medical men have been "called" and their names duly recorded in your columns during the past year.

I should be greatly obliged if your readers would send me the names of any medical men who have held seats in the Imperial Parliament—it would be a matter of interest to trace their personal influence upon the public health legislation of last century.—I am, Sirs, yours faithfully,

STANLEY B. ATKINSON,

an Honorary Secretary of the Medico-Legal Society.
10, Adelphi-terrace, London, W.C., October, 1906.

THE HISTORY OF ORGANOTHERAPY.

To the Editors of THE LANCET.

SIRS,—In THE LANCET of Oct. 20th, p. 1087, you refer to an interesting fasciculus by Professor Hugo Magnus, in which he demonstrates the antiquity of the use of organic extracts derived from the blood, glands, and different organs of the body. In the annual oration which I delivered before the Hunterian Society in 1902, the title being "Organotherapy, Ancient and Modern," I dealt very fully with the historical aspect of the subject, both from the classical and barbaric sides, starting in the former case from the Ebers Papyrus, 1500 B.C., where human brains are prescribed for diseases of the eye, and in the latter case from the remote practice of the Central Tribes of Australia of using the semen as a tonic for the sick.

I am, Sirs, yours faithfully,

London, Oct. 23rd, 1906.

ARTHUR T. DAVIES.

THE PREVENTION OF SMOKE IN LONDON AND IN PROVINCIAL TOWNS.

To the Editors of THE LANCET.

SIRS,—I was pleased the other day to notice in THE LANCET that you were advocating State action *re* smoke abatement, and I am thoroughly convinced with you that Government action is absolutely necessary if the atmosphere of towns and cities is to be fit to breathe. I have just returned from India, having been out there six months as smoke expert for the Government, and before I left owing to Government action there was proof of less smoke being made. Over three years ago I suggested to the Local Government Board the creating of a smoke department and a practical policy of administration. They informed me that the suggestions had been placed on record for consideration in the event of Parliament deciding to take action on the question, but I had a letter a few weeks ago from the Prime Minister stating "that Parliament did not propose taking any action at present." I suppose they are waiting till the public demand action. I may mention that I gave a paper before the Royal Sanitary Institute Congress at Bradford on the smoke question and one at the Smoke Abatement Conference in London in December last.

I am, Sirs, yours faithfully,

WM. NICHOLSON,
Chief Smoke Inspector, Sheffield.

ZENANA BIBLE AND MEDICAL MISSION.

To the Editors of THE LANCET.

SIRS,—Will you allow me through your columns to make known a great need at one of our hospitals in India? Miss Helen B. Hanson, M.D. Lond., writes from the Lady Kinnaird Memorial Hospital at Lucknow that they are in great need of a steriliser. She has many important operations and hitherto they have managed the sterilising with very primitive native appliances, which are slow and troublesome. It would be a great help and comfort to our lady doctors if any of your readers would kindly see their way to make us a gift of a steriliser. I am, Sirs, yours faithfully,

A. R. CAVALIER,

2, Adelphi-terrace, W.C., Oct. 23rd, 1906.

Secretary, Z.B.M.M.

THE BIRDS OF THE BRITISH ISLANDS.

To the Editors of THE LANCET.

SIRS,—While thanking you for your review of the first two parts of Mr. Stonham's "Birds of the British Islands," there is one point on which I should like, if I may, to correct your critic. There is, he says, no standard of comparison

of the size of the birds. I promised in my prospectus that in those cases in which it was impossible to reproduce the birds life size the scale of reduction would be indicated and this promise will be kept. In the parts under review the birds are all reproduced life size; when we come to the later parts dealing with bigger birds the plates will in each case bear what information is necessary.

I am, Sirs, yours faithfully,

E. GRANT RICHARDS.

Carlton-street, Regent-street, S.W., Oct. 19th, 1906.

"ADVERTISING AND DENTISTRY."

To the Editors of THE LANCET.

SIRS,—The editor of the *Dental Surgeon* posted me yesterday an advance proof of an article entitled "Advertising and Dentistry" which is quoted from THE LANCET. Now, I have not seen THE LANCET in which the original article appeared, nor had I heard of its appearance until this morning, but I hope, in common fairness to me, you will admit this reply. Whatever advertisements I have issued in the past I do not now and have not for many years issued an advertisement relative to dental surgery; the nearest approach to anything which could be construed into such being a bare announcement of removal, when I took my present chambers in March last, and a copy of which I herewith inclose.

