cease from using genuine drugs. If the doctors of a Public Medical Service wish to charge one fee and then to make some arrangement with local chemists to dispense each prescription at, say, 4d. each, they can do so; but then the fee would require to be raised. It has been suggested to me by a chemist that he should provide the medicines at the Public Medical Service and send his assistant to dispense two hours each day, and charge a certain sum to the doctor. Such a plan would be a good one, but then it would exclude all the other neighbouring chemists.

As to your remarks about doctors holding hospital appointments, I can only say I fear they will not give much help. It has been said to me that there are not fifty medical practitioners in England whose mouths could not be closed by the mere promise of a hospital appointment. It is a money-making thing to be on a hospital staff. If only we doctors could find out that in the long run honesty is, even as a policy, the best, surely we would cease being so dishonest. I do not take the high level of preaching honesty as a virtue, but only, so low down, as a mere matter of policy. Our predecessors at the College of Physicians, London, drew up, and carried out, this bye-law: "No Fellow or Member of the College shall officiously, or under colour of a benevolent purpose, offer medical aid to or prescribe for any patient whom he knows to be under the care of another legally qualified practitioner." Might we not, as honest and honourable men, both in hospital practice and in private life, try to carry out this good old rule? Bickering, backbiting, and other forms of "professional meanness" would thus be reduced to a minimum. In the meantime, let us try to improve our position, and cease to train up about half of the community to depend on the charity of others.

I am, Sirs, yours faithfully,

Liverpool, Oct., 1889.

ROBERT REID RENTOUL, M.D.

* * We have thought it advisable to omit a sentence or two from the above letter—an omission, however, which does not at all affect the coherency of the argument intended to be advanced.—ED. 'L.

THE PRESYSTOLIC MURMUR.

To the Editors of THE LANCET.

SIRS,—I have read with much interest Dr. Howship Dickinson's lecture on the "So-called Presystolic Murmur." Dr. Dickinson appeals to the rising generation to throw over the orthodox presystolic theory. He will, I venture to think, not do so in vain. I for one, a young member of the profession, have never been able, with the most careful and patient study of cases of mitral disease, to detect a presystolic murmur—i.e., a murmur distinct from, and prior in point of time to, the first cardiac sound. If the so-called presystolic murmur is an obstructive murmur, then in a case of double mitral disease one ought to hear three murmurs: (1) presystolic; (2) systolic; (3) diastolic. I have never heard more than two, systolic and diastolic. Dr. John Harley used to teach that there is no such thing as a presystolic murmur—in other words, that a presystolic is a systolic as regards time, and is regurgitant; and I have never been able to disagree with him yet. I have little doubt but that his teaching on the subject is the same to-day as a few years ago, for, to use Dr. Dickinson's words, "old views, like old tissues, get indurated."

I am, Sirs, yours faithfully,

Nottingham, Oct. 26th, 1889. A. J. HELM MONTAGUE, M.D.

HYOSCINE AS A SEDATIVE.

To the Editors of THE LANCET.

SIRS,—Believing that negative results, especially in the case of a comparatively new drug, are as worthy of publication as positive results, I venture to give my experience of hyoscine as a hypnotic and sedative, and to say at once that that experience has been entirely unfavourable. In February, 1888, having read in THE LANCET (Feb. 4th, 1888) the very favourable results obtained by Dr. Thompson, I immediately obtained some of the hydro-bromate of hyoscine from the source there mentioned, and with considerable hope made use of it. Among several other cases I remember distinctly two cases in which I gave the drug. The first was a case of melancholia in a man rather above middle age, with great restlessness and sleeplessness at night. The hyoscine had not the slightest effect in quieting

this patient, but rather the reverse, as after it he expressed himself as absolutely afraid to have a second dose, lest, as he said, it should quite drive him out of his mind. The second case was one of paralysis agitans, accompanied by great sleeplessness at night. In this case, too, the hyoscine entirely failed; whereas afterwards the tincture of hyoscyamus, as recommended by Charcot, had a most marked effect in producing sleep for a time. Subsequently I used the hyoscine as a general hypnotic in the wards for some time, but found it so uncertain that although I still have a little of the drug in hand, I have never since prescribed it.

I am, Sirs, yours faithfully,

Southport Infirmary, Oct. 29th, 1889.

JOHN J. WEAVER.

"MEAN DURATION OF LIFE."

To the Editors of THE LANCET.

SIRS,—In your annotation last Saturday, under the heading of "Mean Duration of Life in London," you made some remarks on my last annual report for the parish of St. George, Hanover-square, in which you say that I use the term "mean duration of life" in an incorrect sense. After some preliminary observations, the writer of the article says: "It is not difficult to guess that mean duration of life is here used to describe the mean age of the persons dying in these registration sub-districts during last year." I need only say that the *guess* is a bad one, as I meant what I said—"mean duration of life," and not "mean age at death." "Dr. Corfield's fallacy" exists only in the brain of the writer of the article.

I remain, Sirs, yours faithfully,

Savile-row, W., Oct. 29th, 1889.

W. H. CORFIELD.

* * Dr. Corfield here states that the term "mean duration of life" used by him does not signify "mean age at death," and leaves it to be inferred that he used the term in its correct signification, implying that he has calculated life tables for Belgravia and Mayfair sub-districts, not only for 1888, but also for 1875, to say nothing of similar London life tables for 1878 and 1888. With regard to the results obtained by Dr. Corfield's method, whatever it may be, we would like to remind him that the "mean duration of life" shown by life tables based upon selected healthy districts, and upon upper class, clergy, and peerage experience, only ranges between forty-nine and fifty-three years. It follows, therefore, that Dr. Corfield's "mean duration" of 73.6 years for the mixed population of Mayfair is phenomenal, to say the least of it, and its excess of 11.3 years upon the "mean duration" of Belgravia is entirely incomprehensible.—ED. L.

THE "EARLY DIASTOLIC MURMUR."

To the Editors of THE LANCET.

SIRS,—May I be allowed to correct a statement made on p. 844 of THE LANCET of Oct. 26th, with reference to the interpretation which I am alleged to have given of the so-called "early diastolic murmur" of mitral stenosis? The murmur which I have interpreted as a murmur of pulmonary regurgitation—"the murmur of high pressure in the pulmonary artery"—I have been careful to distinguish from the early diastolic mitral murmur, the existence of which I fully recognise. The two murmurs may exist together in the same case, but are easily distinguished, as they differ in quality and localisation.

I am, Sirs, your obedient servant,

Manchester, Oct. 30th, 1889.

GRAHAM STEELL.

THE NOTIFICATION OF INFECTIOUS DISEASES ACT.

To the Editors of THE LANCET.

SIRS,—Now that notification of infectious disease is about to become general, why should a strong effort not be made to include venereal diseases in the list? This disease, in its protean forms, claims more victims every year, and is more disastrous and far-reaching in its dire effects, than all the other notifiable diseases put together. The public would soon realise their danger, and take the necessary steps to stamp it out.—I am, Sirs, yours faithfully,

West Hartlepool, Oct. 26th, 1889.

S. GOURLEY.