

soldiers suffering from shell-shock and nervous breakdown. It can not be too widely known that this is exactly the treatment practised at the British Hospital, 72 Camden Road, London, N. W. 1, England, for over a quarter of a century. The hospital has given effective and permanent relief gratuitously to thousands of men, women and children. The war has obviously increased the number of cases suffering from shell-shock and nervous breakdown to a marked extent, and the hospital is at present appealing for additional funds to cope with the position, and also with the object of sending patients into the country, so necessary for their speedy recovery.

Will our American friends help us? Donations, however small, will be greatly appreciated and may be sent to me or the Secretary, Mr. F. J. Lee-Smith, 72 Camden Road, London, N. W. 1, England.

MARGARET FORBES WINSLOW

QUOTATIONS

INCREASED RANK AND MORE AUTHORITY FOR MEDICAL OFFICERS

As most of our readers are aware, an amendment was introduced into Congress at the recent session which, if it had been adopted, would have given the medical officers in the Army the same rank that prevails in the Medical Corps of the Navy. Specifically the amendment provided that there should be twenty-five one-hundredths of 1 per cent. of major-generals, the same proportion of brigadier-generals, 4 per cent. of colonels, 8 per cent. of lieutenant-colonels, 23.5 per cent. of majors, 32 per cent. of captains, and 32 per cent. of lieutenants, *this to apply to both the regular and the reserve corps men*. Thus, if there are 10,000 medical officers in active service, there might be 25 major-generals, 25 brigadier-generals, 400 colonels, 800 lieutenant-colonels, 2,350 majors, 3,200 captains and 3,200 first lieutenants. This amendment lapsed without action by the ending of the session. The substance of the amendment, however, will be incorporated in a bill which will be introduced in both the Senate and the House at the coming session of Congress.

Medical officers must be equal in rank and authority with line officers if they are adequately to carry out the duties for which they will be held responsible. This fact has been emphasized by the experience of our allies in the present war, as well as by our own experience in the past. Our allies admit that in the beginning the medical officer did not have the rank, and consequently the authority, he should have had and that, for this reason, there have been grievous consequences. Among these was the disastrous experience of the British Army in the Mesopotamian campaign as a result of the failure of the medical service. The report of this tragedy, made by a board of nonmedical men, showed that lack of authority of the medical officers was an important factor. The medical officers were practically ignored. They were not advised as to the character of the expedition that was being undertaken, and as a consequence, they were unprepared for what happened. When later a medical officer made urgent representations in regard to the actual conditions obtaining, which in his opinion needed prompt action, he was threatened with arrest and removal from his post. When the actual results came the blame was thrown on the medical department, of which this medical officer was a member. The medical officers were censured because they had not protested more vigorously. We had a similar experience in 1898 when our medical officers were criticized for insanitary conditions at Chickamauga and elsewhere, although there was plenty of evidence to show that they had protested against these conditions to line officers. The whole sad story is told in detail in the Dodge report. There, also, will be found testimony that line officers treated with contempt the recommendations and protests made by medical officers. The medical officer is without influence simply because his shoulder straps indicate lower rank than that of the line officer with whom he is associated. Some may sneer, but the fact remains that it is rank that counts in both the Army and the Navy.

Of course rank brings with it increased pay. This, however, is immaterial. At the same

time, it should not be forgotten that most of the physicians now in the Medical Reserve Corps have not only left the comforts of their homes, but also have given up practises which in the majority of instances yielded far more income than the pay they would receive as medical officers of the Army even if they had conferred on them the highest rank that the proposed law would provide. Among these medical reserve officers are many of the most prominent men in our profession, including the leading men in the specialties, as well as our best surgeons and internists.

When the war broke out there were less than 450 medical officers in the regular Army Medical Corps. To-day there are commissioned, including officers of the regular Army, the National Guard and the Medical Reserve Corps, at least 17,000 physicians. Less than 1,000 are in the regular Army Medical Corps. Under the present law these regular Medical Corps officers are entitled to the grades of lieutenant-colonel and colonel; and in the case of the surgeon-general, to that of brigadier-general;¹ the highest rank that can be conferred on any one of the other 16,000—that is, on any reserve medical officer—is that of major.

May we remind our readers that the men in active service will be prevented by the regulations from using their influence in this matter, and that the duty of pushing this measure rests on those who stay at home? Every physician has representing him in Congress one man in the House of Representatives and another in the Senate. If every physician will let his representatives know that this proposed measure should become a law, and if in addition he will enlighten his neighbors in regard to the matter, an effective public opinion will be created. The time is opportune; congressmen are at their homes. Write or speak to your representatives now; get your neighbors to do likewise—not for the good of the medical profession, but for the good of the service.—*The Journal of the American Medical Association.*

¹ Surgeon-General Gorgas has the rank of major-general by special act of Congress.

SCIENTIFIC BOOKS

The Biology of Twins. By HORATIO HACKETT NEWMAN, Associate Professor of Zoology, and Dean in the Colleges of Science, University of Chicago. University of Chicago Press, 1917. Pp. 1-185. 55 figures in the text.

Polyembryony, or the production of more than one individual from a single fertilized egg, although a phenomenon occurring constantly in some groups of animals, and occasionally in others, including man, is as yet unmentioned in our text-books of general zoology, where the impression is given, or the statement even definitely made, that, except as the result of experiment, a single zygote, resulting from a normal fertilization, invariably results in the formation of a single individual.

That in the Texan armadillo a single egg always produces four individuals, and that a much more numerous progeny results from a single egg in certain of the gall-wasps (*Copidosoma*), are facts that are now forcibly brought to the attention of zoologists through the long and arduous labors of the two associates, H. H. Newman and J. W. Patterson.

While the original papers are necessary for one seeking the details, the essential points obtained by these and other investigators to date have been placed in a single small volume where, appearing in a not too technical dress, they are readily and conveniently available, not to zoologists alone, but to the thinking public in general.

The work is based upon the Texan armadillo (*Dasypus novemcinctum*), which produces four young at a birth, all of the same sex. After an introduction and a preliminary chapter, setting forth what is commonly known concerning twins in general, mainly human, and their probable relation to double monsters, there follows in Chapter II. an almost complete sketch of the development of the nine-banded armadillo. This sketch includes "the whole range of stages from ovogenesis to birth, with but one gap which, it is hoped, the near future will see filled in." This gap is that of the early cleavage stages, but as a partial substitute for these Newman refers to his paper of