

value in some forms of cardiac disease, the opportunity kindly given of testing the reduction of cardiac dulness during a bath did not convince me that the heart I examined became diminished in size. Reduction of cardiac dulness there undoubtedly was, but I could feel the impulse in the same position after as before immersion, and came to the conclusion, therefore, that the anterior border of the left lung had advanced over the heart.

It is a curious fact, however, that patients may in some degree experience immediate relief after the first bath. One gentleman told me that he could not walk from his hotel to the bath-house without a rest on the way, but could after the bath return without any such rest. What is the explanation of this relief? Is it due to the tepid temperature of the bath acting as a tonic to the vasomotor system; does slight loss of heat from the body set up weak electrical currents that combined act as a stimulus to the nervous system; or do some of the salts in solution find entry to the circulation, as Dr. Schott suggests, by the sweat glands? The last suggestion physiologists no doubt consider improbable, but it is worthy of note that Dr. Ringer and other observers have shown the value of calcium, potassium, and sodium salts upon cardiac action; of which salts the Nauheim water contains an exceptional quantity. It has occurred to me that calcium chloride might be tried internally in those forms of heart disease most benefited by treatment at Nauheim.—I am, etc.,

Clifton, Bristol, Nov. 11th.

THEODORE FISHER.

"MEDICAL AID FREE, WITH A POUND OF TEA."

SIR,—It is with profound regret I have to acknowledge that up to the moment of writing I have been unacquainted with the various letters, etc., pertaining to the above subject.

I beg to state that from representations made to me prior to my acceptance of office I looked upon the matter as an ordinary "tontine society."

I, like Dr. Swanson, almost immediately afterwards, left town upon my holidays, and during my absence I was made acquainted with the mistake I had made. I immediately (prior to my return) sent in my resignation, and so terminated my connection with the firm.

Not having had the remotest notion of committing any breach of medical ethics, I trust this may be deemed a sufficient explanation of my conduct.—I am, etc.,

Liverpool, Nov. 11th.

WM. M. PREES.

SIR,—The letters and correspondence on the above subject, which, only brought before my notice a few days ago, I extremely regret, otherwise I would long since have informed you that the moment I found out it was not what it was represented to me to be, namely, a "tontine," I immediately severed my connection with the firm. I hope, Sir, that you and your readers will see that I was completely misled, and that I did the only thing that lay in my power by resigning at once.—I am, etc.,

Liverpool, Nov. 11th.

J. B. FORSTER.

PORTSMOUTH MEDICAL UNION.

SIR,—I am desired by the Committee of the Portsmouth Medical Union to thank you for your assistance in the columns of the BRITISH MEDICAL JOURNAL in our "battle with the clubs" here in Portsmouth. If we can only secure the non-intervention of outsiders we shall gain the day.—I am, etc.,

Southsea, Nov. 10th.

T. FREDERICK PEARSE, M.D.,
Honorary Secretary.

WELL-TO-DO PATIENTS IN RATE-SUPPORTED HOSPITALS.

SIR,—In the BRITISH MEDICAL JOURNAL of November 9th Mr. Samuel Osborn complains that well-to-do patients avail themselves of the fever hospitals under the Metropolitan Asylums Board, and states that they are entitled to, and the authorities have no power to recover fees. If this really be the law in London, it is most extraordinary that here in Willesden we seem to have adequate powers to recover expenses incurred through treating patients in our isolation hospital, and, strange to say, our legal advisers assert that we are compelled to charge the patients; the expenses of their treatment is "deemed to be a debt," according to the words

of the statute, but we have the power to remit the fees if the patient is too poor to pay. This seems to me altogether too much the other way; and as our hospitals have not been abused by well-to-do patients, I have strongly opposed charging for compulsory attendance in a fever hospital as against public policy and contrary to the spirit of the Act. Opinion is very evenly divided on our Council, those against charging only gaining the day last meeting by one vote.—I am, etc.,

W. WOODLEY STOCKER, M.R.C.S.Eng., L.R.C.P.Lond.,
Member Sanitary Committee Willesden District
Council, and member Visiting Committee
Wilkesden Fever Hospitals.

Wilkesden Green, N.W., Nov. 11th.

PROFESSIONAL ADVERTISING.

