

worried by bazaars, teas, dances, pound days, and so on—are to be compelled by means of taxation to provide funds for voluntary hospitals generally, which are to be used by persons, whether resident in the district or not, who by means of fees or contributory schemes, or otherwise, are quite able to pay in full for all their requirements, the result will be probably to give a final blow to charitable hospital bequests and subscriptions, and to hasten the day when these institutions will have to be taken over by the State, if they do not wish to become bankrupt.

The Minister of Health would have done a greater service to voluntary hospitals had he advocated equitable contributory schemes of self-help for both industrial and middle classes on the principles enunciated in the hospital policy of the British Medical Association.

The statement by the Minister of Health that "the growth of population made an increase imperative" contains a fallacy—a fallacy often used as an incentive for further calls on the rich. If preventive measures (proper housing, town planning, pure milk supply, smoke abatement, public house reform, etc.) were promptly taken, it would not be unreasonable to hope that the percentage bed accommodation now prevalent would be greatly reduced.—I am, etc.,

Hove, Dec. 21st.

E. ROWLAND FOTHERGILL.

TREPANNING AND TREPHINING.

SIR,—In the recent discussion concerning the operation so frequently performed on prehistoric skulls, and which is still practised by Neolithic people, the operation itself has been described as trephining; this appears to me to be a misnomer. The trephine was a special instrument, invented by John Woodall, a distinguished surgeon who died in 1643, and who had been surgeon to St. Bartholomew's Hospital and master of the Barber-Surgeons' Company. In his *Vaticum*, published in 1628, he describes his instrument as an improvement on the trepan, and he calls it a "traphine" (subsequently "trephine"), although for some time after Woodall's invention the operation was called trepanning (vide *Pepys's Diary*, 1666-1667); as the trephine came into more general use the word "trephining" was used to describe it.

Before the invention of the trephine the operation was called trepanning, and the instrument with which it was performed was called a trepan or trepane. The word "trepan" is of very ancient origin (Gr. *τρύπανον*, a borer), and in the Middle Ages was applied to any boring instrument used for the purpose.

The term "trepanning" is certainly not obsolete, for it is curious that lay writers generally refer to the modern operation as trepanning, while expert writers so frequently describe the prehistoric operation as trephining.

If a generic term is required I think it should be "trepanning," which might logically include both the modern and the prehistoric operation, and that it should always be applied to the latter.—I am, etc.,

London, N.W.3, Dec. 8th.

H. A. CLOWES.

THE MEANING OF "CLAUDICATION."

SIR,—I hope I may not be considered unduly pedantic if I enter a mild protest against the use (or rather misuse) of the word "claudication" by Professor Starling. In the *BRITISH MEDICAL JOURNAL* of December 19th he is reported to have used the expression "claudication in the vessels of the vasomotor centre" (p. 1164), and again, "claudication of the renal vessels" (p. 1165).

Now claudication, if it means anything, means "lameness" or "limping," and is derived from the Latin *claudere*, "to limp," not from *claudere*, "to shut." The term "intermittent claudication" was first used by Bouley in 1831 to describe intermittent loss of power in the limbs of the horse, and Charcot, in 1858, applied the expression to a similar condition in the human subject. The fact that *claudication* is recognized as being caused by *occlusion* of the vessels is no reason for regarding the words as synonymous.—I am, etc.,

London, S.W.1, Dec. 20th.

MAURICE E. SHAW.

Medical Notes in Parliament.

[FROM OUR PARLIAMENTARY CORRESPONDENT.]

PARLIAMENT was prorogued this week till February 2nd, 1926. The concluding debates in the House of Commons concerned the Mosul award of the League of Nations, and the Lords' amendments to the Rating and Valuation Bill, Criminal Justice Bill, and other measures.

Colonial Medical Services.

Dr. Shiels asked the Colonial Secretary, on December 17th, how much below establishment strength were the medical and sanitary services of Nigeria, Gold Coast, Sierra Leone, Kenya, and Tanganyika respectively; what steps were being taken to fill the vacancies; and who was responsible for recruiting and selecting the personnel.

Mr. Ormsby-Gore (Under Secretary for the Colonies) stated that in the West African Medical Staff at present there were nineteen vacancies in Nigeria, thirteen in the Gold Coast, and nine in Sierra Leone. Nine selected candidates were receiving instruction in this country in tropical medicine and eight more would commence instruction in the new year. There were no vacancies in Kenya and only one in Tanganyika. The vacancies and terms of service were advertised regularly in the medical press, and the attention of the universities and teaching schools was drawn to these services periodically; while advantage was taken of the presence of senior medical officers on leave in this country to visit the medical schools and interest the students in the colonial services. Selection of candidates was made by the Secretary of State with the assistance of a small sub-committee containing two medical men of distinction, who advised as to the suitability of candidates interviewed by them.

On December 21st Sir Sydney Henn asked Mr. Amery what steps were being taken to strengthen the medical services throughout East Africa; and what was the attitude towards recruitment in this country for such services adopted by medical schools and societies. Mr. Amery told Sir Sydney that it was not possible to give definite figures, pending consideration of the estimates of the various Dependencies for the coming financial year, but he anticipated that there would be a considerable further extension of medical work in Eastern Africa in the near future, especially in Kenya, Uganda, and the Tanganyika Territory. It was hoped to increase the personnel of the East African Medical Service by some twenty or thirty officers during the next year. The attitude towards recruitment adopted by the medical schools and societies had been very helpful in the past, and he hoped to secure their co-operation in filling up the many new appointments which were about to be created.

Mr. Amery, on December 21st, stated that he was aware of the high rate of mortality in Tanganyika Territory. Active measures were being taken to improve medical and sanitary conditions. The number of medical officers had been increased by twelve this year, and numerous native assistants, including sanitary inspectors, were being trained.

Public Vaccination.

Answering Mr. Groves, on December 16th, Mr. Neville Chamberlain (Minister of Health) said he was not prepared to consider legislation to amend the Vaccination Acts in such a way that persons who themselves desired or desired their children to be vaccinated should apply for such publicly assisted service, not, as at present, that those who desired exemption should apply. Awards were still payable to public vaccinators in accordance with the provisions of Section 5 of the Vaccination Act, 1867, on reports made to the Ministry of Health with regard to the number and quality of the vaccinations performed, and it was provided in the section that any payments so awarded should be in addition to the payments received by public vaccinators from the guardians. Asked the average amounts of the special awards to public vaccinators under Section 5 of the Vaccination Act, 1867, Mr. Chamberlain gave the following as the approximate average amounts per child vaccinated during each of the past six years ended on September 30th: 1919, 4.4d.; 1920, 12.6d.; 1921, 11.4d.; 1922, 10.9d.; 1923, 8.7d.; 1924, 8.6d. Separate figures were not available showing the amounts spent on the services of public vaccinators nor the proportion of vaccinated to unvaccinated children under 10 years of age during the last decade. Mr. Groves suggested in his question that the ratio of exemptions from vaccination was progressively increasing and the ratio of small-pox deaths correspondingly decreasing. The Minister did not deal with this.

In a further series of answers to Mr. Groves, on December 17th, the Minister of Health said the expenditure from local rates on vaccination during the year ended March 31st, 1921, was £175,000, whereas for the previous year the amount was £124,000. The increased expenditure was mainly due to the operation of the Vaccination Order, 1919, which came into force on December 1st,