

shop appears will immediately let me know of it, so that arrangements may be made for the distribution of leaflets to counteract its influences.—I am, etc.,

STEPHEN PAGET,

Honorary Secretary, Research Defence Society.

11, Chandos Street, Cavendish Square, London, W.1,  
September 8th.

#### TERRITORIAL MEDICAL OFFICERS' DINNER.

SIR,—As it is not possible to send notices to individual officers I shall be obliged if you will allow me to announce in the *BRITISH MEDICAL JOURNAL* that the dinner of the Territorial Force Medical Officers' Association will take place on Thursday, October 30th, at 7.30 p.m. at the Holborn Restaurant. The charge for tickets (wine not included) is 12s. 6d.

All Territorial officers can attend and bring guests. Application for tickets should be made to me at 37, Russell Square, London, W.C.1.

September 8th.

D. L. HAMILTON, Lieut.-Colonel.

#### SUDDEN DEATH UNDER AN ANAESTHETIC.

SIR,—I am sorry to say that I have not been so fortunate as Sir R. H. Woods in that I have lost a case under an anaesthetic, and moreover under ether by the open method. Twice previously I had administered an anaesthetic to the child, in each case ether by the open method. At the third operation, which was carried out to complete a radical cure for extroversion of the bladder, the operation being carried out in stages, the child suddenly ceased to breathe, although I had ceased to give her ether and was allowing her to come round, as the surgeon had finished his work. Despite restoratives, artificial breathing, direct insufflation, and heart massage, she never recovered.

At the *post-mortem* examination the findings were consistent with the condition known as status lymphaticus—namely, persistent thymus, fatty changes in the myocardium, and a general overgrowth of the lymphoid tissue; and I may say that I saw the *post-mortem* examination myself, so am satisfied that the findings were not the fevered imaginings of a pathologist anxious to screen the delinquencies of a professional brother. Perhaps some advocate of the virtues of chloroform will now come forward and state that status lymphaticus is also a euphemism for ether poisoning.

Advocates of the substitution of ether for chloroform as a general anaesthetic will not welcome such sweeping and quite unproven statements as these made by Sir R. H. Woods in his letter of August 16th as being likely to help them much in their campaign.—I am, etc.,

H. PINTO-LEITE,

Honorary Anaesthetist London Throat Hospital,  
National Dental Hospital, Evelina Hospital  
for Sick Children, etc.

London, W., Aug. 26th.

#### MEDICAL DEMOBILIZATION.

SIR,—Is it not time that steps were being taken to release temporary medical officers in Mesopotamia who are now threatened with being kept out there till April, 1920?

Most of them have been in that country at least two years without one day's leave, and the only leave spoken of is leave to India, which they cannot now afford. Compare this with the medical officers in France who had leave every six months at least, also medical officers from France are being demobilized who have less service than the former.

Take the position of those who are married. They have not seen their homes for over two years. Their pay is now barely sufficient to keep themselves and a home in England owing to the rise in value of the rupee, the high cost of living at home, and the fact that the purchasing value of the rupee in Mesopotamia has not altered. Surely the term "national emergency" cannot now hold when peace is signed, and did not mean looking after Indian and Arab coolies who are engaged on (?) military work, as they are now doing. Cannot medical officers from France junior in service, or recent graduates, be called on (as promised) and sent out to replace them? Ought these men not to have preference over young medical officers who have fewer responsibilities and only a few months' more service?—I am, etc.,

September 5th.

A. B.

#### R.A.M.C. CONTRACTS.

SIR,—The editorial in the *JOURNAL* of August 2nd, p. 144, referring to the new contract of service in the R.A.M.C. is timely, and fairly adequately expresses the attitude of non-regular officers still serving. Unquestionably the prime factor influencing men who have served against the new contract is a distrust of the War Office, begotten of service under it. It would be well if consultation with the Association as to the terms of service by the army medical authorities preceded the issue of any further contract.

It is doubtful whether any new voluntary contract will be attractive unless:

(a) Clinical ability in the various specialist branches is recognized as a ground for considerable increase in pay over the flat rate of remuneration.

(b) A serious effort is made, by enabling men to serve in their "home" area, to make army service less of a blind alley.

(c) Preferential treatment of regular officers in matters of appointments carrying extra pay, leave, living out, and decorations is abolished.

My personal experience has been that extra duty pay as operating surgeon during 1917 worked out at 1½d. per operation; that I have been away from home for nearly five years; that nine decorations have been awarded to my five commanding officers, while my bosom remains unadorned; and that it is ten months since I had any leave.—I am, etc.,

NEARLY FIVE YEARS OF IT.

\*\* The new terms and conditions announced this week by the War Office are given at page 355.

#### Obituary.

CHARLES ARTHUR MERCIER, M.D.LOND.,

F.R.C.P. F.R.C.S.

Consulting Physician for Mental Diseases, Charing Cross Hospital;  
Past President of the Medico-Psychological Association.

WITH deep regret we have to record the death at Bournemouth, on September 2nd, of Dr. Charles Mercier, whose brilliant intellectual gifts adorned the profession of medicine. For many years past Dr. Mercier's health had been very bad, but his indomitable spirit rose above all physical disabilities. Although for long an invalid his mental powers remained unimpaired, and his wit shone as brightly as ever.

Charles Arthur Mercier was born in 1852. His father, the Rev. L. P. Mercier, was of Huguenot descent; at his death the family was left in straitened circumstances. After a few years at Merchant Taylors' School, Charles Mercier went to sea as a cabin boy, and worked for a time as warehouseman and clerk in the city before beginning the study of medicine at the London Hospital, where he had a brilliant student career. He obtained the M.R.C.S. diploma in 1874, and four years later the F.R.C.S. and the M.B. degree of the University of London. In 1896 he became a Member of the Royal College of Physicians, and in 1904 was elected Fellow. He proceeded to the M.D. degree in the following year, winning the University gold medal for special distinction in mental science. His practical knowledge of insanity began during his tenure of the post of medical officer first to the Bucks County Asylum, near Aylesbury, and later to the City of London Asylum. Dr. Mercier was for many years resident physician to a private asylum near London, and became lecturer on insanity first in the Westminster Hospital Medical School and subsequently at Charing Cross Hospital, to which he was appointed physician for mental diseases. He was for long a member of the Council of the Medico-Psychological Association of Great Britain and Ireland, of which he was sometime president. He was examiner in mental diseases in the University of London, and at the annual meeting of the British Medical Association at Oxford, in 1904, he was president of the Section of Psychiatry. He was a member of the Departmental Committee on the Treatment of Inebriety and contributed largely to the report. He also gave expert evidence before the Royal Commission on the Care and Control of the Feeble-minded, representing the Royal College of Physicians of London.

The legal side of mental disease made a strong appeal to