Correspondence.

"Audi alteram partem."

FEMALE HÆMOPHILIACS AND DE NOVO CASES OF HÆMOPHILIA.

To the Editor of THE LANCET.

SIR,—The new iatro-mathematical school comes as a wild nor'-easter to brace us into better mental health and habits. It was really delightful to hear Dr. Bulloch belabour the physicians at the Medical Society, and that I had myself to kiss the chastening rod added not a little to the enjoyment of the evening.

I would like to say a word or two on the question of female hæmophiliacs and the *de novo* cases. Dr. Bulloch thinks it extremely unlikely that any of the female cases are genuine. It is very difficult not to accept the following: A girl, aged 19, was admitted Nov. 16th, 1897, with epistaxis and purpura. The patient is one of three children, of whom one boy, aged 12, has always bled excessively when cut, has bled from the nose at intervals, and three weeks ago had purpura. The father had frequent epistaxis as a boy, and is now living and well; the mother is healthy and there are no bleeders known in her family. One of the father's brothers had frequent epistaxis; of his children, a son, aged 20, has had profuse epistaxis, and a few weeks ago he bled for two hours. Of course, such a history would not be regarded by Dr. Bulloch as very conclusive, and yet it shows a marked tendency to hæmorrhage. The girl herself has always bled freely when cut, when the teeth were drawn, or even when the gums were rubbed hard. A year ago she had soreness and swelling of both the shoulder-joints. She has had no menstrual irregularities. On Oct. 3rd she began to have epistaxis, which has continued at intervals ever since; at the same time she had bleeding from the gums. Hæmorrhages into the skin were noted about Nov. 1st. Her blood coagulation-time ranged from 10 to 15 minutes. In spite of all known methods of treatment the bleeding recurred at intervals, and successive crops of cutaneous hæmorrhage, and she died on Nov. 30th.

Was this a true hæmophiliac, or only an aggravated case of purpura hæmorrhagica in a family with marked tendency to epistaxis? The latter would no doubt be Dr. Bulloch's view. One has to recognise that purpura in severe forms may occur in several members of a family. I have notes of a case seen with Dr. F. H. Smith, a woman aged 63, whose mother died from purpura, and the patient's twin sister died from the same disease; there had been no other cases in the family.

There is a chronic purpura which must not be mistaken for hæmophilia. Miss E., aged 46, seen with Dr. Mary Sherwood, began to have epistaxis at her eleventh year. Every few months for the next five years she had severe attacks, almost always accompanied with crops of purpura. When about 26 years old the attacks of epistaxis ceased and she has only had two short attacks in the last 20 years. She does not think that for years she has ever been entirely free from spots of purpura, chiefly small scattered petechiæ. She bruises easily, and the slightest abrasion is followed by hæmorrhage, but she has never bled from the gums. I saw her in a severe attack of epistaxis, and the following day she had an enormous extravasation of blood involving the greater part of the skin of the front and outer side of the right arm.

As to the *de novo* origin, I mentioned in the discussion how important it is to look carefully into the family history, as the patients may deny knowledge of the peculiarity or they may not know the collateral history.

There is an Oxford bleeder, G. C., who has frequently been admitted to the infirmary, among whose ascendants it does not seem possible to trace any similar cases. He and his brother were bleeders from childhood—spontaneously, from slight cuts, and bruises. Both have been greatly troubled with the joint lesions. The brother died from tuberculosis at 26. The patient whom I saw the other day must be regarded as a bleeder. The tendency began about his second year; he has had frequent attacks of epistaxis, and on three occasions he nearly died from accidents—once when he "mashed" his finger in the door, the second occasion a cut on his right forefinger, and

the third he accidentally scratched the roof of his mouth. He has also had three attacks of severe abdominal pain with vomiting of blood and melæna. He has been greatly troubled with swellings of the joints, which have come on at the time of the hæmorrhages, and the skin about them has been blood-stained. He is only just recovering from an attack in the ankles. He has small hæmorrhages into the muscles which leave little nodular thickenings, one of which is just disappearing from the left biceps. Three months ago he had to have a tooth taken out, and he bled at intervals for 12 days. The patient's mother died from tuberculosis; none of his brothers were bleeders; the maternal grandmother and grandfather not known, but the patient's father, an intelligent man, has never heard of any bleeders either in his wife's family or in his own.

April 25th, 1910.

I am, Sir, yours faithfully,

WILLIAM OSLER.

A DANGEROUS DRY SHAMPOO.

To the Editor of THE LANCET.

