hospitals. Such being the case, these men must be taught the elements of anatomy and physiology, first aid, stretcher drill, and nursing.

Though the establishment of "the field ambulance" provides for a coarser material for the actual bearers, the demands of war are such that at any moment the specially and technically trained may be required to carry a stretcher. Nursing can, and has been, taught to volunteers successfully by lectures, demonstrations, and the actual experience obtainable in "the field hospitals" of volunteer camps and at military hospitals.

A dominant note in the BRITISH MEDICAL JOURNAL Committee's Report for Volunteer Medical Organization is that greatly increased facilities should be given to the R.A.M.C.Vol. for practical instruction in hospital duties. I look forward to the day when three certificates will be obtainable:

1. As the present E 596.
2. For nursing and hospital duties.
3. Camp and field sanitation.

As regards female nursing, both in South Africa and Manchuria, there was no difficulty in getting for station hospitals female nurses, civil dressers, or civil medical men. The work even under R.A.M.C. supervision is very similar to hospital work in peace. The difficulty was to get disciplined officers and men trained for active service with troops in the field: for that reason, a reliable, technically-trained, and disciplined body is absolutely necessary.

Nothing can be satisfactory which does not create an auxiliary medical service and form a department, the R.A.M.C.(Auxiliary), with an establishment, say, of 1,200 officers and 12,000 rank and file, and co-ordinate the R.A.M.C.A. as closely as possible with the R.A.M.C.

(*a*) 1. Same rank. 2. Same instruction. 3. Same uniform, except that A on the shoulder to distinguish.
(*b*) Have a R.A.M.C.A. upon the Board of the Director-General.
(*c*) Have Honorary Physician and Surgeon to the Sovereign.
(*d*) A representative upon the Advisory Board.
(*e*) A fair share of honours.
(*f*) Preference for public medical appointments.
(*g*) A fair rate of pay when in camp or doing public duty.

From this department all shortages

(1) of establishment of R.A.M.C., and (2) wastage could be supplied.

(*h*) Establish a home reserve. 1. Retired R.A.M.C. 2. Retired R.A.M.C.A. 3. St. John's medical officers and men, who would fill up any gaps as the R.A.M.C.A. were called out.

This would allow the best trained being available for co-ordinate service with the R.A.M.C., keep a supply for home, and so prevent the mistakes of the past.—I am, etc.,

P. B. GILES,
Surgeon-Colonel: Commandant, Volunteer Ambulance School of Instruction.

Bletchley, Dec. 30th, 1906.

KING EDWARD'S HOSPITAL FUND BILL.

SIR,—When commenting in your last issue on this proposed Bill now lying on the table in the House, you stated that the Medical Charities Committee would be glad to have comments and suggestions with regard to the same before their meeting on January 8th.

I understand you will this week give all an opportunity of seeing this Bill and devoting to it the attention it deserves.

The first thing necessary, in the interests of the public and the medical profession, is that steps be taken by every London hospital Board and every Metropolitan Division to have it blocked.

The Bill contains the worst features of an American trust or combine, and in its attempt to place for all time in the hands of one person—who is to be independent of every law of the land—the absolute control of hospital philanthropy in London is subversive of all individual charity.

It is to be regretted that a member of our profession—Sir W. Collins—should have said at the meeting where this Bill was rushed through that he would support it. One cannot but question whether those who have recently left large sums of money to this Fund would have done so without some restrictions, had they thought it possible that such an attempt to return to the dark ages would be made.

As a profession, what are we in London proposing to do?

The Marylebone Division, which has recently provided an academic discussion on hospital questions of the most approved type, might well lead us now in some steps of practical utility. Will they do it? Within that area resides enough influence to settle this Bill within six weeks. Are they in sufficient sympathy with the rest of the profession to act?

The tendency of the past has been too much talk and respectability. What is now required is action. The Representative Meeting passed in July a resolution that the profession should be adequately represented on this Hospital Board. That request has been thrown back at us, and this Bill is the accompanying answer.

Are we willing to let matters rest there? or will the various Divisions now begin to organize their opinions on hospital administration, and so bring home to those who at present rule in these matters the fact that where medical charity is concerned we demand adequate representation, and if it is not given we will withdraw the aid necessary in dispensing it?

I believe Dr. Ford Anderson of Hampstead will welcome all comments and suggestions.—I am, etc.,

E. ROWLAND FOTHERGILL.

Southfields, S.W., Dec. 31st, 1906.

HOSPITAL ABUSE.

