of health excepting a slight dry cough from which he had been suffering for the past week or ten days. He returned home a little after 6 P.M. and partook of his usual tea, making a good supper a little before 9 previous to turning in for the night at about 9.30 P.M., as from the nature of his occupation he was obliged to keep early hours. At a few minutes to 10 he started out of bed, remarking to his wife that he "felt choked" and ran into the front sitting-room. Here he sank on to a chair and evidently still experiencing intense agony in this situation rolled on to the floor and expired. His intensely cyanosed appearance on rising out of bed so alarmed his wife that I was sent for immediately and arrived at the house it is estimated less than ten minutes after the time when he left his bed. The remarkable severity and rapid dissolution in this case call, I think, for special notice as the experience must be a very rare one. The appearance of the body when first seen by me was as follows. The face was intensely livid and wore an expression of agony, the pupils were very widely dilated, the body was of a natural warmth, supple, muscular, and well nourished and the thorax well formed. Even at this time an abundance of white foam was welling from the mouth and nostrils and there was an escape of a considerable amount of pinkish serous fluid from the mouth. I made the necropsy to-day at 3 P.M., at which the following additional appearances were observed. Post-mortem lividity was strongly marked and the veins all over the surface of the body were greatly distended with very dark blood. The frothy material was still issuing from the nostrils and mouth but the flow of serous fluid had ceased. Each pleural cavity contained about half a pint of reddish serous fluid. The lungs were somewhat voluminous from commencing emphysema at the apex and anterior borders and on division of the bronchi discharged an enormous quantity, over three pints, of reddish serous and frothy fluid, while this could also be squeezed from the lung through the bronchi and all cut surfaces in abundance, the lung tissue then assuming a vesicular character. The larger bronchi and trachea were clear but somewhat congested and otherwise the lung tissue appeared normal. The left ventricle was markedly hypertrophied, the heart weighing 19 ounces, and the aortic valves were somewhat thickened, distorted, and incompetent. The other valves were apparently normal. The aorta was the seat of well-marked atheromatous changes, while the radial and temporal arteries also manifested pronounced thickening and tortuosity. The other organs of the body were in an apparently healthy condition. Microscopically no characteristic abnormal appearance can be detected in the lung. The patient had not been under any treatment. No history of heart or kidney trouble could be obtained. I expressed the opinion that death was due to the sudden strain thrown upon the heart by the rapid engorgement of the lungs.

I am, Sir, yours faithfully,

G. H. C. LUMSDEN, M.B. Aberd.

Brighton, Jan. 17th, 1908.

To the Editor of THE LANCET.

SIR,—In Zola's powerful book "Fécondité" there is a graphic description of the sudden illness of a perfectly healthy young woman whose symptoms began at bedtime, following a wetting from a rain-storm in the afternoon, and who died after intense suffering at 7 o'clock in the morning, "d'une congestion pulmonaire." When the book was published eight years ago a medical friend discussed this case with me. As neither of us was familiar with an acute pneumonia or pulmonary congestion which would cause death in a hitherto healthy adult within seven or eight hours we were at first inclined to class this description among the errors of novelists writing on subjects of which they are ignorant; remembering, however, the notorious accuracy of M. Zola and the mastery of technical detail which he always acquired of any subject on which he undertook to write, and having, moreover, both been in practice sufficiently long to have learnt that we did not know everything, we decided that the novelist was probably correct and our own limited experience at fault.

I now learn that the case described corresponds accurately with those cases of rapidly fatal "acute pulmonary cedema" which have recently been recorded by correspondents in your columns. The clinical picture of the illness drawn by M. Zola is most vivid and accurate and is to be found on pp. 557 to 559 of the ordinary French edition. Perhaps the disease is better known in France than in England, for M.

Zola writes of it as of something not very uncommon. The medical interest, in other respects, of this striking book is such, and the moral it teaches so impressive, that all might read it with advantage.

I am, Sir, yours faithfully,

C. K.

THE SOCIETY OF MEDICAL PHONOGRAPHERS.

To the Editor of THE LANCET.

SIR,—It is many years since the Society of Medical Phonographers was last mentioned in your columns and we shall be glad if you will allow us to direct attention to the fact that it still exists and still issues its medical periodical in lithographed phonetic shorthand. We believe that many students and members of the profession are ignorant of the society and its efforts to promote the effective use of shorthand in medicine, both in practical work and in research. The honorary secretary will be glad to furnish particulars of the society to any members of the profession or students who may desire to join it.

We are, Sir, yours faithfully,

WILLIAM R. GOWERS, President.

