in relation to age; while it is certainly met with as a specific character sometimes, and then it is limited to that species or its near allies.

It is, perhaps, not prudent to omit here a caution to the effect that in the suggested provisional definition inferences or conclusions should not be confused with and placed as facts; that, for example, because no distinct evidence has as yet been found of the existence and etiological activity of any parasitic irritant in a "cancer" therefore it is not right to assert that such a factor is never present and cannot be operative. The care to avoid a definite negation on this point is the more important seeing that some authoritative pathologists, even some of those who deny parasitism in "cancer," do see in it proofs that some sort of irritation is concerned with its etiology. On similar general grounds the use of such an expression as "cancer" cell should be avoided as it does not signify a proven fact but an opinion.

The presumption which may well be imputed to me for making this suggestion I am not blind to, and in defence can but say that the confident hopes I have, that were it acted upon, good would follow are an excuse though not a justification.

I am, Sirs, yours faithfully,

Nottingham, Jan. 11th, 1907.

W. H. RANSOM.

"PRODROMATA."

To the Editors of THE LANCET.

SIRS,—In your columns of November last Sir William Gowers animadverted on the prevalent error of taking "prodroma" as a nominative singular, and hence not a few writers had derived the queer plural of *prodromata*. Sir William Gowers was so good as to invite my opinion as to the alternative of "prodromas." I could not admit that "prodromas" was a tolerable alternative and I have suggested the familiar word "precursors" as equally expressive and quite grammatical.

However, my point to-day is not to labour this question but to show on the authority of a recent paper by Professor Ridgway¹ that we are far from being the only sinners in this kind. In the name Ancona the Romans took the Greek accusative Ἀγκωνα for a nominative singular. Again, the names of the Attic months ending in -ων—no doubt a genitive of the construction, "the month of (understood) Βοηδρομιών"—imposed themselves gradually as nominatives, and the Athenians actually declined them as such, altering the accent. The Latin *sestertium* affords a good parallel. Once more, Professor Ridgway tells us that the city name "Philippi"—declined by the Romans *Philippi -orum*—arose from accepting the primitive genitive Φιλιπποι πόλις as a plural nominative. So the solecists who have invented *prodromata* are in no bad company.

I am, Sirs, yours faithfully,

Cambridge, Feb. 10th, 1907.

T. CLIFFORD ALLBUTT.

HUMAN AND BOVINE TUBERCULOSIS.

To the Editors of THE LANCET.

SIRS,—The report just issued by the Royal Commission is a splendid example of true scientific research and a lasting monument to the untiring patience and industry of the researchers. The two chief facts which have been established are: (1) the difference (whatever the degree may be) between bacilli of the *typus humanus* and the *typus bovinus*; and (2) that bacilli of the *typus bovinus* on entering the human body may set up active and fatal tuberculosis.

My researches during the last nine years, coupled with an exceptional clinical experience, led me to come to the same conclusion, and in 1903 I published a paper based on bacteriological work in which I succeeded in isolating *bovine* bacilli from the mesenteric glands of a child suffering from primary abdominal tuberculosis. So far as I know, this was the first occasion in this country in which such bacilli were isolated and demonstrated as corresponding with the bacilli found in *Perlsucht*. The conclusions come to by me in 1903 correspond very closely with those arrived at by the Commission and I have for the last four years published papers in THE LANCET urging the necessity of stamping out tuberculosis in dairy cattle as a means of preventing the disease in children. I believe that practically all surgical tuberculosis is the result of ingestion of *bovine* bacilli in food, and more especially milk in children.

There is only one point in the report on which I disagree,

and that is in reference to the question of the identity of human and *bovine* bacilli. They say:—

It is well known that in the case of many diseases caused like tuberculosis by a micro-organism, immunity against the disease may be secured by introducing into the body the micro-organism causing the disease in such a way and in such a small dose that the disease thereby set up is slight and transient. The results obtained in this way have been so striking as to lead to a general acceptance of the view that a micro-organism which can thus be used to produce immunity against a particular disease may be regarded as identical with the micro-organism causing that disease. Hence, if the bacillus of human tuberculosis can be used to confer immunity against *bovine* tuberculosis or *vice versa* we are supplied with a further proof of the identity of the two diseases.

