any cases save those which voluntarily apply to him. 4. Revaccination is not compulsory, and every adult can please himself by whom he is revaccinated, or whether he is revaccinated at all, or not. 5. No public vaccinator has any power to make "a house-to-house inspection." He could be kicked out as a trespasser. 6. Such a procedure as suggested would be highly improper and the public vaccinator would be liable to action by the parents for assault upon the children. The position, however, could only possibly arise in a population of unvaccinated children, such as, I hope, is extremely rare. 7. The fees are the same everywhere: 5s. for primary vaccinations at the patients' homes, inclusive of all extra visits and treatment, and 2s. 6d. for revaccinations of adults at any place agreed upon. There is power for authorities to give mileage allowance as well; but few do it.

In conclusion, Sirs, let me advise "General Practitioner" and other complainants to get (from Messrs. Eyre and Spottiswoode) a copy of the "Amended Regulations," dated Oct. 18th, 1898, issued by the Local Government Board, and they will find there the solution of all their difficulties, without needing to write letters in THE LANCET.

I am, Sirs, yours faithfully,

Nov. 11th, 1901.

G. P. AND M. O. H. AND P. V.

To the Editors of THE LANCET.

SIRS,—I think it only fair to the public vaccinators to point out that the Public Vaccinators' Association represents exactly 10 per cent. of the public vaccinators; its membership being 300 and there being 3000 public vaccinators. I have no doubt that the vast majority of public vaccinators would join with me in repudiating the proclamation and in thinking that a proclamation in any form is in bad taste and uncalled for.

I am, Sirs, yours faithfully,

Nov. 16th, 1901.

P. V.

To the Editors of THE LANCET.

SIRS,—I was much interested in your leading article in THE LANCET of Nov. 16th on the relations existing between the medical profession and the public vaccinator. I am, and have been for the past 20 years, one of those individuals who it appears are accused of "poaching upon the patients of their professional brethren." I may as well state in the first place that I am not a member of the Association of Public Vaccinators for England and Wales. As regards the proclamation which was published very widely in the lay press on Nov. 9th by the Association of Public Vaccinators I feel that owing to the sentiments of professional jealousy which obtain at the present time toward the public vaccinator it was possibly indiscreet on the part of the association to publish the proclamation in question; at the same time I fail to see any reason why the proclamation should be withdrawn. With one exception it contains nothing but what is embodied in the Act of Parliament and the regulations of the Local Government Board relative to vaccination. The exception to which I allude will be found in "the offending third clause of the circular of the organising secretary of the Association of Public Vaccinators for England and Wales," which states that public vaccinators are "compelled to use that lymph in all cases of vaccination and revaccination in their own district." This is not the fact. Public vaccinators are at liberty to employ any alternative supply of lymph they may think fit provided it is glycerinated calf-lymph, and they (the public vaccinators) assume all responsibility as to quality, &c. My experience of the glycerinated calf-lymph issued by the Local Government Board is that such lymph is perfectly unreliable and is therefore to be avoided, and if used will cause a great amount of extra trouble and anxiety.

Regarding the ethics of the public vaccinator, my opinion is that they compare very favourably with those of the so-called private practitioner. In my neighbourhood the "private practitioner" does not scruple to vaccinate in only one or two insertions, but performs the operation *gratuitously*, which practice I think approaches, if not attains, the art of "poaching."—I am, Sirs, yours faithfully,

A PUBLIC VACCINATOR OF TWENTY YEARS' STANDING

Nov. 16th, 1901.

SOCIETY OF APOTHECARIES *v.* PURDUE.

To the Editors of THE LANCET.

SIRS,—The attention of the Society of Apothecaries has been drawn to the very misleading reports of this case which have appeared in the daily papers. These reports, which are

considerably abbreviated, would seem to leave the impression that the defendant, who described himself as a registered herbalist and against whom proceedings were taken by the Society under Section 20 of the Apothecaries Act, 1815, was protected by the Act of 34 and 35 Henry VIII., c. 8, sometimes, though without authority, referred to as the Herbalists Act, and that the provisions of the latter Act practically ousted those of the Apothecaries Act. This is quite inaccurate.