SIR,—The danger of the dry shampoo with commercial carbon tetrachloride containing carbon bisulphide, thereby increasing its poisonous properties, has been so far established that any further fatal accident will result in a criminal prosecution. Before the inquiry into the above matter had been completed an immediate death in a hair-dressing establishment resulted from the ignition of an inflammable mixture of air and vapour of petrol purchased from a neighbouring garage. It might have been expected that even if the use of such dangerous materials had not been stopped by legislation the public would have been sufficiently warned. One reads with surprise the following passage in a modern society paper:—

The first thing to be done is to give it [the hair of a pretty girl] a dry shampoo; the best thing to use for this purpose being gasoline, which is not so very dangerous provided reasonable care is taken, which includes, of course, performing the operation in daylight. It is also a good plan to stop up the ears with cotton-wool, as some people are apt to find that it affects their hearing.

With regard to the above sentence, which has been copied exactly, it is desirable to point out that gasoline, properly so-called, sp. gr. at 15° C. = 0.66, cannot be purchased by the public, as its use for any general purpose has been strictly prohibited owing to its giving off an inflammable vapour even below ordinary room temperature, say 15° C., or 60° F. It must therefore be supposed that some other kind of petrol must be meant, which may be sold under a copied name; but there does not appear to be any guarantee that the flash-point of the article so supplied has been determined, nor that "reasonable care" would be taken even in daylight. A lighted match or even a cigarette end might, and probably would, produce a conflagration.

It is further presumed that the word "it" (the italics are those of the present writer) must refer to the gasoline and not to the cotton wool. If so, then the admission that the vapour of the gasoline affects the auditory apparatus, probably the membrana tympani, appears a sufficient condemnation; it would clearly require a very tightly-fitting plug of cotton wool to exclude all vapour. It may be pointed out that for cleansing hair, long or short, the old text ἀπὸ τοῦ μὲν ὕδατος—"Water is the best"—still remains uncontroverted.

I am, Sir, yours faithfully,

April 25th, 1910.

V. H. VELEY, F.R.S., D.Sc.

THE MIDWIVES BILL AND POOR-LAW RELIEF.

To the Editor of THE LANCET.

SIR,—A somewhat interesting discussion is being published in your columns on this subject. It might prove of interest to your readers and instructive to Mrs. Sidney Webb if I give two personal experiences of calls attended in the last year. Early in 1909 the Newbury board of guardians (owing to the difficulty found in getting practitioners to attend cases when summoned by a Central Midwives Board call) issued a notice to all legally qualified persons that the Board would pay in cases where such calls had been issued fees in accordance with the Poor-law scale. In August last, at 12 midnight, I received a C.M.B. call to Weston (six and a half miles), one of the villages under the control of the Newbury board.

This was sent to me as the nearest available practitioner. I attended and applied forceps under chloroform. Notice of the call was sent at the time to the guardians. The account was furnished in January, together with the detailed statement of notification of infectious disease certificates.

In January, 1910, I again received a C.M.B. call as the nearest practitioner to the same village for a case of violent hæmorrhage (miscarriage 5½ months). The midwife sent as death was imminent. This call was received at 2 A.M., and I had to motor cycle over frozen roads partially covered with water and the rain falling heavily. I cleared the uterus and attended the woman for over three weeks. I sent this call also to the Newbury board of guardians and claimed the fees. The clerk replied: 1. That the first claim was barred by statute (should have been sent in quarterly, although no date was named on the circular sent out); and, secondly, that the January claim was not for attendance at the delivery of a viable child. 2. That the guardians would see what they could do if I could prove to them that I had taken reasonable steps to secure the fee from the person attended. The women were in both cases the wives of labourers earning one 12s., the other 13s. a week. I should not dream of attending such persons in my own neighbourhood on credit unless as district medical officer under a guardians order, and am certainly not going to dun such persons for fees which the guardians of that district had promised to pay to any practitioner so called. For the future some other and younger medical man can attend these calls in the district of the Newbury board of guardians.

The nett result of the matter is that I have had pounds of out-of-pocket expenses and hours of time taken up attending persons that I never voluntarily undertook to attend, owing to the joint action of the Central Midwives Board and the Newbury board of guardians, and have not received one penny piece. To paraphrase the last words of Mrs. Sidney Webb's letter, "Why should doctors be treated differently from other men?"—I am, Sir, yours faithfully,

CHARLES S. PATTERSON, M.B. Edin.,

M.R.C.S. Eng.,

Medical Officer, Lambourn District, Hungerford Board of Guardians.

Lambourn, Berkshire, April 22nd, 1910.

THE JOHN HERBERT WELLS FUND.

To the Editor of THE LANCET.

SIR,—Referring to the appeal on behalf of the widow and children of the late Dr. J. H. Wells, who died in the course of research work, we write to say that the sum actually received in response to the appeal amounted to £4760, which has been invested by the direction of the committee in the names of the Right Honourable the Earl of Dalhousie, Sir Almroth E. Wright, M.D., F.R.S., Leonard Colebrook, M.B., B.S., Julian G. Lousada, and John Matthews, M.B., B.C., who hold it under a deed of trust on behalf of the beneficiaries.

