

no doubt that the difficulty of feeding poor children would be materially lessened if the scraps of food which in many houses are thrown away as useless and worthless were utilised. I repeatedly mentioned to school inspectors and others the desirability of having female children instructed in housewifery and cookery, but it is only within the last few years that an earnest attempt has been made to give a systematic and practical training in these subjects. The full benefit of the teaching will not be realised until the Board of Education can see its way to make it compulsory for every female attending the elementary schools on reaching the age of 11 to receive efficient instruction in cookery and laundry work and at 12 in housewifery. I am afraid that the recent publication of the report of the alleged and inefficient teaching of domestic science will have a very deterrent effect on the minds of education committees who otherwise might be disposed to encourage and develop this instruction in the areas which they control. In conclusion, I cannot help expressing my regret that the report contains chiefly destructive criticism—a few glaring instances of inefficiency being quoted as types of the general work undertaken in this subject in certain districts, while very little or no commendation is given to the really good work which is most certainly attempted and accomplished in many parts of the country.

I am, Sirs, yours faithfully,  
R. C. BROWN, M.B. Lond., M.R.C.P. Lond.,  
Preston, May 4th, 1907. F.R.C.S. Eng.

## THE STATUS LYMPHATICUS.

*To the Editors of THE LANCET.*

SIRS,—Dr. L. Vintras in your issue of May 11th revives the old doctrine of states, temperaments, or diatheses. No doubt the recognition of different types of constitution with tendencies to special diseases is helpful. Three at least of Galen's nine temperaments besides his *eûkraia* or balanced health held their place in the text-books at any rate until a generation ago. I think it was Sir William Gull who remarked that the subjects of particular diseases had a family likeness; certainly many observers have been able to guess a man's disorder from his aspect and manner. But the comparative neglect of temperament in later British medicine to which Dr. Vintras alludes is capable of some explanation. Is it not due in large part to improved pathology, which has shown the true nature of many disorders, and so removed them from the class of uncertain constitutional states? and, secondly, to an unwillingness to generalise on conditions of which the causes are unknown? It is felt that in attempting to define temperaments and diatheses we are apt to stray into the land of obscurity and of assumptions. What one generation describes as a temperament consistent with health is found by another to have a definite pathology. Yet this neglect may be carried too far.

With regard to the status lymphaticus it may be questioned whether various disorders and tendencies to disorder are not included under this heading. Dr. Vintras quotes Trousseau's use of the term "lymphatic diathesis" in his ninety-first lecture. But surely this is in another sense. He is dealing with the etiology of adenia (lymphadenoma), and uses the expression "lymphatic diathesis" to represent the unknown cause of the disease, not to connote a state or temperament. Moreover, he lays stress on generalised enlargement of the lymphatic glands, a feature which finds no place in Dr. Vintras's clinical picture of the status lymphaticus. This clinical picture, although not without distinction, seems to include a diversity of conditions sometimes amounting to paradox. Its subjects combine slowness of habit with high intelligence; they are shy, yet genial; listless, yet greatly interested; their pulses are slow, yet apt to remain above 100 for days and even weeks. Dr. Vintras does not mention blood pressure. There is a more restricted class of persons, with deficient capillary fulness, with unstable blood pressure most often lower than the average, with excitable hearts, with weak muscles, and with proneness to effusions in the skin and serous cavities. Such persons are pale and have often been subjected to the strain of rapid bodily growth. The lymphatic circulation is sluggish. Albuminuria occurring in a cyclic form is often present. Strong reasons have been advanced for ascribing the albuminuria to a blood condition, of which the outstanding feature is deficiency in the coagulating power of that fluid, and this kind of albuminuria has been called

"haematogenous."<sup>1</sup> Deficient coagulability of the blood has also been found in other individuals of the class described in whom albuminuria was not present. I would suggest that blood conditions, which are taking an ever larger part in pathology, will be found at the root of the so-called lymphatic diathesis. Some experience, which I hope to record later, in testing the coagulation by Wright's method impresses me with the fluid character of the blood in lymphatic subjects.

I am, Sirs, yours faithfully,  
Weymouth-street, W., May 14th, 1907. R. HINGSTON FOX.