I venture to submit that tuberculosis cannot be classed with the ordinary diseases caused by pathogenic organisms, either in its mode of onset or the course which it takes. It is now established that cattle can only be rendered immune from *bovine* tuberculosis by injecting small and repeated doses of *human* tubercle, and that all efforts to immunise them by injections of *bovine* tubercle have signally failed. This clearly shows to my mind a difference (whatever it may be) between human and *bovine* bacilli, supported in a great measure by the fairly uniform cultural appearances observed between the two bacilli.

I believe Koch to be right in asserting that *bovine* bacilli cannot set up *human* tuberculosis, but it can set up serious and fatal *bovine* tuberculosis in man, for the simple reason that the human body is susceptible to attack by both human and *bovine* bacilli, as proved by the Commission; hence the enormous importance of safeguarding our milk- and meat-supply. I sincerely hope that this excellent report will be immediately followed by legislative measures which will insure so far as possible the purity of milk.

I am, Sirs, yours faithfully,

Liverpool, Feb. 11th, 1907.

NATHAN RAW.

To the Editors of THE LANCET.

SIRS,—Article 15 of the Dairies, Cowsheds, and Milkshops Order of 1885 provides that the milk of a cow suffering from certain diseases—of which tuberculosis is not one—(a) shall not be mixed with other milk; (b) shall not be sold or used for human food; (c) shall not be sold or used for food of swine or other animals, unless and until it has been boiled. The D.C. and M. Order of 1899 extends the above, so that for the purposes of paragraphs (a) and (b) thereof "disease" shall include tubercular disease of the cow's udder. By the exclusion of paragraph (c) from the operations of the order it is no offence to feed milch cows, or animals used for human food, upon unboiled tuberculous milk. Is it not time the Local Government Board amended this order?

I am, Sirs, yours faithfully,

R. BRUCE FERGUSON, M.D. Cantab., D.P.H., &c.

Feb. 11th, 1907.

THE SURGEON'S POWER OF LIFE AND DEATH.

To the Editor of THE LANCET.

SIRS,—In what way I am responsible if an article, entitled as above, in the *Independent Review*, which is a London monthly, did stir into enthusiasm the *gobe-mouches* of the local press in the district in which I reside, as asserted by the Editor of THE LANCET, is quite incomprehensible to me. However, to let that pass: in addition to the enthusiasm of the *gobe-mouches* in my district, the article has also evoked widespread interest throughout the country; it has been the subject of a leader in the *British Medical Journal*, in one of the chief London, and also in one of the leading provincial daily papers. What the Editor of THE LANCET elegantly calls an extraordinary farrago is a precise and accurate statement of what is daily happening under the present condition of affairs. It is undeniably true that, as soon as a man has obtained any medical qualification, he is at once given the power of deciding whether a person consulting him shall be submitted to an operation which may cost him his life; it is quite true that this terrible power of life and death is placed in the hands of an inexperienced youth practically without any safeguard; it is also quite true that when an operation has been performed, if the patient die and a medical certificate is given by the operator there is an end of the matter, no inquiry is instituted, nothing whatever is done by the State. Stigmatising these facts as an extraordinary farrago is a cheap but most ineffective way of getting out of replying to them.

¹ Cambridge Philosophical Society, Jan. 24th, 1907.

Since reading the leader in THE LANCET quoted I have looked into the subject more thoroughly and find that the State, when tested, should absolutely guard the safety of the people, though its actual powers, through lack of use and ineffectual application, have fallen into abeyance. Section 3 (1) of the Coroners Act, 1887, provides that the coroner shall hold an inquest on every person who dies a violent or an unnatural death. I find, too, that in the comments to the above section in the standard work on coroners law (see "Jervis on Coroners," fifth edition, p. 6) it is stated that—

In all cases of sudden death or death under any circumstances of suspicion where the duty of informing the coroner is not by statute imposed upon any particular person, it is the duty of those who are about the deceased to give immediate notice to the coroner or his officer or to the nearest officer of police.

And it is further stated that—

It is an indictable offence to bury a man who dies a violent death before the coroner's jury have sat, or to otherwise dispose of a body in order to prevent an inquest being held.

On consulting Webster, I find definition 3 of the meaning of the word violent is "produced or effected by force, not spontaneous, unnatural, abnormal." Also it is worthy of note that—

Consent, or in the common phrase—leave and license—will justify many acts which would otherwise be assaults, or even if coupled with reasonable cause, wounding and other acts of a dangerous kind, as in the practice of surgery. But consent will not make acts lawful which are a breach of the peace or otherwise criminal in themselves or *unwarrantably dangerous*—Pollock on Law of Torts, sixth edition p. 213.

