

On the other hand, while I was Principal Medical Officer of the Egyptian Police I found by carefully kept records that phthisis was no commoner among the Soudanese gendarmerie than it was among the English army of occupation in Egypt; and further, Dr. Sandwith himself states that phthisis is common among white Circassian slaves in Cairo. It is evident, then, that it is not the climate but the conditions of life of the Soudanese in Cairo which must explain their special proneness to phthisis. These conditions are the depressing effects of slavery, confinement, poverty and insufficient food, added to the general insanitary condition of Cairo. Dr. Sandwith shows that phthisis is also common among the native Egyptians, but he does not examine into the causes of this frequency. I found that in 1882-1885 inclusive 8.5 per cent. of the total deaths registered in Cairo were attributed to phthisis, and the death-rate from this disease was 42.5 per 10,000 of population. These figures show that the proportion of deaths from phthisis in Cairo to the whole number of deaths is rather less than in London; but in proportion to the population many more die of phthisis in Cairo than in London. To anyone who knows the insanitary conditions which prevail in the capital of Egypt these results are in no way surprising. There is no drainage, and the soil is waterlogged and saturated with filth. I quite agree with Dr. Sandwith in what he says as to the benefits to be derived from a visit to Egypt, and the great interest the country possesses from an archaeological, ethnological and political point of view will always make it attractive to visitors beyond most health resorts. But I think physicians who are sending patients to Egypt should be warned that they cannot safely reside long in Cairo, but must spend their time at Helouan, the Pyramids, or up the Nile. I am, Sirs, yours faithfully,

SIDNEY DAVIES, M.A., M.D. Oxon.,
Late Principal Medical Officer, Egyptian Police.
Plumstead, Oct. 4th, 1892.

"GLYCOSURIA WITH LOW SPECIFIC GRAVITY."

To the Editors of THE LANCET.

SIRS,—The attention directed to the subject of occasional low specific gravity in diabetic urine by Sir E. Sieveking's paper and letters in THE LANCET induces me to state that I published a paper on this subject in the *Dublin Journal of Medicine* in April, 1883. I mention several cases of low specific gravity in this paper; one is that of a patient of the late Dr. Ringland, in which the specific gravity varied from 1008 to 1035. No matter how low the specific gravity was there was a proportionate amount of sugar present. Sir William Stokes had a patient suffering from glycosuria in which I found on several occasions the specific gravity of the urine is very low, and on one occasion actually 1005. Like other medical analysts I come across now and then specimens of urine above 1030 which, though exercising a reducing power on Fehling's solution, contain no sugar.

I am, Sirs, yours truly,

CHARLES A. CAMERON, F.R.C.S.I. &c.
Dublin, Oct. 12th, 1892.

To the Editors of THE LANCET.

SIRS,—The occurrence of sugar in urines of low specific gravity ought to be generally known, as the fact is of fairly common occurrence in hospital practice. In my lectures on diabetes I refer to it (p. 84), and expressly say that a low specific gravity is no proof of the absence of sugar. But the fact is abundantly illustrated by the cases, for out of fifty quoted in the text no less than five, or 10 per cent., had urine of a low specific gravity. These are: Case 14, E. R—, aged thirty-seven; sp. gr. 1020; Case 16, W. F—, aged fifty-seven, sp. gr. 1020; Case 19, E. H—, aged sixty-five, sp. gr. 1013; Case 21, W—, aged fifty-six, sp. gr. 1021; Case 28 A. L—, aged eight, sp. gr. 1013. The last case shows that this may occur even in young persons, though this little girl was a very chronic case, like her sister, whose history is recorded on page 93 (the urine in her case was only 1025). There is only one true method of clinical study, that is to examine each point with the best available means. All short cuts, guesswork, attempts to follow the "method of Zadig," and so forth are untrustworthy, and those who follow them can never hope to increase their own knowledge or that of others.

I am, Sirs, yours obediently,

ROBERT SAUNDY.

Edmund-street, Birmingham, Oct. 8th, 1892.

To the Editors of THE LANCET.

SIRS,—Not long ago I was called to see a lady who was dying comatose. From the smell I felt that the case was one of diabetes. On examining the urine the specific gravity was under 1020, but there was abundant sugar present. She died in thirty-six hours. I am, Sirs, yours truly,

Oct. 7th, 1892.

E. A. B.

SALICYLATE OF SODA IN CHOREA.

To the Editors of THE LANCET.

SIRS,—In your issue of July 2nd, under the heading "Notes from a Practitioner's Case-book," Dr. H. H. Murphy records a case of chorea in the adult which was successfully treated with salicylate of soda. In a number of cases of chorea lately under my care the use of this drug has been entirely without beneficial result, and I think the following case is of interest in this connexion.