SIR,—Will you allow me to say that I entirely agree with the views expressed by Dr. D. S. Owens in the BRITISH MEDICAL JOURNAL of November 9th on the above subject. I attended almost all the meetings of the Ethical Section at the last meeting of the British Medical Association, and I was much struck with the amount of illiberal nonsense ventilated by the various speakers. Especially did I notice the ridiculous fallacy on which Dr. Potter based one of his objections to professional advertising, which your correspondent justly exposes. Dr. Potter has no right to assume that an advertisement must necessarily be fraudulent, as it would certainly be "to promise some definite cure or result." There are myriads of advertisements which would not come under this category and to which no sufficient moral objection could apply. Dr. Potter's confusion arose from his mixing up violations of morality with violations of conventional usage. The former may be held to be unchangeable; the latter to be continually changing; and it is under the latter that the various forms of medical advertising fall. So far as I can comprehend, nothing that is straightforward and truthful can be considered in any sense a breach of morals; it may certainly be a breach of conventional usage; but on this point people have a right to and do judge for themselves in and out of professions. There is no profession that advertises more effectually than the medical in diversified oblique modes, and there is no section of the profession so notoriously guilty of oblique advertising as those who affect to maintain the so-called honour of the profession, and at the same time crush the junior members by arbitrary, unreasonable, and scandalously unfair enactments.—I am, etc.,

Glasgow, Nov. 9th.

D. CAMPBELL BLACK, M.D.

EXIT EUSAPIA.

SIR,—My attention has been drawn to an article in the BRITISH MEDICAL JOURNAL of November 9th in which reference is made to experiments with Eusapia Paladino in which I have taken part. In the course of the article it is implied that I and the other investigators mentioned "accepted the foolish wonders of spirit-rapping and table-turning with simple faith" and as "direct revelations from the unseen," and sought "spiritual edification" from them. It is further affirmed that "had Mr. Maskelyne not been present at the recent sittings at Cambridge, Eusapia's shrine would probably not have been deserted even now."

I must ask leave to state that these statements and implications are one and all entirely without foundation so far as I am concerned. I have never accepted the wonders of spirit-rapping and table-turning; and if I had I should never have sought spiritual edification from them. The trickery, which the experiments at Cambridge proved to have been used by Eusapia had been long ago suggested by Professor Richet himself, and more recently had been precisely and fully described by Mr. Richard Hodgson, the Secretary of the American branch of the Society for Psychical Research, in a paper criticising the conclusions of the Italian *savants* and of Professor Lodge. It was to test the issue thus raised between two members of our group of investigators—Professor Lodge and Mr. Hodgson—that the experiments at Cambridge were arranged. Mr. Hodgson himself took part in them, and they ended in entirely confirming the opinion that he had previously expressed. And though I set a high value on Mr. Maskelyne's acumen and skill, his intervention in this case did not in fact affect the progress of the investigation.

I may add that the general drift of your article shows a complete ignorance of the work in which the group of investigators to which I belong have been engaged since the foundation of the Society for Psychical Research thirteen years ago. Throughout this period, we have continually combated and exposed the frauds of professional mediums, and have never yet published in our *Proceedings* any report in favour of the performances of any of them.—I am, etc.,

Cambridge, Nov. 12th.

HENRY SIDGWICK.

* * We gladly accept Professor Sidgwick's assurance that he does not accept the wonders of spirit-rapping, and that he has not sought spiritual edification from them. This being so, however, we would respectfully ask, *Que diable est il allé faire dans cette galère?* If the Society for Psychical Research do not seek for signs and wonders, what go they out for to see? We can understand the position of those weaker brethren who expect to find evidence of a future life in mysterious taps and pinches, but how men like our distinguished correspondent and his colleagues can think such rubbish worth investigating as "phenomena" or "manifestations of psychic force" passes our comprehension. As regards Mr. Maskelyne's share in the exposure of Eusapia, there appears to be a difference of opinion between that gentleman and Professor Sidgwick, and we must leave them to settle the matter between them. It is a fact that Mr. Maskelyne was, apparently at the suggestion of Mr. Andrew Lang, called in to assist in unveiling the prophetess, and we may add that we entirely agree with Mr. Lang in relying more on the conjurer than on the psychical researchers. As regards the work of the Society for Psychical Research, our complaint against it is not that it publishes reports in favour of the performances of professional mediums, but that it wastes time which might be given to the solution of problems urgently concerning the welfare of mankind in the investigation of phenomena which have their origin in delusion when they are not the result of jugglery and imposture, and which in any case are unworthy of the notice of serious men.

THE MARCHING POWERS OF OUR SOLDIERS.

SIR,—Will you kindly allow me to confirm the letter of Surgeon-Major F. P. Nichols in the *BRITISH MEDICAL JOURNAL* of November 9th? He is quite right in saying the ammunition boots are good boots, "but they need intelligent treatment—and feet as well."

