while others drift away, propelled by muscular contraction, until they get into a quiet corner where they can rest and become enveloped in fibrous material. The fate of the buried silk ligature which does not work out has not yet been thoroughly settled. Certain it is that the site of buried ligatures may be explored at varying intervals after healing has taken place and only a few or none of the ligatures found. This has even been argued to prove that the unabsorbable ligature has achieved the impossible and has become absorbed. The alternative to an unabsorbable ligature is one of material capable of being absorbed, of which catgut is the type. It is on ligature material of this nature, hardened if necessary by various reagents to make absorption a matter of weeks, that surgeons will have to rely if they wish to save their patients and themselves the trouble and annoyance caused by re-appearing ligatures. In an infected wound an absorbable ligature usually disintegrates and comes away with the pus instead of remaining behind and acting as a seton which is the not infrequent behaviour of the silk ligature. The belief that an unabsorbable body, if sterile, will remain indefinitely buried among muscles has been responsible for many remarkable performances in the past, but even these pale before the insertion in the abdominal parietes of a wire fence which has lately been put forward as a rational method of treating hernia.

I am, Sirs, yours faithfully,
C. HAMILTON WHITEFORD.

Plymouth.

PSEUDO-DIPHTHERIA.

To the Editors of THE LANCET.

SIRS,—I shall be obliged if you will allow me to invite the attention of your readers to a question in diagnosis with regard to which I think we stand in need of fuller information than we now possess. During March and April a form of inflamed and infectious throat was prevalent in London and, I believe, in various country districts also. Occasionally one meets with cases of this kind which are apparently not induced by Löffler's bacillus but which can hardly be distinguished clinically from true diphtheria. Such has been my experience, and I trust the fact will excuse this intrusion upon your valuable space. I select the following case in illustration.

On April 5th a little girl, aged four and a half years, was taken ill. She was suffering from what seemed to be a mild tonsillitis. There was slight patchy formation of false membrane on the tonsils. This was painted over with iodine and for a few days the child seemed well, though a small point of slough lingered on the left tonsil. On the 8th some swelling of the cervical glands below the angle of the jaw on both sides was noticed. On the 10th the temperature rose to 103° and now for the first time two fresh patches of false membrane were observed on the velum palati in front of the left tonsil. To cover a suspicion of diphtheria 1500 units of antitoxin diphtheria were promptly injected. This dose was repeated on the next day. Local measures of treatment were of course continued as usual. On the 14th I had a report from the laboratory of Messrs. Burroughs and Wellcome on mucus which had been sent to them, stating that the bacillus diphtheria was absent, but that the staphylococcus and the streptococcus longus had been found. The urine examined on this day contained albumin. A week later this had disappeared. The temperature fell gradually, not suddenly, after the 10th and the false membrane cleared off in the same gradual manner only to return at the old spot. On the 20th another patch was noticed on the right faucial pillar. The condition at this time was indistinguishable from diphtheria, and after consultation antitoxin was once more injected. No decided benefit followed the injection, and another report on the mucus on this occasion was similar to the former. The left cervical glands which had gone on enlarging began soon after this to suppurate, and a large abscess was opened here on the 26th. The child improved and was practically well on May 4th. Up to this date, however, small unhealed patches were visible on the two anterior pillars of the fauces. The appearance of the false membrane on the velum in this case was peculiar. It was of a translucent white, not a dead white or cream colour. It seemed as if a bleb of cuticle had been raised and lymph deposit had taken place under this. The spots appeared to heal like superficial ulcerations.

These points appear to me to suggest a condition of throat erysipelas more than any other.

The case recalls, and to my mind helps to explain, another which puzzled me somewhat during an attendance in February, 1899. The patient was a young, healthy adult woman. The throat characters were similar to those of the last case, but there was more diffuse redness at the outset and at first no visible false membrane, though this appeared soon after. The uvula, moreover, was invaded towards its apex. Chlorinated soda gargle was used very freely. Between the fifth and tenth days of my attendance 6000 units of antitoxin diphtheria were injected and apparently with marked and rapid benefit as regards the clearing of the throat, though small pustules recurred during these days. No microscopical examination was made till the eleventh day, at which date local signs of disease were still present. Mucus sent to the Jenner Institute on this day did not reveal the bacillus diphtheria. The patient recovered and had no sequelæ.