F. S—, a girl aged seven years, some months ago was seized with a well-marked attack of rheumatic fever, accompanied by endocarditis of the mitral valve. Under salicylate of soda the symptoms rapidly disappeared, as they usually do, and the child became convalescent. Three days afterwards she was regarded as well, and while the salicylate of soda treatment was being continued as a precaution against relapse symptoms of chorea developed, beginning in the left hand and arm, and rapidly spreading so as to involve the whole muscular system. The patient could not sit upright, and had to be restrained in bed. There were also well-marked mental symptoms. Salicylate of soda seemed if anything to increase the disorder, and I then had recourse to arsenic, rapidly increasing the dose until fifty minims of the liquor arsenicalis were taken per diem. This amount was well tolerated. In a few days there was marked improvement, and in four weeks' time no signs of chorea could be detected.

I have mentioned this case because the chorea developed while the patient was under salicylate of sodium, and after this remedy had removed the symptoms of rheumatic fever. It would be interesting to know whether the salicylate treatment of rheumatic fever has had any influence on the number of cases of chorea immediately following the fever. I note that in Dr. Murphy's case arsenic in increasing doses was given. It is not improbable that this drug played a very important part in the successful result, for without doubt arsenic is a most valuable remedy in chorea, especially if pushed to the limits of toleration.

I am, Sirs, yours obediently,

GEO. W. SUTHERLAND, M.D. Lond.
Sydney, Australia, July 28th, 1892.

REGISTRATION OF MIDWIVES.

To the Editors of THE LANCET.

SIRS,—The letter of Mr. Rowland Humphreys, in your last number on the subject of the ignorance of midwives induces me to send you an account of a case I had last week and which is similar in some of its features to that which he mentions. I was sent for on the 3rd inst. (by a telegram from a village "midwife") to see a woman whom I found in the last stages of exhaustion from post-partum hæmorrhage and who died shortly after my arrival. On making investigations I was informed that the patient had suffered from ante-partum hæmorrhage for some six weeks previously, that she had been confined of her tenth child about three hours before, and that the midwife (who arrived a few minutes after the birth of the child) exerted traction on the cord with the view of removing the placenta. The placenta tore in two with the force used, and the midwife thereupon introduced her fingers into the vagina and tore away the remainder, together with a considerable portion of the uterus, measuring about three inches by two. At the necropsy ordered by the coroner I found a small piece of very firmly adherent placenta near the fundus, and the part where the laceration had occurred was very evident; the serous coat of the organ was intact. The uterine wall was extremely soft and lacerable, and broke down readily on pressure with the finger; the muscular tissue under the microscope showed advanced fatty degeneration. It would seem that, as a consequence of the ante-partum hæmorrhage, the placenta had become adherent to the uterus, and that this, softened by the many and rapidly following pregnancies, had given way under the unskilled violence of the midwife. As in the West Bromwich case, it was allowed

at the inquest that the midwife had done her best according to her lights, but as she had sent for a doctor she escaped censure. I do not know of any recorded case in which this particular accident followed excessive traction on the cord, and should be glad if any of your readers can mention one. I send you a newspaper cutting with a report of the inquest.

I am, Sirs, yours obediently,
LEWIS E. PARKHURST, M.B. Oxon.

Brackley, Northamptonshire, Oct. 10th, 1892.

ECCHYMOSES DUE TO NATURAL CAUSES.

To the Editors of THE LANCET.

SIRS,—Your Paris correspondent is right in supposing that the case reported at the Pau Congress of the French Society for the Advancement of the Sciences would be of interest to medical jurists in this country. It is well known already that during the convulsive struggles of the epileptic hæmorrhages may be found beneath the conjunctiva or in the cutaneous tissues about the face, much in the same way as bloody extravasations are found in children suffering from whooping-cough; but few would be prepared to hear of the enormous ecchymoses met with in Dr. Cabadé's carpenter, in whom the convulsion must have been inordinately severe to bring about the startling appearances found on the chest, trunk, shoulders and arms. Such a unique case will tend to emphasise the remarks found in forensic text-books on ecchymoses occurring in the body from natural causes. I am not clear, however, that it is as widely recognised as it ought to be, that the convulsive struggle associated with sudden asphyxia may be the cause not only of punctiform ecchymoses in various parts of the body, but of submucous extravasations, which may give rise to suspicions of foul play. Possibly the mucous surface has not been the subject of as much attention in post-mortem records of suffocation as it deserves. In cases like Dr. Cabadé's, where the external skin showed such extensive evidence of venous pressure from interrupted circulation of the blood from an epileptic fit, it is not unreasonable to believe that the mucous surface more or less shared the damage. In suffocation from the impaction of a foreign body in the windpipe, where the death struggle would be prolonged for four or five minutes, submucous extravasations of blood would in all probability be found in the vaginal mucous membrane and mucous linings of various organs as well as in the serous coverings of the various viscera, and such marks of ecchymosis might readily be attributed to a felonious cause.

I am, Sirs, yours faithfully,
Carlisle, Oct. 12th, 1892. HENRY A. LEDIARD, M.D. Edin.

NOTIFICATION OF INFECTIOUS DISEASE.

