obvious. These are furnaces for the destruction of dead organic matter and they are found in practice to do this effectually and completely and they do not render either large or small areas uninhabitable, unsanitary, or unpleasant even when situated in a thickly populated district. The medico-legal argument is the one which has been most prominently pushed forward by the advocates of the earth-to-earth system. They contend that homicidal crimes such as secret poisoning and stabbing would be rendered less easy of detection consequent on the early and complete destruction of the body and therefore the impossibility of subsequent exhumation and so an increase in such crime would take place. Sir Francis Haden[3] states that this is a part of the subject which no cremationist is willing if he can help it to hear mentioned. Now, so far from this being true, all cremationists recognise that this at first sight is a serious objection to their method and they have over and over again called attention to it publicly—for example, the speeches delivered by Dr. Cameron and Sir Lyon Playfair in the House of Commons on the Disposal of the Dead (Regulation) Bill on April 30th, 1884.[4] As regards poisoning, experiments instituted by M. Cadet and repeated by M. Dourvault and M. Worst have shown that arsenic and all mineral poisons (except mercury) can be detected just as well in the ashes of a burnt body as they can be in an exhumed body. The organic poisons are destroyed just as much by interment as they are by fire, only, of course, not so quickly. But the remedy for this possible evil would be (and this is needed whatever system we adopt) to appoint State officials, as is done in France and Germany, to inquire into and verify the death certificate. In the majority of cases no difficulty would arise and in any suspicious case the proper authorities could be notified and an investigation held. The detection of crimes of this character is quite rare unless the criminal is discovered at once; after burial it is exceedingly uncommon for suspicion to arise. The average number of exhumations, for instance, in this country is only five per annum, and of these less than one is for suspected poisoning. As a matter of fact, crime would be *more* likely to be detected, not *less*, if we could make it statutory that a verification of death should be undertaken by some independent official before a body is destroyed by cremation. To my mind the objections to cremation can all easily be disposed of. It is from all points of view the ideal system for adoption in the future for disposing of the dead.

I am, Sirs, yours faithfully,

L. A. PARRY, M.D. Lond., F.R.C.S. Eng.,
Honorary Anæsthetist to the North-West London Hospital.

Bartholomew-road, N.W., May 30th, 1899.

THE GENERAL MEDICAL COUNCIL AND THE PROPOSED CONCILIATION BOARD.

To the Editors of THE LANCET.

SIRS,—It must be allowed, I think, that the idea of bringing together the representatives of the friendly societies and the members of the medical profession is a good one. At the same time it must be apparent that the General Medical Council have not gone sufficiently into detail in their scheme.

We are all aware that the friendly societies possess at the present moment a thoroughly workable organisation and that they are prepared at a very short notice to nominate and elect men to represent them on a conciliation board. On the other hand, it is evident that the medical profession have no such organisation to deal with such a question. The point which appears to me of the greatest importance is: How are the representatives of the medical profession to be elected and by whom? I submit that neither the British Medical Association nor the medical defence societies could undertake such a duty. What I propose for the consideration of the profession is the formation of an association of medical officers connected with friendly societies. Let a conference be called of such officers at an early date and let it appoint a committee to formulate a scheme for the establishment of a permanent association. In the meantime perhaps you, Sirs, will permit your columns to be used for the discussion of this very important subject. I cannot conclude without expressing the satisfaction which is felt with the decision of the General Medical Council in respect to the connexion of the medical profession with those particular associations which combine medical aid with life insurance.

I am, Sirs, yours faithfully,

Cardiff, June 10th, 1899. T. GARRETT HORDER.

To the Editors of THE LANCET.