## PHARYNGO-KERATOSIS TREATED BY APPLICATIONS OF SALICYLIC ACID IN SULPHO-RICINATE OF SODA.

*To the Editors of THE LANCET.*

SIRS,—I am sorry to trespass again on the hospitality of your columns, but Dr. W. Jobson Horne's letter in THE LANCET of May 11th, p. 1316, obliges me to make this further intrusion. The facts of the case are extremely simple and the correctness of my deduction must be obvious to any unbiased reader. At a stage when the condition of the two tonsils was identical (previous interrupted treatment having proved so far unavailing) a solution of salicylic acid in sulpho-ricinate of soda was applied daily by the patient to the right one, with the result of producing a marked diminution in the size and consistency of the keratotic points on it, the other tonsil remaining as before, and acting therefore as what is known in physiological experiments as a "control." The logical deduction from the fact is that the application was the cause of the improvement, the requirements of an experiment having been fully met. Dr. Jobson Horne is one of the secretaries of the London Laryngological Society and it is he who is responsible for the omission of the clear statement of this all-important fact in the report of my case, sent by him in his official capacity to the medical papers, thereby depriving it of its main interest. For this omission on his part I have received from the President of the Society a letter expressing the regret of the council for the injustice done, doubtless without intention, to my unpretentious communication.

I am, Sirs, yours faithfully,  
May 18th, 1907. DUNDAS GRANT.

PS.—I may mention that the improvement was steady, although slow, and for some months there has been scarcely anything visible which could be recognised as pharyngo-keratosis, while now there is none at all.

## A NEW METHOD OF PERCUSSION.

*To the Editors of THE LANCET.*

SIRS,—In the notes from Budapest in your issue of May 18th mention is made of "A New Method of Percussion." For several years I occasionally used this method of percussion and have demonstrated it in classes on physical examination and in the wards. I very rarely employ this method now for the reason that, in chest work especially, it does not so well afford that appreciation of resistance which is so valuable a part of the information to be obtained by the ordinary method of percussion. It is, however, a useful variation when it is desired to localise exactly a small area of deficient resonance, and Dr. Janos Plesch deserves credit for drawing the attention of the profession to a useful addition to the ordinary methods of physical examination.

I am, Sirs, yours faithfully,  
Harley-street, W., May 20th, 1907. J. EDWARD SQUIRE.

## THE COLONIAL OFFICE AND THE PAYMENT OF MEDICAL EVIDENCE AT CORONERS' INQUESTS.

*To the Editors of THE LANCET.*

SIRS,—I beg to forward you the inclosed which appears to convey the situation. I was desired to attend an inquest and denied a fee. After practising a great many years it is a fresh experience to be examined as I was and not paid

<sup>1</sup> See a paper by the writer in THE LANCET, August 25th, 1906, p. 497.

The man was not even one of crew or passenger, but stevedore's man.—I am, Sirs, yours faithfully,  
Singapore, April 24th, 1907. JAMES WAGHORN.

[COPY.]

Colonial Secretary's Office,  
Singapore, 8th January, 1907.

SIR,—I am directed to acknowledge the receipt of your letter of the 25th ultimo applying for a fee for your attendance at an inquest held by the coroner at Section 1, Tanjong Pagar Dock, on that date.

The coroner states that no formal inquest was held but that the proceedings consisted merely of an investigation on board the steamer, and the Government is advised that in the circumstances you are not entitled to the fee which is usually allowed in the case of medical practitioners who are called to give evidence at coroners' inquests.

I have the honour to be, Sir, your obedient servant,

E. L. BROCKMAN,

For Colonial Secretary, Straits Settlements.

Dr. J. Waghorn, s.s. *Kul Sang*,  
care of Messrs. Jardine, Matheson, and Co., Hong-Kong.

## THE TREATMENT OF THE ROYAL NAVY MEDICAL SERVICE.

To the Editors of THE LANCET.

SIRS,—By a Gazette published on May 14th the number of Greenwich Hospital pensions for fleet and staff surgeons R.N. was reduced to 13; two years ago there were 16, and at this rate of reduction there will soon be none at all; but nobody appears to protest against this spoliation, nobody seems to know and nobody seems to care. Again, with regard to honours the same thing is apparent—there is one C.B. on Active List, made in June, 1902, and since then none have been given to the department. As regards service ceremonial entertainments (certainly at Portsmouth) medical officers and their families are simply never invited—they are not recognised! This contemptuous indifference, increasing for several years past, went so far that two years ago the Sea Lords in the yacht *Enchantress* placed the senior medical officer at Portsmouth at the foot of the table, and though this was apologised for yet the spirit of the thing is very evident. Of course, the present feeling of the Admiralty is to do away with the medical department as far as possible and run the service with temporary medical officers afloat and civilian practitioners ashore; in fact the permanent medical officers are a disagreeable necessity and this in the face of all the good and zealous work that has been done by naval medical officers of recent years. It is pleasing to know that there are some signs of wear and tear on the patience and good will of the naval medical donkey, and he surely will be no better off till he bestirs himself, as he has had to do on former occasions. Will you, Sirs, aid us with your influence and permit one of them to

May 22nd, 1907.

“BRAY.”

