

supposition was founded were chicken-pox. This consideration alone appears to me to be sufficient to explain the discrepancy between the calculations of the eighteenth century and those of the present day.

Again, we find in the report of the dissentients among the Commissioners that "the view that second attacks of small-pox occurred was held by Sydenham, also by Diemerbroek, who observed that the eruption was more severe in second attacks than the first. The case of Louis XV. has been often quoted; he had a first attack at 14, and died of a second attack at 64" (§ 14). I ask what evidence is there to show that these so-called first attacks were not merely chicken-pox? The observation of Sydenham that they were mild is very significant and it seems strange that Sir William Collins and Mr. J. A. Picton should attach importance to such statements.

Turning to the statistics of the present day, I would advocate a different method of presenting the facts in drawing up tables of statistics instead of the clumsy way often followed at present, in which those who have been vaccinated six months are often classed with those who have not been vaccinated for 60 years.

The interests of truth do not require us to hide as much as possible the real meaning of the figures, and it is significant that anti-vaccinationists almost invariably ignore the lapse of time between vaccination and a subsequent attack of small-pox. To give an example from a daily paper:—"It is of the utmost importance to note that Dr. Priestley admits that out of a total of 404 cases 325 were vaccinated. Could there be a stronger indictment of vaccination?" How many readers of this will stop to inquire whether the 20 per cent. of the cases who thus appear to have been unvaccinated correctly represent the unvaccinated proportion of the population? The figures as given have absolutely no significance to those who do not know the percentage of the population generally who are unvaccinated. The method I suggest for presenting the facts to the public should be somewhat as follows. All persons to be divided into three classes, thus: (1) the protected—viz., those who have been vaccinated within 10 years; (2) the half-protected, who have been vaccinated between 10 and 20 years; and (3) the unprotected, who have not been vaccinated within 20 years. We should then have results presented to us as follows, taking a table of statistics covering the first 1015 deaths of the present epidemic and excluding doubtful cases. Deaths from small-pox among (1) the protected, one (certified to have been imperfectly vaccinated); (2) the half-protected—between 19 and 26 (I am unable to give the exact number as I cannot get at the facts, although the table I am employing is to all appearances a very elaborate one); and (3) the unprotected, 905.

I submit that such a method of presenting the facts is much simpler than those usually adopted at present, and better adapted to make popular the real meaning of the figures we have to deal with.

I am, Sirs, yours faithfully,

Tollington-park, N., Sept. 20th, 1902.

C. E. SCUDAMORE.

THE IMPUDENCE OF CERTAIN ADVERTISING DRUGGISTS.

To the Editors of THE LANCET.

SIRS,—I read in THE LANCET of Sept. 20th (p. 836) the comment made by Sir William H. Broadbent upon a certain advertisement appearing in the *Medical Bulletin*, of which I am the editor, in Philadelphia, U.S.A. In answer to the criticism I would say that in the advertising pages of the *Medical Bulletin*, and, in truth, in all medical publications in the United States of America, the editors of the journals are in no way responsible for the advertisements sent in by advertisers of preparations, drugs, or other material that have been accepted as legitimate, or that come within the scope of medical ethics. I can assure Sir William Broadbent, as well as your readers, that the *Medical Bulletin* and its editor appreciate most thoroughly the facts set forth by him of the unauthorised use of his name and his endorsement of the preparation referred to in his letter.

Just as soon as I return home after my holiday in England is over, where I take pleasure in coming every year to see your great hospitals and your medical and surgical development, I will see that the unauthorised use of Sir William Broadbent's name is corrected. It is too frequently the case

that advertisers on both sides of the Atlantic use without authority the names and endorsements of distinguished professional men, thus misleading the readers of medical journals. Every journalist will be only too glad to correct any unauthorised use of a physician's name in his journal.

Yours respectfully,

JOHN V. SHOEMAKER.

De Keyser's Royal Hotel, London, E.C.,
Sept. 22nd, 1902.

A PLEA FOR THE MORE FREQUENT USE OF CHLOROFORM IN LABOUR.

To the Editors of THE LANCET.