As to the circular *re* my forceps "having been pushed under a layman's door in Bradford," I should very much like to know (1) whose door it was pushed under and when; (2) by whom; and (3) who sent it to you; for I emphatically assert that not one of these circulars has been sent out by me or by anyone whom I employed! It is sixteen years since these circulars anent my forceps were printed! One thousand only were printed, and these were solely and entirely printed for private circulation among local medical and dental practitioners! Had I caused these circulars to be distributed from door to door, as you seem to imply, I could better have understood your remarks about this "vulgar publication" and the accusations you make against me, mainly, presumably, on this account, but knowing that I am guiltless of causing them to have been issued in anything like an unprofessional manner, I am quite at a loss to understand the extremely bitter attack you make upon me! As to the medical profession dissociating themselves from the circular in question, they would most assuredly have done so years ago had they discovered me making improper use of their names, and very justifiably too! What, however, pains me most is the fact that some unscrupulous person should devise such unworthy methods of attack! I unhesitatingly affirm that this sixteen-year old circular, addressed, as even you yourselves must admit, to medical men only, was "pushed under a layman's door in Bradford" at the request or at the instigation of some party who was desirous, and who evidently is still desirous, of doing me an injury, not only in the eyes of the profession, but in the eyes of the public and the world of letters also. Some man of indescribable meanness has, I affirm, planned this cowardly conspiracy against me! He has treasured up this circular for nearly a score of years and then used it in this manner! Were you to offer £5 for each copy of it, *without the doctor's name on, to whom it was sent*, you would not receive a single reply! In regard to "Who's Who" (I am proud to appear therein—I wonder who would not be?) I had a form sent to me from the office of that publication, without any solicitation on my part, and of course as you surmise (and as doubtless you know) I did fill it in myself—who more likely? But, in filling it up I gave the "sources" of all my degrees and qualifications! These, the editor—exercising, wisely or unwisely, his editorial prerogative—deleted, even as you might delete some portion of this letter, which, however, I hope you will not do, and as I delete items in my capacity as editor of *Yorkshire Notes and Queries*. I was very sorry indeed that the editor of "Who's Who" thought fit to do this, but you will find the omission rectified in this year's "Literary Year Book." You say it would be of interest to have the information as to the sources of my LL.D., D.C.L., D.D.S. Well, here you are (though I may say they have appeared already in scores of journals). I am, *honoris causa* that is to say, without passing any examination and (your readers will find this interesting) without paying any fees! M.D. of the National

Medical University, Chicago—the “Medical University” bear in mind and “not” the National University—1904, D.C.L. of Washington University 1903, and of Potomac University 1905, LL.D. of Greeneville and Tusculum College, Tennessee, 1888, D.D.S. Baltimore College of Dental Surgery, 1891. I am proud of these distinctions and never hesitate about telling all and sundry from whence they emanate. In conclusion, I admit that I am “the author of numerous booklets, poems, ballads, and so forth.” I dare say if you visit the British Museum, and look up the catalogue you will find my name attached to about fifty books of one sort and another! We will say nothing about the literary merit of them, but there they are, and their publication is the result of twenty-five years’ strenuous work which has involved an outlay of something like £5000. Doubtless these works have had something to do with my election as a fellow or as a member of the societies you name, for the results of my “rambling in pursuit of antiquities” have not only been published in volume form and read before a hundred societies, but have appeared in upwards of five thousand magazines and newspapers.—I am, Sirs, faithfully yours,

CHAS. F. FORSHAW, D.D.S.,
Honorary Dental Surgeon to the Actors’ Association, the
Music Hall Artists’ Association, the Bradford
Orphanage for Boys, the Women’s Home
and Shelter, and the Deaf and
Dumb Institution.

20, Otley-road, Bradford, Oct. 19th, 1906.

PS.—I will give fifty pounds to the Bradford Royal Infirmary if it can be proved that these “Forceps Circulars” have been “pushed under the doors” of the houses of the laity, or in any way distributed in a general manner to the public!—C. F. F.

* * According to the Official Directory of Professional Education in the United States, published by the University of the State of New York for 1900, there is no such body as the National Medical University of Chicago. There is a National Medical College of Chicago, which is a homoeopathic institution. Washington University is difficult to identify. There are medical departments in the Columbian, Georgetown, Howard, and National Universities in the District of Columbia, but none can be called Washington University. The Washington University School of Medicine in Baltimore has ceased since 1878 to be known by that title. There is a University of Washington of which the post town is Seattle, and another of which the post town is St. Louis. This appears to be a law school. Potomac University we can find nothing about in the Official Directory or in Engelhard’s Standard Medical Directory. Greeneville and Tusculum College, Tennessee, we have found in an Education Report of Public, Society, and School Libraries, 1899–1900, and Baltimore College of Dental Surgery is a well-known college. But here, where we might expect to be on safe ground, we are additionally puzzled. We pointed out that in the circular upon which we commented, and which we now learn was printed 16 years ago, Mr. Forshaw claimed to be “D.D.S. (Exam.)” Now, apparently, he argues that his D.D.S. is given “*Honoris causâ*,” that is to say, without passing any examination. The two statements seem incompatible. Moreover, in his letter he gives the date of his Baltimore degree as 1891 as well as implies that it was an honorary degree, while the circular was published with the claim of a degree by examination before 1891.—ED. L.

