

proved in the future as regards the value or efficacy of his system, certainly the medical profession "do not yet know enough," as you rightly say, "to decide positively whether it is efficacious and if so how long the immunity conferred by it lasts, or whether it is a practicable scheme to apply in India with its teeming millions."

The English people have misunderstood the attitude of the Indians towards measures which, after all, have not yet passed the experimental stage. Even in England, where popular education is supposed to have done wonders, we see the ridiculous sight of the repeal of the vaccination laws, which have been acknowledged by all, except a handful of fanatics, to have stemmed the tide of small-pox. If such a thing can happen here much that has actually, and said to have, occurred in India can be easily explained and pardoned.—I am, Sirs, yours faithfully,

SARAT K. MULLICK,

National Hospital for Heart and Paralysis, Soho-square, W.  
Oct. 29th, 1898.

## "MEDICAL FEES FOR LIFE INSURANCE EXAMINATIONS."

To the Editors of THE LANCET.

SIRS,—With reference to the letter from Mr. Paulin in THE LANCET of Oct. 29th I am glad to note that the invaluable services rendered by medical men in life insurance cases are becoming well recognised. These services are indispensable. On the honour and skill of the medical examiner depend the benefits the public derive from life assurance. This office has for some considerable time paid two guineas for £2000 cases, but my appreciation of the assistance rendered by medical men is such that I am about to propose to my directors that in future we pay an extra guinea for each £1000 above that amount. Though in all cases the examination should be equally thorough, still the responsibility which doubtless the physician feels in examining for large amounts should, in my opinion, be recognised.—I am, Sirs, yours faithfully,

HENRY R. POPE, Secretary.

The Absolute Life Assurance Company, Limited, 87, St. James'-street, Pall Mall, S.W., Oct. 29th, 1898.

## "VITALITY."

To the Editors of THE LANCET.

SIRS,—Dr. Beale seems in his last letter to be just a little impatient because your correspondents have in their discussions confined themselves chiefly to the philosophical aspect of the question of vitality. The importance of this phase of the subject to the general practitioner will be more easily realised by Dr. Beale when he considers how little time the busy practitioner can afford for the prosecution of microscopical research involving laborious minuteness and lengthy sittings and that he, not having the opportunity of attacking such problems experimentally with the resources of a laboratory, does what is next best—reflects and philosophises. The statement that the philosophical side of the subject has to be studied and discussed in order to provide a harmonious whole of that which in honour of its chief exponent one may term *Bealeology*, needs no elaboration of reasons; the city doctor and the country practitioner will the more readily accept Dr. Beale's conclusion—drawn from an immense amount of microscopical study—if reasonable theories can be formulated as to the origin, the means of existence, and the "death" of vitality.

The question of the origin of vitality interests me as it does Dr. Hooper; if vitality be not a form of matter or motion where did it spring from? How did it reach the earth? It is generally admitted that the earth, a combination of matter and motion, is derived from the sun. It must at first, then, have gone through a long period of cooling and life could only have begun to exist in the fashion we now see it when the earth reached a certain degree of temperature and presented other favourable manifestations of motion, such as a non-injurious state of electrical environment, suitable atmospheric conditions, and proper juxtaposition of the constituents of primeval bioplasm. Given the presence, then, of these conditions, from what sources did vitality arise and by what way did it arrive? The question of its source and means of reaching the constituents of bioplasm is intimately bound up with our conception of its mode of action on antibiotic material and its manner of becoming

latent and conserved when bioplasm dies. (Whether one takes Dr. Beale's view of life or the mechanico-chemical theory one feels bound to accept indestructibility as an attribute of it.)

Is vital power derived from the sun just as motion is, and was it latent until conditions arose when it could blossom forth? Or is this subtle influence transmitted (possibly by vibratory means) through the intra-astral medium from some extra-solar quickening centre? (How near does this bring us to the conception of a life-giving Almighty.) Vitality must have originated in either of these ways or else must be considered a manifestation of motion—having distinct and peculiar properties it is true—and classified amongst the forces of the natural sciences that are so interdependent on each other and without the aid of which vitality can show no results.

I am, Sirs, yours faithfully,

Cowling, Yorkshire, Nov. 1st, 1898.

JOSEPH H. ROWE.

## A RARE DISLOCATION.

To the Editors of THE LANCET.

