DAVID MOUNT HUTTON, B.Sc., M.D., C.M. EDIN.

BORN in Liverpool of Scottish parents 43 years ago, David Mount Hutton received his primary education at preparatory schools in St. Andrews and Edinburgh, and with a sound equipment in literature, classical, English, and German began professional study at the Edinburgh University, first in science, in which he graduated B.Sc. in 1892, and thereafter in medicine proper, taking the M.B. and C.M. degrees in 1895, and finally the "summi in medicina honores" with honours in 1899.

So qualified, he entered immediately on general practice at Southport-cum-Birkdale and rapidly acquired the confidence of a large *clientèle*, thanks to the very thorough clinical training he had undergone as resident physician in the Edinburgh Infirmary, and also as physician in the Royal Children's Hospital in the same school. In quick succession he became medical referee to the Scottish Provident among other insurance companies, Fellow of the Royal Society of Medicine, and an active member of the North of England Obstetrical and Gynæcological Association, as also of the Society for the Study of Children's Diseases. Latterly, amid much strenuous professional work, he interested himself in the movement, now progressing under Government auspices, for the Care of the Feeble-minded, aiding it effectively on the platform and in the press, while acting as President of the Southport Branch of the Lancashire and Cheshire Society organised in the same philanthropic interest. He even found time for enriching the literature of the profession by articles such as that on Myiasis, published in the "Encyclopædia of Medicine"; on a Case of Syphilis Transmitted to the Third Generation, printed in the Transactions of the Society for the Study of Children's Diseases; on Accidental Parasitism of Dipterous Larvæ in the Human Body, contributed to the Liverpool Medical Society's Journal; on Some Therapeutic Applications of Chloretone; and on the theme he had made peculiarly his own, the Care and Control of the Feeble-minded—a very favourably received paper published in the "Special Schools Quarterly."

Fifteen years of such work, rarely and never adequately relieved by respite or holiday, began, however, to tell on a constitution in the main robust, but not proof against the handicap of an anxious temperament and a sense of duty that never spared itself. Premature breakdown became more than ominous, inasmuch that preparations were on foot for a six months' *villeggiatura* in Italy. But—*Dis aliter visum*. The project indeed had barely been initiated under a medical friend's roof near London, when suddenly, if not quite unexpectedly, he succumbed to heart failure on Sept. 21st. "And so," writes a valued correspondent of THE LANCET who knew Dr. Hutton intimately, "there 'went down while it was yet day' the 'sun' of a guileless and generous nature which, devoted—mind and soul—to the medical calling, 'knew its art but not its trade,' finding its true honorarium in the gratitude it earned not only by the skill acquired in the schools but by the *sagacité de cœur*, which is the precious, the distinctive possession of the born physician."

DEATHS OF EMINENT FOREIGN MEDICAL MEN.—The deaths of the following eminent foreign medical men are announced:—Dr. A. van der Loeff, formerly inspector of the medical service in West North Brabant and Zeeland, aged 71.—Dr. P. Alt, privy sanitary councillor of Charlottenburg.—Dr. F. Deus, sanitary councillor of Berlin.—Dr. A. Pitschpatsch, sanitary councillor of Sagan.—Dr. A. Thorwith, sanitary councillor of Berlin.—Dr. Julius Preuss, of Berlin, whose contributions to the press on the subject of Jewish medicine in history are of great and universal interest. His latest work, which includes most of his previous researches, was "Biblich-talmudische Medizin." His age was 52, and he held the rank of sanitary councillor.—Dr. Theodore S. E. Schaepkens van Riepst, lecturer on genito-urinary diseases in the New York Polyclinic Medical School and Hospital.—Dr. John P. Pardue, formerly professor of *materia medica* and hygiene in the St. Louis College of Physicians and Surgeons.—Professor Robert Kutner, director of the Kaiserin Friedrich Haus, Berlin, and general secretary of the International Committee for Post-graduate Medical Education.

Correspondence.

"Audi alteram partem."

THE PATHOLOGY OF THE CONDITION KNOWN AS PARASYPHILIS.

To the Editor of THE LANCET.

SIR,—The extremely interesting and highly scientific paper by Dr. J. McIntosh and Dr. P. Fildes in THE LANCET of Sept. 27th tempts me to write a brief note on the subject as it presents itself to one who has had a certain amount of clinical experience and training, but very little experience of, or training in, modern precise methods of microscopical and biochemical research.

I would first mention three small items of great interest to myself, and of what I consider great clinical importance. The first one is a statement made by the late Sir Jonathan Hutchinson when teaching a class of students of whom I was one. He said that he had watched a patient for many years whose sole indication of *tabes dorsalis* when first seen was the absence of knee-jerks. He had, in the course of time, developed the other classical features and had ultimately died from progressive nerve trouble. I had then, and have not now, any reason to doubt his statement.