The Act of Henry VIII. was certainly discussed in argument, but its application to this case was clearly refuted by the Society's counsel, though he was unable, as is the fact, to show that the Act had been expressly repealed. The learned county court judge, however, in giving judgment for the defendant, in no way purported to base his decision upon the Statute of Henry VIII., but simply held, as a jury (had there been one) might have held, that the evidence adduced did not show that the defendant had practised as an apothecary—that is to say, his judgment was based not upon a question of law but upon one of fact. The case, therefore, can under no circumstances be quoted as a precedent against the Society, nor can the learned judge's decision be considered as ruling that a herbalist, or any other unqualified medical practitioner, by virtue of the Act of Henry VIII. to which I have referred, may practise as a qualified medical man. I may also add that a county court judgment even in courts of coördinate jurisdiction is never recognised as a binding authority, and *a fortiori*, of course, not in the higher courts.

In conclusion, I may say that the question of an appeal is being seriously considered by the Society, but in any event the result of the case above referred to will not cause the Society to relax in the slightest degree its efforts to repress unqualified practice.—I am, Sirs, yours faithfully,

A. MOWBRAY UPTON,
Deputy Clerk.

Society of Apothecaries of London, Blackfriars, London, E.C.,
Nov. 19th, 1901.

**THE FORTHCOMING ELECTION OF
DIRECT REPRESENTATIVES.**

To the Editors of THE LANCET.

SIRS,—I have sent the following letter to each of the candidates for the vacant seats on the General Medical Council, and also to Mr. Victor Horsley. The answers are given below. May I ask you to insert them in your next issue.

I am, Sirs, yours faithfully,

Fellows-road, N.W., Nov. 19th, 1901.

F. R. HUMPHREYS.

Re the Election to the General Medical Council.

DEAR SIR,—It has been suggested in the correspondence columns of the *British Medical Journal* that, with a view to quickly settling the midwives question, all the medical practitioners of Great Britain should decline to go when summoned to obstetric cases of difficulty or danger when it is known that a midwife is or has been in attendance. This suggestion is already being acted upon.

May I ask whether, in the event of your candidature proving successful, you will, in the interests of humanity and of our common profession, discountenance any such action on the part of medical men, whether concerted or otherwise?

As I propose sending your reply to the medical papers, may I trouble you to put it in as concise a form as possible?

Nov. 16th, 1901.

Yours very faithfully,

F. R. HUMPHREYS.

P.S.—As the time is very short may I suggest a telegram in reply.

REPLIES.

Dr. S. Woodcock telegraphed:—

Strongly discountenance such action. Will write.

His letter follows:—

When speaking at Stratford on the 8th inst. I expressed disapproval of concerted action on the part of medical men such as that to which you allude in your letter. I said that this attitude was not high-minded nor patriotic, neither calculated to gain the ear of Parliament nor the sympathy of the public, but was rather likely to promote legislation that would be unwelcome to the profession.

Dr. Hayward telegraphed:—

Heartily condemn such proceedings as unreasoning cruelty. Writing further.

In his letter he said:—

I cannot imagine any member of an honoured profession wilfully endangering the life of any woman in labour by refusing to assist her in any difficult or dangerous situation simply because a midwife has been in attendance. This shows a want of common sense, in my opinion, as, in blind revenge on midwives in general, the men so refusing endanger the lives of poor women, and I hold that if any man refuses to attend and there is no time or opportunity to get other help, the man is really culpable for any danger which comes to the patient,

and if fatal results occur is morally guilty of manslaughter. While doing all in my power to place obstetric nurses in their proper position, under the direct supervision of some qualified and registered medical man in all cases, I should most heartily condemn anything like systematic cruelty to poor women in danger, as even if its results were what is evidently desired I consider it would be an unwarrantable cruelty.

Mr. George Brown replied as follows :—

I am much surprised that you should deem it necessary to ask such a question as, in your letter of the 16th inst., you have made yourself the mouthpiece. It has been my invariable custom since I have had the honour of belonging to the medical profession, if well enough, to go to all cases of midwifery emergency, regardless of the question of payment or who may have been in attendance. After well-nigh 30 years of practice I certainly should not say or do anything contrary to my established rule, whether successful or unsuccessful at the forthcoming election.

Fearing that Mr. Brown had misread my letter I wired as follows :—

Please reply to my only question—your attitude, if re-elected, towards medical practitioners acting as mentioned in my letter.

In reply I received a note as follows :—

I wrote and posted reply to you about two o'clock this morning. I am overwhelmed with work and find it very difficult to reply to all my correspondents.¹

Mr. George Jackson answers as follows :—

In reply to yours received to-day I may say that I do not approve of the method suggested and could not countenance it in any way. At the same time, I think a medical man is quite justified in demanding that the midwife should retire from the case before he undertook it, especially if it was known that she habitually exceeded her duties.