To the Editors of THE LANCET.

SIRS,—It is quite unnecessary for me to answer in detail Dr. Goodhart's letter in your last issue, as I find that in a letter from the Local Government Board to the town clerk of Uppingham, under date Dec. 29th, 1890, the following rule is laid down: "If two practitioners are in actual attendance on or are called in to visit a patient, whether at the same period or successively, and their attendance or visiting is connected with the medical treatment of the patient, both are bound to send certificates, and these must be duly paid for by the sanitary authority." As a matter of fact, my authority every month sanctions payments to two or three medical men for certifying a single case, and this in several instances, and the Metropolitan Asylums Board refunds such payments.—I am, Sirs, yours truly,

W. H. CORFIELD, M.A., M.D. Oxon.,
Medical Officer of Health for St. George's, Hanover-square,
Savile-row, W., Oct. 10th, 1892.

ENFORCEMENT OF MEDICAL LAW.

To the Editors of THE LANCET.

SIRS,—A query in your issue of Oct. 8th, p. 867, deserves the attention not only of dentists, but of the whole profession. You cite the case of practitioners in Germany who, possessing only the American diploma of doctor of dental surgery, have lately been fined for styling themselves "doctor," it being held that this was calculated to lead the public to mistake

these men for duly qualified doctors of medicine. You suggest the question, Why should not similar abuses be checked here? The evils arising from illegal assumption of professional titles might, there can be no doubt, be very much diminished if any body or functionary existed whose duty it was to enforce the present laws; but in this country no such authority is to be found. Neither the Medical Council, the corporations, nor medical associations take any heed of these matters, and in the absence of a public prosecutor medical law in great measure remains a dead letter. That magistrates are ready to administer the law is evident. The College of Veterinary Surgeons, under the Veterinary Act, the penal clauses of which are the same as those of the Dentists Act, has lately found no difficulty in obtaining convictions for offences in no degree so flagrant as those constantly committed by medical and dental quacks. For merely exhibiting a sign inscribed "Veterinary Smith" an unregistered farrier has been heavily fined within the last few weeks, and it is not credible that magistrates will refuse to apply laws for protection of man whilst enforcing those for protection of beasts.

That quackery outside the profession—practice by unqualified pretenders—does no harm, from the sordid point of view, to the legitimate practitioner in any department is capable of proof. Quackery creates disease and aggravates simple cases, and in the end makes a vast amount of work for legitimate practitioners, into whose hands a large proportion of the victims ultimately gravitate. The injury from quackery falls upon suffering humanity; upon the simple, the confiding and the weak; upon the needy and poor rather than the rich; upon the classes whose claims to protection by the State are paramount. To put the law in force would be to gain the sympathy and support of the public. The profession, if challenged, could demonstrate the purity of its motives. It seems to me time this matter was taken in hand. I would propose the immediate formation of an Association for Enforcement of Medical Law, and in order to bring my proposition to a practical issue I now undertake, if forty-nine other members of the profession will do likewise, to pay in at once to a guarantee fund any sum up to £100 which may be agreed upon by the promoters of such an association, and to contribute besides an annual subscription. If a few examples were made among the quacks it is tolerably certain the need for prosecutions in the future would not often arise; it would be necessary to interfere only with flagrant offenders—if any such exist—not with unqualified individuals who, under no false pretence, may be practising for gain in any department of medicine or surgery.

I am, Sirs, your obedient servant,
Wimpole-street, Oct. 8th, 1892. HENRY SEWILL.

"ELECTROPATHIC ADVERTISING."

To the Editors of THE LANCET.

SIRS,—Having returned from my vacation, I find that I am indebted to your courtesy for sending me a copy of your issue of Sept. 24th. In that copy you express "painful surprise" at finding my name "appended to a highly eulogistic letter" addressed to Mr. Harness, and you add that I have "advocated an electropathic appliance, and that you cannot, *for the honour of our profession* (the italics are mine), refrain from expressing your "strong disapproval of the uses to which I have applied my knowledge." You proceed to say that I have "given warm commendation to a method of treatment closely bound up with quackery." I give a point-blank denial to your assertions. As the author of a standard work upon medical electricity, which you have yourselves approved, it was my undoubted duty to investigate the claims advanced by any inventors of new electrical apparatus claimed to be improvements. In the above capacity I called upon Mr. Harness, telling him that I proposed to investigate the electrical properties claimed by him to be possessed by his apparatus. He courteously supplied me with several varieties, and I have mentioned the results of my experiments with them in the forthcoming new edition of my book. I there state that the only two important questions are: (1) Does the apparatus generate electricity? (2) If generated, does that electricity penetrate the skin? And I add in italics: "*These are questions which must be determined, not by the effect of the appliance upon the patient, not by theoretical considerations, but by the test of instruments of precision, and quite irrespective of any claims advanced by the manufacturers or vendors.*"

As in duty bound, I gave the result of my investigation,