

Ten weeks ago I was called to see a young lady pupil teacher in a school of 18 young girls. She had arrived at the school 48 hours before I saw her and had well-marked mumps. During this 48 hours she had been in close association with the girls during the daytime and had slept in the same dormitory for two nights with several of them. None of the girls had ever had mumps as far as I could ascertain. The torch and the magazine were therefore thoroughly introduced to each other. Instead of waiting for the almost inevitable explosion to follow (a course, I fear, that I have pursued before now), with the help of the head mistress I instituted a regular drill twice daily, which consisted in each girl thoroughly washing out her mouth and gargling with an antiseptic lotion under direct supervision. This was kept up for a fortnight and no case of mumps occurred in the school. I claim no originality for this idea, which has probably suggested itself ere now to many others, but I intend to try some similar plan in my next household that shall have a case of scarlet fever. The specific organism in each disease probably takes some hours to reach a site where it can comfortably grow and multiply and our endeavours should be directed to slaying it or them before they get safely located.

I am, Sirs, yours faithfully,

Caterham Valley, August 20th, 1906. W. BLIGH, M.D. Lond.

ANALYSIS OF SUSPECTED FOODSTUFFS.

To the Editors of THE LANCET.

SIRS,—A patient of mine after eating certain brown bread was taken with violent pain and vomiting, and her mother also was sick on eating the bread. A sample of it was brought to me and showed minute blue specks all over and through its substance. I sent some to the medical officer of health of the district where my patient lived and he, although he sent some on to the county analyst, affirmed himself in no way responsible for its analysis. The Maidstone analysts declined to examine the substance, although the Home Office referred me to them. Now what am I to do? Are the public to be semi-poisoned and no one to be responsible for an inquiry into the cause? I offered the usual fee for its analysis in vain, yet I fail to see why the medical man (to whom the complaint is generally made) should bear the cost of tracing the cause of such trouble. The baker from whom came the bread had promptly returned the flour to the millers and would not or could not give any information. Trusting that one of your numerous readers may enlighten me as to the law on the point,

I am, Sirs, yours faithfully,

Penge, S.E., August 18th, 1906. HERBERT GREENWOOD.

BULLET EXTRACTED AFTER BEING 42 YEARS IN THE BODY.

To the Editors of THE LANCET.

SIRS,—Some time ago I was asked to attend a man for a swelling in the calf of his leg, which prevented him walking. On examination the swelling appeared to be in connexion with a hard foreign body situated deep down in the tissues. I made an incision into this mass of inflamed substance and dissected out a flattened bullet. The patient was a pensioner and formerly belonged to the Royal Marines. He received a shot in his hip during an action off the West Coast of Africa while serving on board H.M.S. *Madagascar*. He was in consequence invalided home and for 42 years this bullet had gradually worked its way from the hip to the calf, where it was extracted owing to the irritation it produced.

I am, Sirs, yours faithfully,

Ealing, W., August 22nd, 1906. EDWIN CHILL, M.D. Edin.

WHAT IS A SPECIALIST?

To the Editors of THE LANCET.

SIRS,—The discussion about "specialists" has been most opportunely started by "A. Z." in THE LANCET of July 28th, p. 258. I have always failed to see why it should be considered unprofessional for a medical practitioner to intimate on his door-plate, bills, &c., the fact that he practises a special branch of his profession, to which he has devoted special time and energy. And this the more as I am fully aware that the present system of unavoidably coupling specialisation with hospital appointment is not only a hindrance to the bringing out of what is best in our young and talented

practitioners but is also a means of foisting on the public many men as specialists who have often nothing more "special" about them than their attachment to a hospital. The letter of "F.R.C.S. Eng., M.D." in THE LANCET of August 18th, p. 463, brings out that very forcibly and whoever has worked within the walls of a hospital will doubtless have met such instances as he has mentioned.

As the system stands at present it is only the fortunate few, who have managed to catch a timely connexion with a hospital, who are recognised and known as specialists. The public in order to find a specialist can only turn either to the lists of the hospital staffs or to the private practitioner who has generally no better information to give, especially if he chances to be a stranger in the town in which he practises. And, furthermore, why, I ask, is the specialist to be prevented from proclaiming openly to the public what everybody takes for granted? Why is he to be dependent on the goodwill of his fellow-practitioners to recommend and send patients to him?

In Germany and Austria (of both of which I have experience) it is a common custom for the general practitioner to indicate on his door-plate that besides being a "practischer arzt" (general practitioner) he has made a "specialität" (speciality) his own, a fact which does not seem to affect the status of the "real specialist" who comes in for his share of legitimate work. There, indeed, the latter is the specialist *κατ'ἐξοχήν*, because in the earlier stages of specialisation he has the competition of the general practitioner, and it is only when he has attained eminence in his branch (which eminence varies according to the standard of the town) that he is looked upon as differing from the general practitioner.

I think a good deal of mere conservatism clings to our profession and an imaginary standard of honour results. Surely it is no advertisement, but the mere open statement of an understood fact, that a man who has specialised (if we recognise specialisation at all) intimates this to his friends, patients, and would-be patients. I for one should be glad to see this done—the sooner the better.

I am, Sirs, yours faithfully,

August 21st, 1906.

S. H.

VITALITY OF THE EXCISED MAMMALIAN HEART.

To the Editors of THE LANCET.

SIRS,—I was recently a passenger in a train when about 40 miles from London a woman was run over. Her body was divided into two across the thorax and nearly the whole heart—the ventricles and portions of the auricles—had somehow been jerked out and lay quite apart. The ventricles were still making irregular but definite contractions, exactly like those which may be seen in the heart of a frog after prolonged exposure. It was at least a minute, and I think possibly two minutes or more, after the injury was inflicted before I was in a position to make this observation and the movements had apparently ceased in another minute or two when I had to re-enter the train. Possibly it is not generally known that the mammalian heart may so clearly exhibit its powers of independent action. In any case the opportunity of observing such muscular contractions in the human heart must arise very rarely.

I am, Sirs, yours faithfully,

August 17th, 1906.

F.R.C.S. EDIN.

ROYAL CORNWALL INFIRMARY, TRURO.—The annual meeting of the subscribers to this institution was held on August 13th under the presidency of the Hon. John Boscawen. The medical report stated that during the past year 473 in-patients had been admitted, against 476 in the previous 12 months. 1165 out-patients had been treated, compared with 1003 in the preceding year. The annual cost per bed was £57 6s. In 1905 Sir Robert Harvey gave £1000 for endowing a bed to the memory of the late Lady Harvey and in January, 1906, he gave a similar sum for endowing a bed in memory of his late son. The financial statement showed that the expenditure exceeded the income by £196 and the committee state in the report that unless the deficiency is met one of the wards must be closed. The report of the committee of the Perranporth Convalescent Home for Men (founded and endowed by Mr. Passmore Edwards) stated that 114 patients had been admitted during the year and the financial statement was satisfactory.