SIRS,—The resolution of the General Medical Council, "That this Council regards it as unprofessional to hold the appointment of medical officer to associations which systematically practise canvassing and advertising for the purpose of procuring patients," is a step in the dark, and one which may involve endless troubles and worry to medical officers of clubs all over the country. Who is to decide what is systematic canvassing and advertising? All the large friendly societies canvass and advertise, but the Council dare not touch their medical officers, for they have a strong Parliamentary vote behind them. It is the medical officers of the small clubs, generally young struggling practitioners, who will be the ones to suffer. Some medical neighbour, smarting at some real or supposed interference with his patients, will report the club to the Council, and the medical officer, dreading the expense and worry of defending himself, will have to resign. The result will be that the great friendly societies will soon exterminate the smaller clubs and our younger men will have to start as assistants to the present club medical officers and be sweated by them instead of obtaining independent practice. From a professional point of view the want of a wage limit and inadequate fees are far more objectionable than canvassing, for after all there are but few patients who will change their medical man at the request of an agent unless he can offer them better terms. The resolution of the Council practically makes the medical officer responsible for the action of all the agents of the association, with the fearful penalty of utter professional ruin if they are detected canvassing. If it applied to all clubs it would not be so objectionable, but a knowledge of modern politics teaches us that it can and will only be applied to the weaker ones. If the friendly societies refuse to accept a wage limit, which is the key to the whole matter, I fail to see what good can come out of the board of conciliation.

I am, Sirs, yours faithfully,

June, 1899. X.

THE MICROCOCCUS OF BERI-BERI.

To the Editors of THE LANCET.

SIRS,—I came recently across, in THE LANCET of June 25th, 1898, a communication from Dr. W. K. Hunter in which he speaks of a staphylococcus with rapid motion to be found in the blood of beri-beri patients and suggests that it may be the cause of the disease. I have long been cognisant of a micrococcus easily grown from blood and spleen on agar or gelatin, the growth being non-penetrating, greyish in colour, raised, and having very ragged edges. These cocci are most motile and the fresh blood in some cases is frequently crammed with them. With few exceptions the blood of all my beri-beri patients contained them. Wishing to inoculate some animals with these cocci I was unable to obtain any whose blood was not already rich with them. Later I found that many healthy patients had them in quantities and still later that they were present in the blood of myself and other European officers. This was now nearly two years ago, since which time I have been quite healthy and, I may mention, have never in my life suffered from any symptom of beri-beri or from fever of any description. A few of my patients suffering from beri-beri have had their blood quite free from the cocci throughout their attack. I have long come to the conclusion that the coccus is non-pathogenic and is contained in the blood of the majority of people living in this colony. Probably it is derived from meat, as so many animals possess it in such abundance.—I am, Sirs, yours faithfully,

W. GILMORE ELLIS,
Medical Superintendent of the Government Lunatic Asylum, Singapore.

Singapore, May 8th, 1899.

THE PLAGUE COMMISSION.

To the Editors of THE LANCET.

SIRS,—My attention was only recently drawn by a friend to a report of the evidence taken by the Indian Plague Commission at Bombay and which is published in THE LANCET of Dec. 24th, 1898, p. 1740. I find that I have been reported

[3] THE LANCET, May 27th, 1899.
[4] The Times, May 1st, 1884.

as follows: "Dr. Galeotti, representing Professor Lustig, explained the method of preparing his serum and gave some results obtained at several hospitals. *He admitted that the results were not very satisfactory up to the present time.*" I shall feel thankful if you would kindly correct the last sentence of your correspondent who doubtless misunderstood my evidence or which was not correctly reported to him. I did not state before the Plague Commission that the results of serum treatment were not satisfactory up to that time, and had I done so it would have been contrary to what I have already published. I had occasion to express publicly my opinion on the subject—viz., that the results obtained in plague patients with Professor Lustig's serum were generally very good and encouraging, because the mortality amongst the treated patients was about 53 per cent., as compared with a mortality of from 75 to 79 per cent. amongst non-treated patients. With the serum of one horse the results were most satisfactory, the mortality being reduced by nearly 40 per cent.

I am, Sirs, yours faithfully,

Bombay, April 24th, 1899. DR. GINO GALEOTTI.

POISONING BY GELSEMIUM.

To the Editors of THE LANCET.

SIRS,—The following notes ought to be of interest to the medical profession generally and to toxicologists particularly, because accounts of poisoning by gelsemium are rare.