The second item is a fragment of a conversation I held some seven or eight years ago with my late colleague, Harold Barnard, who said to me, "Smith, what is your rule and teaching about administering mercury to patients suffering from disease and whom you suspect to have had syphilis at some previous period upon which the present symptoms may possibly depend?" I replied very promptly, "I teach and practise that in all such cases mercury should be very freely and promptly administered, and that iodides might also be given, but mercury never under any circumstances omitted." "How do you give mercury?" he asked, and my reply was, "Invariably by inunction of the ung. hydrarg. of the B.P." I have seen no reason to depart from my teaching or to alter my rule.

The third item is a case from my private practice. In November, 1895, I was asked by Dr. J. J. Coulton to see a patient then aged 33, who had acquired syphilis "in the year of the Paris Exhibition." (So my note runs. I have no reference by me to fix what this year was.) Subsequently, he had suffered from gumma of the testicle, but "all seems to have cleared up," and he was well till three days previous to my first consultation, when he was suddenly seized with aphasia and amnesia, could not write at all properly, began words and could not finish them, used wrong words, &c.; these symptoms had improved under K.I., with which his medical man had treated him. I have a few more notes on his nervous system, but they are not very material. I heard in March, 1896, that he had got quite well after three months of mercurial treatment combined with potass. iod. In October, 1897—i.e., nearly two years later—I saw him again with some acute illness which at the time I thought was typhoid fever, but as he had some nervous symptoms (slow syllabic speech, mind far from clear, &c.) which did not seem to be accounted for by typhoid fever, I ordered ung. hydrarg. to be rubbed in. I saw him again a fortnight later, and my note runs: "No doubt now about G.P.I. He has been made Lord S. and has acted in Germany at £1000 a night, and has £250,000; the only thing is his pupils react readily to light, but then they oscillate. His speech is very drawly and characteristic." By Nov. 10th he had had 30 inunctions of mercury; had quite lost his delusions. "His lips and speech are very characteristic of G.P.I. and his knee-jerks are greatly exaggerated; his pupils react steadily to L. and A." By December, 1897, quite sound in mind. K.J. ++. Pupils react fairly, but not absolutely as they ought to do. In 1898 he came to me to ask advice as to the frequency with which he ought to indulge in sexual connexion; desire and power both in excess. In 1899 my note runs: "Feels very well. Hands quite steady; mentally clear; good head for business. K.J. natural and equal; pupils react readily to L.; tongue quite steady." In 1901: "A bit below par. K.J. slightly glib. Pupils react readily to L. and A." In 1906: "Health excellent. K.J. both fairly free." I have not seen the patient since then, so that he may have died in the interval, and that, too, from G.P.I.

I leave these items for a moment to mention the views that I adopted in my student days and taught when I reached a position of responsibility to students and still teach—viz., that if parasyphilitic had any meaning at all it was intended to convey the idea that active syphilisation had ceased, but before ceasing had produced such disturbing effects upon lymph- and blood-vessels as to diminish the food-supply to, and removal of waste products from, the nerve fibres or cells to such an extent that the cells, and therefore the fibrils dependent on the cells, slowly but surely, and usually progressively, perished. All this seemed to me a legitimate deduction from what was then known of the power of syphilis to produce what was termed syphilitic endarteritis—a process that resulted in diminishing the calibre of the vessel below its optimum. I had then no suspicion that the microbe of syphilis could still be alive, and could be continuing to produce toxins having a primary deleterious action upon nerve cells.

It would make my comments too long to pass in review, as Dr. McIntosh and Dr. Fildes have so ably done, the various stages in the controversy regarding parasyphilis, but I would like to contradict flatly, by my own experience, the statement that “the result of treatment is *nil*.” Your authors dispute the statement, and my experience confirms their view, but there must, of course, be added the proviso that treatment by mercury must be undertaken early, and often, indeed, while the evidence of syphilis is still doubtful. (I do not wish here to enter upon the value and importance of the Wassermann reaction, because I hold the view that mercury is useful in other conditions than syphilis, and therefore treatment can do no harm and may be of immense good even if syphilis be not a factor in the trouble.)

I would like to ask Dr. McIntosh and Dr. Fildes for a critical consideration of my case mentioned above; to call it a “particularly toxic secondary encephalitis,” and to refuse it the name of “early general paralysis” seems to be somewhat of an anomaly.

