

grumble if he retaliates by "paying them back in their own coin."

Of course, in many country places, where there is not a chemist within some miles, it is absolutely essential that the doctor should do his own dispensing. But in towns, where there are plenty of chemists, it is not only unnecessary for doctors to dispense, but it is unjust to the chemists and is contrary to the interests of the public. Inasmuch as it is an inducement to the chemists to prescribe. Therefore I maintain that, in the great majority of instances, medical men have only themselves to thank for this very evil which they are clamouring to stamp out.—I am, etc.,

J. K. KINSMAN BENJAMIN, M.R.C.S., L.R.C.P.

Ealing, Oct. 23rd.

SIR.—Will you kindly allow us to point out to your readers that the so-called "chemist" mentioned in the letter of Dr. T. Garrett Horder, of Cardiff, as having been severely censured by the coroner, possesses no claim to the title, inasmuch as his name does not appear upon the *Register of Chemists and Druggists* kept by the Pharmaceutical Society. On the other hand, we are informed that this man belongs to the class of unqualified medical practitioners who in this case, as in many others, thus tend to bring the name of "chemist" into disrepute.—We are, etc.,

JOHN MUNDAY,

Local Secretary, Pharmaceutical Society.

ALFRED COLEMAN,

Deputy Local Secretary, Pharmaceutical Society.

Bloomsbury Square, W.C., Oct. 25th.

INDIAN HEMP AND INSANITY IN EGYPT.

SIR.—I have read with interest the letters on the above subject lately appearing in the *BRITISH MEDICAL JOURNAL*. It has seemed to me a strange thing that in Egypt the natives should have the opportunities of obtaining cannabis limited as far as possible; and yet, as "Pyramid" well puts it, "be driven into the clutches of the *baccals*, who retail the vilest alcoholic compounds."

The towns and most villages of Upper as well as Lower Egypt possess one or more wineshops usually situated in a busy quarter, and kept by Greeks generally, duly licensed to retail these vile alcoholic compounds. By reason of these places, the natives are gradually being taught to break their religious vows, and the place of haschisch is "being taken by a fiend a hundredfold more potent for evil."

My experience has been that the haschisch is a harmless, nervous man as a rule. He obtains his cannabis secretly in some native smoking *café*, and, beyond an individual mental effect, the evil resulting is usually some hours' neglect of his work. He is not often the cause of "noisy behaviour or rioting in the bazaars." What Dr. Ireland says of the evils of cannabis may be said many times over as regards alcohol as sold in Egypt.

If in our zeal for temperance we attempt to stamp out a native vice, we should be careful that in doing so we do not allow its place to be taken by an evil having so far-reaching and destructive effects as alcohol has repeatedly proved to have amongst a people unaccustomed to its use.—I am, etc.,

Harrogate, Oct. 24th.

A. W. HINSLEY WALKER.

SIR.—Dr. Sidney Davies is convinced that "mania is one of the most frequent diseases of the nervous system in Egypt," but he does not mention any grounds for this sweeping assertion. If maniacs are so numerous in the country, how is it they escape observation? A raving madman is not easily restrained or kept in concealment; and the fact remains unassailed that one sole lunatic asylum, with an average of about 300 inmates, suffices for all known cases. Haschisch may, or may not be guilty of all that is laid to its charge, but, as logical people, let us have detailed facts in support of the accusations against it, and not mere *ex parte* statements.

I think it is extremely hard on a simple unoffending people—whom I know well—that quite as a matter of course, and without an atom of proof, they should be branded as guilty of "excessive venery and unnatural practices." I do not believe that in these respects they are any worse than we English people are.

The practical side to the question is that, while in deference to a mistaken idea regarding its noxious qualities, Indian hemp is sternly interdicted in Egypt; the *fellahin*, who insist on having a stimulant or a narcotic of some kind, are being driven into drunkenness. The well intentioned efforts of misinformed philanthropists are paving the way to certain destruction.