SIRS,—As a general practitioner one is much interested in Dr. T. W. Parkinson's letter in THE LANCET of Sept. 20th (p. 835) concerning the administration of CHCl_3 in labour and one thoroughly endorses all contained in his letter. As, however, one is often from unpreventable circumstances singlehanded while attending cases of labour the mode of the administration of the chloroform becomes a matter of prime importance. As it is impossible in these cases to be at the patient's head attending to the CHCl_3 and at the same time following carefully the course of the labour one is often obliged to allow the patient to give herself the anæsthetic. I consider the following one of the safest ways of giving CHCl_3 in these cases. It is the method suggested by Mr. W. J. Image of Bury St. Edmunds, and quoted in Sir Lauder Brunton's text-book of "Pharmacology, Materia Medica, and Therapeutics" in order to produce first stages of the action of anæsthetics. Get an ordinary tumbler and put in the bottom of it some absorbent cotton-wool; on this put a few drops of CHCl_3 and give to the patient to put over her nose and mouth to inhale while the pains are on; between the pains she should place the tumbler inverted on the bed. The tumbler does not fit accurately over the face so that free access for admixture of air is allowed. If the patient holds the tumbler in her own hand she will not put herself too deeply under the influence of the anæsthetic as she will drop the tumbler before that effort is produced, but she will be able to give herself quite sufficient to dull sensation without dropping the tumbler. This useful method does not appear to be widely known amongst general practitioners, hence my reason for calling attention to it.

I am, Sirs, yours faithfully,

T. M. CALLENDER, M.D., C.M. Edin.,

Late Resident Surgeon, Royal Maternity Hospital,
Sidecup, Sept. 22nd, 1902. Edinburgh.

DEATH FROM THE BURSTING OF A TONSILLAR ABSCESS.

To the Editors of THE LANCET.

SIRS,—Mr. Alexander Lyons' has drawn attention to a comparatively rare accident in cases of quinsy—viz., the bursting of the abscess with discharge of the pus into the larynx, causing death from suffocation. Almost all the writers on diseases of the throat mention the possibility of this occurring and a few cases are scattered about in medical literature. There is one, for example, in Sajous's "Annual of the Universal Medical Sciences," 1889, vol. iv., E. 13. I examined for my colleague, the late Dr. Sturges, a young woman suffering from quinsy who died suddenly the following night, and at the necropsy the larynx was found to be full of pus. In most of the fatal cases the abscess was ruptured during sleep. The risk of this accident occurring emphasises the importance of incising the tonsil in cases of suppurative tonsillitis.

I am, Sirs, yours faithfully,

F. DE HAVILLAND HALL, M.D. Lond.

Wimpole-street, W., Sept. 22nd, 1902.

THE ELECTION OF A DIRECT REPRESENTATIVE TO THE GENERAL MEDICAL COUNCIL.

To the Editors of THE LANCET.

SIRS,—Your anonymous correspondent, "F.R.C.S.," need not distress himself as to the members of the Incorporated Medical Practitioners' Association being kept in ignorance of

important facts relating to the nomination of Mr. Joseph Smith as a candidate for election to the General Medical Council. They have been kept fully informed of every fact in connexion therewith. Mr. Smith was not adopted officially as the candidate of the association and any members of our association who have supported him have done so only in their individual capacity. The funds of the association have not been used to promote his candidature, so "F.R.C.S." may rest his soul in peace on that score. Every member of the association has had full liberty of action to support either Sir Victor Horsley or Mr. Smith. With regard to the personality and professional position of Mr. Smith and of myself I am not disposed to discuss these with one who conceals his own personality under a *nom de plume*.—I am, Sirs, yours faithfully,

GEORGE BROWN,

Hon. Sec., Incorporated Medical Practitioners' Association.
Gibson-square, N., Sept. 24th, 1902.

P.S.—What does "F.R.C.S." mean by his reference to Mr. Smith causing the profession the expense of a contested election? The expenses are paid by the General Medical Council with the exception of the personal expenses of the candidates.—G. B.

THREADWORMS AND APPENDICITIS.

To the Editors of THE LANCET.

SIRS,—Referring to the correspondence which has appeared in your columns on the above subject, it may be of interest to report that about three months ago I removed an appendix from a youth which contained two threadworms, both females and both full of eggs, so that in all probability the appendix would soon have been "crammed with threadworms" as in the case related by Mr. J. Hutchinson, jun. The appendix was a particularly long one and its tip was fixed in the pelvis.

I am, Sirs, yours faithfully,

J. LIONEL STRETTON,

Senior Surgeon, Kidderminster Infirmary and
Children's Hospital.

Kidderminster, Sept. 21st, 1902.

THE BATTLE OF THE CLUBS.

(FROM OUR SPECIAL COMMISSIONER.)

The Dispute at Chesterfield.—Action of the Midland Medical Union.—A Minimum Rate for Contract Work.—United Front of the Medical Profession.—The Points at Issue.