SIR,—The subject of hospital abuse is at present exciting great interest, and if there is to be any reform as the outcome of the agitation the discussion ought to be conducted on reasonable lines. Many of the demands urged are impossible, and the case is only stated of grievances of one class of the medical profession.

The first thing that seems necessary to put the discussion on a proper basis is to define the class to whom the benefits of hospital relief should be extended. Hospital patients should be so sick that they require medical or surgical treatment, and so poor that they are unable to pay for it. As to their fitness as hospital patients on the score of sickness, the only judge of this matter can be the physician or surgeon under whom the patient is to be treated. He guarantees the medical suitability of the case, and is responsible to the hospital authorities for its treatment. The outside medical attendant is no doubt a good judge of the medical fitness for admission, but as he is not actually responsible to the hospital authorities he cannot expect his judgement to override that of the responsible medical officer.

As regards the second qualification—the poverty of the patient—this has always seemed to me a matter for the decision of the lay Board. A reasonable wages limit having been fixed, the Committee prevent abuse through an almoner or Charity Organization Society. As regards the almoner, it is evident that he cannot extend his inquiries over the whole of the wide area from which hospital patients come. The Charity Organization Society is open to the same objection. The recommendations of outside medical men as to the monetary suitability of the patient have, in my experience, been far from trustworthy. It is frequently convenient to shirk the responsibility of a small operation or get rid of a tedious case by removing it to hospital, although the financial state of the patient makes him unsuitable.

Another point which has been advocated by many speakers is payment by all patients. This seems to me a very questionable reform. It is impossible to remove from the patient's mind the impression that the 3d. or 6d. paid to the hospital is the return for the medical service and treatment, and if the hospital treats him for 6d. it is entering into competition with outside practitioners and degrading the services of the honorary staff.

Other speakers have advocated the erection of paying wards, with the paid services of medical officers. I think this is a very difficult matter to carry out in most hospitals, as it requires, among other things, an entirely different class of catering for such patients. The proposal to admit cases under the care of outside practitioners seems to me impossible. It must be understood that the directors of public hospitals accept responsibility for their officials, and that they are damaged by any carelessness or neglect of those officials. Again, rules are drawn up which are obeyed by the honorary staff of the hospital; such rules would carry no force with those who were not attached to

the institution. I see no reason why nursing homes should not be created on a provident system, and these would afford hospital facilities, and could be officered by the medical attendants of the patients. There are many other points of great interest, but the length of the present letter precludes their discussion.—I am, etc.,

Dec. 26th, 1906. PROVINCIAL HOSPITAL SURGEON.

MEDICINE AND THE LAY PRESS: A PROTEST.

SIR,—I shall be glad if you will allow me to state that I have addressed to the editor of a monthly medical journal the following letter, which explains itself:

In consequence of the communication to the lay press of advance sheets of the contents of the forthcoming issue of the ———— on the treatment of influenza, I beg, as a protest, to withdraw my name from the list of subscribers and have given my bankers orders to cancel my cheque.

Since it is very properly considered unprofessional for a medical man to publish communications in other than professional journals, I cannot understand why the editors of professional papers should consider themselves free from the same obligation.

I shall do my best to impress this view on all my professional brethren.

It is unnecessary for me to remind your readers that the public are already dosing themselves with tabloids and other drugs, the names of which they obtain from advertisements and from doctors pernicious prescriptions. Such being the case, it surely is improper for the medical press to connive at and contribute to the deplorable results so often arising from this fashion of self-medication.

I am aware that editors are not responsible for what may happen after publication; but I maintain that sending advance sheets is a direct invitation to the lay press to publish extracts; that this is unprofessional and ought to be discontinued.—I am, etc.,

Reading, Dec. 20th, 1906. J. HOPKINS WALTERS.

TRYPSIN IN CANCER.

SIR,—I was interested to see the letter published on December 21st, p. 1843, respecting the use of trypsin in cancerous cases; but, with your permission, I should like to make a few comments regarding the facts to which your correspondent bears testimony.

In the first place, no precise information is given as to the exact condition of the patients at the time the treatment was applied. Obviously in the last stages of inoperable cancerous disease, or in those gravely complicated, no treatment can possibly prove curative. I have furthermore myself stated that in certain complications pain may be increased rather than diminished. Again, nothing is said in respect of the particular preparation of trypsin employed and the mode or dosage of its administration. Furthermore, we are not informed whether the full methods of treatment laid down in my little book, *The Nature and Treatment of Cancer*, were duly and accurately followed, especially as I desire it to be clearly understood that in each case of malignant disease in which the treatment by trypsin is indicated, this does not consist merely in the use of trypsin as the sole remedy which the case may demand.

