Correspondence.

"Audi alteram partem."

THE SECTION OF ANÆSTHETICS OF THE ROYAL SOCIETY OF MEDICINE AND THE PROPOSED GENERAL ANÆSTHETICS BILL.

To the Editor of THE LANCET.

SIR,—It is now hardly necessary for me to reply to the criticisms of Dr. Dudley Buxton and of Dr. J. F. W. Silk on the proposed General Anæsthetics Bill, seeing that the section of the Royal Society of Medicine of which they are such well-known members has since the appearance of their letters emphatically expressed itself in favour of restricting the administration of general anæsthetics to legally qualified medical practitioners. With some of the views expressed by Dr. Buxton in his temperate and thoughtful letter I am in complete sympathy. I quite agree, for example, that it would be desirable in the public interests, although I fear it would be impracticable, to include certain local anæsthetics or methods of applying them within the scope of the Bill. With other views I am, unfortunately, not completely in accord. The present occasion, however, is not one upon which it is possible satisfactorily to discuss such an important and far-reaching subject, but I hope shortly to publish a series of articles dealing with the whole question of deaths under anæsthetics and the means which, in my opinion, are urgently needed for their prevention. It seems to me that there are no differences between Dr. Buxton and myself that do not admit of adjustment, and I am glad to think that this is the case; we both wish to reach the same goal though by somewhat different routes. As matters fortunately now stand, the Section of Anæsthetics is to be congratulated on being the first of the numerous sections of the Royal Society of Medicine to transmit to the Council of that society a resolution in favour of legislation in regard to its own branch of practice. The section has, in fact, taken a step which is in complete harmony with the views and policy of the General Medical Council as to unqualified practice, and it is to be hoped that it will still exert its valuable influence in bringing about the reforms which are required.

I am, Sir, yours faithfully,

Queen Anne-street, W., Feb. 8th, 1909. FREDERIC HEWITT.

A DEVELOPMENT OF MEDICAL PROTECTION.

To the Editor of THE LANCET.

SIR,—A circular was sent out in June last by the Council of the London and Counties Medical Protection Society, Limited, on the subject of extending the protection granted to members of the society (in respect of claims brought against them for negligence, &c., in connexion with their practice), so as to cover not only the costs of defending the proceedings, as previously, but also the amount of the judgment and plaintiff's costs where such defence was unsuccessful.

The matter was considered by that Council on receipt of the replies to the circular, and ultimately it was decided not to proceed with the scheme on the basis then suggested, but to leave each member who desired this additional cover to make individual arrangements with one of the public insurance companies.

Arrangements have now been made with the National General Insurance Company, Limited, which is issuing policies on the following terms for the benefit of members of the London and Counties Medical Protection Society only:—

1. The London and Counties Medical Protection Society, Limited, will, as heretofore, undertake the defence of members in actions brought against them where, in the opinion of the Council, such actions are proper cases to be defended.

2. In the event of the defence being unsuccessful and of judgment being given against the member sued, the National General Insurance Company, Limited, will pay the amount of damages awarded, together

with the plaintiff's taxed costs, not exceeding in the whole £2000 in any one year, for any one member. The effect of this will be that in all cases where the Council undertakes the defence the member will be fully protected (subject to the limit mentioned) whatever the ultimate result of the case may be.

3. The premium to be charged by the National General Insurance Company, Limited, for the indemnity has been arranged at 10s. per member per annum, with the addition of 5s. in respect of each qualified assistant, and 2s. 6d. for each dispenser employed.

Large numbers of members of the London and Counties Medical Protection Society have already taken out these policies and this new form of insurance seems likely to be very popular. The objection which might be made to indemnifying medical or dental practitioners absolutely against actions for professional negligence or want of reasonable skill is obviated by the fact that the council of the London and Counties Medical Protection Society does not intentionally defend its members if their conduct has been such as to justify the claims made against them. Full particulars of the above policies can be obtained from the National General Insurance Company, King's House, King's-street, London, E.C., or from

Yours faithfully,

HUGH WOODS, General Secretary,

London and Counties Medical Protection Society,
31, Craven-street, Strand, London, W.C.

STEATOPYGIA.

To the Editor of THE LANCET.

