

families?" Indeed he thought that an even more practical question would be "To what kind of service would medical men be content to trust their own wives and families?" Nothing less was good enough. In his opinion no body was capable of eliciting the opinion of the profession on a matter of this kind except the British Medical Association, and whatever criticism might be brought against that body, it was useless to think of setting up another to take its place. It had taken nearly a hundred years to get an Association which could speak for a majority of the whole profession, and for a large majority of general practitioners. Obviously it would take a very long time to establish another body which would be anything like as representative, in face of the strong opposition of the Association, which was not likely to give up the position it had established at so much cost. He was not arguing that the Association was perfect. Nobody who had the privilege of receiving so much candid criticism as he did could be under that delusion; but some of the best authorities had declared that the constitution of the Association was thoroughly democratic and a model for similar professional bodies, and if members of the profession would bring to it youth, enthusiasm, and new blood the Association could do anything the profession was likely to ask. He warned his hearers against alleged "short cuts." During his experience of medical organization several substitutes for hard individual work had been suggested, but nothing could take the place of that unselfish and unstinted personal devotion which had made the Association what it was. The legal immunities of trade unionism—the latest panacea—were exceedingly uncertain, according to the best legal authorities. Members of the profession would be depending on a very broken reed if they relied on this—which, in addition to its uncertainty, would be rejected for other reasons by large numbers of the profession—instead of on the strength to be obtained from a large body composed of all kinds of practitioners, and in which the social and scientific elements could reinforce the medico-political and "bread-and-butter" side.

Scotland.

ERSKINE HOSPITAL FOR LIMBLESS MEN.

SPEAKING at the second annual meeting of the Princess Louise Scottish Hospital at Erskine, held in the City Chambers, Glasgow, on December 10th, Sir William Macewen referred to the strenuous work of the surgeons and physicians during the year and of the benefit to the limbless men of continuity of treatment afforded by the fact that both preparatory and fitting treatment were given under the one roof by the same surgeons. He expressed the hope that if workshops were established in Glasgow continuity of training would be arranged between them and the hospital workshops. The Lord Provost stated that since the opening of the Erskine Hospital, 3,454 patients had been admitted to the institution, which now contains 400 beds, while 2,697 patients had been fitted with new limbs and 530 patients with parts of new limbs. A vote of thanks to the surgical and medical staff of the hospital for their voluntary service was carried, on the proposal of Sir Archibald MacInnes Shaw.

POST-GRADUATION INSTRUCTION AT GLASGOW.

At a meeting of the Glasgow University Court held on December 12th, Principal Sir Donald MacAlister, K.C.B., M.D., who presided, referred to a proposal which was made at the last meeting to institute post-graduation courses for medical graduates. The Senate, after considering the report on this subject by the Faculty of Medicine, stated that they would welcome a well considered scheme for the organization of such courses, and that as there existed a committee representing all sections of the Glasgow Medical School, which was instituted in 1914 on the suggestion of the Faculty of Medicine, they were taking steps to get into touch with this body as a preliminary to a full discussion.

CENTRAL MIDWIVES BOARD FOR SCOTLAND.

At the last meeting of the Central Midwives Board for Scotland, held in the offices, 50, George Square, Edinburgh,

with Sir Halliday Croom in the chair, the cases of three midwives were heard. One woman was summoned on the charge of failing to send for medical assistance in a case of ophthalmia neonatorum, and other breaches of the rules. Her name was removed from the roll of midwives and her certificate cancelled. The second woman was charged with failing to send the proper form for medical assistance in a case of stillbirth. She was cautioned strictly to observe the rules of the Board, and the local supervising authority was instructed to report upon her conduct and fitness as a midwife. The third woman was summoned for failing to advise medical assistance for a child suffering from serious skin eruptions, and for other breaches of the rules. She was suspended from practice for one month, and the local supervising authority was instructed to report on her ability to take pulse and temperature before she resumed practice.

Correspondence.

EDINBURGH UNIVERSITY AND ANATOMICAL NOMENCLATURE.

SIR,—You have already called attention¹ to the confusion which has been caused by the introduction of the Basle Anatomical Nomenclature—a nomenclature which, as you have pointed out, is purely of German origin. I am glad to know that the Faculty of Medicine of the University of Edinburgh has taken the matter up and has issued a circular to "medical schools and corporations in Britain," suggesting the formation of a committee to consider our nomenclature, and also proposing that similar committees should be formed in the British Dominions and the United States of America. I am certain that the courteous Dean of the Medical Faculty of Edinburgh University, who has issued the circular on behalf of his Faculty, does not wish to misrepresent to medical schools and corporations in Britain what has already been done to restore our British nomenclature, but in several points his circular is misleading.