THE WEST INDIAN COLONIAL MEDICAL SERVICE.

To the Editors of THE LANCET.

SIRS,—To anyone who may be thinking of taking up a Government medical appointment in the West Indian islands a few words of advice may be useful. In THE LANCET of April 29th, 1905, pp. 1151–1154, the anomalies and contradictions of the Colonial Medical Service are lucidly indicated, and all those interested would do well to read this article very carefully.

Speaking as a member of the West Indian Colonial Medical Staff, I may mention that the salaries, allowances,

private practice, &c., are subject to wide variations. As you point out in the above-mentioned article, “salaries differ with no apparent difference in work or responsibility. In some places there is a widows’ and orphans’ fund; in others, there is not, and when it is deducted, percentages are not uniform. In some places the service is largely recruited from the native-born, who are given the better berths, and in others they do not seem to be taken into consideration. There are no settled rules about pensions, allowances, or extra fees. There are no provisions for promotion which entail that the headship of the medical department in a colony will be obtained by a member of the medical staff of the colony, so that men may be suddenly disappointed in their hopes of securing berths which had seemed well within their grasp. When it is remembered that some appointments are made by the Foreign Office, some by the Colonial Office, and some by colonial governors, it will be seen that it is no over-statement to allude to the service as ‘in a muddle.’” Take the case of a medical man who obtains one of these appointments in England through the Colonial Office. He will only obtain general knowledge relating to his appointment. Detailed knowledge he will not get. Whether this is due to the Colonial Office not having detailed information, or whether it is due to its unwillingness to supply it, I do not know, but I am inclined to think it is due to the former. But a candidate will invariably find that he will have to pay £30–£40 a year rent for his house; he will have to purchase a horse, and often a buggy; he may have to buy a boat (part of the work often being done by a boat); he will have to furnish his house; he will have to pay income-tax and other taxes. It will therefore be apparent that his initial expenditure will not be a small one.

With regard to private practice, this is a most uncertain quantity. In some cases it may be nil; in others, it may be a useful auxiliary; in a very few cases it may be extraordinarily good, so good, in fact, that the official salary is a mere “drop in the ocean” compared to it. Take my own case, for instance. My salary is £240 a year (minus income-tax). I get £30 a year drug allowance, which is only just sufficient to cover my drug bills. I get 1s. for each vaccination performed (about £10 a year). If I give evidence before a magistrate (this is a most seldom occurrence) I get a fee of 10s. I am not entitled to any fee for post-mortem examinations or for giving evidence before a coroner, or any other allowances whatever. My private practice works out at £10 a year. I am not entitled to any pension. I might remain here for 20 years (my predecessor was here for 30 years, but in his time there was a pension scheme, and he now has a very small pension to subsist on), and what would I have at the end of it? Absolutely nothing, for I am not able to save anything, and I have nothing to look forward to but penury in my old age.

I am entitled to six months’ leave at the end of three years’ service on half-pay. My pay would, for this period, amount to £60, and would therefore only just cover my passage money. And the obtaining of leave is no small difficulty, for a locum-tenent has to be found to do one’s work for £60 for the six months one is away, and naturally it is only with great difficulty that such a person can be found. Again, to an Englishman the climate is about one of the most trying in the whole world. In many places malaria exists in its worst forms. The life is often a terribly lonely one, for the people around will be almost exclusively members of the black race. There can be no doubt that for any self-respecting Englishman to accept a medical appointment in the West Indies, under present conditions, is nothing short of madness; and if he be married it would be a suicidal policy, as the climate is especially prejudicial to English women and children.

As you point out in your article, “the successful organisation of the West African Medical Service makes it a practical question to ask why the Colonial Medical Service of the empire should not be organised on similar lines.” And I quite agree with you that it should be placed on a similar basis to that of the Army and Indian Medical Services, &c. For the Colonial Medical Service is every bit as arduous as either of these services, if not more so. There can be no doubt that private practice is at the root of the evil in the Colonial Medical Service. And although it would be perhaps difficult to abolish it, it certainly should not be encouraged.

As you remark, “the whole service should be a definite department of the Colonial Office.” There can be no doubt that the principal medical officer in each colony should be