To condemn, therefore, the whole method of the treatment of inoperable cancer by that which is now known as the trypsin method, merely because non-success has followed in two or three particular instances, the details of which have not been made known, does not appear to me to be either logical, instructive or conclusive.—I am, etc.,

JOHN A. SHAW-MACKENZIE, M.D.Lond.

London, W., Dec. 21st, 1906.

THE BEST WAY TO REMOVE THE TONSILS.

SIR,—Mr. Hey Groves's unfavourable opinion of the present method of removing the superficial diseased elevations of the tonsil with the guillotine and his advocacy of a method well known but seldom practised may possibly be due to a misconception of the nature and anatomy of the tonsils.

The tonsil is not a single gland but a collection of innumerable minute lymphatic glands. It is not comparable to a lymphatic gland as found in the axilla or groins, and therefore is not to be treated as such.

The lymphatic arrangement of the alimentary canal from the mouth to the anus consists of a more or less continuous layer of minute lymphatic collections, in most cases smaller than a millet seed. The number of these minute glands varies according to the locality. In some parts of the small intestine they are crowded together in patches of considerable density. In other parts, such as the oesophagus, rectum, inside the cheeks and lips, they are few and far between.

The dense collections of these are known in the small intestine as Peyer's patches. The same arrangement exists in the pharynx and post-nasal space. At the root of the tongue, between the pillars of the fauces, in the fossa of Rosenmüller, in the vault of the pharynx, and between the Eustachian tube and the posterior end of the lower turbinal body similar collections exist.

In all these regions the mucous covering is bunched up and partly involuted by the action presumably of the subjacent muscles. Depressions and lacunae are thus formed, whose walls are lined with minute lymphatic collections. These recesses, as a rule, do not dip deeply into the fibrous stroma of the tonsil, but are arranged, for the most part, on the pharyngeal aspect of this body.

The recesses are most marked in the tonsils, probably from the constant movements and adjustments of the palato-glossi and palato-pharyngei muscles.

In typhoid fever or in tuberculous disease of the intestine not all the glands in a Peyer's patch are affected. Only a very small proportion are sufficiently affected to cause ulceration. The same is true of affections of the tonsil. In lacunar tonsillitis and other affections many glands escape, and it would be like killing the cow to cure it to on all occasions enucleate the tonsils because one or more of its follicles were the subject of pathological changes. In these cases the guillotine properly used removes all those parts internal to the plane of the pillars of the fauces and as a rule removes the greater part of the lymphatic tissue of the tonsil.

Other reasons against the wholesale enucleation of the tonsil are quite apparent. The tonsil is a barrier between the cavity of the mouth and the internal carotid artery. The fossa for the tonsil is separated only by the thinnest tissues from the actual coats of the artery. The stump of fibrous tissue left by the guillotine serves as a protector and shield to this most important structure.

On these grounds, as well as on many others, enucleation of the tonsil as a routine procedure is not the best way to remove the tonsils.—I am, etc.,

MAYO COLLIER, M.S.Lond., F.R.C.S.Eng.,
Senior Surgeon to the North-West London Hospital, and late President of the British Laryngological, Rhinological, and Otological Association.

London, W., Dec., 30th, 1906.

CONDITIONS OF EYESIGHT REQUIRED FOR THE MILITARY SERVICE.

SIR,—I have read Mr. Arnold Lawson's paper with great interest, and I feel sure all ophthalmic surgeons will agree with his main conclusions. I would claim a wider latitude than that allowed for admission into the Royal Engineers. I suggest that in myopia, up to 6 D of correction should be permitted in this branch of the service, always assuming that visual acuteness is good—that is, with correction $V=\frac{6}{6}$.

It may seem a little ungracious to find fault with so excellent an article, but there are two statements in it to which I must take exception:

(*a*) $D=\frac{6}{24}$
(*b*) $M=-4.5\ d.$

To me both of these formulae are meaningless as they stand. Literally interpreted they signify:

(*a*) Distance = $\frac{\text{distance patient stands}}{\text{distance at which the letters ought to be read}}$

(*b*) Myopia = $\frac{1 \text{ metre}}{-4.5\ d.}$

Perhaps Mr. Lawson will be kind enough to enlighten your readers on the matter.—I am, etc.,

London, W., Dec. 31st, 1906. KENNETH CAMPBELL.

THE EVAPORATION OF CHLOROFORM DURING INHALATION.

SIR,—Dr. Barton, in his letter to the JOURNAL of November 24th, 1906, p. 1522, puts the question, "How does Dr. Levy, in giving chloroform from a mask, arrange that the whole of the chloroform is evaporated through