Here we are now on solid ground. In the recent discussion at the Royal Medical and Chirurgical Society, reported in THE LANCET of Dec. 8th last, on the operative treatment of non-malignant ulcer of the stomach, Mr. Herbert J. Paterson (p. 1591) pointed out that the mortality from gastric hæmorrhage—i.e., in ulcer of the stomach—was probably not greater than 5 per cent., while the mortality from operation during hæmorrhage was between 66 and 70 per cent. Now in the cases of these unfortunate patients who were operated on during hæmorrhage, and whose risk of death was increased 13 fold, in how many of these fatal cases, clearly due to violence and *unwarrantably dangerous*, was an inquiry instituted or a coroner's inquest held in accordance with the plain and explicit statements of the law and comments as quoted? which says that "it is an indictable offence to bury a man who dies a violent death before the coroner's jury have sat."

Will any reasonable person, will even the Editor of THE LANCET, dispute that death after operation for gastric ulcer during hæmorrhage, where the risk of death is multiplied 13-fold according to Mr. Paterson, is a violent death and unwarrantably dangerous? If that be so, why was no inquest held and no investigation in these fatal cases made? Apparently, as my contention was, the magical influence of the letters M.D., M.B., F.R.C.S., &c., has been sufficient to override the actual law of the land. Stronger evidence still is furnished by Dr. W. Hale White in opening the same discussion at the Royal Medical and Chirurgical Society. He says¹:—

Further, when the stomach is opened during life while bleeding is going on the blood is often seen to be oozing from many points so that it is surgically very difficult to stop the hæmorrhage, and even if this is done the patients often later get further attacks of hæmorrhage. For all these reasons the patient should not be subjected to operation if she is thought to be suffering from gastrostaxis; indeed, several patients have died after operation, and I have collected 24 cases operated upon with eight deaths, or a mortality of 27.5 per cent; therefore, *as the disease is rarely fatal among those not operated upon* we must conclude that several of these eight cases would not have died if they had not been subjected to operation.

Now bear in mind these are not statements made by me to inflame "the enthusiasm of the *gobe-mouches*" of the local press in my own vicinity, but sober statements made by a high-class and reputable physician at an open meeting of one of the most cultured medical societies in the world, not disputed nor denied by any of the representative physicians or surgeons who were present and therefore presumably incontrovertible and accurate. Yet, examined by the light of the Act of Parliament and comments quoted, Dr. Hale White's position seems to me to be one of some responsibility in view of the comment that "it is an indictable offence to bury a man who dies a violent death before the coroner's jury have sat," and also "that it is the duty of those who are about the deceased to give immediate notice to the

coroner or his officer." Perhaps I am labouring under an error, as according to the Editor of THE LANCET I write extraordinary farragos, possibly there were inquiries made and inquests held on these "several cases out of eight which would not have died if they had not been subjected to operation." The mere fact that a surgeon can point to a certain number of successful cases does not in any wise exonerate him from compliance with the law in any fatal case that may occur in his practice; the law is plain, clear, and explicit on that point.

The writer of the article in THE LANCET quite fails to grasp my position; the operation for ovariectomy falls well within the scope of the first class of my division of operations, that is, those that are legitimate and defensible; to quote my own words

Any operation may be described as legitimate and defensible which is undertaken for the benefit of the individual without unduly risking his life—i.e., "not unwarrantably dangerous"; so that at the conclusion of the operation the patient is placed in a better position than he was prior to the operation having been performed.

The operation for ovariectomy exactly fulfils these conditions^s in every respect. The writer of the article surely would not wish us to suppose, as one might infer from his article, that because on some former occasion the operation of ovariectomy, at its inception, met with opposition from the medical faculty of that period, that therefore any new operation devised by some man "of original mind" must be received with open arms by the whole profession, even when the newly devised operation offends against the canons of common sense and daily experience.