Dr. Davies seeks to strengthen his position by reference to mental aberration in the English army of occupation, and on the customary *post hoc* principle lays the blame on alcohol as "the usual exciting cause" of the affection. Now military lunacy is a very peculiar complaint, of which I happen to have had some experience. Apart from *delirium a potu*, which is a totally different thing, I am led by observation to believe that drinking has nothing whatever to do with insanity in the army. One theory is as good as another when both lack direct proof, and mine is that soldiers go mad (temporarily for the most part) in consequence of idleness. Their minds are not sufficiently cultivated to enable them to enjoy *otium cum dignitate*, and their bodily employment on foreign service is reduced well nigh to the vanishing point. They brood during their pernicious leisure time on real or fancied grievances (the latter most frequently), till their cerebral balance becomes upset. Of late years attempts have been made to provide healthy occupation for our troops abroad, but much—very much—still remains to be done in this direction. A good deal, moreover, depends on the capabilities of the station where the corps is quartered. In some it is next to impossible, for climatic and other reasons, to find suitable employment and recreation; but this is not the case in Egypt. The climate is excellent, admitting of outdoor exercise throughout the year, and there certainly ought not to be the excessive loss of service from mental affections mentioned by Dr. Davies.

In this connection it must also be remembered that amongst military lunatics there are always numerous malingers.—I am, etc.,

October 21st.

PYRAMID.

THE MEDICAL AND THE DENTAL PROFESSIONS.

SIR.—In the *BRITISH MEDICAL JOURNAL* of October 21st there appeared a report of Mr. Ernest Hart's address upon the "Medical Profession, the Public, and Medical Etiquette." The moment is therefore opportune to bring forward a question with regard to which the attitude adopted by the medical profession has been wholly unsatisfactory and quite at variance with that code of ethics which Mr. Hart so justly commends.

You, doubtless, will anticipate that I am referring to the treatment received by the dental profession as a whole from the medical profession as a whole. Anyone acquainted with the process of evolution which has produced the medical profession as it is now constituted cannot but wonder at the lack of sympathy that has been manifested by the mother profession to its infant offspring during its early struggles—struggles which, in many important features, bear close resemblance to those of its parent in the initial phases of the latter's existence. It is probable, however, that much of the indifference with which the efforts of the founders of the dental profession were received took origin from the ignorance of their opponents of the great influence of dental surgery as a factor in the maintenance of the general health of the public, an ignorance that a better knowledge of the interdependence of the various physiological functions, and a deeper insight into pathological processes, have since done much to dispel.

The unremitting and unselfish efforts of those who succeeded in raising to the dignity of a distinct profession that branch of surgery to which they had devoted their lives, and of those recruits who have entered that profession by the educational channels which its founders provided, have proved the most effectual means of demonstrating the necessity for its existence. The recent restrictions placed by the General Medical Council upon the registration of foreign degrees, and the regulations passed by it anent "covering" in dentistry, are welcome indications of the desire on the part of that body to foster a true professional spirit among its dental *protégés*.

An appeal will shortly be addressed to the General Medical

Council, urging it to exercise its power to declare advertising in dentistry "infamous," and to strike off from the *Register* such persons as are guilty of that glaring breach of professional etiquette. With this attempt on the part of the dentists to vindicate their professional standing all right-minded individuals cannot but sympathise, and it is to be sincerely hoped that the medical press will take this opportunity of atoning for the apathy with which it has hitherto regarded an honest endeavour to rescue from the hands of the ignorant and unscrupulous an important department of the healing art, and by cordial co-operation will exercise its vast influence to help forward a measure that will do much to promote the public welfare.—I am, etc.,

Scarborough, Oct. 23rd.

THOS. E. CONSTANT.

THE ST. JOHN AMBULANCE ASSOCIATION AND ITS DOCTORS.

SIR,—Your correspondents are in error. The Association is not wealthy and is not able to pay lecturers. At the same time, I believe that lecturers who are paid do their work far better than unpaid ones, and, therefore, lecturers should insist on payment from the class itself, or from a county council grant. Many of the best lecturers I know, those whose classes have given the most satisfaction, have been paid, and have had a substantial testimonial too. To teach a class well means a large expenditure of time and thought, and often some interference with more strictly professional duties; the lecturer should remember this. It should not be forgotten that giving a couple of courses of ambulance classes generally do the lecturer more good than anything else; they teach him to arrange his thoughts, and they require him to look up many matters which were slipping from his memory. Nor is every medical practitioner competent to give a course of ambulance lectures. Many men are quite helpless when they attempt to teach and lecture, and do not cover themselves with glory; other men, though able practitioners, are not cut out for teachers any more than they are for the stage or for literature. But a good lecturer should be paid, for he is worth a fair honorarium, and he does his work all the better for it, while his pupils value more highly what has cost them something.—I am, etc.,

Wimborne, Oct. 21st.