We are, Sir, yours faithfully,

DALHOUSIE

JULIAN G. LOUSADA

Honorary Secretaries,
the Wells Appeal Fund.

Old Broad-street, E.C., April 25th, 1910.

CÆSAREAN SECTION IN PLACENTA PRÆVIA.

To the Editor of THE LANCET.

SIR,—The following statistics, which did not arrive in time to utilise in the discussion at the meeting of the Obstetrical and Gynaecological Section of the Royal Society of Medicine on April 14th, may be of interest.

Dr. Thrès, from Professor Bumm's clinic in Berlin, records from the year 1904 to 1909, 179 cases of placenta prævia. The total maternal mortality 5 (2.85 per cent.), 94 of the foetus (52 per cent.). 15 vaginal Cæsarean sections were performed, with 1 maternal death (6.6 per cent.). Mortality of the foetus 7 (46.6 per cent.). Professor Dimitri de Ott, from the Imperial Institute of Obstetrics and Gynaecology, St. Petersburg: During 18 years there were 111 cases of placenta prævia, with a total maternal mortality of 2.51 per cent., and of the foetus 71 per cent. No Cæsarean section has been performed. From Sir Halliday Croom I learn that no Cæsarean section for placenta prævia has been performed to his knowledge in Edinburgh, and Dr. Munro Kerr

(Glasgow Maternity) says that the only case in which he performed Cæsarean section for placenta prævia was the successful one already reported.¹ He is "convinced that the operation has a place in certain well-chosen cases, but these are very few and far between.

I am, Sir, yours faithfully,

April 23rd, 1910.

H. MACNAUGHTON-JONES.

FOXWELL MEMORIAL.

To the Editor of THE LANCET.

SIR,—We ask permission to call attention in your columns to a fund which has been opened with the object of perpetuating the memory of our late friend and colleague Dr. Arthur Foxwell, whose untimely death by accident last year was, and still is, deeply deplored. It has been decided that the memorial shall take the twofold form of a mural tablet to be affixed within the Queen's Hospital, and of an annual prize for a clinical essay open to residents of several Birmingham hospitals.

Personal friends, colleagues, and past house physicians of Dr. Foxwell have subscribed for these purposes about £200, of which sum £150 is available for endowment of the prize. If there are other friends and former associates of Dr. Foxwell who would wish to contribute to this memorial we beg to intimate to them that the fund is not closed, and that we shall be grateful for any further subscriptions.

We are, Sir, yours faithfully,

J. T. J. MORRISON,

Chairman of the Medical Committee, Queen's Hospital.

O. J. KAUFFMANN,

22, Broad-street, Birmingham.

A. W. NUTHALL,

89, Cornwell-street, Birmingham.

W. F. HASLAM,

54, Newhall-street, Birmingham.

Birmingham, April 25th, 1910.

Treasurers of the
Fund.

THE FAR EASTERN ASSOCIATION OF TROPICAL MEDICINE.

(FROM A SPECIAL CORRESPONDENT.)

FIRST BIENNIAL MEETING.

THE first biennial meeting of the Far Eastern Association of Tropical Medicine was opened on Saturday, March 5th, in the Administration Building of the Philippine General Hospital, Manila, by an address of welcome from the Hon. GREGORIO ARANETA, Minister of Justice, in the unfortunate absence, through indisposition, of His Excellency Vice-Governor N. W. Gilbert. An address on behalf of the city of Manila was then given by the Hon. FELIX M. ROXAS, President of the Municipal Board, after which the President of the Association, Dr. PAUL C. FREER, delivered his opening address on "The Tropical Sunlight." In the evening a reception and dance to the foreign delegates were given at the University Club.

On the following day a visit to the Naval Hospital at Cañacao, Cavite, by invitation of the Medical Corps, United States Navy, was made. Some 30 members were present and the hospital was thoroughly inspected, every courtesy being extended to the visiting members by Surgeon E. R. Stitt and the assistant surgeons. The hospital is an excellent, up-to-date building, with every modern convenience, and is built of reinforced concrete, all the windows being protected from mosquitoes by wire netting. There is quite a large out-patient department carried on by this hospital amongst the native Filipino and others in the surrounding district.

On Monday, March 7th, the scientific work commenced at 9 A.M. in the Administration Building of the New General Hospital, which is almost finished but not yet occupied, and was built to replace the present Civil Hospital, which is an old Spanish building in the central part of the town. It is situated to the north of the Bureau of Science and within 200 yards of it. In accordance with the prevailing practice it is built entirely of reinforced concrete. There were excellent exhibits of foodstuffs and medicinal plants, as well as pathological and zoological specimens. The snakes of the Philippines were to be seen on the ground floor.

¹ Transactions of the Royal Society of Medicine, vol. iii., p. 1.