more especially from typhus and typhoid fever, is prevalent among the Russian troops; if so this would probably supply, apart even from the operation of any political causes, a strong reason for General Kuropatkin's taking immediate action.

Correspondence.

"Audi alteram partem."

THE MEDICAL MAN, THE CORONER, AND THE PATHOLOGIST.

To the Editors of THE LANCET.

SIRS,—I am afraid that "Coroner" has made a mistake. Unless I am in error in the case in question the man was pronounced to be dead on arrival at the hospital. That being so the house surgeon would have received the same fees as the "pathologist" did and so no additional expense was incurred. In the majority of cases where death occurs in the institution the ratepayers are, of course, put to extra expense by calling in Dr. Freyberger. There is a further point to which I should like to draw attention, and that is that apparently in every case of accidental death, even when it is perfectly obvious what the cause of death was, although perhaps the exact nature of the injuries is not apparent externally, Mr. Troutbeck orders Dr. Freyberger to make a necropsy, thus increasing the expenses by one guinea at least. In the North-west district of London it is, I believe, a rule with the coroner not to order a post-mortem examination when it is quite obvious that the deceased met his death as a result of the accident. This is a point that I hope some juryman will ask a question upon at some future date. For myself, I cannot be too thankful that I was house surgeon at St. Thomas's Hospital in the days of the late Mr. Braxton Hicks. Although "only just qualified" our evidence was accepted on all occasions.

I am, Sirs, yours faithfully,

F. HARCOURT GERVIS.

West Hampstead, N.W., Oct. 8th, 1904.

To the Editors of THE LANCET.

SIRS,—Probably the annotation referred to in the letter of "Coroner" in THE LANCET of Oct. 8th, p. 1046, quoted the observation of Mr. Troutbeck to the effect that no extra expense was caused to the rates by the employment of Dr. Freyberger but did not make upon it the comment suggested by "Coroner" for this reason. The staff of a hospital receive no fee for post-mortem examinations and for attendance at inquests when the deceased *has died in the hospital*, but in the particular case in question the body of the deceased, according to the report before me, had been brought to the hospital after death. This deprivation of fees has always seemed to me to be an unjust one, for the staff of a hospital perform voluntarily or are paid to perform duties in which giving evidence as to their patients' bodies after death is not included, and if they are taken away from their duties in order to give such evidence have to perform them at some other time just as other medical men have to do. Whatever principle, however, may underlie the provision of the Coroners Act which thus penalises the medical officers of hospitals the legislature can hardly have intended that they should gratuitously perform post-mortem examinations upon any dead body brought to the hospital by the police or other persons. At all events, it has not said that they must do so and there seems to be no reason why the literal interpretation of the section should be enlarged.

I am, Sirs, yours faithfully,

Oct. 10th, 1904.

INNER TEMPLE.

RADIO-ACTIVE BODIES AND INSANITY.

To the Editors of THE LANCET.

SIRS,—Absence from town has prevented my seeing THE LANCET of Sept. 17th with your annotation dealing with the action of radium upon some of the lower animals and quoting the experiments of Dr. E. C. London of St. Petersburg upon frogs and mice, in which it is seen how fatal the effects of radio-active bodies may be upon animal life, for

mice died in three days and frogs in from 13 to 14 days from such exposure. The effects of the x rays and the ultra-violet (Finsen's light) upon cell life and the control exercised by light over the nutrition of the cell are so peculiar that, for certain conditions under proper directions, the use of radiant light is recognised as among the most valuable of therapeutic remedies. Some time ago Sir James Crichton-Browne—whose interest in sanity in its widest sense is a matter of notoriety and whose brilliant gifts have ever been at the disposal of the most afflicted of humanity—wrote to me suggesting that some effort might be made to apply the less powerful radio-active bodies for the cure of general paralysis of the insane, a disease which has hitherto baffled all attempts at relief and which, in spite of the application of all present known remedies, has remained incurable. It was hoped either that the toxæmia or the plasmocytes or the general inflammatory condition causing or accompanying this disease might in some way be modified or arrested, but as radium might involve some risk Sir James Crichton-Browne suggested the use of thorium hydroxide. With the deference due to his suggestion I consulted the high authority of Dr. J. Mackenzie Davidson, medical officer in charge of the Roentgen-ray department of the Royal London Ophthalmic Hospital and the Charing Cross Hospital, whose paper¹ upon the treatment of cases by radium bromide hinted that thorium hydroxide should be used for controlling microbic and cellular life in septic ulcers, and which greatly interested me. Dr. Davidson suggested that as thorium was a million times less active than radium, so a cap filled with the less active body and worn on the head for long periods might exercise some ameliorating or, at any rate, an alterative effect upon the conditions within the skull, and as thorium had none of the burning and destructive effects of the *beta* rays of radium it might possibly act upon the cerebral system through its penetrating powers which the *gamma* rays of radium were known to exercise. The experience of Dr. J. Gordon Sharp² of Leeds, acting upon a recommendation of Mr. Frederick Soddy, M.A.,³ with a solution of thorium nitrate as an inhalation for lung disease, suggested that there might be some satisfactory result from this, although Dr. J. M. H. MacLeod,⁴ assistant physician to the skin department in Charing Cross Hospital, records that two cases of lupus, for which he had tried thorium, were without apparent results. Starting with what my respected teacher, Sir Dyce Duckworth,⁵ might be pleased to call doubtful wisdom but the best intentions I determined to break through the "tyranny of traditions" in respect to old approved remedies and to "pursue the novelty." I therefore selected A.B., a general paralytic admitted on March 16th, 1904, aged 28 years, a policeman, with the usual previous history of such cases, and had a specially devised cap made, as suggested by Dr. Davidson, into the closely quilted seams of which about 500 cubic centimetres of thorium hydroxide were placed, and this cap was worn night and day. The patient was of the melancholy type, an unpromising enough specimen, whose pupils were inactive to light, whose knee reflexes were increased, and whose habits—as occurs with the onset of dementia—were defective. The case was looked upon as unfavourable from the outset but he was discharged "recovered" on June 23rd, 1904, and subsequent reports of him have been most favourable. He himself dates the commencement of his progress from the time, soon after admission, when he wore the thorium hydroxide cap, which he felt very disinclined to leave behind him on his departure from the asylum and to which he attributes his "recovery."

I do not quote this case as furnishing any definite evidence of the curability of general paralysis of the insane. Those of us who see many cases know that some have long remissions, irrespective of any active treatment, and during which they are able to resume their place in the family circle and in society. Although I fully agree that what is new is not always true, I venture to think that where all is blank there is some room for the "pursuit of novelties" and that a tendency to try new remedies is not always lamentable and deserving of rebuke, but that it may on the other hand be a part of that "divine discontent" which is the temper essential to progress.—I am, Sirs, yours faithfully,

ROBERT JONES, M.D. Lond., F.R.C.S. Eng.

Claybury, Oct. 10th, 1904.

¹ Brit. Med. Jour., Jan. 23rd, 1904.

² Ibid., March 19th, 1904.

³ Ibid., July 25th, 1903.

⁴ Ibid., June 11th, 1904.

⁵ Ibid.