For over 40 years now I have been engaged in the study and practice of medicine, during which period there have arisen many new forms of treatment, some of which have been retained but many of which have become quite obsolete, though at one time practised and recommended with vigor and persistence—e.g., a mode of treatment of locomotor ataxia which had a great vogue, and which partook of a surgical nature was that by suspension; this has now been practically abandoned, and Osler says:—

"It was unreasonable from the outset, either on therapeutic or scientific grounds, to hope that by such a measure permanent changes could be induced in the pathological condition," and that the benefits said to be observed from its application "were due in great part to suggestion and to psychical effects" ("Practice of Medicine," p. 847).

Yet I well remember when a book was written on the subject by a high authority and various intricate instruments were invented for the purpose of suspending the poor unfortunate dupes who submitted to the treatment. Since Lawson Tait wrote his first paper on the induction of an artificial menopause, by the removal of the ovaries as a cure for myoma of the uterus, which, although at its inception lauded to the skies and proved by statistics to be a most successful operation, is now discarded and discredited, an extraordinary impetus has been given to abdominal surgery, a veritable epidemic with varying degrees of intensity has existed ever since. In the columns of THE LANCET of about 20 years ago there was scarcely a week passed but we were inundated with descriptions of oöphoritis, salpingitis, pyosalpinx, with the correlative operations of oöphorectomy, salpingotomy, and salpingo-oöphorectomy. These operations may occasionally now be resorted to but they are certainly nothing like so frequent or so much to the fore as they were some 15 years ago. What else has happened? Since June 24th, 1902, when Sir Frederick Treves operated upon the King, there has been an extraordinary increase in the literature on the subject of appendicitis and the number of operations has increased to an alarming extent. An M.D. of 30 years' standing writing in the *Daily News* of August 23rd, 1906, says:—

A Doctor on Appendicitis.

SIR—All medical men do not agree with the medical officer of health for Stepney when he says that the mortality from appendicitis has been or will be lessened by operation. It is quite true, as he has pointed out, that since the disease became known by that name the mortality has steadily increased. What reason can be assigned? It cannot be that in recent years the appendix has degenerated so rapidly as to account for this increased mortality. Medical men who have been more than a dozen years in practice can well remember that before the term appendicitis came into general use they had patients suffering from what was set down as inflammation of the bowels, typhlitis, or perityphlitis, and the mortality was not great. Since the word appendicitis became familiar to the general public and the surgeon began to operate it has been greatly dreaded, and the first step towards recovery is when a medical man allays the patient's anxiety and assures him that after all an operation may not be required.

Personally, I can only say that in the dozen years or more since the disease was clearly recognised I have in a fairly large practice not lost

¹ THE LANCET, Nov. 24th, 1906, p. 1437.

a single case and only one was operated on. Operation was in this case resorted to at the patient's request, not because of danger to life, but because of recurring attacks interfering with his business and I do not believe there would have been any recurrence had the first attack been properly treated. Doubtless in very rare instances operation is advisable, but this is wholly different from the wholesale onslaught on the appendix and that at a risk which the reported deaths from operation too plainly show. I am not alone in holding this opinion. It is that of other medical men of large experience with whom I have discussed the subject. I do not give my name, as, with the present craze for operation, I should be ostracised by many members of my own profession and even the general public and regarded as a popularity-hunter, but sign myself as I am, M.D. of 30 years' standing.

With that letter I agree; it is interesting to note the last paragraph, as indicating the attitude adopted by the operating surgeon when anyone either questions or attempts to dispute their right to perform these frequently wholly unnecessary operations. As regards my own experience, I have only seen two cases of what I assume to have been genuine appendicitis in a fairly extensive practice, both private and hospital, in over 30 years, one of which was operated on and died, the other burst into the rectum and made an uninterrupted recovery; the patient is alive and well now after an interval of about four years. I may incidentally state that I was honorary medical officer on the staff of the Preston and County of Lancaster Royal Infirmary for 13 years and never had the pleasure of seeing a single case during the whole of that time, nor do I think that one did occur in the whole of the practice of the infirmary; at any rate, I never heard of one. Of course, it is quite open and easy to say the staff were a group of ignoramuses who did not know their work and overlooked palpable cases. This I deny. If the cases had occurred they would in most instances have been detected, and on reflection I do not recollect any suspicious cases that might have been overlooked. While on the subject of appendicitis I should like to quote the following case.² Mr. J. Bland-Sutton states:—

Wendel operated on a woman, 35 years of age, on account of a painful swelling in the right iliac region expecting to find an appendix abscess, but he found a suppurating gall-bladder containing calculi and pus; it had suppurated.

