was seen what appeared to be distended coils of intestine; peristalsis was not, however, visible. At these particular times the child seemed to suffer from pain and would cry out. Shortly after admission he vomited mouthfuls of offensive brownish material, evidently the contents of the small intestine. Owing to the extremely toxic condition of the child a general anæsthetic was not administered. Under the local application of ethyl chloride an incision was made in the right iliac region and a distended coil of small intestine tapped. Fluid fæcal matter forcibly gushed out and was evidently expelled by contractions of the intestine. The stomach was washed out and a quantity of fæcal material thus removed. The child was in such a toxic condition that he seemed to resent very little what was done. Although the operation was perfectly effectual in relieving the obstruction and removing from both the bowel and the stomach a large quantity of thin fluid fæcal material, the toxic symptoms in no way abated, but rather seemed gradually to increase until the child died 36 hours after operation. A post-mortem examination of the abdominal cavity was performed by Dr. John Anderson. Numerous fibrous adhesions of old standing were found binding together coils of intestine and by kinking the bowel in places had led to obstruction. There were no evidences of tubercle anywhere, nor were there indications within the bowel of tuberculous ulceration.

CASE 2.—A boy, aged 11 years, was suddenly seized, five days before admission to the hospital, with sickness, vomiting, and pain in the abdomen. The parents were told by the medical man in attendance that the boy was suffering from appendicitis. By the third day he was easier as regards his pain, but otherwise not well, and on the fifth day he was sent into the institution. On admission he was in a very lethargic condition. His face was pale and somewhat pinched; the eyes were sunken, with sub-orbital dark lines. He was only feebly aroused when spoken to. The tongue was dry and of a dull red colour, with prominent papillæ. The abdomen was retracted not painful on palpation, somewhat livid in appearance, and doughy in consistence. The temperature was 102° F. and the pulse very rapid and almost imperceptible. His condition being that of extreme toxæmia nothing was attempted in the way of operation. The child died an hour after admission. No post-mortem examination was allowed.

These two children, as seen on their admission to the hospital, presented the typical aspect of patients suffering from advanced toxæmia; the one, the result of intestinal obstruction, the other consequent upon peritonitis; the one, not sufficiently beyond the hope of relief by operation; the other, hopelessly without the pale of intervention. It is not my object in this letter to cast any reflections upon those who were responsible for the delay which occurred in sending these two children into the hospital. Whether friends or medical men were to blame I know not. But every hospital surgeon is cognisant of the fact that cases do not infrequently occur where the blame must be attached to the temporising treatment exercised by medical men in the face of conditions which, if allowed to continue, must inevitably lead to death. Fatal toxæmic effects are seen much more in hospital than possibly outside; and, I fear, in too many instances, when these cases are operated upon, the death which results is, if not actually attributed to the operation, at least assigned to other causes than those arising from toxæmia. Thus, it is conceivable that the practitioner never becomes sufficiently impressed with the dangers which attend delay; and when the acuteness of the symptoms has subsided he is apt to be misled into the erroneously fatal belief that all danger is over, the real fact of the case being, however, that the narcotising affects of toxæmia have commenced. Unless immediate action is taken by only such measures as will stop the continuous process of poisoning a hopelessly lethal condition is soon reached. These two children represented two classes of cases. In the one there was intestinal obstruction, in the other peritonitis probably the result of appendicitis. Other causes than those which existed might have led to the same toxic results. But while there may exist variations in the degrees of severity of the obstruction, or of the acuteness of the peritonitis, there comes a stage in all when the resulting toxæmia must, sooner or later, lead to death.

If one ventured to lay down a comparatively safe and helpful rule as some sort of practical guidance to those under whose observation grave abdominal symptoms first appear, it would be to say that no practitioner should take upon himself the sole responsibility of further dealing with a case about which before the lapse, say, of 24 hours, he has not felt satisfied in his own mind as to the nature and progress of the disease. If some other reason were needed than that which directly concerns the welfare of the patient it is to be found in that which touches the interest of the practitioner. When friends become aware, as they frequently do nowadays, that operation failed to relieve or cure because delay was exercised in bringing the patient under the requisite treatment the medical man's reputation sometimes suffers. Divided responsibility will, however, mitigate, if not entirely remove, the possibility of adverse criticism and spare all parties from the uncomfortable feeling that culpable neglect of any kind has been exercised.