ALFRED J. H. CRESPI.

THE SYMPATHETIC IN GRAVES'S DISEASE.

SIR,—In the discussion on Mr. Maude's paper at the Medical Society on Monday last I am reported to have said that if Graves's disease was amenable in some cases to intranasal treatment it could hardly be dependent upon lesions of the sympathetic. This is the very opposite to what I intended. I regard the possibility of benefiting some cases of Graves's disease by intranasal treatment as pointing to the sympathetic origin of the disease in these cases.—I am, etc.,

Wimpole Street, Oct. 23rd.

F. DE HAVILLAND HALL.

ABDOMINAL SECTION FOR ABNORMAL ADHESIONS.

SIR,—In your report of my paper at the last meeting of the Clinical Society, I notice it is stated that peritonitis occurred in both cases. This is a little misleading. What I meant to say was that peritonitis had occurred previous to operation in both cases, and that this was the cause of the adhesions.—I am, etc.,

Leeds, Oct. 24th.

A. W. MAYO ROBSON.

NAVAL AND MILITARY MEDICAL SERVICES.

THE NAVY.

The following appointments have been made at the Admiralty:—TIMOTHY J. CROWLEY, Surgeon, to the *Barham*, October 18th; EDWARD H. M'SHERRY, Surgeon, to Haulbowline Hospital, October 18th; H. W. MACNAMARA, Surgeon, to the *Bramble*, for the *Cormorant*, October 24th; H. W. FINLAYSON, Surgeon, to the *Royal Sovereign*, October 24th; A. M. PAGE, Surgeon, to the *Barracouta*, November 7th; E. J. MORLEY, Surgeon, to the Plymouth Hospital, November 7th; J. H. THOMAS, Surgeon, to the *Tyne*, November 7th; H. S. ARCHDALL, Surgeon, to the *Rupert*, November 7th; E. B. PICKTHORN, Surgeon, to the *Durham*, November 1st.

ARMY MEDICAL STAFF.

SURGEON-LIEUTENANT-COLONEL F. G. ADYE-CURRAN, M.B., F.R.C.S.I., retires on retired pay, October 25th. He entered the service as Assistant

Surgeon, October 1st, 1868; became Surgeon, March 1st, 1873; Surgeon-Major, April 6th, 1881; and Surgeon-Lieutenant-Colonel, from April 6th, 1889. He has no war record in the *Army Lists*.

Surgeon-Major ERNEST F. SMITH retires from the service receiving a gratuity, October 25th. He was appointed Surgeon, March 6th, 1880, and Surgeon-Major twelve years thereafter.

Brigade-Surgeon-Lieutenant-Colonel C. A. ATKINS, on arrival from England, will take over the administrative medical duties of the Poona District, Bombay Command.

Surgeon-Captain W. KELLY, who is serving in the Bengal Command, is granted leave to England for six months on medical certificate.

Surgeon-Major F. B. MACLEAN, serving in the Madras Command, is granted an extension of leave from September 26th to November 25th, on medical certificate.

INDIAN MEDICAL SERVICE.

SURGEON-CAPTAIN F. WYVILLE-THOMSON, M.D., is transferred from the medical charge of the 22nd Bengal Infantry, to the medical charge of the 3rd Bengal Cavalry.

Surgeon-Captain C. H. BEDFORD is transferred from the officiating medical charge of the 13th Bengal Lancers, to the medical charge of the 21st Bengal Infantry.

Surgeon-Captain H. B. LEVARD is appointed to the medical charge of the 22nd Bengal Infantry.

Surgeon-Captain J. MORWOOD, Bengal Establishment, Civil Surgeon of Sultanpore, is appointed to officiate as Superintendent of the Central Prison at Benares.

