

site of application but also marked out the erratic course taken by the drip of the excess of liniment used with no sparing hand by the patient's wife, *secundum naturam humanam* fresh opinion was sought with the view of laying the onus on the liniment. This was rather a startling clinical picture to confront a freshman still blushing under the pride of his college degree. It might represent the results of croton oil or be an entirely new disease to be now revealed to an admiring faculty. But the discovery of one pustule on the fauces and the knowledge that two cases of small-pox were known in the town, happily for everybody, settled the question. Perhaps a contributing factor to this diagnosis was a remark that the late Sir W. T. Gairdner, whose knowledge and experience of small-pox were unique, made in his lectures on variola that a mustard leaf would determine a preponderance of the rash to the site of application and might be used to save the facial beauty of a lady patient. Is there anything new under the sun saving the demonstration and the insistence of points of view!

I am, Sir, yours faithfully,
Dereham, Norfolk, Jan. 16th, 1909. N. CAMPBELL.

UMBILICAL HERNIA IN INFANTS.

To the Editor of THE LANCET.

SIR,—The increasing frequency of occurrence of umbilical hernia in young babies is a fact which has become to me, as to Mr. A. Stayt Dutton, very noticeable of late. But since most of such cases in my practice have been those of children whose arrival I superintended, and since my method is to sever the cord at a point at least $2\frac{1}{2}$ inches from the abdominal wall, Mr. Dutton's explanation does not seem to answer the question.

A condition which is common to all these cases of hernia in infants, umbilical and inguinal, is, to put it tersely, "flatulent dyspepsia." In every case it will be found that, whether real or fancied, the baby's natural pabulum "didn't seem to satisfy" it, and that some recourse has been had to artificial feeding, and in my experience injudicious artificial feeding is a much more potent factor in producing hernia than any anatomical peculiarity (less than a lacuna of the abdominal wall) the presence of which does not seem to matter at all so long as digestion is normal. It is an admitted fact that the number of mothers who cannot, or will not, give their infants the breast is continually increasing, and that, in my opinion, is the reason for the parallel increase in the occurrence of infantile herniæ.

I am, Sir, yours faithfully,
DONALD J. MUNRO, B.S., M.B. Lond.
London, S.W., Jan. 15th, 1909.

THE HUNTERIAN SOCIETY'S MEDAL.

To the Editor of THE LANCET.

SIR,—Last June you were good enough to insert a notice that the Hunterian Society had decided to award a silver medal annually for the best essay by a general practitioner embodying the results of his own investigations. In view of the number of applications received for particulars of the competition I venture to send you the following details.

The competition is open to all registered general practitioners in the United Kingdom and Channel Islands. The subject of the essay can be chosen by the candidate but must fall within the province of medicine, surgery, or midwifery. The essay must be unpublished and original and based on the candidate's own observations except for references to the literature of the subject. Observations may be included in the essay which have been made by means of special methods not available in ordinary practice by workers engaged in these special methods, but the candidate must duly acknowledge the source of his information. Two type-written copies of the essay must be sent in, together with any material which the candidate may desire to submit. The essay must be marked by a motto and accompanied by a sealed envelope containing the candidate's name, address, and qualifications, and a signed statement that he is a general practitioner. On the outside of the envelope the motto must also be inscribed. The last day for sending in essays for the present competition is Dec. 31st, 1909.

I am, Sir, yours faithfully,
W. LANGDON BROWN,
Senior Honorary Secretary.

Finsbury-square, E.C., Jan. 18th, 1909.

FEES FOR MEDICAL MEN IN CORONERS' COURTS.

To the Editor of THE LANCET.

SIR,—At a meeting of the honorary medical staff of the Enfield Cottage Hospital held recently it was unanimously decided to forward an appeal to the departmental committee appointed by the Home Secretary "to inquire into the law relating to coroners and coroners' inquests and into the practice in coroners' courts." In this appeal it was pointed out how hardly the law presses upon such medical staffs in not allowing any fees to be paid them when attending inquests on patients who have died in hospital. Reference was also made to the invariably sympathetic attitude of coroners and juries towards medical men when their attention is drawn to this injustice and the committee was asked to recommend that the law be altered so that we should receive the usual remuneration.

If the medical staffs of all such hospitals throughout the country would act in a similar way without delay there can be little doubt that sufficient pressure could be brought on the committee to induce them to consider this appeal favourably and it is with this object in view that I am asking you to publish this letter.

I am, Sir, yours faithfully,
HOWARD DISTIN, M.B. LOND.,
A Member of the Honorary Staff of the Enfield Cottage Hospital.
Jan. 12th, 1909.

GRATUITOUS PUBLIC SERVICES.

To the Editor of THE LANCET.

SIR,—Your leading article in THE LANCET of Jan. 9th emphasises the present-day tendency of public bodies to demand gratuitous services from the medical profession—services to which they are not legally entitled. The Infectious Diseases (Notification) Act, 1889, Section 3, requires that the notification shall give (only) the following particulars: name of patient, situation of building, and disease [The Public Health (London) Act, 1891, provides for further details, but I am not now referring to this Act]; yet it is becoming a common practice for district councils to issue forms of certificates containing the following additions: "The patient has been attending — School, — Road; I am informed that children from the same house are attending — School, — Road."

It is not always convenient to obtain this information, especially where two or more families live in one house, and in any case its acquisition is a demand on the practitioner's time; the council has no legal right to ask us for it, and when obtained it is of no real value to the sanitary authority, since the medical officer of health (or sanitary inspector) always obtains this information for himself when visiting the house after the receipt of the notification, and he would certainly take no active steps regarding the school in question till this personal visit had been paid.

The latest opportunity of extracting a gratuitous service from us is afforded by the Public Health (Tuberculosis) Regulations, 1908, which provide that the district medical officer shall notify to the medical officer of health all cases of phthisis occurring amongst paupers in his district. These regulations contain no provision for notifying the relieving officer, yet the guardians are sending out forms of certificates so that duplicates are to be sent to the relieving officer. These notifications to the relieving officer are quite useless, since the patient's name, address, age, and disease are stated on the medical sheets which are sent every fortnight to the guardians and are always seen by him.

I never fill in the infectious disease form beyond what is legally required, with the small exception of giving the patient's age, and I do not propose to notify tuberculosis to the relieving officer unless the authorities request me, as a matter of courtesy, to do so, show me the necessity for it, and offer to defray the postage. A short time ago I had a notification returned by a sanitary inspector, as I had "omitted to state the patient's age, and the information would be required by the medical officer of health for statistical purposes." It occurred to me that the sanitary inspector might have furnished this information after his domiciliary visit, and that, as the medical officer of health was not legally entitled under the Act to demand this information from me, a stamped envelope—provided by the district council—might