I well remember when a student being taught by my old teacher the late Mr. Cooper Forster of Guy's Hospital that in bad cases of injury to the elbow in children it was wise to share the responsibility of the case with a fellow practitioner, so that if in the future impaired movement of the joint did follow blame could not be unjustly imputed to the supposed maltreatment of a single man. I think this advice applies with even greater force to cases of acute abdominal crises. For as the public gets to know more and more of the life-saving power of early operation they are apt to raise the question, in the event of a fatal result, whether life could not have been spared by earlier intervention on the part of the surgeon. These remarks will not fail to appeal to those who have already suffered in their professional reputation because of the delay exercised in bringing patients of this class under the timely intervention of the surgeon; and those to whom luckily no such unfortunate issue has occurred will do well to take advice by the forelock and avail themselves at least of one simple expedient which will prevent blame, even if such should subsequently accrue, falling entirely on their own individual shoulders.

If these few remarks may aid in bringing more prominently before members of the profession in general practice one of the most insidious and most serious complications that can accompany or ensue upon an acute abdominal crisis my feelings will not have misguided me in the wisdom of giving expression to them.

I am, Sir, yours faithfully,

A. ERNEST MAYLARD, M.B., B.S. Lond.,

Jan. 9th, 1909. Surgeon to the Victoria Infirmary, Glasgow.

MEDICAL MEN AND THE LAY PRESS.

To the Editor of THE LANCET.

SIR,—At the request of the Stratford Branch of the British Medical Association, some few weeks ago, I read a paper entitled "Medical Evidence and the Laws Relating to Compensation for Personal Injury." A short time afterwards the editor of the *Medical Magazine* wrote asking permission to publish the paper, and I agreed. In the article I took occasion to deprecate the increasing prostitution of medical evidence, which as you are aware is confined to an infinitesimally small proportion of the profession. I have been greatly annoyed to see in the daily press certain isolated quotations from my article which without the context are calculated to give a wholly unfair view of the position. The object of this letter is to state that I have taken no part in the publicity given to the article, nor was it done with my sanction, and that—while I am anxious that those who lay themselves open to the charge of unfair dealing should be exposed—the lay press is under no circumstances the medium that I should have voluntarily chosen for this purpose. I have communicated with the office of the *Medical Magazine* and am assured it has in no way been in communication with the lay press. The address, which was delivered in the East-end, was favourably received by members of the profession present. I am, Sir, yours faithfully,

Hyde Park, W., Jan. 19th, 1909. R. J. COLLIE.

THE DIAGNOSIS OF SMALL-POX.

To the Editor of THE LANCET.

SIR,—Your review in to-day's issue on Dr. Ricketts's book "The Diagnosis of Small-Pox" recalls to mind my first acquaintance with a case of small-pox. The patient, an iron-worker, had sought relief for the initial symptom of pain in the back from a colleague who considered it due to lumbago and dispensed a strong liniment of acetic acid. As a profuse papular rash going on to pustules followed not only on the

site of application but also marked out the erratic course taken by the drip of the excess of liniment used with no sparing hand by the patient's wife, *secundum naturam humanam* fresh opinion was sought with the view of laying the onus on the liniment. This was rather a startling clinical picture to confront a freshman still blushing under the pride of his college degree. It might represent the results of croton oil or be an entirely new disease to be now revealed to an admiring faculty. But the discovery of one pustule on the fauces and the knowledge that two cases of small-pox were known in the town, happily for everybody, settled the question. Perhaps a contributing factor to this diagnosis was a remark that the late Sir W. T. Gairdner, whose knowledge and experience of small-pox were unique, made in his lectures on variola that a mustard leaf would determine a preponderance of the rash to the site of application and might be used to save the facial beauty of a lady patient. Is there anything new under the sun saving the demonstration and the insistence of points of view! I am, Sir, yours faithfully,

N. CAMPBELL.

Dereham, Norfolk, Jan. 16th, 1909.

UMBILICAL HERNIA IN INFANTS.

To the Editor of THE LANCET.

SIR,—The increasing frequency of occurrence of umbilical hernia in young babies is a fact which has become to me, as to Mr. A. Stayt Dutton, very noticeable of late. But since most of such cases in my practice have been those of children whose arrival I superintended, and since my method is to sever the cord at a point at least 2½ inches from the abdominal wall, Mr. Dutton's explanation does not seem to answer the question.

A condition which is common to all these cases of hernia in infants, umbilical and inguinal, is, to put it tersely, "flatulent dyspepsia." In every case it will be found that, whether real or fancied, the baby's natural pabulum "didn't seem to satisfy" it, and that some recourse has been had to artificial feeding, and in my experience injudicious artificial feeding is a much more potent factor in producing hernia than any anatomical peculiarity (less than a lacuna of the abdominal wall) the presence of which does not seem to matter at all so long as digestion is normal. It is an admitted fact that the number of mothers who cannot, or will not, give their infants the breast is continually increasing, and that, in my opinion, is the reason for the parallel increase in the occurrence of infantile herniæ.