## THE FOUNDATION OF QUEEN'S COLLEGE BIRMINGHAM.

To the Editors of THE LANCET.

SIRS,—In the interesting paragraph from your Birmingham Correspondent on the above subject published in THE LANCET of May 18th it is stated that a Royal Charter was granted to the institution in the year 1845. Although I know that other speakers and writers on the history of the College have stated the year as 1845 it seems to me, from the account published in THE LANCET of July 29th, 1843, that the Charter must have been granted in 1843. That account, which was addressed to THE LANCET by Mr. William Sands Cox, states that “Her Majesty has been graciously pleased to grant a Royal Charter of Incorporation to the School of Medicine and Surgery at Birmingham, with the privileges, immunities, rank, and title of the ‘Queen's College, Birmingham.’”

May 21st, 1907.

I am, Sirs, yours faithfully,

W.

ROYAL INSTITUTION.—On Tuesday next (May 28th) at 3 o'clock Professor G. H. F. Nuttall will deliver the first of two lectures at the Royal Institution on Malaria, Sleeping Sickness, Tick Fever, and Allied Diseases, and on Saturday, June 1st, Sir William White will begin a course of two lectures on the Contest between Guns and Armour. The Friday evening discourse on June 7th will be delivered by Professor Sir James Dewar on Studies in High Vacua and Helium at Low Temperatures.

## THE BATTLE OF THE CLUBS.

THE STRUGGLE AGAINST THE COVENTRY DISPENSARY.

(FROM OUR SPECIAL COMMISSIONER.)

Coventry, May 20th.

THE contest at Coventry has now reached the acutest stage and the battle of the clubs is being fought out to the bitter end. It is no longer a question of negotiations, of compromise, of attempts at conciliation. It is open, uncompromising war. Negotiations have been protracted for more than a year, concessions were made on both sides, indeed, the desire to avoid an open rupture has perhaps led each side to infer that the other side feared to fight. To the profession at large it must be a matter of great satisfaction to know that the staff of the Coventry Dispensary have at last fallen into line in the effort made throughout the country to reform the whole system of contract work. Ten years ago<sup>1</sup> I called on some members of the medical staff of the Coventry Provident Dispensary and they readily admitted the existence of many abuses, but it was not possible to persuade them that any results could be gained by resistance. Now, on the contrary, they have been so persuaded, and this is a telling demonstration of the better organisation of the profession. In 1897 they informed me that to their personal knowledge there were 15 medical practitioners at Birmingham ready to come to Coventry if invited by the dispensary. To-day the dispensary has thrown out such invitation broadcast and 21 applications have been made not from Birmingham but from all parts of the kingdom. Ten years ago the members of the dispensary staff argued that if they resigned they would lose the greater part of their income, that there was no sort of guarantee that the profession would really support them, and that there was no prospect of any sort of compensation. To-day they have resigned and in doing so run the risk of losing more than £2000 annually. Surely this is a remarkable change of attitude and it can only be explained by one single fact—namely, the better organisation of the profession. But this must not be allowed to remain an empty boast. The profession, now better organised, must prove that it is capable of effective action.

In view of such action I will leave the consideration of the history and development of the struggle aside for the time being, so as to deal at once with what, in the present emergency, must be done. First and foremost, all petty bickering and criticism and fault-finding must be set aside while the battle is proceeding. Certainly the members of the medical staff attached to the Coventry Provident Dispensary have laid themselves open to criticism on the part of the organised members of the profession who for many long years endeavoured to abate the abuses arising from contract work. The former, on their side, and now that they have joined in the struggle, doubtless also fancy that they have some cause to complain, and notably that more might be done for them by their new allies. All such weakening divisions within the ranks must be sternly kept in abeyance, at least till the struggle is over. Whatever may have been their timidity in the past the medical staff of the dispensary now realise that the position has changed. In the Coventry district there are 42 medical practitioners and one dentist who is a fully-qualified medical man. Of these 41 belong to the Coventry division of the British Medical Association and 11 are officers of the Coventry Public Medical Service which was started by the profession in opposition to the Coventry Provident Dispensary. In these circumstances the members of the medical staff of the latter institution who have resigned have nothing to fear from the practitioners of Coventry. The staff consisted of seven practitioners. Two out of the seven have not resigned; but there is no resentment felt against one of these two as he is over 80 years of age and could not at that age be expected to sacrifice the greater part of his income and to begin life anew. The other medical officer who has not resigned never made much from the dispensary as he had a comparatively small number of members on his books. Thus the strike may be said to have crippled the dispensary completely. Their only chance therefore rests on their ability to import medical

<sup>1</sup> See THE LANCET, June 12th (p. 1637) and 19th (p. 1709), 1897.