Some doubt may perhaps exist as to the character of the second case, but I think this can hardly be said of the first. Its clinical development and the failure on two occasions to discover the bacillus diphtheria while other morbid germs were found distinguish it from true diphtheria. But it certainly showed several of the characters of the latter disease. Albuminuria and a false membrane on the front of the velum palati are especially noteworthy points. Under the circumstances I do not regret having used the antitoxin diphtheria. I should use it again in a similar case until convinced of its futility rather than fail to cover a possible error in diagnosis or the possibility of a mixed infection. Nevertheless the case is to me instructive chiefly of the fact that another germ, probably a streptococcus, is capable of producing local and even general effects not readily distinguishable from those of true diphtheria. Serum therapeutics in order to meet the necessities of this class of throats must evidently be carried a step further.

I am, Sirs, yours faithfully,
Green-lanes, N., May 15th, 1900. B. G. MORISON.

PUBLIC MEDICAL SERVICE, COVENTRY.

To the Editors of THE LANCET.

SIRS,—In the interest of reform in medical contract work I desire to lay before the profession some information regarding the work of this organisation. We have just held our eighth annual meeting and from the facts at our disposal we may claim to have achieved a great measure of success. Started with the object of attacking some of the anomalies of contract societies and bringing this work as far as possible under professional control we have succeeded far beyond our original dreams. We have fairly staggered the medical aid societies, inducing all respectable practitioners in the city to relinquish this kind of work. We have absorbed into our service the bulk of these patients. Some of the societies have absolutely ceased to exist. The abuses of the Coventry Dispensary are somewhat mitigated as a result of our sustained attack, and we still hope for the assistance of the British Medical Association in urging further reforms. Many problems affecting the profession have attained a certain measure of solution. Our policy has been to a great extent of a constructive nature. It was urged as a possible source of weakness that we did not admit the lay element on our committee of management. We have found no difficulty here, the working is smooth with practically no complaints. The competition existing amongst medical men is sufficiently keen to act as a regulating force in this direction. If men neglect their patients a natural consequence follows, and no lay committee seems necessary to manage our affairs, sitting in judgment and often harassing us with petty tyrannies. Charging higher terms than the Dispensary, we have on our lists the bulk of the mechanical labourers. As the saying goes "the Dispensary doctor goes by the front door, the Service doctor by the back." We have now on our books 8886 names; our receipts last year amounted to £1818 0s. 7d. The increase in our collection over previous year was £200 5s., which compares well with the report of the Dispensary, which announces an increase only of £75. The Coventry Public Medical Service stands prominent as an object lesson to practitioners, and other towns are adopting a similar plan. We have proved by experience that practitioners by combination can get a fair measure of control over

their own work. Such a course must give them a greater dignity in the eyes of the public. There will not be the same necessity to place themselves under the control of laymen, who have a contempt for professional combinations and whose institutions largely depend for their success on the existence of an over-stocked medical market.

I am, Sirs, yours faithfully,

W. RICHARDSON RICE, B.A., M.D. Dub.,
Honorary Secretary, Public Medical Service.

Coventry, May 20th, 1900.

"THE CONFERENCE ON MEDICAL ORGANISATION AT MANCHESTER."

To the Editors of THE LANCET.

SIRS,—I crave a little of your space to make a few remarks on the criticisms of your Special Commissioner on the Manchester Conference in THE LANCET of May 12th (p. 1382). His chief criticism is that a conference on medical organisation ought not to have dealt with grievances, and at first sight that is so. But this conference was being convened on very different lines from anything previously attempted in connexion with the profession, and it seemed to those who had the arrangements in hand that it was not enough to talk about the value of the principle of delegation, but that it would be far more to the purpose to give a *practical demonstration* of its value. That was the central idea underlying the whole affair. The first and second days of the conference were devoted to this demonstration, and I think, and so do the majority, if not all, of those present, that it was a decided success. Had it not been it is scarcely likely that the third day would have seen the principle of delegation embodied in the resolution which I moved so readily adopted. Regarding the representative character of the conference it is quite correct to say that 4000 members of the profession were represented. Half of these were members of branches of the British Medical Association and half were members of local societies in all parts of the country. The Hospital Reform Association did not send a delegate. How far the delegates were instructed by the societies sending them I am not in a position to say, but it was no fault of the system or of the authorities of the conference if they were not. The agenda was in the hands of the secretaries and delegates a full month before the date of the meetings, and the introductory note expressly directed their attention to this point and urged them to give full instructions to their delegates how to vote on the different resolutions. The authorities of the Conference have no right to think that the delegates voted any way than in accordance with the expressed directions of their societies, and if any delegate did then it is for his society to bring him to order.

