a very small one, but undoubtedly exists. I do not envy the feelings of a man who, after assuring his patients for years that by his method of administration no risk is run, is rudely awakened from his false security by a fatality. I share with Dr. Edmunds his distrust of geniuses, especially when they appear armed with elaborate machines for what they are pleased to term the "scientific" administration of chloroform.

I am, Sirs, yours faithfully,

Plymouth.

C. HAMILTON WHITEFORD.

"SOME FACTS GATHERED FROM EXPERIENCE RESPECTING MISCIBLE BLACK CARBOLIC DISINFECTING FLUID AND CARBOLIC DISINFECTING POWDER."

To the Editors of THE LANCET.

SIRS,—Allow me to offer some few remarks on the above article which is very interesting. Mr. Alexander has done much service to the public and also to the honest manufacturer by calling attention to the matter. Analysis is essential nowadays in nearly everything, especially so when the substances for examination are to combat disease. After very considerable experience in analysis of our own (Messrs. Lawes') fluids and powders, those of other makers, and various preparations of which the phenols are the vital constituent, I consider the determination of the phenols is both hopeful and hopeless—hopeful as regards being able to give a certain opinion as to the value of the preparation and hopeless when extreme accuracy is required. The comparatively simple process which I have carried out thousands of times enables me to control the manufacture, prevent importation of useless material, and have a very solid piece of evidence to show those who will say a good deal to procure an order for their products. I have not had much trouble with naphthalene, but no doubt some makers have; careful inspection by the chemist in charge of the manufacture will get over this. The preliminary precaution of taking a sample by glass rod from the cask, as mentioned in the article, will readily afford a clue on this head. Analysis of the creasote is, of course, very essential.

Now as regards analysis of fluid the method Mr. Alexander gives appears to be very satisfactory, but it seems rather long, and I think for practical purposes might be simplified. My method is almost as given by Tidy (Lunge's "Coal Tar and Ammonia," p. 361, second edition), but I have made some slight modifications which long experience has shown to be easier and without any sacrifice of accuracy. I take 50 cubic centimetres of fluid creasote, &c., instead of 100 cubic centimetres, distil in six-ounce stoppered German glass retort till full of fumes, heat up distillate twice with 20 cubic centimetres of caustic soda (specific gravity 1.200) in small Jena (250 cubic centimetres) flask standing on an iron plate. Shake well; separate by means of a separating funnel or tube. To the mixed caustic solutions add excess H_2SO_4 (one part acid to three parts of water); then measure the tar-acids when cold in a burette. Some of the sulphate of soda solution can be got rid of by the separating funnel. This test can be done in about an hour. The retort is heated direct over an argand, which gives both heat and support. Fracture is not frequent if care is used. There is no danger as there is no explosion—at least, I have not seen one. The lad usually employed in the laboratory can do these analyses very well after a bit. This test, founded on Tidy's, is the sheet-anchor of the business. I believe some chemists do not know about it, or at least its application in this direction, consequently at times ludicrous results are returned which must cause annoyance to medical officers of health who have, I should say, no time to spare. Of course, water, total oils, pyridine bases, alkali, &c., can be estimated if required and do not present much difficulty with a little practice; they are of importance, but for practical purposes of disinfecting the "tar-acids" are the thing. As to powders, distillation in retorts is not, I think, very satisfactory. The retorts crack awfully and I doubt if anything like the true percentage is obtained. Thorpe in his dictionary gives a method, treating the powder with ether and filtering after standing over night. This gets out tar-oils and acids; soda (specific gravity 1.200) is added, which takes up the phenols and leaves oils; part of the ether is distilled off and the rest separated; the caustic soda solution is then treated with

H_2SO_4 and the tar-acids are measured in a burette. This method gives good results but is rather long.

The little plan suggested to me by your chemist of heating a weighed quantity of the powder for a couple of hours or so at 100°C . and taking the loss as an indication of phenols is very useful, especially to works chemists, who know what moisture the base of the powder and acid contain, so that the amount can be deducted from the total loss; the remainder, taken as phenols, very closely agrees with the ether method. This plan is specially useful to tell what is in an unmarked cask, &c., or rapidly check a lot going out; it would be of service also to medical men, as if a powder is guaranteed 10 per cent. carbolic and only shows 6 per cent. total loss it is certainly deficient and can then be submitted to further examination. I might venture to suggest that it is desirable to keep strong disinfectants and carbolic tooth-powders carefully under control and away from young children; tooth-powder is especially apt to get into the eye, causing painful results. Trusting that these few remarks on the analyses of valuable substances may be useful to medical men whose onerous labours are lightened if their patients' surroundings are healthy and clean,

I am, Sirs, yours faithfully,

VINCENT EDWARDS, F.I.C.,

Chemist to Messrs. Lawes, Limited.

Lawes' Works, Barking, Essex.

"THE MURMURS IN MITRAL STENOSIS."

To the Editors of THE LANCET.

