

generally rise and fall together, it follows that the effect of exercise is to raise the acidity of the urine and diminish the alkalinity of the blood. And my Figures 1 and 2 (p. 611) show that while there is at first a fall of urica and acidity, this is followed by a rise that more than makes up for the fall, so that the total effect of the exercise is to raise the acidity of the urine and probably to diminish the alkalinity of the blood; and Dr. Hutchison points out (p. 616) the correspondence between the increase of the blood's alkalinity after meals and the appearance of the "alkaline tide" in the urine, and he adds, "The latter is to be regarded as the expression and result of the former." Mr. Fotheringham's statement that my entire theory of the cause of fatigue rests on the assumption that the effect of exercise is to increase the alkalinity of the blood is only half the truth, as my thesis is that fatigue is the result of the defective capillary circulation which excess of uric acid in the blood produces, and that if the uric acid has not been introduced (vegetarianism) or has been previously cleared out by solvents the alkalinity of the blood is a matter of no consequence. But, as is above shown, and as Mr. Fotheringham will find further reasons for believing in my book, the changes in the acidity of the urine are to a certain extent good and reliable indices of the corresponding changes in the alkalinity of the blood.

I am, Sirs, yours faithfully,

Brook-street, W., April 14th, 1896.

ALEXANDER HAIG.

"THE DUTIES OF DIVISIONAL SURGEONS IN CASES OF INFECTIOUS DISEASES."

To the Editors of THE LANCET.

SIRS,—Dr. W. Thyne complains that my letter is no answer to his inquiry and that I admitted two flagrant breaches of professional etiquette. I beg to differ with him. I have done nothing of the kind, as I fail to see that I have done anything unprofessional. Dr. Thyne adduces several other instances of similar misconduct occurring in his practice. He says some months ago scarlet fever attacked several families of the police force. "In one instance the divisional surgeon ordered the family out in the garden at the end of a fortnight (at least, so the mother told me). I was also told that the inunction of a medicament which I ordered had not the sanction of his approval. In another case the divisional surgeon got the patient out of bed in order to examine his throat." To the above charges I simply have to say that they are totally untrue. With the exception of the two cases mentioned in his letter of March 21st, I have not seen any case of infectious disease amongst the families of the police for sixteen months in which he has been the medical attendant. Dr. Thyne also says that other divisional surgeons whom he had consulted disclaim any mission to offend professional propriety. I quite agree with them on that point; I had none when I had the whole of my brother practitioners to work with; but now I have a gentleman to contend with who degrades his profession, who undersells his brother practitioners by taking away their private patients and offering to attend a whole family for 2½d. per week, against 6d. paid by all the other clubs in this town. Notwithstanding Dr. Thyne's threat to report me to Mr. Mackellar, the chief surgeon, I can assure him I have no malice towards him and that when he gives up his ½d. fees divisional surgeons and his fellow practitioners will be delighted to show him all the courtesy that is due to him as a gentleman and a professional man.

I am, Sirs, yours faithfully,

W. J. HARNETT, F.R.C.P. Edin., D.P.H.,

Barnet, April 14th, 1896. Divisional Surgeon, Barnet.

* * * This correspondence must now cease.—ED. L.

DR. BOUDET DE PARIS' "STÉTHOSCOPE AMPLIFICATEUR" AND THE PHONENDOSCOPE.

To the Editors of THE LANCET.

SIRS,—I have been somewhat surprised to notice that although the phonendoscope has been for some time before the public and a detailed description of it appeared in the columns of THE LANCET of Feb. 29th, no one has thought fit to point out that it is simply a modification, and I may say a very trifling one, of a stethoscope that has figured for years in a French catalogue. It is true that the

precursor of the phonendoscope would seem to be as little known in its native country as in England, for a high clinical authority to whom I showed it recently, pointing out the identity of the two instruments, at first supposed I was attempting to vindicate the claims of an English inventor. The *Comptes Rendus de la Société de Biologie* of March 6th contain, moreover, an account of a demonstration given there by Dr. Bianchi, with cuts of his instrument and figures illustrating the localisation of organs by a new method of investigation, and no one appears to have had a word to say as regards priority. If any excuse beyond that of doing justice to one who is no more is necessary for raising this question, I may say that personally I owe a kind of debt of courtesy to the late Dr. Boudet de Paris which I am thus enabled to discharge, although fifteen or sixteen years ago I called attention to the antecedent claims of another person when he invented his electric diapason.