For India and Burmah boots of brown leather are preferable to black ones, as the black colour absorbs heat far more than brown. Excellent boots are now supplied from the army boot factory at Cawnpore, N.W.P., where Messrs. Cooper, Allen and Co., as part of their contract, not only permit continual Government inspection, but also teach classes of soldiers to make and repair boots. This is a practical detail for which the army has to thank Lord Roberts, lately Commander-in-Chief in India. Dr. Nichols is quite right to stuff the boots to prevent any friction between the boot and the foot, a fertile cause of "blisters of the feet," which produce intense agony. But in India and Burmah socks wear out very fast, and it is often impossible for soldiers and Sepoys to get new socks when the old ones are worn out. Moreover, it is difficult to get socks to fit the feet, so Messrs. Cooper, Allen and Co. have introduced a "foot cloth" of cotton, tough, but soft and flexible, which washes well and is cheaper than socks. It measures 19 by 15 inches, and can be wrapped round the foot so as to form a comfortable covering. In practice it is found that neither soldiers nor Sepoys object to wash this foot cloth, even Hindus washing it as they do their own "dhotees," or waist cloths.

I used to give my men German "foot powder" (composed of French chalk, two-thirds, and salicylic acid, one-third), which helps to save the skin from being chafed. If there were intertrigo in the clefts between the toes, I packed them with a little cotton-wool dipped in boracic acid, and this sprinkling rapidly healed the abrasion, while it had the additional advantage of deodorising the feet, which are apt to stink horribly when no water is obtainable for washing them.

There is one weak point which could be remedied with very little trouble, and no expense worth mentioning. The so-called "tongue" of leather between and beneath the laces is not proof against sand, dust, or small shingle, all of which may cause serious abrasions, and these are so painful that a

man cannot march with them, still less shoot. The remedy is very simple. Put in a "full bellows tongue," as shoemakers call it, between the "quarters" of the boot, as is done for shooting boots, extending from side to side, and sewed to the quarters beyond the part where the eyelet holes and hooks are placed for the boot laces. I find a piece of leather 7 inches by 5 inches is quite large enough to extend thus from side to side, and from the "vamp" to the top of the boot at the ankle. This piece can be made of the so-called "offal," that is, the leather which is too thin to be used in any other part of the boot. This "full bellows tongue" is not only dust proof, but it also permits the boot to be opened so wide that it can be removed without hurting the wearer if he happens to be wounded, or to sprain his ankle, no mean advantage, *experto crede*. But in mountain warfare the ammunition boot requires to be supplemented by something else, for the leather sole slips on dry grass and on smooth rock, so that the wearer becomes very soon fatigued.

I am glad to be able to announce that for this also a remedy has been found, as I have recently received a letter, dated October 13th, 1895, from my old friend, the Inspector-General of Prisons, Central Provinces, Nagpore, India, to say that he can utilise prison labour to make "grass shoes" of jute and aloe fibre, which do not slip either on rocks or grass. Grass shoes have always been worn by the native inhabitants of Kumaon and Kashmir, so that it is well that our soldiers should benefit by the customs of these mountaineers. They are very like the "bathing shoes" now worn at home when people have to bathe on rocks or a shingly beach, and they are noiseless. They will probably become popular for sport and for lawn tennis, and as they are very cheap and have no leather in them, they can be made in prisons by all castes of Hindus without difficulty, and can be worn by all classes of natives without any caste prejudice.

It is fortunate that the invention can be so useful alike to Europeans and natives, to soldiers and to civilians.—I am, etc.,

R. TEMPLE-WRIGHT,

November 12th.

Brigade-Surgeon-Lieutenant-Colonel, retired.

D.P.H. EDINBURGH JOINT BOARD.

SIR,—I agree in the main with your correspondent in the *BRITISH MEDICAL JOURNAL* of November 9th on this subject, and I have heard the same opinions exactly uttered by not one or two, but by many medical men. As a medical officer of health of some experience both in urban and rural districts, my opinion is that the utmost which should be expected of candidates for the chemical part of D.P.H. is that they should be able to analyse quantitatively and bacteriologically, as well as qualitatively, air and water; should be able to use the microscope intelligently in determining adulteration in common foods, and should be able to understand and interpret the results of chemical analyses of food materials.

But to expect medical officers of health to have the knowledge and proficiency of public analysts is to expect far too much. Every sanitary authority either has its own analyst or the use of the county analyst, and the places in which the joint office is still preserved are getting fewer every year. I believe the Local Government Board sets its face against the two offices being united on the ground that such an arrangement places too much power in the hands of one man.

Is it not possible to bring about some rough kind of uniformity with regard to the regulations in connection with the various D.P.H. examinations? The number of medical men who are debarred from taking a public health degree because they are unable to disentangle the knots of red tape in the regulations of different examining bodies is, believe me, simply legion.

Some universities demand a residence of six months, others recognise only certain laboratories; others specify for study certain statutes, some of which have absolutely nothing to do with a medical officer of health; others demand that at the practical chemistry examination the candidate shall make his own quantitative solutions, and so on.

All these things make men fight shy of public health diploma work, and as a consequence our public health service does not contain everywhere what one might term expert men. The remedy for the whole matter, to my mind, would be to make the examinations above all things practical, and to have as far as possible medical officers of health as