Here we have a case operated upon for appendicitis by an eminent man in which apparently the appendix is quite unaffected, but a suppurating gall-bladder with calculi in it is found; surely the symptoms of appendicitis and suppurating of the gall-bladder are not alike; one would expect that an authority of the eminence of Wendel would not make such a blunder as that.

This leads me up to another point, that of mistaken diagnosis. In the *Daily News* of August, 1906, the following paragraph occurred:—

The Poplar sanitary department report that during the past year no fewer than 57 patients belonging to the borough, or a percentage on the total admissions of 4.7 were, after being admitted to the fever hospitals, found not to be suffering from the diseases mentioned on the medical certificates upon which they were removed to the institutions. During the past five years it is estimated 10 000 patients have been so removed and were detained for an average period of three weeks at a cost of £60,000.

Also in the *Times* of Nov. 26th, 1906, p. 3, Dr. Kingsbury, quoting from the report of the Metropolitan Asylums Board, said that in 1905 there were 908 cases wrongly certified as diphtheria out of 4148. In the face of such statements as these, where no less than 4.7 per cent. of such a transparently easily recognisable disease as fever was wrongly diagnosed, a disease the manifestations of which are visible and appreciable to any person, and in the case of diphtheria, where over 21 per cent. of the cases were diagnosed wrongly, can it be wondered at that sober and responsible physicians of long experience are astounded and dismayed at the enormous increase in abdominal operations, many of them performed for obscure conditions, which are very often attended by fatal results, and in a considerable number of cases, as was only to be expected, at the time of operation the diagnosis is shown to be wrong? If over 20 per cent. of cases of a visible disease like diphtheria are wrongly diagnosed, *a fortiori* what must be the percentage of wrongful diagnoses in obscure abdominal complaints? Yet, when one is compelled to call the attention of the public to the manifest dangers of such operations and to ask for reasonable precautions to be taken to safeguard the public, one runs the risk of being sneered at by anonymous writers in leading medical journals and contemptuously alluded to as writers of farrago. As it is not my present object to write an article

on appendicitis, I shall content myself with stating that, contrary to the view expressed by the writer in THE LANCET, there is great doubt "that the operation for appendicitis has greatly diminished the general mortality arising from the condition"—or the supposed condition—"or the duration of illness in cases which might have recovered under medical treatment alone." If performed in only suitable cases, and no others, many lives now sacrificed would be saved. It is almost pitiful to have to reply to such a statement as the following, when made in the columns of a responsible journal. You state, "an inexperienced youth does not attend a vast number of cases of any sort." My statement was: "This terrible power of life and death is thus placed in the hands of an inexperienced youth practically without any safeguard whatever." I do not say, nor can it be inferred from my remarks, that each inexperienced youth immediately on commencing practice attends a vast number of cases of any sort; the aggregate of the number of cases throughout the country attended by inexperienced practitioners must amount to a vast number and in each individual case that inexperienced practitioner has the first power of deciding whether the patient shall be submitted to an operation or not, the ultimate effect of which may cost the patient his life or leave him seriously maimed or incapacitated for life. Neither the writer of the article I am replying to, nor anybody else, can deny the fact, which can be verified any day. I have actually seen a newly qualified practitioner operate for an ovariectomy for the first time, when if it had not been for the presence of older and more experienced practitioners he could not have completed the operation successfully; the patient made an uninterrupted recovery, but my feelings at the time of the operation were well described by the late Dr. Owen Rees, senior physician to Guy's Hospital, who after seeing a similar operation, which also recovered, said he had serious thoughts of inviting his friends to come the following morning and take their breakfast in his peritoneum.