SIR,—Permit me to make a few remarks in regard to the article, "An Interesting Example of Steatopygia," which appeared in THE LANCET of Jan. 30th. The illustration accompanying the article is not, I should think, that of a female Bushman but of a young Hottentot woman. Examples of Bushmen are now rarely, if ever, met with in the Cape Colony except in very remote parts bordering on the Kalahari Desert. Many years ago, whilst serving with a field force operating against a rebellion of Griquas and Hottentots, some of our most difficult work was near the Kalahari, and there I came across a few specimens of real Bushmen. The most interesting feature of these little people is their perfect symmetry and they possess beautifully shaped hands and feet. The only abnormality they show—and this is an acquired not an inherited abnormality—is the pendulous stomach, which is more noticeable in the young than in the adult. The enormous stomach, often hanging well over the pubes, is dilated by frequent feasts and fasts and excessive water drinking. It is really extraordinary the amount of food which such a small person can put by. I have seen a Bushman somewhere about 4 feet in height consume 12 pounds of cooked meat with bread and large libations of coffee at one sitting. The difference between a hungry Bushman and one who has recently dined is, indeed, remarkable—something like blowing up a collapsed indiarubber ball. So long as the food lasts they sit up and eat, and sleep is quite a secondary consideration. It can be imagined that, owing to a natural scarcity of food, the Bushman is miserably spare in appearance and carries no spare flesh. His ordinary food consists of locusts, grubs, nuts, wild fruit, &c. He does not excel as a hunter, as his only offensive weapon is a small bow and arrows. The arrows are provided with a detachable bone head, which is generally smeared over with putrid meat, or, I believe, with the juice of the euphorbia. I had under my care two troopers who were wounded with these arrows and the effect of the poisoned arrow-head appeared to be quite local, the wound being followed by severe cellulitis and abscesses, but I found no evidence of any direct constitutional disturbance from poison. The Bushmen are absolute nomads, possessing no flocks or stock, not living in community, but each family living separately, wandering about with no fixed dwelling, and they make no attempt at agriculture. Their language is probably the most difficult in the world to acquire and is made up largely of very soft sibilant "clicks." There are, as far as I know, only two Europeans who speak the language.

The Hottentots are fairly numerous and are built on a larger scale than the Bushmen, whom they do not resemble. They are used by Cape farmers as herds and in this capacity they show an extraordinary quality, for a Hottentot herd will take several spans of oxen, flocks of sheep, or herds of goats into the veld for grazing, and upon returning to the kraal in the evening will stand by the gate watching the animals

enter. Now the herd, whose counting ability is very limited, will at once detect whether one or more animals are missing, and will give an absolutely correct description of the colour, markings, and physical peculiarities of the missing beasts. It is the most astonishing performance I have seen.

Steatopygia is general amongst the Hottentots and not among the true Bushmen. Almost all the women of the former race exhibit in a greater or less state of development the fatty enlargement of the buttocks and hips. This form of steatopygia is often enormous, as depicted in the illustration to your article, but the feature which is perhaps more noticeable than the size is the quaking and shivering motion of the fatty masses caused by the movement of the woman when walking. It is for all the world as if the buttocks were composed of quivering jelly and a good specimen case once seen is never forgotten. These enormous buttocks, however, seem to have their use, for they make admirable supports with the aid of a skin shawl whereon to carry the younger children when the mother is trekking. I have really seen children being thus carried literally looking over the edge.

The condition of skin extending over the pubes and alluded to in your article is caused by a continual pulling and stretching of, generally, the vaginal labia and clitoris from very early childhood, causing a great deal of extra growth which falls as a flap and well covers the vagina. This growth is called the *lappell*, but what is its actual use I could not find out. All the Hottentot women have it. One woman tried to explain the use of the *lappell* in this way: "You know that the Hottentot women always squat on their haunches around the fire, and the wood fire is dusty, and the ground is dusty; well, the good God has given us the *lappell* to keep the dust out."

The Hottentots have always lived in communities with a recognised head-man or captain. The men are excellent fighters, wonderfully fine scouts, and are absolute masters in their instinctive art of spoor finding or tracking, but, unfortunately, owing to their excessively drunken and pilfering habits they figure largely in the law courts.

I am, Sir, yours faithfully,

HERBERT D. CROOK, M.R.C.S. Eng., L.R.C.P. Edin.
Southstoke, Bath, Jan. 30th, 1909.

PURULENT CONJUNCTIVITIS OF INFANCY.

To the Editor of THE LANCET.