I would like, Sir, in conclusion, to ask them also whether I am correct in saying that the most elaborate investigations of modern research do not contradict in any essential particular my view of what one ought to teach students. By essential I mean affecting the chances of the patient's cure. Or would they urge me to wait for the results of a Wassermann before resorting to mercury? (I do not wish to enter into any controversy as to the relative merits of mercury and neosalvarsan for the cases I am considering.) It seems to me that modern pathology rather supplies a firm basis of ascertained facts for my practice, a position of affairs which naturally gives me great satisfaction; and I shall conclude that it is never, clinically speaking, too late to apply antisyphilitic treatment.

I am, Sir, yours faithfully,

F. J. SMITH, M.D. Oxon.,

Physician to the London Hospital.

Harley-street, W., Oct. 2nd, 1913.

To the Editor of THE LANCET.

SIR,—In THE LANCET of Sept. 27th you printed a contribution from us entitled “The Pathology of the Condition known as Parasyphilis.” In this paper we put forward the view that dementia paralytica was merely the expression of tertiary syphilis of the brain. The condition differed from the gummatous processes confined more or less to the lymph vascular tissues, in involving chiefly or entirely the nervous substance proper. The wide extent of the lesion resulting from a minimal number of spirochætæ was due to the fact that the patient was in a “tertiary” condition—in other words, because his tissues were hyperimmune (hyperallergic) to the virus. Acute encephalitis was a lesion pathologically similar, but since its onset was relatively early after infection the tissues had not become hyperimmune, and thus a marked spirochætosis produced relatively little reaction and destruction.

We wish now to mention that Professor Noguchi, in the current number of *La Presse Médicale* (Oct. 4th), demonstrates that normal rabbits are insusceptible to intracerebral inoculations of *spirochæta pallida*. If, however, the animal is sensitised by repeated intravenous injections of *spirochæta pallida*, an intracerebral inoculation will then produce the

lesion of dementia paralytica. Noguchi's investigations appear to supply the experimental evidence which is at present lacking in our purely inferential study.

We are, Sir, yours faithfully,

JAMES MCINTOSH.

PAUL FILDES.

London Hospital, Oct. 6th, 1913.

THE NATIONAL INSURANCE ACT: THE APPOINTMENT OF MEDICAL REFEREES.

To the Editor of THE LANCET.

SIR,—Medical men of all ranks are frequently asked by insurance offices or employers to examine claimants who allege that they are suffering from either accident or disease, and it is one of the settled ethical laws which govern the profession that, knowingly, no medical man shall examine the patient of another medical man except in consultation or after having first obtained his consent.

House surgeons and general practitioners continually meet medical examiners acting for insurance offices, but they decline to do so unless they are paid the usual consultation fee of £1 1s. The most recently qualified house surgeon will decline to attend a consultation or to write a report under the fee of £1 1s. General practitioners all over the country receive the same fee, if not more, for their loss of time, care, and responsibility, when called upon to give at a consultation a detailed history of a case. The Home Secretary, in fixing the fees of medical referees under the Workmen's Compensation Act, fixed a fee of £2 2s. as the fee for a medical examination and report to a county court judge, and no one has ever hinted that this sum is excessive.

Bearing in mind the above facts, the question arises as to what should be the attitude of the profession in regard to the appointments of medical referees by Local Insurance Committees, either at small salaries or at fees hitherto unheard of for the class of work required and without any published regulations safeguarding the ethics of the profession.

The London Insurance Committee have appointed six medical referees for the county of London, and these practitioners have presumably agreed to make visits, hold consultations with panel doctors, and write reports for the information of the Insurance Committee at an inclusive fee of 7s. 6d. per case, on which reports the standing, knowledge, and experience of the panel doctor are to be adjudicated on by the committee, as is also the character of the insured persons whose *bona fides* is in question. These latter persons will be at the mercy of an Insurance Committee solely dependent for its information on the report of a medical referee, and they may be branded as malingerers or exaggerators by the committee in a manner which may affect their whole future lives.

Six medical practitioners have accepted this enormous responsibility at a remuneration of 7s. 6d. for each consultation, examination, and full report, and it seems most improbable that any of these gentlemen, who have accepted these appointments, have realised their onerous and responsible nature or the time that must be given to each report if justice is to be done to the parties interested, or that they have satisfied themselves that regulations have been made for the obtaining in each case from the panel doctor in charge a full and exhaustive history at a consultation to be attended by the panel doctor, on terms satisfactory to himself and the profession.

If such regulations have been made the profession has a right to ask that they may be published in the medical press, so that every medical man on a panel may know exactly how he stands under the regulations, having regard to the ethics of the profession. It may be that medical referees appointed by the Insurance Committee are merely intended to advise in the first instance on a short form, but even if so, and if there is to be a right of appeal either to the Insurance Commissioners or to medical referees appointed by the Commissioners under the powers they hold under the National Insurance Act, yet even then it is most essential that the reports of medical referees to the Local Insurance Committee should be thoroughly well considered and written