I do not permit the writer of the article to state for me what operations Dr. Rigby would denounce as unjustifiable. In the case alluded to, where Mr. Osler operated on the hip-joint, the operation easily and naturally falls into my No. 1 class of "justifiable and legitimate operations," but such cannot be said of the latest craze—that of operations for remedying ulceration of the stomach, except perhaps in case of acute perforation, where something may be said in favour of operation, though in the only case in which I have seen that attempted the patient died in two hours after the operation. I must confess yet to be sceptical with regard to the benefit to be derived from gastro-enterostomy, gastro-duodenectomy, or gastro-jejunostomy in such conditions as chronic ulcer or extremely dilated stomach with thickening and partial stenosis of the pyloric orifice. Theoretically, I fail to see how a patient suffering from such conditions as these can be much benefited by an operation which makes a small communication between the diseased stomach and one or other portions of the small intestine. I cannot see how healthy gastric digestion is to be accomplished, and it has not yet been attempted to be proved that no injurious effects will be produced on the human organism by leaving what is practically a useless diverticulum between the points of artificial inosculation between the stomach and intestine produced by the operation. Another point for consideration is, no later than last Friday (Jan. 25th, 1907) I saw an operating surgeon remove the vermiform appendix from a boy about 14 years of age. Prior to the operation the boy was running about; it was entirely on the recommendation of the surgeon that the boy was submitted to the operation as a preventive measure to avoid future mischief. All that was wrong with the appendix was that it was adherent and its walls were thickened; there was no interference whatever with the function of the bowel. Now if it be necessary to remove this apparently innocuous piece of tissue, what can be said in favour of an operation such as gastroenterostomy, in which a considerable portion of the alimentary tract, already diseased, is partially cut off and isolated, and then left more or less as a useless and functionless portion of the human economy? What is going to occur? What will in future happen to this isolated loop of bowel? Will it be a source of comfort or satisfaction to the patient, or will it cause him dire distress and discomfort? What is to prevent this open loop from forming a reservoir for undigested food, foreign bodies, and fermenting secretions? If the vermiform appendix

² THE LANCET, Jan. 5th, 1907, p. 2.

is such a fatal trap for cherry-stones and other foreign bodies, how much more is an open loop, of the capacity indicated, likely to catch and hold all sorts and conditions of harmful and hurtful things? And will it necessitate some future operation analogous to appendicectomy for the relief of some new class of symptoms as yet unrealised and unknown? Again, what is to become of the biliary and pancreatic secretions? I confess I cannot reply to these questions, I must leave it to those surgeons to answer who are embarking on these operations with such a light heart; but these certainly are proper questions to be put and urgently require some explanation and elucidation. Mere figures can prove anything; the effects of a serious operation on the imagination of a nervous patient are so powerful and long-continued that a considerable time must be allowed to elapse before we can admit that these apparently unscientific and illogical operations have justified their claim as serious additions to our list of justifiable and legitimate operations, and there has not yet sufficient time elapsed to show whether these patients are materially improved or not or for any length of time. It is manifestly absurd, for instance, for Dr. W. Russell³ to say "that in some quarters it seems to be thought that the time is not far distant when the art of the physician will become obsolete and be replaced by the craft of the surgeon," and then to try to prove that position by describing three cases:—Case 1, pyloric narrowing, gastric dilation, and ptosis; operated on August 29th (presumably 1906). Case 2, duodenal ulcer, admitted to the Edinburgh Royal Infirmary on Sept. 21st, 1906. Case 3, malignant disease at the pyloric end of the stomach, a woman admitted to the Edinburgh Royal Infirmary on August 20th, 1906. These three cases, Dr. Russell tells us with all due gravity, "made uninterrupted and rapid recoveries, and were able to return to their homes in the course of three to four weeks." This is inimitable in its way, yet the Editors of THE LANCET reproduce it for the edification of their readers without comment and therefore presumably with their approbation. As a humble student, one thirsting for information, I would like to ask Dr. Russell what he thinks will be the state of Case 3 at the end of, say, 12 months or so from the operation? whether the mere removal of the pylorus and the formation of an orifice between the stomach and some conjectural portion of the intestine is likely to benefit permanently the patient and make a sound woman of her, one capable of carrying on the functions of life comfortably and satisfactorily for any reasonable length of time? and what is to induce the lymphatic glands to refrain from reproducing the infectious material we may reasonably assume had been absorbed from the malignant disease? These questions which are evidently brushed aside as of no practical moment to Dr. Russell are of vital importance and practically unanswerable.

The writer of the article winds up by saying:—

The alarm sounded by Dr. Rigby appears to us to be a false one; and we think his paper calculated to excite a prejudice against the medical profession and against operating surgeons more especially, which the facts, far from justifying, are calculated entirely to remove.

