WE greatly regret to learn that this mess has collapsed. It had only been four years in existence, and quite recently, through no little trouble and expense on the part of its members, was both a military and a social success. It has failed, we fear, through want of official encouragement and support, as evinced by the following statement: In 1890 the Royal Engineers also instituted a mess at Hong Kong, and promptly received a grant of 720 dollars annually towards house rent; but although a similar grant was applied for by the Medical Staff, it was refused by the general officer commanding. The mess, nevertheless, was started, and conducted at the medical officers' own expense, and was located by a sort of cruel irony next door to the duly subsidised Royal Engineer mess. The difference accorded to the two bodies of officers is so glaring as hardly to be explained away by official quibbling. It cannot be because the medical are better paid than the Engineer officers, for they are not; the latter officers in various allowances and extra pay in some cases draw considerably more public money than the former. We by no means say the Engineer officers are overpaid; but as far as remuneration is concerned, if their system of total pay entitles them to mess allowance, then the sooner the totals of medical pay are calculated in a similar fashion the better. The invidious treatment of the Medical Staff in these matters is so pronounced, unfair, and absurd that the sooner it is brought before Parliament and the public the better.

DEGRADATION OF MEDICAL OFFICERS.

A CORRESPONDENT learns that a new general officer commanding at Karachi directed that at his inspections only combatant officers will wear swords. Matters seem growing worse and worse. Will no one put a stop to these insults heaped on the medical service?

* * If, as stated, the general officer in question made any such direction then he grossly exceeded his powers. He has no right to set aside the dress any more than other of the Queen's regulations. A true soldier would not attempt or dream of attempting to override regulations; that is only tried on by the feeble-forcible type of man when unfortunately elevated to command.

CUSTOMARY ABBREVIATION OF TITLES.

STUTTERER remarks: It has ever been the custom in the army to drop colloquially all prefixes to the rank of colonel or general. Whoever heard a lieutenant-colonel or a lieutenant-general otherwise addressed colloquially than colonel or general? Why, then, should medical officers choke themselves and their friends with such mouthfuls as surgeon-lieutenant-colonel, brigade-surgeon-lieutenant-colonel, or surgeon-major-general? Let them stick to established military customs.

* * There is much force in our correspondent's very obvious remarks.

DEPARTMENTAL REORGANISATION.

COMMON SENSE submits the present anomalous condition of the Army Medical Department should be remedied in one of two ways: