effect, and he is not likely in that case to see him less frequently than he is entitled and required to see him. If he fails to advise his patient so, he has only himself to blame. I am aware that investments in practice grounded on existing conditions cannot be lightly set aside, and for this reason I would not, in the interest of practitioners who may be pledged to the present order, support the immediate prohibition of dispensing. At the same time I regard the system as a bad one at best and as meriting the expressed disapproval of the General Medical Council. Later, after due notice and the lapse of a compensatory period of grace, with possible exemptions in the case of senior men and outlying districts, prohibition might well follow with advantage to all concerned. Let it be remembered that the abolition of dispensing would bring with it obvious benefits in return for losses sustained. In a letter to the *British Medical Journal* of last week I drew attention to the reduction of working expenses which must result from it and I suggested that an inquiry into the comparative profit or loss by dispensing or prescribing should be instituted. If this were done we should at all events learn something of definite use for our guidance on the commercial aspect of this question. No one, I am sure, would wish to bear hardly upon honest practitioners who are doing their best under an arrangement for which they are not primarily responsible or to force upon them a change of method which they might find to be injurious. Any reform of the kind contemplated must be gradual, but it can hardly fail to come, and I trust it will receive an increasing measure of support from all medical men who have the best interests of their profession at heart. I am, Sirs, yours faithfully,

Highbury, N., Feb. 23rd, 1904. B. G. MORISON.

To the Editors of THE LANCET

SIRS,—I am one of the now almost obsolete class who entered the profession by the apprentice's door and there learned something of, and handled, the weapons with which I was to fight disease before meeting the enemy. In my case familiarity has not engendered contempt. History repeats itself and 100 years hence may see a return to the good old system of beginning at the ladder's foot. Among some of the traditions of those days was to consider nothing for the relief of humanity derogatory, to spare no expense in procuring the best of drugs, and to secure a fitting remuneration for all professional services. Now this is to be reversed, the touching of drugs defiles, yet the sum of 1*s.* may be pocketed for valuable advice without dishonour or lowering the standard of the profession. How and when did this change come? Is it but a fashion? Are we who for 50 years have been dispensing our own medicines and keeping up reasonable charges to be accused of infamy? If so, there will be a large secession from the ranks, but piracy means independence and an easier mode of living than under grandmotherly laws.

Dispensing is no doubt both troublesome and expensive, but it benefits both patient and doctor. In the vast proportion of cases drugs are quite secondary to the advice, encouragement, or correction of habits, and reformation can seldom be maintained but by steady and frequent watching and interviews. The drugs, too, may need changing. Yet how often do we meet a man perseveringly for months hoping for benefit from a prescription because it was ordered (often with a single interview) by some great celebrity. His faith is in the drug; he is too busy or idle—often too stingy—to meet his doctor regularly.

Then, how much easier is it to help the hypochondriac or neurotic without showing him a prescription, each drug of which he may despise from long use, or consider poisonous or objectionable in his case. If we thought less of ourselves and our dignity and more of how best to benefit those who seek our help the large proportion of practitioners would admit that home dispensing gave the better results to both doctor and patient. These are the views of

Yours faithfully,

Feb. 27th, 1904. AN ANTEDILUVIAN.

THE ADULTERATION OF COD-LIVER OIL.

To the Editors of THE LANCET.

SIRS,—I have read with much interest the communication from Dr. L. A. Parry referring to the views I have expressed in regard to cod-liver oil. I should like to point out, however, that I do not for a moment suggest that cod-liver oil is not an excellent remedy for certain diseases—what I suggest is that its effect has been ascribed to so many different "active principles" none of which appear to have any reference to its real value that one can scarcely help being convinced that it owes its efficacy to its fatty nature and easy digestibility and not to traces of iodine, nor to "gaduine," nor to Marpmann's ferment, &c. If this is so my use of the word "traditional" was not meant to suggest that cod-liver oil had no value, but that it had been used for generations on the assumption of its possessing some virtues foreign to its fatty nature which have never been shown to exist, with the results that many other fats have never been taken into serious consideration as medicaments. I know that marrow fat (in the form of Virol, a preparation which contains no fish oil, but marrow fat) has been employed in the hospital which Dr. Parry refers to and I believe that, for example, marrow fat is one of those forms of administering a remedy of this kind with great efficacy, and all that my contention amounted to is that the easy digestibility of a given fat will largely determine its medicinal value. At all events, proof to the contrary has never been adduced. I am, Sirs, yours faithfully,

ERNEST J. PARRY.

High-street, Borough, S.E., Feb. 25th, 1904.

BILHARZIA HÆMATOBIA.

To the Editors of THE LANCET.