SIRS,—On Oct. 28th I was called to see a woman who had been attended by a midwife in her confinement fourteen days previously, but a lump being observed in the infant's neck she had been advised to have a medical man to see it. I found the child small in size but in fair condition. It naturally turned on its left side, twisting its face downwards towards the left shoulder. Examination showed dislocation of the sternal end of the right clavicle, the bone being drawn upwards and slightly outwards by the sterno-mastoid as far as the subclavian, which retained the outer half in its place. This was a breech presentation, and the mother stated that the midwife had had great trouble with the after-coming head. I cannot find this cause mentioned in the text-books and thought it might interest some of your readers.

I remain, Sirs, yours faithfully,

Bournemouth, Oct. 31st, 1898.

A. J. TURNER, M.D.

## "DR. SAUNDBY'S ADDRESS."

To the Editors of THE LANCET.

SIRS,—Dr. Saundby, in his address to the students at Cardiff, admits that our country is saturated with the commercial spirit and that students, professors, and governing bodies are all alike too apt to consider what will pay them best. Some time since your Commissioner had occasion in the interests of the profession to visit Birmingham, and in the first instalment of an excellent report published in THE LANCET he brought a charge of commercialism against the whole community. This did not please the President of the Council of the British Medical Association, and when your Commissioner afterwards called upon Dr. Saundby he was told curtly to mind his own business. What is the difference, we may ask, between the term "commercialism" as used by your Commissioner and the phrase "saturated with the commercial spirit" as employed by Dr. Saundby?

Dr. Saundby pleads for the establishment of eight additional universities in England alone. These, we gather, would cost £16,000,000 and would require for their maintenance the sum of £400,000 per annum. Dr. Saundby speaks of millions sterling as glibly as any company promoter, but when the decaying medical school of Birmingham has been replaced by an up-to-date and model university is it probable that Dr. Saundby will trouble himself further with the £14,000,000 which would still be required to found similar and consequently rival universities in Manchester, Liverpool, Leeds, Newcastle, Bristol, Nottingham, Norwich, or that other city not specified? I hardly think so. Dr. Saundby at first allows that "there may be professions in which the work is better paid and less exacting," but later he expresses the somewhat contradictory opinion that "there is no profession in which success more certainly attends attention to business or in which so good an income can be as readily secured." If the latter statement be true I can only say that the condition of the other professions must be deplorable indeed. Mr. Lawson Tait has spoken regretfully of the mean dwellings now occupied by so many medical men of good character and recognised ability in the city of Birmingham, and judging from the rents paid, as indicated by Mr. Tait, such dwellings certainly could be fittingly

occupied only by humble individuals of the working class. From a leading article on the "Sixpenny Doctor" in the most widely read of Birmingham newspapers I cull the following: "The simple fact is, and there is no good purpose to be served by disguising it, that the medical profession in common with others is overcrowded. Of late years there has been an increase in the number of medical colleges and the cost of an ordinary medical education has been decreased. .... How the medical bodies are to prevent the excessive rush into the profession we do not quite see unless they can persuade the universities and medical colleges to raise their standards and their fees and so diminish the number of entrants. When a man has once qualified he naturally and properly expects to live by his profession. He takes guineas if he can get them, if not he accepts half-crowns, and if even these become too scarce he swells the ranks of the sixpenny doctor." The following extract from a professional journal has been widely circulated in the public press: "Now we speak but plain and sober truth when we say that competition in medical practice at the present time is excessive and ruinous; and this is true of all ranks in the profession. .... We feel and know that the vast majority of doctors in full practice have to reckon with a diminishing instead of an increasing income year by year; that old men are steadily elbowed out, and not having been able to save any money at all in early life they are often driven to starvation, whilst young men coming in and endeavouring to establish themselves quite justifiably in practice against their older rivals are often compelled to resort to methods which are nothing less than degrading. The following is a generalisation from twenty years' practice in London. Of every six men who take a house and put up a door-plate without buying a practice, five are compelled to leave the house within two years. They leave with their little capital expended and with despairing hearts to renew the struggle elsewhere."

Dr. Saundby says further: "Our position depends mainly on the public belief that we are a disinterested profession, and that belief rests upon the vast amount of public work we do for nothing." What is the nature of the work to which Dr. Saundby refers? We do work for nothing when, from disinterested motives, we give our services freely without thought of fee or reward, and we also do work for nothing when in the ordinary course we give our services in anticipation of payment which in the end is not forthcoming. Our good deeds and our bad debts represent a vast amount of work no doubt, but such work is not paraded in full view of an admiring public. It is true that the hospital physicians and surgeons of Birmingham alone do a vast amount of work without remuneration, but surely they have their reward. Is not the gratuitous advertisement inseparable from such appointments worth infinitely more to the man who knows how to make the most of his opportunities than the full value of the work which he does for nothing? If Dr. Saundby had said: "In Birmingham there is no profession in which success more certainly attends attention to business, or in which so good an income can be as readily secured provided you have a hospital appointment," one statement at least in the elaborate address would have been undeniably true.