I am, Sir, yours faithfully,

DONALD J. MUNRO, B.S., M.B. Lond.

London, S.W., Jan. 15th, 1909.

THE HUNTERIAN SOCIETY'S MEDAL.

To the Editor of THE LANCET.

SIR,—Last June you were good enough to insert a notice that the Hunterian Society had decided to award a silver medal annually for the best essay by a general practitioner embodying the results of his own investigations. In view of the number of applications received for particulars of the competition I venture to send you the following details.

The competition is open to all registered general practitioners in the United Kingdom and Channel Islands. The subject of the essay can be chosen by the candidate but must fall within the province of medicine, surgery, or midwifery. The essay must be unpublished and original and based on the candidate's own observations except for references to the literature of the subject. Observations may be included in the essay which have been made by means of special methods not available in ordinary practice by workers engaged in these special methods, but the candidate must duly acknowledge the source of his information. Two type-written copies of the essay must be sent in, together with any material which the candidate may desire to submit. The essay must be marked by a motto and accompanied by a sealed envelope containing the candidate's name, address, and qualifications, and a signed statement that he is a general practitioner. On the outside of the envelope the motto must also be inscribed. The last day for sending in essays for the present competition is Dec. 31st, 1909. I am, Sir, yours faithfully,

W. LANGDON BROWN,
Senior Honorary Secretary.

Finsbury-square, E.C., Jan. 18th, 1909.

FEES FOR MEDICAL MEN IN CORONERS' COURTS.

To the Editor of THE LANCET.

SIR,—At a meeting of the honorary medical staff of the Enfield Cottage Hospital held recently it was unanimously decided to forward an appeal to the departmental committee appointed by the Home Secretary "to inquire into the law relating to coroners and coroners' inquests and into the practice in coroners' courts." In this appeal it was pointed out how hardly the law presses upon such medical staffs in not allowing any fees to be paid them when attending inquests on patients who have died in hospital. Reference was also made to the invariably sympathetic attitude of coroners and juries towards medical men when their attention is drawn to this injustice and the committee was asked to recommend that the law be altered so that we should receive the usual remuneration.

If the medical staffs of all such hospitals throughout the country would act in a similar way without delay there can be little doubt that sufficient pressure could be brought on the committee to induce them to consider this appeal favourably and it is with this object in view that I am asking you to publish this letter.

I am, Sir, yours faithfully,

HOWARD DISTIN, M.B. LOND.,
A Member of the Honorary Staff of the Enfield Cottage Hospital.

Jan. 12th, 1909.

GRATUITOUS PUBLIC SERVICES.

To the Editor of THE LANCET.

SIR,—Your leading article in THE LANCET of Jan. 9th emphasises the present-day tendency of public bodies to demand gratuitous services from the medical profession—services to which they are not legally entitled. The Infectious Diseases (Notification) Act, 1889, Section 3, requires that the notification shall give (only) the following particulars: name of patient, situation of building, and disease [The Public Health (London) Act, 1891, provides for further details, but I am not now referring to this Act]; yet it is becoming a common practice for district councils to issue forms of certificates containing the following additions: "The patient has been attending —— School, —— Road; I am informed that children from the same house are attending —— School, —— Road."

It is not always convenient to obtain this information, especially where two or more families live in one house, and in any case its acquisition is a demand on the practitioner's time; the council has no legal right to ask us for it, and when obtained it is of no real value to the sanitary authority, since the medical officer of health (or sanitary inspector) always obtains this information for himself when visiting the house after the receipt of the notification, and he would certainly take no active steps regarding the school in question till this personal visit had been paid.

The latest opportunity of extracting a gratuitous service from us is afforded by the Public Health (Tuberculosis) Regulations, 1908, which provide that the district medical officer shall notify to the medical officer of health all cases of phthisis occurring amongst paupers in his district. These regulations contain no provision for notifying the relieving officer, yet the guardians are sending out forms of certificates so that duplicates are to be sent to the relieving officer. These notifications to the relieving officer are quite useless, since the patient's name, address, age, and disease are stated on the medical sheets which are sent every fortnight to the guardians and are always seen by him.

I never fill in the infectious disease form beyond what is legally required, with the small exception of giving the patient's age, and I do not propose to notify tuberculosis to the relieving officer unless the authorities request me, as a matter of courtesy, to do so, show me the necessity for it, and offer to defray the postage. A short time ago I had a notification returned by a sanitary inspector, as I had "omitted to state the patient's age, and the information would be required by the medical officer of health for statistical purposes." It occurred to me that the sanitary inspector might have furnished this information after his domiciliary visit, and that, as the medical officer of health was not legally entitled under the Act to demand this information from me, a stamped envelope—provided by the district council—might