

MEDICAL POLITICS.

To the Editors of THE LANCET.

SIRS,—All medical men must admire Mr. Victor Horsley's attempt to make registration the narrow way through which alone the right to practise for gain can be obtained. But if the right to sell drugs remains the privilege not only of the chemist but also, of the man in the street, of what value is the assertion of the law as regards registration? The chemist can still prescribe *sub rosa*, and the quack can still blow his brazen trumpet in the market and the press. I fully sympathise with Mr. Horsley's effort, but these loopholes seem to me still open. These avenues to unqualified practice can never be wholly closed; perhaps it is not desirable that they should. A compromise is all that is possible and most practical legislation is compromise. If we were a prescribing instead of a dispensing profession it would no longer be the chemist's interest to evade the law; compulsory publication of the active ingredients of proprietary medicines would do much to lessen the evils of quackery. We no longer keep apothecaries' shops, but the spirit of trade, of cutting and underselling still exists; and if we take our stand as professional men, not as tradesmen, we must minimise that spirit.

I remain, Sirs, yours faithfully,

Loughborough, April 23rd, 1898.

J. B. PIKE.

THE LIMITS OF PROFESSIONAL SECRECY.

To the Editors of THE LANCET.

SIRS,—I am anxious to know the law with regard to the divulgence of professional secrets, other than criminal, arising in the case of a servant in the employ of the payer of the fee. Should the servant have a disease (say drink or pregnancy) which would entail dismissal from service if known to the employer, is the medical man, paid by such employer, at liberty to divulge on inquiry by the employer such confidence of the servant? Can any damage be claimed in such a case by the servant so dismissed from the medical man who has caused dismissal by divulgence of professional secrets to the employer who is responsible for services to such servant? Is it a matter of contract between the employer (who pays for) and the attending practitioner? or is the monetary consideration overridden by the law of professional secrecy? I am, Sirs, yours truly,

Cheniston-gardens, W., April 26th, 1899.

E. A. BARTON.

TINCTURA BELLADONNÆ B.P. 1898.

To the Editors of THE LANCET.

SIRS,—The increase in strength of this preparation is so marked that we think it desirable to call the attention of prescribers to the fact. It is now required to contain about 0.05 per cent. of alkaloid. The tincture prepared according to B.P. 1885 rarely contained more than 0.025 per cent. of alkaloid, so that for all practical purposes the new tincture is double the strength of the old, while the official dose remains almost the same. We hear from Messrs. Spottiswoode and Co., the publishers of the Pharmacopœia, that that work will not be obtainable till May 11th, although by its advertisement in the *Gazette* on Friday last it became binding on all dispensers. It would therefore be a great benefit if for the present prescribers would indicate by which Pharmacopœia they desire their prescriptions to be made up, as the above is not the only preparation of which the strength has been materially altered.

We are, Sirs, yours faithfully,

Oxford-street, W., May 3rd, 1898.

JOHN BELL AND CO.

"A NEW OPERATION TABLE."

To the Editors of THE LANCET.

SIRS,—In your description of an operation table in THE LANCET of April 30th you state it is said to be the first table ever made whereon the patient can be placed in the Trendelenburg position without loss of heat. We venture to point out that this surmise is not correct as there are several operation tables of our manufacture in use at institutions in London and the provinces in which this provision is made, and one of these tables was on view during the whole of last summer in the Aseptic Operation

Theatre at the Victorian Era Exhibition at Earl's-court. Trusting you will kindly insert this correction,

We are, Sirs, yours faithfully,

St. Thomas's-street, London, S.E., May 4th, 1898. DOWN BROS.

NOTES FROM INDIA.

(FROM OUR SPECIAL CORRESPONDENT.)

The Plague in India.—Lessened Mortality in Bombay.—Outbreak at Kurrachee.

THE steady and marked decline in the number of plague deaths in Bombay almost day by day for the past three weeks has reassured the public mind and the almost complete relaxation of repressive sanitary measures has also contributed to a more contented state of the people. There is reason to believe that the number of deaths from other diseases than plague is considerably less than normal, so that except for the outbreak of a fresh epidemic of some other disease the average mortality may soon be anticipated. There are districts on the outskirts of the city where the disease is languidly spreading, but among the thickly populated quarters it is rapidly dying out.

The lesson to be learnt from these facts is that once an epidemic of plague has passed its point of highest intensity and has begun to show unmistakable signs of decline it will not revive again, but will continue its course of abatement notwithstanding the abandonment of all sanitary precautions against its spread. The conditions for its survival and spread exist just as before, but the organisms of plague would seem to have what may be called a national life-history of which we know nothing, as well as an individual life-history about which we are only just beginning to collect a few facts. The native committees and other native organisations for detecting cases of plague do not seem to be more successful than their European predecessors. There still continue to be recorded daily about the same proportion of undetected cases of plague. Kurrachee has now become attacked—the totals to date being 77 cases and 42 deaths—and the town has been declared an infected port within the meaning of the Venice Convention. At Simla considerable opposition is being raised by the Hindus and Mohammedans regarding the proposed plague precautionary measures. The Hindus suggest that certain men of each sect should report when plague cases occur and that only then should the medical authorities act. House visitation and segregation are opposed. Should these suggestions be acquiesced in by the Government it is obvious that the sanitary measures will merely follow the plague and will not be ahead of it. Such a course has already proved in other places almost useless.

Arrangements are being made for a congress of the profession to be held in Bombay next December having for its chief object to consider the most appropriate means of dealing with plague epidemics in Indian cities, towns, and villages. What with the great improvement trust scheme and the reorganisation and elaboration of the health department, Bombay is actively preparing not only to wipe out its evil sanitary reputation but to establish an enlarged and beautified city.

April 15th.

MANCHESTER.

(FROM OUR OWN CORRESPONDENT.)

Sewage Treatment and the Local Government Board.

THE discussion as to the treatment of the Manchester sewage, adjourned from the previous meeting of the City Council, was resumed at an adjourned special meeting held on April 20th. One of the objections urged against the adoption of the "bacterial system" was that, unlike that of such a place as Sutton, the sewage of Manchester was destructive to bacterial life, being charged with the effluents from chemical and other works, and that therefore the system must fail. It was pointed out, however, that it had been tried for some years and had succeeded at Oldham, where the sewage was of much the same character as at Manchester, and further that the report of the chemist of the corporation, mentioned in my last letter, "had shown conclusively