CHARLES W. CATHCART, } Vice-Presidents.

G. SIMS WOODHEAD, }

OSKAR C. GRUNER, Honorary Secretary,

Pathological Department, General Infirmary, Leeds.

January, 1908.

THE CAUSE OF THE PREVALENCE OF ADENOIDS.

To the Editor of THE LANCET.

SIR,—If reliable statistics were available it would, I believe, be conclusively proved that during the last 30 years there has been a remarkable increase in the number of children affected with adenoids. That adenoids have always existed may, no doubt, be correctly inferred from indirect evidence, but on the other hand, evidence has been brought forward to show that until recent years it must have been quite a rare disease. However, as regards what exists at present, I would mention that it is difficult to find evidence of many cases indicating the previous existence of adenoids among people of 40 years of age and upwards, whereas it seems to be comparatively rare to find a family of children without at least one of its members having suffered from the disease. It is not my intention, however, to compare the past with the present. What I want to do is simply to state that without any attempt at selection I took a number of families whose habits I knew with regard to the keeping of open windows in the sleeping apartments of their children. Of those who kept the windows shut at night there were five families, having 26 children in all, and not one of these 26 children had ever suffered from adenoids. While of five families, having 19 children in all, who kept open windows at night throughout the year, eight of these children had suffered from adenoids sufficiently badly to have required operation. Now I do not put any importance on these figures, they are too few to be of any particular value beyond being very suggestive, and it was not on account of them that I was led to think that open windows at night might be an important factor in the causation of the prevalence of the disease. I am writing because I am not in a position to get as full statistics on the subject as seems desirable and I should like particularly to know the effect of cold and damp night air, such as we usually have in England, in the production of adenoids and of its value or otherwise in the treatment of an ordinary cold in the head.

I am, Sir, yours faithfully,

Wimpole-street, W., Jan. 20th, 1908.

J. SIM WALLACE.

THE INFECTIVITY OF CANCER.

To the Editor of THE LANCET.

SIR,—I very much regret to find from his letter addressed to you in THE LANCET of Jan. 18th, p. 188, that I have inadvertently misrepresented Dr. Bashford by attributing to him instead of to Messrs. Farmer, Moore, and Walker the statement reported in the *British Medical Journal* of Jan. 30th, 1904, that "malignant new growths were virtually reproductive tissue arising in abnormal situations" and I am

very glad to be assured that Dr. Bashford dissociates himself from such a conclusion. I find, however, that four months after Dr. Bashford's and Dr. Murray's paper, which contained the above quotation, was read Professor Farmer at a meeting of the Pathological Society of London held on May 17th, 1904, and reported in the *British Medical Journal* of May 21st, 1904, p. 1196, observed "that although the authors" (Messrs. Farmer, Moore, and Walker) "had been credited with the view that they had arrived at an explanation of the phenomena of carcinoma they disclaimed this; the relation between heterotype mitosis and the life-history of carcinoma they did not profess to explain."

I am, Sir, yours faithfully,
Driffield, E. Yorks, Jan. 18th, 1908. A. T. BRAND.

DEATH UNDER AN ANÆSTHETIC.

To the Editor of THE LANCET.

SIR,—In THE LANCET of Dec. 14th, 1907, p. 1714, is a report of an inquest upon a case of death under an anæsthetic upon which I gave evidence as to the post-mortem appearances. Amongst other remarks I am reported to have said that I considered coughing might have acted as a "shock" to the heart. If I used the word "shock" it must have been thoughtlessly and in ignorance of the fact that the word might appear in print. My opinion is that the deep inspiration which follows a forcible expiration may affect the heart and that the heart—judging from the clinical evidence—was thus affected in this particular case.

It has never seemed to me that adhesions of the pleura or pericardium are important factors in the production of the so-called "pulsus paradoxus." Yet in this case it may be of interest to mention that firm adhesions obliterated both the right and the left pleural cavities. The consequent inability of the lungs to advance over the heart during inspiration may have aided to produce a distension of the heart which, weakened by the anæsthetic and defective aeration of the blood—owing to the presence of thick muco-pus in the bronchial tubes—proved fatal.

I am, Sir, yours faithfully,
Jan. 23rd, 1908. THEODORE FISHER.

THE PRESENT PROSPECTS OF THE MEDICAL PROFESSION.

To the Editor of THE LANCET.