Surgeon-Captain E. R. DA COSTA, Madras Establishment, who dates as Surgeon-Captain from April 2nd, 1881, is promoted to be Surgeon-Major, September 12th.

Surgeon-Lieutenant-Colonel J. M'CONAGHEY, Bengal Establishment, Civil Surgeon of Allahabad, is appointed to hold visiting medical charge of Futtehpore District in addition to his other duties.

Surgeon-Lieutenant-Colonel D. SINCLAIR, M.D., Madras Establishment, is promoted to be Brigade-Surgeon-Lieutenant Colonel, May 13th. He was appointed Assistant-Surgeon October 1st, 1869, and Surgeon-Lieutenant-Colonel October 1st, 1889.

Surgeon-Lieutenant-Colonel JOHN NORTH, Madras Establishment, whose commissions as Assistant-Surgeon and Surgeon-Lieutenant-Colonel are also dated October 1st, 1869, and October 1st, 1889, respectively, is likewise promoted to be Brigade-Surgeon-Lieutenant-Colonel from July 1st. He served in the Afghan war in 1880 (medal), and with the Burmese Expedition in 1886-87 (medal with clasp.)

The undermentioned officers have leave of absence as specified:—Surgeon-Major J. C. C. SMITH, Bengal Establishment, Civil Surgeon of Berdaun, for seven months from October 7th; Surgeon-Major R. JAMES, M.B., Madras Establishment, 3rd Lancers, Hyderabad Contingent, for six months on medical certificate; Surgeon-Major R. MANSER, M.D., Bombay Establishment, 1st Physician, Jamssetjee Jeejeebhoy Hospital, Bombay, privilege leave for three months from September 24th.

The *Calcutta Englishman* announces the death at Darjeeling of Brigade-Surgeon-Lieutenant-Colonel STEPHEN COULL MACKENZIE, M.D., of the Bengal Establishment. He was appointed Assistant-Surgeon March 8th, 1866, and Brigade-Surgeon-Lieutenant-Colonel August 13th, 1891. For many years Dr. Mackenzie was head of Campbell Hospital, and he had for a considerable time past been Police Surgeon of Calcutta.

The Medical Corps in India, which used to be designated the "Army Hospital Native Corps," is now styled the "Army Hospital Corps," and is divided, as at home, into companies distributed in the several districts.

ARMY MEDICAL RESERVE.

SURGEON-CAPTAIN EDWARD CURETON is promoted to be Surgeon-Major, October 25th.

THE VOLUNTEERS.

SURGEON-CAPTAIN R. C. LUCAS, M.B., and Surgeon-Lieutenant J. MARTIN, 4th Volunteer Battalion Queen's Royal West Surrey Regiment (late the 8th Surrey), have resigned their commissions. The commission of the former dates from July 15th, 1882; that of the latter from December 3rd, 1887.

Mr. GEORGE M'INTYRE, M.B., is appointed Surgeon-Lieutenant to the 4th Volunteer Battalion Scottish Rifles (late the 4th Lanarkshire), October 21st.

TRANSPORT OF THE MEDICAL SERVICE IN WAR.

USELESS WITHOUT TRANSPORT sends us the following notes: In each division of an army corps there are two bearer companies and three field hospitals, for the transport of which about a company of the Army Service Corps is required, consisting of 158 men and 234 horses; for a complete army corps three such companies are needed, or 474 men and 702 horses. But the Army Service Corps has now been given a combatant status, and as such it is presumed can have no right to drive or ride the horses of ambulance waggons under the neutral badge of the Red Cross. It would therefore seem necessary to develop drivers of medical transport from the Medical Staff Corps itself, which could be done, not only without difficulty, but with much advantage. For our normal two army corps 940 men and 1,400 horses are required for medical transport; the horses could be found from the remount department, but a peace cadre of men to be refunded in war is an absolute necessity. For this purpose the addition of 500 men to the Medical Staff Corps would be an immense help for many purposes in peace, and enable completely manned and horsed field hospitals and bearer companies to be kept up at such stations as Aldershot, Woolwich, and Dublin. Horses for officers would be supplied from the remounts, as in the Field Artillery and Army Service Corps. If some medical commanding officer could organise a complete company of the Volunteer Medical Staff Corps on these lines it would be a splendid start point for the