Up to the time of writing no reply had been received from Mr. Victor Horsley.

To the Editors of THE LANCET.

SIRS,—As the election of a Direct Representative for Scotland to the General Medical Council only takes place once in five years and as it is now upon us the present is a time of considerable importance in the medical world. Three candidates solicit our suffrages. Of Dr. Norman Walker I know little either for or against, except that he is an Edinburgh consultant and therefore probably unsuitable for representing the profession, 95 per cent. of whom consist of general practitioners. By consultant, so far as this letter is concerned, I mean either a consultant proper or a general practitioner with hospital appointment who seeks to attain consultant or *quasi*-consultant work. Of the other two candidates, Dr. W. Bruce of Dingwall, the present representative, is also practically a consultant. The third candidate, Dr. C. E. Robertson, is a general practitioner in Glasgow. It is significant to observe how the caste of the latter two candidates is reflected in the *personnel* of their committee and supporters. Dr. Bruce's partisans consist largely of West-end consultants, who are concerned mainly with the conservation of their caste privileges and not with the welfare of the general practitioner. Dr. Robertson's supporters, on the other hand, consist almost wholly of general practitioners. It will thus be seen that the forthcoming election practically resolves itself into a battle between the consultants on one side and the general practitioners on the other. Now I desire to express most strongly my opinion that we have been too long under the rule of the consultant fraternity, and that medical politics have suffered gravely in consequence. The very fact that the members of this order are strenuously supporting Dr. Bruce should in itself be a strong reason for the rank and file of the profession to vote for Dr. Robertson, who is one of themselves, and accordingly is intimate with the exact nature of their grievances and requirements. Moreover, out of the seven members who are sent from Scotland to the General Medical Council six, in whose election the bulk of the profession have no voice, are consultants; with the exception of the Crown nominee these are elected by close corporations of the more highly favoured members of our profession, who, of course, take good care to return one of their own caste. Surely then, if these exalted and favoured few are allowed to return six out of seven members, the general practitioners are entitled to return the seventh.

Although Dr. Bruce professes to be solicitous for medical reforms that would improve the position of the general practitioner, yet when a specific case comes before the Council he is found on the side of the party at present in power. In the *British Medical Journal* of Dec. 22nd, 1900. Dr. Bruce, referring to the then recent and now notorious

case of Dr. J. M. Thomson of Airdrie, which involved issues of vital importance to hundreds of medical practitioners in Scotland, while ostensibly condemning the action of the Pharmaceutical Society, actually admits that he voted along with the other Direct Representatives for the prosecution. His exact words are: "And yet in this particular case, if I am not mistaken, all the Direct Representatives—however unwillingly—voted for prosecution, as the offence libelled seemed to them a scandal against the profession as a body and one that had either to be proved or disproved at the earliest possible moment."

In view of these facts and considerations it should not be difficult for the electors, the great bulk of whom are general medical practitioners, to choose between the nominee of the professional oligarchy and the popular candidate who will protect their interests and vindicate their rights.

I am, Sirs, yours faithfully,

Nov. 8th, 1901. JAMES FORRESTER, M.B., C.M. Glasg.

To the Editors of THE LANCET.

SIRS,—Of the three Scottish candidates for the position of Direct Representative to the General Medical Council Dr. Norman Walker alone in his address expresses his views regarding the anomalous position of the Scottish parochial medical officers, he being in favour of a more secure tenure of office for these medical officers. I trust that Dr. Bruce and Dr. Robertson will also give us their views regarding the grievances of the Scottish parochial medical officers and especially of those in the remote Highlands and islands. Other things being equal, I should advise all those medical officers in the remote parishes who signed the memorial recently presented to Parliament to vote for the candidate who is most in favour of the reforms we desire.

I am Sirs, yours faithfully,

JAMES F. D. MACARA, M.B., C.M. Glasg.,
Medical Officer, Durness, Sutherlandshire, N.B.

Nov. 18th, 1901.

To the Editors of THE LANCET.