Dr. Boudet de Paris invented a number of instruments for studying the sounds of the heart and arteries, all of which may be found in the catalogue of C. Verdin, the well-known maker of philosophical apparatus—the sphygmophone, the cardiophone, the micro-stethoscope, and the "stéthoscope amplificateur à membrane d'ébonite." The first three, as well as a myophone, have electrical transmission of the sound from a microphonic receptor to a telephonic ear-piece, but the "stéthoscope amplificateur" is practically the phonendoscope. The only difference is in the shape and the arrangement of the membrane, which, I venture to think, is better in "Boudet's stethoscope." Dr. Boudet de Paris' stethoscope consists of a hollow cone with a membrane or plate fixed about half an inch from the open base; there is a stem as in the phonendoscope, which can be brought into play when fine localisation is desired by a screw. When the stem is screwed away from contact with the skin the instrument is the same as the phonendoscope without the second plate, which is removed when the stem is not employed. Boudet's stethoscope appears to me superior in that the vibrating membrane is more perfectly insulated from any sound except that which comes from beneath the portion of skin enclosed by the rim of the chest-piece.

Dr. Bianchi speaks of a new method of mapping out organs by his instrument, and the same *Comptes Rendus* gave diagrams showing the position of the liver, spleen, kidneys, and other organs. The effect of drinking on the contour of the stomach is shown with a precision that reminds one of the diagrams of modifications of heart dulness lately published by Schott's pupils. The following is the *modus operandi*. The button-shaped end of the stem is placed on the organ to explore and the vicinity stroked gently "as if smoothing ruffled fur." The stroking may be centripetal, centrifugal, or parallel to the contour. Whilst on the organ a rough sound is heard; when its limit is reached the timbre suddenly changes. One lobe of the lung may be differentiated from another, and one cavity of the heart from the other, the exact line of the intraventricular septum determined, &c. I will not discuss the possibility of these delicate delimitations, but here again, Is Dr. Bianchi right in presenting the method as his own? There is not a word about any such mode of exploration in the prospectus which accompanied the phonendoscope two months ago, where it simply claims to be an intensifier of sound. Dr. Bianchi has, in my opinion, accidentally no doubt, re-invented a "stéthoscope amplificateur" which is not only identical in principle with that of its prototype, but, notwithstanding the difference of form, identical in amplifying power. There is only one difference between the two instruments, and that is not of intensity but of quality. For some acoustic reason the phonendoscope is clangorous and metallic. This would, perhaps, be of no importance in auscultatory percussion, as we are listening to sounds of our own creating and all that is required is distinctness; but in auscultation of sounds emanating from within the thorax we must be sure of having them transmitted without modification of their quality. In this respect "Boudet's stethoscope" is a much more perfect instrument, and it is most surprising to me that its existence should be so little known.

I am, Sirs, yours truly,

April 13th, 1896.

OSCAR JENNINGS.

"THE QUESTION OF MEDICAL DEFENCE."

To the Editors of THE LANCET.

SIRS,—I was very glad to see Dr. Lovell Drage's letter in THE LANCET of the 4th inst., although, like yourselves, I do

not agree with his principal conclusion. I am fully in sympathy with the proposed enlargement of the powers of the British Medical Association, but should be sorry to see the absorption of the defence unions by this body. We know that these unions have hitherto done their work excellently well; we do not know that they would be equally efficient if merged in the larger association. It should be remembered that medical defence has a collective as well as an individual bearing. The latter is well looked after by the defence unions, but they do not touch the former, which concerns the defence of the whole profession in any particular locality against enemies from without—e.g., the societies trading in medical attendance—and foes from within—e.g., members of the profession who adopt reprehensible practices which yet may not be "infamous" in a legal sense.

The difficulty in constituting the British Medical Association a court of control is that it has not, and cannot have, any greater punitive power than expulsion from itself, which to many is no penalty at all. The corporations, however, have already very extensive powers, which the profession would gladly see increased if they became representative bodies. It is to them, therefore, that we should turn our attention, and I invite Dr. Drage and those who think with him to support the effort which is now being made to secure representation for the Members of the largest corporation of all, the Royal College of Surgeons of England.

I am, Sirs, yours faithfully,

April 12th, 1893.

W. G. DICKINSON.

"SUBCUTANEOUS EMPHYSEMA OCCURRING DURING LABOUR."

To the Editors of THE LANCET.

SIRS,—As Dr. Moffat says in THE LANCET of March 28th, the above is a somewhat rare accident. In January of this year a primipara whom I attended showed well-marked emphysema over the thorax, face, and neck. This appeared after the second stage of labour was over and disappeared in about six days. It is of interest to record that she had emphysema in the same regions during an attack of influenza some years ago. The labour was rather tedious and the forceps were used. During the labour the patient had several bad fits of coughing (due to bronchial catarrh), which may have been the direct cause of the subcutaneous emphysema.