At a special general meeting of the Anatomical Society of Great Britain and Ireland, held at King's College, Strand, London, on March 1st, 1918, it was unanimously agreed to retain our British anatomical nomenclature—that nomenclature being defined as the one used in the tenth edition of *Quain's Anatomy*. The Edinburgh circular, while making the resolution of the Committee of the Anatomical Society the basis of its action, omits to state that the resolution was adopted by the society, which includes all the anatomists of this country and the majority of anatomists in the British Dominions. The circular also omits to state that at the same meeting committees were appointed to revise the English terms used in anatomy, and in every instance where an improvement was possible—no matter what the source of the better term might be—to recommend that improved term in their report to the society. As the Professor of Anatomy in the University of Edinburgh was appointed to serve, and so far as I know is serving, on one of these committees which are now at work, the Dean of the Faculty cannot be ignorant of the fact that the work proposed in the circular is already being performed by committees of British anatomists.

Further, the Anatomical Society was keenly alive to the importance of moving in harmony with the anatomists of the United States, and therefore requested its secretary, Professor J. E. S. Frazer, to communicate with the secretary of the Association of Anatomists in North America, inviting the co-operation of the association. In answer, a very sympathetic reply was received, one which leads me to suppose that American medical men are just as anxious as British to be rid of the Basle system of naming anatomical structures.

The Anatomical Society is fully aware that the settlement of a nomenclature is not the prerogative of anatomists, but is a matter in which every medical man and medical corporation has a right to be heard; but I think it is the duty of anatomists to make the first move and submit their proposals to the various medical corporations which are concerned. Also it must be remembered that Edinburgh University has been the chief sinner in

¹ BRITISH MEDICAL JOURNAL, 1917, ii, p. 121.

adopting the foreign nomenclature, now the cause of so much confusion.

I append a memorandum, written in reply to the Edinburgh circular, by Professor G. D. Thane, who is and always has been regarded as the leading authority on all matters relating to the literature of British anatomy.—I am, etc.,

ARTHUR KEITH,

President of the Anatomical Society
of Great Britain and Ireland.

December 16th.

Professor G. D. Thane's Memorandum on the Circular issued by the Dean of the Medical Faculty of Edinburgh University.

This movement is an attempt on the part of publishers and certain anatomists to force the use of the German anatomical nomenclature on those who do not desire it. The matter has been discussed several times at the Anatomical Society, and the change is not there regarded with favour, as is shown by the report cited in the circular. Being unable to get the support of the society, the promoters are now endeavouring to attain their end in another way. The movement originated with Americans who had studied in Germany.

The German anatomical nomenclature was drawn up by a committee of the German Anatomical Society, in which I had a small part, and was adopted by the society in 1895. It may be a good nomenclature for German use, but it is not, in my opinion, suitable for British use, and I have always refused to adopt it. My view is confirmed, and indeed intensified, every year, as I see the unfortunate students struggling with the cumbrous, and to them unintelligible, Latin names, badly selected, and in many cases absolutely false.

The established and venerable British nomenclature undoubtedly has faults, but it is, on the whole, far better than the German. The British nomenclature is closely associated with the French, through which language it has in large measure come into our tongue; and where the British terms differ from those either of the French or German systems I have no hesitation in saying that ours are generally preferable.

The confusion which certainly exists is due solely to the action of the persons referred to in introducing the German nomenclature into the textbooks without ascertaining the views of anatomists. The difficulty will be got over at once by their retracing their steps and restoring the *status in quo*.

In the *Spectator* of December 7th there is a reference to German work on another medical subject. In this is the statement: "But we can reasonably hope to be saved in future from the hasty adoption of German nomenclature." It is much to be hoped that this will turn out to be true; and it is devoutly to be wished that it could be made retrospective.

December 12th, 1918.

G. D. T.

THE TREATMENT OF WAR PSYCHO-NEUROSES.