SIRS,—Dr. Brockbank's theory being a modification of that propounded by Dr. Barclay and supported by Dr. W. H. Dickinson and others, it may be as well to recur to the origin of Dr. Barclay's theory—viz., a case of mitral stenosis in which "the contraction of the heart could be felt between the ribs during the pause prior to the occurrence of the first sound and while the presystolic murmur was audible to the ear."¹

Dr. Dickinson supported the theory, stating, "I have satisfied myself and confirmed my conclusion upon many patients that the so-called presystolic murmur does not precede the impulse of the heart, but begins with it."² The whole subject was thoroughly discussed in your columns in the years 1872, 1887, and 1889; there is therefore no occasion for reproducing arguments that have been used against this theory and which are equally applicable to Dr. Brockbank's modification. One question, however, of Dr. Dickinson's is, I think, important: "Does the lifting of the chest-wall as felt by the finger indicate the systole?"³ My answer to this is, that the systole of the *right* ventricle is felt, but it does not necessarily follow that the left ventricle is also in systole.

In an article entitled "A New Explanation of the Presystolic Bruit," in the *Clinical Journal* of July 12th, 1899, I recorded a similar case to Dr. Barclay's. Until I met this case I did not appreciate the significance of the "lifting" movement, concerning which so much has been written. On palpation the right ventricle could be distinctly felt contracting during almost the entire diastolic period of the left ventricle, the contractions spreading from base to apex and ending with the apex beat. The theory I have ventured to bring forward is as follows: 1. That in consequence of the different tensions existing in the right and left ventricles these cavities, under the circumstances of mitral constriction, do not act synchronously. 2. That the base to apex portion of the right ventricular systolic wave occurs when the left ventricle is in diastole. 3. That the right ventricular muscle vibrations are heard during the diastolic period and that they gradually increase in intensity towards the end of it. 4. That the so-called presystolic bruit is composed of three parts—(a) right ventricular muscle vibrations, (b) an auricular systolic bruit, and (c) a slapping first sound; the muscle vibrations being the cause of the peculiar and intimate relation between the auricular systolic bruit and that sound. 5. That in double mitral murmur these vibrations prevent the distinction between the two murmurs which is heard in the double aortic murmur.

The supporters of the "Barclay theory" have, I think, erroneously assumed that the right and left ventricles act

¹ THE LANCET, March 2nd, 1872, p. 284.

² THE LANCET, Oct. 1st, 1887, p. 651.

³ THE LANCET, Oct. 19th, 1889, p. 782.

synchronously. We know that in many cases of mitral stenosis the left auricle is incapable of contraction, and that the circulation is carried on by the hypertrophied right ventricle and pulmonary arteries. The question may therefore be asked, Could the circulation be carried on in a case of mitral stenosis if the two ventricles acted in perfect synchronism? I do not think it could.

I am, Sirs, yours faithfully,
O. C. GIBBES, M.D. Aberd., M.R.C.P. Lond.
arkston-gardens, S.W.

THE PREVENTION OF SYPHILIS BY TREATMENT.

To the Editors of THE LANCET.

SIRS,—Syphilis being a contagious disease ought if possible to be prevented either by notification and prosecution of persons who voluntarily infect their neighbours or by some other legal plan. Professor Alfred Fournier has favoured me by sending me his recent pamphlet on the prevention of syphilis by treatment, from which it appears that he considers the Parisian plan which has had so many imitators in Europe of no service for prevention and recommends simply our present British system of hospital treatment of the poor affected with the disease. Here are one or two citations from his pamphlet: "Applied from early times to the repression of prostitution administrators and police measures have without doubt accomplished in relation to the prevention of syphilis all that they are capable of accomplishing. But without refusing to recognise the benefits (as to which I would be on my guard as against ingratitude and error) one is yet free to regard them as insufficient for their purpose, it being understood that their action is necessarily limited to public control. The police only supervise some thousands of women whilst there are eight or ten times that number who spread abroad syphilis professionally among the Parisian population. The police conscientiously do all the good they can and we should be thankful to them, but they are powerless to stop the overflowing current of venereal maladies. In spite of the system syphilis still exists among us as it did in the past as an incurable ulcer attacking society. I believe that it has increased, although sufficient and reliable statistics are not obtainable. This is also the belief of my colleagues whom I have frequently heard saying, 'Syphilis is to be seen every day, everywhere, and worse than ever.' At any rate, I am in a position to affirm without fear of contradiction that at the present day syphilis flourishes. It abounds in hospital wards, in the hospital and out-patient departments, and in our private consulting-rooms, &c., &c."

At the Portsmouth meeting of the British Medical Association some speakers in the debate on the Prevention of Venereal Contagions seemed to wish to introduce the Parisian system into London. The above cited remarks from Professor Fournier show that this plan is always a failure because so disgracefully unjust in its application. Perhaps notification might succeed if it were anonymous, as it would give us correct information as to the extent of the evil and allow us to formulate plans for its prevention.