In conclusion, I have only to say that destructive criticism is always an easy matter, but I fancy that the mistakes of those who are working honestly for any cause are of more value to that cause in the long run than the adverse criticism they excite, particularly of that kind which is so ready to tell us what we should have done but is not so ready to indicate the lines of future progress.

I am, Sirs, yours faithfully,

SAMUEL CRAWSHAW, M.B. Vict.,
Honorary Secretary to the Conference.

Ashton-under-Lyne, May 21st, 1900.

"DEATHS UNDER CHLOROFORM."

To the Editors of THE LANCET.

SIRS,—Whilst agreeing with Captain Clayton Lane, I.M.S., that all important particulars should be given in these unfortunate cases, I cannot agree that his letter in THE LANCET of May 19th (p. 1467) will encourage young practitioners to take the trouble to record cases. In speaking of Dr. Mowat's letter he says: "Possibly he carries the same principle—the principle of sketchiness—yet further, for he seems to imagine that the clinical observation of a patient under chloroform close enough to ensure the subsequent unity of a full and accurate report of his symptoms places his life in danger. Can one argue with such an one?" I do not know what Captain Clayton Lane wants to argue about. Dr. Mowat remarked on the difficulty of relating all the details some time afterwards, and the efforts made to prevent a person dying under an anæsthetic, and afterwards the appearance before a coroner's jury are not conducive to a long and

detailed report. I pressed Dr. Mowat to report the case and if he did not wish to write a paper on the case he could record it in your Hospital Mirror. This he did, and for several reasons curtailed it. My desire was to have the case on record as a death from chloroform, believing as I do that all deaths from an anæsthetic should be recorded, even if the scientific details are omitted. In this case the coroner did not order a post-mortem examination, and, unfortunately, one was not made, so that if Dr. Mowat had reported all the clinical details of the patient it could not have been complete without a pathological report. I think that in every case of a death from an anæsthetic we should have it (1) reported, (2) a post-mortem should be made, and (3) a clinical history of the patient and the case should be given. If we cannot get these then let us have a record of all deaths due to chloroform and other anæsthetics and take them for what they are worth, without dubbing the recorder as one who has the "principle of sketchiness." Dr. Mowat is an able anæsthetist and it was a painful shock to him to have a death from an anæsthetic which he is accustomed to administer, and I can understand how easy it was to leave out details in writing his report some days after.

I am, Sirs, yours faithfully,

Wigan, May 19th, 1900.

WILLIAM BERRY, F.R.C.S. Irel.

MEDICAL ETHICS AND THE ANNUAL MEETING OF THE BRITISH MEDICAL ASSOCIATION.

To the Editors of THE LANCET.

SIRS,—At the spring meeting of the North of England Branch of the British Medical Association held at South Shields on April 16th it was unanimously resolved to petition the Council of the Association to set apart one day at the annual meeting at Ipswich for the discussion of medical ethics and medico-political subjects. I hope that other branches will take steps to support this and make a similar request.

I am, Sirs, yours faithfully,

Durham, May 21st, 1900.

EDWARD JEPSON.

CAMBRIDGE APPOINTMENTS ASSOCIATION.

To the Editors of THE LANCET.

SIRS,—Will you kindly give publicity to the fact that we have upon our books a large number of those who are just completing their career at the University and who are anxious in the course of the summer to enter upon various departments of practical life both in England and abroad? This association has met with so much sympathy during the short time it has been started that we feel confident that many, especially old Cambridge men, need only to be reminded of its existence to avail themselves of its aid if opportunity occurs.—I am, Sirs, yours faithfully,

W. A. J. ARCHBOLD, Secretary.

73, Trumpington-street, Cambridge,

May 19th, 1900.

"ON THE MODERN TREATMENT OF DIABETES MELLITUS."

To the Editors of THE LANCET.

SIRS,—I should be glad if you would print a note in THE LANCET to indicate the following erratum. The error is mine.

I am, Sirs, yours faithfully,

May 21st, 1900.

ROBERT SAUNDBY.

ERRATUM.—On page 1424 of THE LANCET of May 19th the quantity of cheese in B diet should be three ounces and not two ounces as printed.

THE PATHOLOGICAL SOCIETY: A CORRECTION.

To the Editors of THE LANCET.

SIRS,—I shall be glad if you will allow me to correct two errors which occur in the report of the proceedings of the Pathological Society of London in THE LANCET of May 19th, 1900, p. 1441.

1. It was to Dr. Edington (not Edingham) that I ascribed the credit for much that has been ascertained regarding the pathology of African horse-sickness.

2. I did not state that filtration does not arrest the virus