SIR,—Mr. Percy Dunn's letter in THE LANCET of Feb. 6th, p. 426, on the terminology of what he calls the "purulent conjunctivitis of infancy" is interesting, although I for one cannot agree with him in thinking that to change the time-honoured name "ophthalmia neonatorum" to the one favoured by himself would help us much. To my mind, indeed, there does not appear to be a great deal to pick between them, since one is as uncouth as the other and both are more or less inexact. Newly born children suffer from inflammations of the eye other than ophthalmia and every conjunctivitis in newly born children is not purulent. But, after all, it is the disease, which is still by far the commonest cause of blindness in children, and not the name that matters. If by a simple change from one name to the other good can be done, then let us change it forthwith. The committee on ophthalmia neonatorum of the British Medical Association, I am confident, will be only too glad to hear of practical proposals for the extirpation of the malady itself (call it what you will), the very existence of which constitutes a standing reproach to those who have to care for parturient women. The committee, I may add, is a strong one, including, as it does, representatives of the British Medical Association, the Obstetrical and Gynaecological Section of the Royal Society of Medicine, the Ophthalmological Society, the Section for the Study of Disease in Children of the Royal Society of Medicine, and, last but not least, the Society of Medical Officers of Health. Now is the time for all who are interested in this unhappy disease to be up and doing. Deeds are wanted more than words, whether they be applied rightly or wrongly.

I am, Sir, yours faithfully,

SYDNEY STEPHENSON,

Chairman of the Committee on Ophthalmia Neonatorum
of the British Medical Association.
Welbeck-street, W., Feb. 8th, 1909.

THE TREATMENT OF SCHOOL CHILDREN BY THEIR TEACHER.

To the Editor of THE LANCET.

SIR,—A few days ago a woman came to consult me about her child, a little girl, who had a sore on her chin. She told me the following story. The previous morning she noticed a red patch on the child's chin, and thinking it was possibly ringworm kept the child from school and wrote to the teacher telling her the reason. She got an immediate reply telling her to send the child. On her arrival at the school—one under the London County Council—she was examined by the teacher who took some fluid out of a bottle on a slate pencil and applied it to the patch. Next morning the chin appeared worse, and also remarking a swelling in the neck the mother brought the child to me. This story so surprised me that I wrote to the teacher asking her if the school medical officer had seen the child, or if she had treated her, and if so what had she applied. After receiving my letter the teacher called on me and told me no medical officer had seen the child, but she knew the child had ringworm and had treated it with pure sulphurous acid. It has always been her custom to do so in these cases and the only ones she does not treat are ringworm of the scalp. She is positive she can diagnose ringworm, always treats it as above, has never failed to cure, and never done any harm.

These facts raise two interesting points: 1. Are school teachers, when informed by parents that a child is possibly suffering from ringworm, correct in ordering the child to be sent to school without having it first examined by a medical man? 2. Is it customary or allowable for teachers under the London County Council to treat cases of ringworm or other skin diseases with applications such as sulphurous acid without medical instruction or control?

I am, Sir, yours faithfully,

K. R. COLLIS HALLOWES.

Buckingham Palace-road, S.W., Feb. 5th, 1909.

THE TREATMENT OF SYPHILIS.

To the Editor of THE LANCET.

SIR,—I notice in your issue of Feb. 6th, p. 426, a letter from Mr. T. P. Beddoes drawing attention to a slight inaccuracy of expression in Dr. Stopford Taylor's "Note on the Treatment of Syphilis." As the formula for grey oil is a somewhat complicated one Dr. Taylor asked me some time ago to calculate accurately for him the amount of mercury administered in each dose, and I believe I am responsible for the error. Dr. Taylor says in his note, "Barthelemy's syringe is graduated in centigrammes, a complete syringeful holding in all 14 centigrammes, this amount of grey oil containing two and a half grains of metallic mercury by weight." Now, as Mr. Beddoes points out, this would make the dose of mercury in each syringeful 40 per cent. of 14 centigrammes, that is, 5.6 centigrammes, or a little over three-quarters of a grain.

Barthelemy's syringe does not, however, contain one centigramme of grey oil in each division, but is graduated in such a manner that when used with a 40 per cent. grey oil one centigramme of metallic mercury is contained in each of its divisions, and as Dr. Taylor states 14 centigrammes of metallic mercury or approximately two and a half grains in each syringeful. The syringe, which has a capacity of about five minims, is thus graduated not in centigrammes of grey oil but in centigrammes of mercury and when full contains 35 centigrammes of grey oil, 14 of which is metallic mercury. Grey oil is made up to contain 40 per cent. of metallic mercury by weight, using as excipient a mixture of liquid paraffin and vaseline. Now, the compounding of a mixture by weight, which is to be afterwards measured for administration by volume, is unscientific and though quite admissible where water is the excipient may lead to serious error where an excipient is used which is not of a definite and constant density.

Liquid paraffin according to the American Pharmacopœia varies in density in different specimens between 0.87 and 0.94—that is, a range of variation of approximately 7 per cent. Let us suppose that the makers of the syringe regulate the contents of each division so that it shall contain one centigramme of metallic mercury when used with grey oil made up with a paraffin with a density of 0.87. It may