I am, Sirs, yours faithfully,

J. RITCHIE DALRYMPLE.

Yetholm, N.B. Oct. 15th, 1898.

## "THE PHYSIQUE OF BOYS ENTERING PUBLIC SCHOOLS."

To the Editors of THE LANCET.

SIRS,—It is incumbent on me, in consideration of your kindly and courteous notice of my letter to the *Times*, giving the result of the physical examination of 100 boys as they entered a public school, taken consecutively and unselected, to amplify my letter by furnishing you with the further particulars you indicate as of value. With reference to the deformities, it seems to me to be possible that the examiner might have been a little over severe had he been preparing the results of his examination for publication, but when this was a mere after thought and the examination was solely for the purpose of regulating the physical exercises and games of each boy it seems scarcely possible. I had known for many years that these deformities were considerable and that they were mainly

the result of negligence in the process of education, but I was myself astounded at the facts revealed by the examination when I came to total them. The cardiac cases were mitral disease and the hernias were congenital.

You suggest that a medical account of the antecedents of the cases of albuminuria would throw a flood of light on the pathology of the so-called functional albuminuria. I am fortunately able to accede to your appeal, having by my side a complete previous medical history of every boy. I fear, however, it will not prove of value in its elucidation. I have little doubt in my own mind that this form of albuminuria in boys, like chilblains, is dependent upon the condition or action of the vaso-motor nervous system. Else how is it that in the worst cases where the urine boils as white as milk the albuminuria disappears as soon as the boy is placed in the horizontal position, in which position he can be fed as heartily as is pleased, and it never appears unless he is very constipated? While in the vertical position, if it is to be kept away he can partake of nothing but milk, which even "crammers" know who send candidates up for the medical examinations of the public services. How is it, further, that these albuminurics can join in all vigorous school games, apparently without harm, and yet faint soon after rising in the morning, especially if they are compelled to stand? When these boys thus faint, or even feel faint, the first thing I do is to examine the urine. I can now diagnose these cases of albuminuria from their appearance, from a finger on the pulse, or my hand on the heart.

### *The Previous Medical History of 22 Boys suffering from Albuminuria between the Ages of Thirteen and Fifteen Years.*

Name of disease.	Number of cases.	Name of disease.	Number of cases.
Chicken-pox... ..	19	Acute nephritis ... ..	1
Whooping-cough ... ..	19	Pleurisy ... ..	1
English measles... ..	17	Pleuro-pneumonia ... ..	1
German measles... ..	7	Bronchitis ... ..	1
Mumps ... ..	7	Rheumatism... ..	1
Scarlet fever... ..	4	Laryngitis ... ..	1
Influenza (?)... ..	2	Burmah malaria... ..	1
Diphtheria ... ..	2	Hay fever ... ..	1
Headaches ... ..	2	Catarrhal jaundice ... ..	1

I admit that the record of the height, weight, and chest-girth are only of personal value to the master, to whom they are handed for his guidance in the management of the boy and to whom they are of untold value, for, taken periodically, they indicate as nothing else can when wrong is being done to the child in the process of education.

As these public school boys are a "special class," well-bred, well-fed, and reared for the most part in the country, I thought it only fair to employ the averages of the special class tables of Dr. Charles Roberts, as if such a very specialised class is compared with the artisan class reared in towns there is a very marked difference. For instance, the following shows the average height and weight of the artisan class—town population:—Age, 14 years; average height without shoes, 57.76 in.; average weight, including 9 lb. of clothes, 84.61 lb. The following also shows the average height and weight of the most favoured classes of the English population—public school boys, naval and military cadets, &c.:—Age, 14 years; average height without shoes, 61.11 in.; average weight, including clothes of 9 lb., 99.2 lb.

It seems to me, therefore, that it would be very misleading to take an average of all classes in estimating the average height and weight of such a very favoured class as public school boys. I am aware that the record of the physical examination of only 100 boys is scientifically of not much value, though I thought they were of untold value to the public as eye-openers for the coming generation. I am now preparing tables for a much more minute record, and when I have the physical examination of 1000 scheduled I will publish it. If I do not live to tell the tale my successor will find it in such order that he will have no difficulty in doing it for me. For obvious reasons I still withhold my name and sign myself,

Your obedient servant,

Oct. 31st, 1898.

M.D.

A NURSES' HOME is to be erected in connexion with the Brompton Hospital for Consumption and Diseases of the Chest, the estimated cost of which is over £30,000.