SIR,—Every thinking person must feel that the present condition of affairs requires serious consideration. Have we passed the zenith of our fame and power? Has rapid progress brought with it the seeds of decay and impotence? If it is true, as has been asserted, that the average income of a medical man is under £250 a year, the number of parents and guardians anxious to send their children and wards to the profession is certain to decrease. Young men are seldom tempted to a medical career by the fervid enthusiasm which determines to an ecclesiastical vocation. Medicine shares none of the high prizes of the law. The most that the majority of its members can hope for is a moderate competence with a slender provision for old age. It is probable that many causes acting concurrently have combined to bring about the present state of affairs and I propose to comment briefly on some of them.

The agricultural population shows an increasing tendency to flock to the towns and, as Canon Jessop has remarked, the old village life has all faded away. Even in districts in which corn and other crops are still cultivated extensively improved agricultural implements have diminished the demand for labour and the railways have brought all except the remotest districts into touch with towns where patients can consult some medical man renowned for special knowledge of their ailments. It is therefore clear that large districts will require fewer medical men in future and will afford poorer remuneration. Here we are face to face with causes entirely non-medical and most unlikely to change, except for the worse.

The inevitable growth and development of specialism which increased knowledge has produced have aided, no doubt, in the reduction of the income of the general practitioner, but other causes are, in my opinion, as powerful, if not more so, in London and other very large towns. One of these is the abuse of medical charities, for it is a matter of common knowledge that thousands of persons

well able to pay an ordinary fee prefer to present themselves at the out-patient department of some great hospital. Another difficulty with which we have to contend is the fact that quackery displays everywhere her various illusions to cheat the hopes and prey on the weaknesses of mankind, while faith-healing, crystal gazing, and palmistry are rampant. We know from the sixth satire of Juvenal that pretenders of a like kind existed in ancient Rome:—

"Frontemque manumque
Praebeat vati crebrum poppysma roganti."

It must not be forgotten that as a profession we are placed at a great disadvantage as compared with other callings, because the sciences on which our art is based are to a considerable extent occult sciences to even the majority of the most cultivated of the laity. The proposition that with the advance of hygiene disease will fade away is in all probability no more than a beautiful dream, "born of hope and destined to die of experience." Preventive medicine may indeed arrest the progress of some epidemics; though, as in the matter of the vaccination laws, it seems doubtful whether with the advancing wave of democratic ideas there will not be an increased disinclination to submit to the restraints which the medical profession may recommend for the physical welfare of the community.

In the lives of professions, as in the lives of states, of senates, of individuals, there are periods for pause and thought. The present time seems to me a desirable one in the life of medicine. Never at any period, I believe, have the heads of medicine and surgery been more faithful workers, more true to nature, or have conferred larger benefits on the human race. To their wisdom and guidance I trust that the difficulties of the present may be removed and that in the future the triumphs of the past may become even greater and brighter than before.

I am, Sir, yours faithfully,
Jan. 20th, 1908. INSPECTOR-GENERAL.

CIVIL SANITARY REFORM IN INDIA.

(FROM A SPECIAL CORRESPONDENT.)

A MOST important letter has been addressed by the Government of India to all local governments and administrations for their opinion on the subject of sanitary reforms in civil areas. In the past practically no attention to this important subject has been paid, if we except the Presidency capitals and a few of the larger cities. The letter now addressed indicates the nature and direction of the advance which in the view of the Government of India (under the advice of the new sanitary commissioner who was appointed in 1904) should now be made towards the reorganisation of the sanitary department. The Government of India now suggests that the posts of deputy sanitary commissioners should not exclusively be reserved for officers of the Indian Medical Services but should be thrown open to all medical officers of health who must in all cases possess the D.P.H. diploma. The present inadequacy of the staff of medical officers of health is pointed out and it is suggested that the proposed new sanitary service will offer a suitable and congenial career for educated Indians who have been trained in Europe, the latter essential being absolutely necessary. In towns with a population between 20,000 and 100,000, however, it will be necessary to accept a lower standard of scientific attainments, and such posts may be suitably offered to educated natives of the assistant surgeon class. Here I may remark lies the greatest pitfall of the scheme, as this class of medical practitioners in India are mainly recruited from the Brahmin caste, which sect according to caste prejudices becomes defiled by contact with latrines and the like, so it may be assumed that inspection of such an important source of public health pollution will not be as rigidly performed as it would be by European medical officers of health. The Government of India also suggests that in future medical officers of health from the Indian Medical Service will not be appointed deputy sanitary commissioners unless they have more than seven years' service. Medical officers of health will not be allowed to undertake private practice and their salaries will therefore have to be fixed on a more liberal scale than would otherwise be necessary.

The supervision of the conservancy establishment in municipal towns is in urgent need of reform and it is imperative that steps should be taken to provide efficient