In reply to that I will conclude this already too voluminous communication by a quotation from THE LANCET itself, which I could not have credited except that it is there for any of your readers to see for themselves. In a leaderette of THE LANCET, dated Nov. 17th, 1906, p. 1380, it states:—

Mr. — resorted to a tracheotomy for laryngeal obstruction due to cancer. The operation was so urgent that he had to perform it with a penknife. The heart stopped beating and with great promptitude he opened the abdomen with the penknife, inserted two fingers, and performed massage of the flaccid heart; after four minutes the heart began to beat, artificial respiration was performed, and natural respiration resumed. The patient never regained consciousness but lived for about two hours.

The writer of the article in THE LANCET who visits my poor paper on the Surgeon's Power of Life and Death with such censure made no comment on the above "urgent" (*sic*) double operation on a moribund cancer patient. It is difficult to place the above two operations in any class, they certainly had no prospect of saving life as the patient was suffering from an incurable disease; they were not done at the desire of the patient, nor were they done for the relief of pain, as "the patient never regained consciousness"; the only object achieved, so far as my feeble powers of observation are worth anything, was that the mere vegetative

existence of the poor dying patient was prolonged for two hours. *Cui bono?*

In conclusion let me offer a word or two of advice to the writer of the article quoted. When criticising an article appearing in a responsible journal it is wise to do so in a spirit of fair play and not to misrepresent one's opponent, who is most likely only animated by a desire to ascertain the truth. It is worth while, in a just and equitable spirit, to not only defend one's own position but critically to examine and if possible refute the views of one's opponent in civil terms. This I contend the writer of the article has quite failed to attempt to do and has introduced an element of bitterness in a controversy which ought to have been conducted without any heat or animosity but with a steadfast desire to ascertain what is best for the community at large.

I am, Sirs, yours faithfully,

Feb. 4th, 1907.

JAMES A. RIGBY.

THE BENEVOLENT AGENCIES OF THE PROFESSION.

To the Editors of THE LANCET.

SIRS,—In your leading article on medical benevolent societies in the issue of Jan. 12th you call upon practitioners generally to support these societies and also suggest to the medical men residing in those counties where no such institution exists to try and get one started.

Now, Sirs, as far as I am aware no such thing exists in this county (Lancs), and I, for one, would very much like to see one instituted—for instance, on the same lines as the Society for the Relief of Widows and Orphans of Medical Men of London. Also, no doubt a large number of the poorer practitioners here, as elsewhere, would welcome such an institution as relieving them of some of what we may term the "primitive anxieties" of life; and at the same time the wealthier members of the profession would be willing to support it, though they would have little chance of ever needing its benefits.

You say such a society was started in Sussex two years ago, but I am unable to find the address of its secretary (as the local medical benevolent societies are not put in the Medical Directory) or I might try and get some particulars of its foundation from him. Perhaps some of your readers who possess the necessary knowledge will make suggestions as to the best method of procedure in the attempt to get such a society started here in Lancashire, especially if they be local men.—I am, Sirs, yours faithfully,

N. I. SPRIGGS, M.D., B.S. Lond., F.R.C.S. Eng.

Southport, Feb. 8th, 1907.

STRYCHNINE: WHAT IS A LETHAL, AND WHAT A MEDICINAL, DOSE?

To the Editors of THE LANCET.

SIRS,—Several notes have appeared in your journal and elsewhere from time to time, and some of the doses of strychnia said to have been taken with impunity have been so enormous, in one case as much as half a drachm, that the questions arise: 1. Is the statement true? 2. What is the explanation? 3. Does the dose need revision and increase? 4. Is anyone capable of eating strychnia in the same way that some of the Styrians are said to be able to eat arsenic? 5. Is idiosyncrasy common? 6. Does the habitual consumption of strychnia allow of large doses—say, of one grain or more—to be taken with impunity, and, if so, how much? 7. What would be the position of a medical man who having administered, say, one grain of strychnia, and death ensuing, he was charged with murder?

My own experience leads me to believe that the quality of the alkaloid may in many cases be responsible for the results, especially when in the form of powder. I have used strychnia for many years and I find that a dose of from three to seven minims of the liquor strychniæ of the B.P. strength is very well borne by adults, but the latter dose often produces symptoms similar to ptalism, with contraction of the platysma muscles and twitching and drawing down of the oral angles. I have usually procured the strychnia in crystals and I have made my own solution. I have some strychnia by me at the present time, but I should hesitate to administer so large a dose as, say, one grain to anyone, inured or otherwise, unless he was a profound believer in Christian Science, when possibly (?) the circumstances might

³ THE LANCET, Jan. 12th, 1907, p. 73.