THE Midland Medical Union is at present involved in a struggle that interests the whole profession and it is necessary that the main points at issue should be as promptly and as widely known as possible. Some two years ago the medical practitioners in the neighbourhood of Mansfield and of Chesterfield began to hold meetings and to organise. There already existed a medical union at Nottingham and ultimately a general amalgamation was brought about, comprising the counties of Derby and Nottingham, under the title of "The Midland Medical Union." Mr. J. G. Shea of Chesterfield was elected president. In his district the club or contract work was conducted in anything but a satisfactory manner. Most of the clubs paid only 3s. a year per member to their medical officers, while outside the town there were some clubs that did not pay more than 2s. 6d. per member. As soon as the Midland Medical Union was formed it was determined that an effort should be made to raise the subscription for medical attendance to 5s. a year. Considering the great increase in the cost of medical education and of medicines, and that unqualified assistants could no longer be employed, this demand was moderate enough and some of the better clubs at once assented to these terms. Nevertheless, in regard to the generality of the clubs it represented too large an increase and after some negotiations the medical practitioners realised that it was not practical to enforce its general application. Therefore on second thoughts they decided to content themselves with a uniform demand of a minimum of 4s. a year. There are 14 practitioners in Chesterfield and 13 of these have joined the Midland Medical Union.

The members of the clubs are divided in opinion. Many of the older members have become attached to their medical attendants and consider the increase of subscription demanded to be quite reasonable under the present and altered conditions of medical practice. It is among the younger and less experienced members that most of the disaffection is manifested, and there are also certain committee men and leaders who in organising resistance seek to increase their personal influence and popularity. These men have conceived a vast and far-reaching scheme. Not content with attending to the affairs of their own town they are striving to bring about joint action in one or two counties and to form under their directorship medical institutions which shall secure the exclusive services of several medical practitioners to be imported from outside so as to render the members of the clubs absolutely independent of the local practitioners. Fortunately the medical men at Chesterfield, in any case, are not absolutely dependent on club practice. It constitutes an important item in their incomes, but if they lost all the clubs they would still be able to exist, though in somewhat reduced circumstances. Seeing that the medical practitioners are now organised and in union the medical union is able to hold its own against the clubs and to negotiate with them at least on a footing of equality. Many meetings have been held between the medical practitioners and the representatives of the clubs and the points at issue have been discussed in a friendly manner. But recently the Chesterfield practitioners were asked to meet delegates from outside and comparatively distant localities. Naturally they replied that they had no personal concern with those districts and that delegates of the clubs in these outlying districts should negotiate with their own local practitioners. But the members of the clubs wanted to enlarge these conferences and by that means to increase the number of delegates on their committee, thus paving the way for a wide-spread amalgamation. The Chesterfield practitioners thought it their duty to resist this tendency and the clubs retorted by a threat that a notice to quit would be served on all their medical officers in a week's time if they persisted in refusing to meet the larger delegation. Nevertheless this notice has not been given and, indeed, by the terms of the agreements a three months' notice must be given. As, however, the quarter-day is approaching it is thought that perhaps a three months' notice will be served. Indeed, negotiations are at a standstill, for the language recently employed by the representatives of the clubs was of so offensive a character that the members of the Chesterfield branch of the Midland Medical Union met and decided that they would not enter into any further conferences.

The two principal friendly societies at Chesterfield are the Druids and the Oddfellows. The chief difficulty with the Oddfellows is that they wish to introduce women and children into their lodges. This is the old difficulty which exists in many towns and has been explained on several previous occasions. The medical officer is willing to attend at club rates the bread-winner who is a member of the Oddfellows, because when he is ill he has to forsake his business. But when the Oddfellow is well and at work he can afford to pay for the medical attendance needed by his wife and family. As it is, there is abuse enough without extending this to the women and children. For instance, one of the Oddfellows at Chesterfield owns several shops and there are many tradesmen and others who could well afford to pay medical fees but who nevertheless come upon their club medical officer and expect to receive advice and medicine in exchange for the paltry 4s. per annum which they pay. These individuals are often ashamed to draw sick allowance from their club because this is entered in the books and receives a certain publicity. But they can go to the club medical officer without anyone knowing anything about it. Yet in all fairness it must also be said that a few Oddfellows, when calling on their medical officer, informed him that they did not come as club patients, but that he was to charge them individually and at the usual rates.

It is in respect to the Druids that the main difficulty has arisen. It appears that in the neighbouring town of Sheffield the Druids pay only 2s. 6d. per member per annum for medical attendance, and consequently many of them object to pay 4s. at Chesterfield and argue that the medical men are very well off and make a very good thing out of the clubs. If, therefore, the men were to organise on a large scale they