SIRS,—I have been hoping week by week to see in your correspondence columns some expression of what I have reason to believe is a very general opinion concerning the forthcoming election of Direct Representatives. It will be remembered that in 1886 the profession came to the deliberate conclusion that of the three Direct Representatives allotted to England and Wales justice demanded that at least two should be practitioners resident in the provinces. To this conclusion effect was duly given by the return of Sir Walter Foster and Mr. Wheelhouse; and the same just division of the representation was again accorded in 1891. By a series of accidental circumstances in 1896 and 1897 it fell out that the whole three representatives of the profession were London practitioners—a result which has ever since been felt to be most anomalous and, indeed, most unfair to our provincial brethren. The retirement of Dr. Glover simplifies the present position immensely, because the great respect so generally felt for him would probably have led to his return if he had again become a candidate, and thus, in some degree, to a continuance of the anomaly and injustice above referred to. Now the ground is clear; and I am sure that I am voicing the opinions of many in suggesting that every practitioner in London should on the present occasion make a special point of recording his votes for the two provincial candidates. There is no need to introduce the slightest element of personality into a matter which should only be considered on the basis of justice, fair play, and indisputable principle. It would be, in my humble judgment, a most undeserved disrespect to our provincial brethren were it suggested that they do not possess gentlemen of such high honour and ability amongst themselves as to make admirable representatives of the whole profession. I feel sure that they would scout the idea that it is necessary for them to depend upon men resident in London to obtain fit representatives of their views and wishes. It may, therefore, be safely assumed that every provincial practitioner, without exception, will on this occasion vote for the two provincial candidates, and I would venture to suggest that it would be a kindly and a courteous action if a number of leading practitioners in London would sign a letter for publication in your columns expressing their intention to

¹ Mr. Brown has written to us protesting against such questions being put to him.

give their votes and support also to those candidates on the *primâ facie* grounds of justice to which I have alluded.

I am, Sirs, your obedient servant,

Nov. 12th, 1901.

F.R.C.S.

To the Editors of THE LANCET.

SIRS,—In my opinion one paragraph of Dr. C. E. Robertson's letter to the medical practitioners of Scotland is worthy the attention of those of England. I refer to the recent action of the General Medical Council with reference to registered practitioners fined under the Pharmacy Act. As he says, when a chemist's assistant is fined under that Act, as is frequently the case, the chemist hears no more of the matter, and why should a medical man be more punished for a breach of the Pharmacy Act than those who are qualified under that very Act? I do not uphold medical men breaking this Act and I do not sympathise with them when they are fined for doing so, but I do consider it an arbitrary abuse of authority to try to stretch the "infamous conduct in a professional respect" clause into covering a thing that has nothing to do with professional conduct. If I knew which of the English candidates were opposed to the action of the Council in the recent Thompson case, where a medical man was threatened with erasure from the Register because his assistant was fined under the Pharmacy Act, I would certainly vote for them and I know that several of my professional acquaintances in this neighbourhood feel as I do in the matter. Perhaps it is not too late to ask the English candidates their views on the subject.

I am, Sirs, yours faithfully,

Deptford, S.E., Nov. 15th, 1901.

AN APOTHECARY.

THE PLAGUE.

To the Editors of THE LANCET.

SIRS,—It seems expedient in view of present knowledge to admit that recrudescence of plague in a city with accompanying affection of the rats means that the disease is probably present as an epizootic and that its further spread is independent either of the sanitary condition of the locality where the sporadic human cases have happened to occur or of the incubation period of plague in the human subject. "Contacts" now mean not those who have been exposed to human plague, but those who may become exposed to rat-infection. If every affected rat has been destroyed the disease will disappear; if not its future course will probably follow the slow history of all such outbreaks—an apparent cessation for weeks or months, the rat-infection spreading meanwhile, then a sporadic human case or cases in some fresh locality where opportunity occurs for rat-infection of the occupants of defective premises, and so on. Destruction of rats as a method of preparation against invasion is obviously indicated in every district, but it is practically impossible to disturb the public apathy until invasion occurs, when it is too late. Mr. Wynter Blyth suggests a crusade by sanitary authorities directed towards the rectification of defects in basements of premises permitting access of rats. Such a crusade is highly necessary in the case not only of grain warehouses and riverside premises, but of private dwellings, and, setting plague aside, could result in nothing but good in districts adopting the suggestion.

I am, Sirs, yours faithfully,

D. S. DAVIES, M.D. Lond.,

Medical Officer of Health of Bristol City and Port.
Public Health Department, Bristol, Nov. 11th, 1901.

To the Editors of THE LANCET.