I am, Sirs, yours faithfully,

CHARLES R. DRYSDALE,
Consulting Physician to the Metropolitan
Hospital.
London, Jan. 29th, 1900.

GRIFFIN v PEIRSON: AN APOLOGY.

To the Editors of THE LANCET.

SIRS,—As the solicitors for the Medical Defence Union, Limited, acting upon their instructions for Mr. Griffin of Banbury in the libel action of "Griffin v. Peirson," which was entered for trial at the present Oxford Winter Assizes, we beg to hand you a retraction and apology signed by the defendant and witnessed by his solicitor for publication in the press. May we, therefore, ask you to be good enough to insert it with this letter in the next issue of your journal.

We are, Sirs, yours obediently,

HEMPSONS.

35, King-street, Cheapside, London, E.C., Jan. 30th, 1900.

APOLOGY.

Whereas I the undersigned Alfred Mellett Peirson otherwise known as "Lennox" of No. 3D, Blenheim-mansions, Edgware-road, London, spoke, published, and caused to be circulated in the months of May and July, 1899, certain slanderous and libellous statements concerning

Dr. Innes Griffin of Banbury, Oxfordshire, in relation to an operation which he had performed upon a patient for a mastoid abscess in the month of October, 1898, and by which I imputed to Dr. Griffin a want of professional care and skill in connexion with the operation. And whereas Dr. Griffin has taken action against me for libel in the Queen's Bench Division of the High Court in consequence of the statements published and circulated by me as aforesaid but has kindly consented to forego such action on my withdrawing each and all of the said statements and making the apology herein contained and paying a certain agreed sum for costs: Now I, the said Alfred Mellett Peirson, otherwise known as "Lennox," hereby declare that the said statements so published and circulated by me as aforesaid are each and all of them without any foundation whatsoever in fact and I hereby apologise fully, freely, and unreservedly to Dr. Griffin for having published and circulated them and desire to express my sincere regret and contrition to him for any pain and inconvenience which I may have caused him for having so acted as aforesaid and I am grateful for the leniency shown to me by Dr. Griffin. And I hereby authorise Dr. Griffin to publish this apology in such manner as he may think fit.

Dated this 29th day of January 1900.

Witness—JNO. E. CLAY, Solr.,
185A, Marylebone-road, W.

A. M. PEIRSON.

"PROPOSED PUBLIC MEDICAL SERVICE."

To the Editors of THE LANCET.

SIRS,—Referring to Dr. Rentoul's letter *re* the above scheme I have not had the good fortune to see his rules and suggestions, but hope to do so in the near future. As regards a "cash fee department," by this I understand an abolition of the contract system in favour of "cash fees" at a reduction from the practitioner's ordinary charges. This scheme I venture to consider as quite inadequate—if not totally impracticable—as a means of competing with the medical aid and similar institutions. I had the good fortune to be present at two or three debates upon this very subject, when after considerable discussion the idea was dropped as impracticable for the purpose intended—namely, to compete with associations that at present undertake contract work. The public are wedded to the provident or contract system and will not readily abandon it. I am pleased to see that Dr. Rentoul so far agrees in that he has recommended a provident department also.

The proposed service would exactly fill Dr. Rentoul's second suggestion—namely, "to enable practitioners to refuse to have anything to do with club or contract work save through the service," and with that object in view the rules have been so framed that every practitioner is eligible to join whether holding a medical aid appointment or not, but in the case of certain appointments that may after due consideration be condemned by the executive of the service then a long but definite period will be given to the practitioner to enable him to decide whether he will continue a member of the service and work up a connexion therein or will continue to hold the condemned appointments and resign his membership or be expelled failing resignation. To prevent wholesale condemnation of appointments without most careful consideration it is provided that the executive shall not condemn any appointments until after the expiration of a fixed period from the inauguration of the service or until they have consulted the district committees as to the advisability of so doing.

Dr. Rentoul's fear "that such a service would run a great danger of being ruined by not having a rigid 'wage limit' for membership and thus hospital abuse if corrected at the hospital would not be cured but only transferred to the service doctors are a most unbusinesslike class," is worth careful consideration. The first portion I would meet by saying that it is provided that the management and control are solely in the hands of registered medical practitioners duly elected from and by the general body of members of the service. If they found that a certain wage limit did not pay they could raise the premium or lower the wage limit, at any rate for all new patients. The latter remark is more difficult to combat, but an endeavour has been made to do so by framing the rules on business lines and embodying in them certain rules and directions as to working, failure to comply with which may be visited by a fine; moreover, no one man is entirely trusted to work the details either of the district committees or executive council, but a system of checks has been adopted by which the various officers check each other off and are again checked off by the district committee who in their turn are responsible to the executive.

As regards changing the name from the "Public Medical Service" to the "Provident Medical Service" I can see no grave objection to this course if so desired when the scheme is to be started, though personally I consider that the word