I am, Sirs, yours truly,

April 13th, 1896.

ALEXANDER INNES, M.B. Aberd.

PUBLIC HEALTH APPOINTMENTS AND THE "LOCAL" CANDIDATE.

To the Editors of THE LANCET.

SIRS,—The recent election of medical officer of health for Sunderland is but another example of the useless and irritating expenditure of time, money, and personal comfort into which busy sanitarians in important public positions are so often unnecessarily led by the specious advertisements of sanitary authorities. To corporations with no soul to save or body to kick the mere fact that a "local" candidate has declared his intention to face the starter is too often quite sufficient to ensure his success (be his merits or demerits what they may) against the most highly qualified "stranger." The applicants for the appointment in question included one of the recent temporary inspectors of the Local Government Board and the health officers of several large Lancashire and Cheshire towns. Men of proved ability and administrative experience. The Council nevertheless, by an overwhelming majority, entrusted the health interests of 140,000 people in this notoriously typhoid-stricken town to the hands of an estimable general practitioner, possessing the necessary academic qualification, but virtually without further practical experience of the duties of such a post. Comment is unnecessary; but I may, perhaps, be permitted to suggest to the town councillors of Sunderland and to others similarly actuated that under such circumstances it would in future be more straightforward to include in their invitation for applicants a statement of preference for any legally qualified local candidate. Then medical officers of health who are unable to practise the Scriptural precept and gynecological feat of being born again (the accouchement, of course, to take place in the town they desire) will only have themselves to thank for their failure there.

I am, Sirs, yours faithfully,

April 14th, 1896.

SEMPER VIGILANS.

FEVER HOSPITALS.

To the Editors of THE LANCET.

SIRS,—The authorities of the London Fever Hospital are making large additions to their institution in Liverpool-road, presumably for the accommodation of an increased number of patients suffering from infectious diseases. The new wards will be within a few feet of my garden. Will you kindly inform me what public authority (if any) regulates the erection of such buildings, or can any person or number of persons build fever wards where they choose in London? Thanking you in anticipation,—I am, Sirs, yours obediently,
Gibson-square, Islington, N., April 7th, 1896. H. G. D.

* * We rather doubt the conclusion arrived at, having been informed that the governors of the hospital have decided to improve their ward accommodation and to pull down some of the existing buildings, hence we should not be surprised that, compared with the past, the accommodation provided will in the future be less rather than more than it was. As regards the "few feet" referred to, it will be remembered that the limit of ascertained safety adopted by the Local Government Board and all sanitary authorities for the treatment of infectious fevers other than small-pox is actually based on the long experience of the London Fever Hospital, where the buildings intended to receive infected persons and things stand 40 ft. from the boundary of the hospital site. With this 40 ft. it was found that even where the admissions of fever cases numbered 3000 a year no spread to the houses around occurred. We can hardly believe that the governors are departing from this settled precedent of safety. We believe that apart from an injunction no remedy would apply, but we should advise our correspondent to learn the actual facts by communication with the hospital authorities.—ED. L.

LIVERPOOL.

(FROM OUR OWN CORRESPONDENT.)

Death of Mr. George Holt.

IN the death from pneumonia of Mr. George Holt, head of the well-known firm of Lamport and Holt, Liverpool has lost a prominent citizen and University College, Liverpool, a true friend. One of the promoters of that foundation, he ever took the greatest interest in its success, which was substantially shown by his first subscription of £10,000 which was requisite to complete its equipment for incorporation in the Victoria University. It was in its medical school that he took a special interest, and his benefactions to it have been numerous. The chairs of Physiology and Pathology were endowed by him in the amount of £10,000 each, to which was added a further sum of £10,000, for the maintenance of laboratories in those branches of investigation. In addition to these benefactions he presented its medical faculty in 1886 with the sum of £2000 for distribution during the ten succeeding years in tutorial scholarships of the value of £100 each. These have been of the greatest service to industrious students in affording them opportunities for research in special departments of the medical school which otherwise might not have occurred to them. He further fitted up in a complete manner Ashton Hall as a pathological and bacteriological laboratory which is one of the most complete of its kind in this country. Besides providing accommodation for the teaching of morbid anatomy, pathological chemistry, and bacteriology, provision is also made for private investigation in pathology. This building further contains the museums of hygiene and materia medica. This does not exhaust the list of his benefactions; a further sum of £1000 was given as a donation to the college library, to be expended in annual instalments of £100. He was also a generous contributor to the maintenance fund of the college and a warm friend of education in general. Indeed, it is probably as a benefactor of University College that his name will live longest in local memory. He presided at the annual meeting of the Royal Infirmary on Jan. 30th, looking the picture of