SIRS,—I have read the notice in THE LANCET of Nov. 9th (p. 1283) of the *first suspected case of plague* in Liverpool. Without attempting to controvert the accuracy of the diagnostic suggestion. I would point out that the description of symptoms and physical conditions will correspond exactly with those of the "fever of over-exertion" of which my original description was brought before the (now Royal) Academy of Medicine in Ireland in 1887—with the complication of "constitutional bubo," which is also a pathological entity of Irish enunciation, having been first described by the late Mr. Abraham Colles of Dublin in the earlier part of the nineteenth century. I know of an exactly similar case which occurred in the person of a medical man of great mental energy whose muscular nutrition had been allowed to run down during a long period of sleepless nights. He performed some muscular over-exertion and was feverish next

day, with a temperature of over 103°F. The glands in the right groin became inflamed, suppuration occurred, the convalescence was very slow, but no surgical operation was performed, and the patient is now living. I would very much like to know whether the victim of "suspected plague" was a trained athlete or a mere novice at football. The fever of over-exertion described by me is usually seen in persons who make some severe continuous effort when in bad muscular training.

I am, Sirs, yours faithfully,
Dublin, Nov. 13th, 1901.

JOHN KNOTT, M.D. Dub.

MILK OR WHEY IN ENTERIC FEVER?

To the Editors of THE LANCET.

SIRS,—I feel it necessary to apologise for again trespassing upon your valuable space, but the paper of Mr. Prideaux Selby in THE LANCET of Nov. 2nd, p. 1182, upon the dietetic treatment of enteric fever, and his remarks upon the danger of overlooking the teachings of morbid anatomy seem to me to be of interest and importance. It is well known that ulceration in enteric fever is most marked almost immediately above the ileo-cæcal valve. On several occasions I have seen ulceration limited to the Peyer's patch in that situation, and in one instance, although ulceration was strictly localised to a Peyer's patch about four inches above the ileo-cæcal valve, perforation had taken place. The frequent severity of the ulceration in this situation suggests that the holding back of bacilli-laden fæces by the ileo-cæcal valve gives the microbes time to attack and destroy the lymphoid structures. A case of enteric fever where constipation had been extreme is instructive when viewed in this light. The large intestine was full of very hard fæces and ulceration had occurred from the cæcum almost to the anus. The ulceration in places was so extensive that the entire wall of the colon had been removed over areas which together must have measured between two and three square inches, yet owing to the hard nature of the fæces peritonitis had been delayed. Even the micro-organisms normally present in the intestines may sometimes produce ulceration when there is stasis of fæces. In 1899 I exhibited before a meeting of the Bristol Medico-Chirurgical Society a portion of the ileum from a case of intestinal obstruction, in which the coil that had been strangulated showed ulceration of Peyer's patches and of the solitary follicles, bearing a close resemblance to the ulceration of enteric fever. It may be added that the ulceration of the cæcum so frequently present in cases of obstruction of the large intestine is another example of the power of micro-organisms present in fæces to attack the intestinal wall. In enteric fever it is not merely, however, severe ulceration which one has to fear as a result of abundance or slow movement of fæces. Morbid anatomy indicates that septic absorption takes place chiefly from the lower few inches of the ileum, since it is in the mesenteric glands in immediate relation to this small portion of the intestine that swelling, or it may be sloughing or suppuration, generally occurs. We may not be able to kill the bacilli when they have obtained entrance to the body, but the situation of the intestinal lesions seems to suggest that if the bacilli could be deprived of nourishment, or if they could be continually hurried past the junction of the small and large intestine, their power of doing harm would be much diminished. In other words, the situation of these lesions suggests that the diet should be as free as possible from organic substances which will not be readily absorbed and that anything approaching to constipation should be carefully combated. This opportunity may be taken of making a suggestion in connexion with intestinal antiseptics. Petroleum emulsion seems to be of some value as an intestinal antiseptic in children. Dr. Robert Hutchison has shown that it is not absorbed, and being therefore harmless it could be used in considerable quantities. Possibly it might be found to be of service in enteric fever.

I am, Sirs, yours faithfully,

Clifton, Bristol, Nov. 9th, 1901.

THEODORE FISHER.

To the Editors of THE LANCET.

SIRS,—In reply to the question asked by Mr. Prideaux Selby on p. 1186 of THE LANCET of Nov. 2nd as to the diet of enteric fever patients at Maidstone I may say that at the West Kent General Hospital, where about 80 of the more