SIR,—Your suggestive paragraph under the above heading (December 7th, p. 634) has prompted me to the following comments, for which I hope space may be found. The two broad lines of treatment adopted in these disorders seem so curiously opposed to one another, both in principle and practice, as to be inevitably thought-provoking. Although, as you suggest, both schools either actually or tacitly assume a psychic basis for the symptoms in the majority of the cases, their paths soon diverge. The one adopts any means—physical, mechanical, or psychic—which will relieve or combat the immediate symptoms and at the same time assuage the pain or distract the mind from painful memories. The other, the true psycho-analytical school, so far from suppressing or seeking to repress the painful recollections and emotional experiences which have led up to the disorder, strive to bring them to the light of day—rehearse, as it were, revivify, and induce the patient to live them over again.

It may be interesting to consider how far this latter practice and the principle upon which it is founded accord with ordinary experience in the class of case here dealt with. Do we as a matter of fact find that the patients are unable to recall the emotional disturbance which has led up to the present disorder? Unwilling they may be, but not, I contend, as a rule unable. Indeed, in the majority of the cases, so far from being embedded deep down in the

consciousness and in need of the delving process of the psycho-analyst to unearth them, they are painfully and terribly near the surface. One would say rather that they occupy the foreground of the consciousness. That the patients in such a case are unwilling to recall their experiences one is ready to believe, and that they are eager to avail themselves of any and every means of distraction would appear equally natural. The difficulty lies in rendering such means of distraction available to a patient whose one preoccupation is his illness and all that has led up to it. The soldier suffering from nerve shock, for example, starts at the sound of a motor horn, and is transported into a panic of fear at the thoughts of an air raid—in the first case owing to a pure physical reflex acting on a tense nervous system, and in the second through a simple association of ideas. To suggest that in either case he is unaware of the mechanism which produces this terror is to suppose that which is not. True, he may not express himself in technical language—he starts because, as he says, he is "all nerves," and he fears an air raid because "it reminds him of past experiences."

The mechanism which produced the original symptoms and which continues to reproduce them obviously varies with the individual case, and may be, and frequently is, multiple in character. The tendency of symptoms to become fixed often through sheer lack of will power in the subject is now generally recognized, and the importance of early and energetic treatment in such cases quite rightly insisted upon by many writers. The lowering of the affective tone, the emotional impressibility (of which, by the way, the sufferer is painfully aware), offers a favourable atmosphere for the development of the psycho-neuroses. Superadded to and complicating the effect of depressing emotions one usually has the effect of auto-suggestion or hetero-suggestion to which a man in a depressed state of mind is peculiarly vulnerable. And here it may be noted that where the all-pervading sense of depression is present, argument, persuasion, and counter-suggestion are usually futile. Any one who has attempted suggestive treatment in true melancholia will realize the truth of this, the difference, after all, being in degree, not in kind.

Seeing that the morbid condition arose from military service, and is definitely associated with it in the patient's mind, anything remotely connected with army life cannot fail to perpetuate the symptoms. It is true that, in the milder cases, removal from active service conditions is sufficient to inaugurate a cure, but the effect of discharge from service and its raising of the emotional tone, with frequently "miraculous cures," is one of the everyday phenomena for the neurological wards. One does not wish to labour the point, but it seems to me that in a great majority of the psycho-neuroses of the war the causes are neither so recondite nor the treatment so esoteric as the psycho-analyst would have us believe. There remains no doubt a residuum of cases which do not yield up their secrets so easily, and which will constitute the peculiar province of the psycho-analyst. Perhaps, however, the most important fact which emerges from a study of these cases is the primary importance of a detailed study of the individual case, both from the point of view of the original mental make-up and antecedents and the manner in which he is likely to react to a given set of circumstances. The mental pattern of man is so various, and the type of reaction so curious, and at times inexplicable, that a rigid adherence to any formula or fixed system of treatment stands self-condemned.—I am, etc.,

J. E. MIDDLEMISS,

(Late) Lieutenant R.A.M.C., and Medical Officer to the
Leeds Committee for Care of Mental Defectives.

December 13th.

ACIDOSIS.

SIR,—In the note on acidosis by Dr. Dougall, published in your issue of December 14th, p. 655, I think there is some confusion between cause and effect. Some time ago I published a note in your columns on acidosis in children. I believed then that acidosis existed as a clinical entity and that many symptoms were caused by the circulation of acetone and acetone-producing bodies in the blood. Extended experience has taught me that acetonuria is a constant concomitant of most bacterial invasions in children. Thus I have found it in pneumonia, measles, anterior poliomyelitis, and in influenza, and a systematic