SIRS,—In answer to Mr. E. H. Worth's query in THE LANCET of Feb. 27th, p. 611, urotropine should be tried in cases of cystitis and hæmaturia caused by the bilharzia hæmatobia. This drug sometimes clears up the cystitis and kills the ova of the parasite. It seems to have no effect, however, on the adult worms, for in these cases, on discontinuing the drug, ova are again passed in the urine from which living embryos can be hatched. Some cases, however, prove most intractable and the disease may last for years. For instance, a soldier who was invalided from the Cape in 1901 still suffers from hæmaturia in 1903, ova still being present in the urine. Methylene blue may also be tried with advantage in some cases. I am, Sirs, yours faithfully,

E. H. ROSS,

H.M.S. *Anson*, Home Fleet, Feb. 28th, 1904. Surgeon, R.N.

A REPUDIATION.

To the Editors of THE LANCET.

SIRS,—My attention has been drawn to a circular (a copy of which I inclose) in which my name appears prominently in connexion with the advertisement of a proprietary medicine. I desire to state that I know nothing of the preparation in question, that my name has been made use of in a way which I consider wholly unwarranted and without my knowledge or consent, and that I have written to the proprietors of the preparation requesting them to discontinue the issue of the circular at once.

I am, Sirs, yours faithfully,

Queen Anne-street, W., Feb. 24th, 1904. ROBERT HUTCHISON.

*** Every medical man receiving the circular must have sympathised with Dr. Hutchison in the abuse of his name.—ED. L.

PORTUGAL AS A HEALTH RESORT.

To the Editors of THE LANCET.

SIRS,—During the last few years there has been a constantly increasing stream of English tourists and invalids visiting Portugal and the stream has decidedly increased since the visit of King Edward to Lisbon in the spring of last year. It is not my intention to guide the tourists as to what they should do, but I wish to put in a *caveat* regarding the invalids. I have noticed with regret that some of the medical men in Great Britain have not yet accurate ideas regarding the climatic capabilities of Portugal. In their view Portugal means Cintra, Bussaco, or Lisbon, and consequently when an invalid comes here he goes to one of these places. Each of them is no doubt excellent in proper seasons and in proper diseases, but to send an invalid recovering, say, from a lung complaint or rheumatism to winter in any of them when there are far better other places within easy reach is, to say the least, extremely injudicious. Cintra, which is situated on the northern side of the Cintra range, is an excellent health

resort in summer and so is Bussaco. Lisbon is very agreeable in spring and in autumn, but in winter there is perhaps no better climate of its kind in the whole of Europe than the "Riviera" of Portugal which is about 300 miles further south than her sisters the French and Italian Rivieras. The Portuguese Riviera consists of Mont' Estoril, Estoril, S. João d'Estoril and Cascaes, and has come into prominence only during the last ten years. All these places are at the mouth of the Tagus and within half an hour's distance by rail from Lisbon. They owe their climatic advantages to the proximity of the Gulf Stream which renders them dry and warm. They are protected on the northern side by a range of hills and all the good hotels and charming villas face the south. There are within easy distances beautiful walks among palm avenues and forests of pine and eucalyptus.

If any medical man should require further details I shall be glad to furnish them. I may state plainly that I have no interest, direct or indirect, in any of the places and that I am not qualified to practise medicine in Portugal.

I am, Sirs, yours faithfully,

D. G. DALGADO, M.D. Brux., L.R.C.P. Lond., L R C.S. Edin.

47, Rua do Sacramento à Alcantara, Lisbon, Feb. 24th, 1904.

THE HEALTH OF THE ITALIAN ARMY.

(FROM OUR ROME CORRESPONDENT.)

THE Medico-Statistical Report on the Sanitary Condition of the Italian Army for the year 1901 has just been published. Although the delay of two years in its appearance seems excessive this is to be explained no doubt by the amount of labour involved in compiling the elaborate tables of which the report mainly consists. Dealing as they do with a total average daily force of 189,848 men, these tables bring out results which are both interesting and valuable from an epidemiological as well as from the military standpoint. The following is a summary of the most important of the facts and figures set forth in them.

The total mortality for 1901 is the smallest on record—namely, 747 (or 3·9 per 1000 of the force), of whom 69 died while on leave and 11 were invalids or veterans (and therefore not reckoned as forming part of the army), thus reducing the deaths among the men actually under arms to 678 (3·5 per 1000). Of these, 534 (2·8 per 1000) died from disease and 133 (0 7 per 1000) from accidents, homicide, and suicide. The highest death-rate occurred amongst the Grenadiers and the lowest amongst the Alpine regiments. Seasonal causes exercised a marked effect upon the mortality rate which reached its highest level in September and October—i.e., in the months when typhoid fever was most prevalent. This latter disease claimed the greatest number of victims, viz., 147 (0·76 per 1000, the lowest rate for 20 years), pneumonia coming next with 72, general tuberculosis and tuberculosis of organs other than the lungs with 57, pulmonary tuberculosis with 48, epidemic cerebro-spinal meningitis with 26, peritonitis with 24, and malaria and malarial cachexia with 23. Deaths from accidents numbered 57, from homicide 12, and from suicide 64.

The rate of morbidity for the whole army amounted in 1901 to 730 per 1000. Of ephemeral fevers there were 12,501 cases or 65·8 per 1000, with which are grouped "infective fevers of short duration" and of an indeterminate nature numbering 17·2 per 1000. These infective forms were most numerous by far in the summer, especially in July. Of typhoid fever there were 981 cases (5 2 per 1000), a smaller number than that recorded in any of the years preceding, the statistics of which are given as far back as 1882, and which show that a sensible diminution both as regards the morbidity and mortality rates in the disease has been taking place during that period. The cases began to augment in number in the summer and reached their maximum in October. Influenza accounted for 560 cases, all being of a mild type without complications and with no deaths. Of small-pox there were 12 cases with no deaths. In connexion with this it is to be noted that 107,288 men were vaccinated during the year, of whom 962 had had small-pox, 105,331 had already been vaccinated, and 995 had neither had small-pox nor been vaccinated. Vaccination was successful in 599 (62·3 per cent.) of the first, in 71,378 (67·8 per cent.) of the second, and in 846 (85 per cent.) of the last category. Measles is one of the most important diseases in military pathology, and no year had hitherto passed without fatal cases of the malady being recorded, but in 1901 there were no deaths among the 577 cases which were reported. The number of cases of the various forms of tuberculosis treated in the hospitals was 353 (1·9 per 1000), with a mortality of 105 (0·55 per 1000). The majority (228) of the cases were pulmonary and of these 48 (0·25 per 1000) died. The statistics of the last 20 years (1882–1901) show a progressive diminution in the number of deaths from pulmonary tuberculosis, whilst the number of those admitted for treatment remains more or less stationary. These results are attributable to the earlier and more certain recognition of the disease by bacteriological methods and the increased facility in diagnosis and treatment thus rendered possible. As to malaria, in which the effect of recent advances in etiology and prophylaxis would have suggested a similar improvement, there was a considerable increase in the number of cases whilst the number of deaths remained about the same. Of the 9368 admissions into hospital 6882 were acute and 2486 were chronic infections, and there were 23 deaths. There were 94 cases of dysentery, all of which recovered. Venereal diseases were represented by far the largest contingent of cases—namely, 16,577 in the entire army, or 87·4 per 1000. The proportion of syphilitic cases amongst these was 16 per cent. An interesting feature in the report is the insertion of maps showing by means of shading the geographical distribution of the cases. For venereal diseases the southern part of the peninsula held an unenviable preeminence over the northern, Naples and Palermo standing first with a proportion respectively of 209·6 and 218·3 cases respectively per 1000 of troops. This corresponded to a like prevalence of the same complaints among the civil population of these cities. In marked contrast to the magnitude of this evil is the extreme rarity of alcoholism in the Italian army. Only 25 cases were admitted into the hospitals for this cause and there were no deaths. There were 1000 (5·3 per 1000) cases of pneumonia during 1901 with 72 deaths (0·38 per 1000). Both as regards morbidity and mortality the statistics of pneumonia for this year were the most satisfactory on record; the diminution appears, moreover, to be a progressive one, the mortality for 1891 having been at the rate of 1·67 per 1000 and having fallen during the decade more or less gradually to the above figure for 1901. The frequency of pneumonia during the spring was, as in former years, greatly superior to that at other seasons, especially the autumn.

ASYLUM REPORTS.

Lanark District Asylum, Hartwood (Report for the year ending May 15th, 1903).—The average number of patients resident during the year was 834, comprising 428 males and 406 females. The admissions during the year amounted to 221—viz., 109 males and 112 females. Of these 125 were first admissions. Dr. Neil T. Kerr, the medical superintendent, states in this report that during the year 30 private patients were admitted. Among the admissions 41 were patients over the age of 60 years. "The question of the committal of helpless senile persons to asylums has been referred to in many asylum reports, and this feature," adds Dr. Kerr, "is still forcibly apparent; indeed, it is becoming more aggravated. There is little or no hope of mental recovery occurring in such cases; they only require the care and nursing which their relatives are too often unwilling to confer on them at home." In 21 cases the duration of the mental disorder on admission was over a year, 21 cases were in a very weak state of bodily health, 21 had attempted suicide prior to admission, and 31 had previously been under treatment in the asylum. Hereditary predisposition and alcoholic excess were the chief causes of insanity among the admissions. "Many a person," says Dr. Kerr, "is potentially insane before commencing to indulge in excess of any kind and a very little of such excess is all that is required to upset the mental stability." The number of patients discharged as recovered during the year amounted to 83—viz., 46 males and 37 females, or 9·95 per cent. of the average number resident. The deaths during the year amounted to 52, or 6 2 per cent. as calculated on the same basis. Of the deaths, one was due to senile decay, two were due to renal disease, two to bronchitis, six to cardiac disease,