I took two ounces of the tincture of gelsemium instead of a glass of sherry and returning to the dining-room awaited the result. It was not long forthcoming. (We all live on the ground-floor here.) The few feet travelled to the dispensary found me only too ready to accept the receipt of a helping arm and in another minute the legs were paralysed; dragging myself to the bedside with my fore-limbs they were unable to help me into the bed, into which I was lifted. There was no trouble so long as I lay quiet, but on the least exertion there were excessive tremors. Vomiting occurred during the next 24 hours. The temperature rose to 101·5° F. The heart's action was very violent and intermittent, possibly the aggravation of existing disease.

All the muscles of the eyes must have been affected, but of all the voluntary muscles those of the right side suffered most. Prolonged conversation involved paralysis of the upper lip. The other symptoms were (1) somnolence; (2) no mental excitement; and (3) good appetite. The effect of the drug passed away as it began, from below upwards, but after the arms had recovered vision was not perfect for 24 hours. If this accident had been due to any carelessness of mine I should not have been so ready to give you an account of the effects of gelsemium sempervirens.

I am, Sirs, yours faithfully,

J. H. NANKIVELL,

Cape Colony. District Surgeon.

"CURE OF ASCITES DUE TO LIVER CIRRHOSIS BY OPERATION."

To the Editors of THE LANCET.

SIRS,—I have read with much interest the paper on the above subject by Mr. Rutherford Morison in THE LANCET of May 27th, especially as I think that I was the first to advocate this method of treatment in these cases, and which I have practised with comparative success since 1886. As some considerable time has elapsed perhaps you will kindly allow me to quote briefly from a paper of mine read at the Surgical Section of the Royal Academy of Medicine in Ireland: "When I meet with a case of distended ascitic abdomen I do not, under any circumstances, tap. It is my practice to open the abdomen 'prepared for any emergency' by an incision sufficient to admit my forefinger which will enable an experienced surgeon to ascertain in a minute the exact condition of affairs inside. Should it only happen to be simple ascites (hepatic) the result will be sometimes cure and in any case the fluid will not re-accumulate for a much longer period than if tapped. In malignant disease you make a definite diagnosis and it gives a complete abeyance for an indefinite period of the pain and urgent symptoms and in some cases causes a mysterious disappearance of the growth. This may seem to some of you heroic and incredible, but I can assure you from personal experience that it is fact, and that by this method of treatment not only do you know the exact state of things but you are running less risk (if any?) than by plunging a trocar into a distended abdomen. As to this method of cure we are in the dark and have so far only to accept the fact."

The details of treatment I carry out are very simple and are as follows. After opening the abdomen by a small incision just below the umbilicus I break down adhesions which in some cases are considerable in the hepatic region; I wash out the abdominal cavity with hot water at a temperature of 112° F. until the fluid returns quite clear, and then close it without a drain. I have had some excellent and gratifying results. One woman was able to join her husband in Australia in a few months apparently completely cured; in other cases apparent malignant growths and conditions accompanied by ascites disappeared, and in the rest of the cases the fluid did not accumulate rapidly. In my experience general dropsy contra-indicates operation, as here we have to do with causes outside abdominal.

I am, Sirs, yours faithfully,

Harley-street, W., June 14th, 1899. ROBERT O'CALLAGHAN.

"SIR GEORGE PILKINGTON, M.P., AND THE MEDICAL REGISTER."

To the Editors of THE LANCET.

SIRS,—With regard to your comments in THE LANCET of June 3rd, on page 1503, on the inaccuracy of the Medical Register I think it only fair to state that my name, &c., is not recorded as it should be because I refused to pay the fee of 5*s.* asked to make the necessary change of name. As the completeness and accuracy of the Register are of great importance to the public and the way in which my name appears is of no importance to me I declined to be taxed 5*s.* for their benefit.

I am, Sirs, yours faithfully,

Belle Vue, Southport, June 9th, 1899. GEO. A. PILKINGTON.

THE INTERNATIONAL CONGRESS ON TUBERCULOSIS AT BERLIN.

(BY A SPECIAL CORRESPONDENT.)

THE recent International Congress on Tuberculosis at Berlin presented many points of interest to the British physician. Much valuable information was given concerning the distribution, etiology, and prophylaxis of tuberculosis as were a few useful hints concerning treatment, although in the latter department no very startling announcement was made. The immediate object was to encourage the medical profession and the public in Germany by a record of the progress effected during the last few years, of which that country may well be proud; but the influence of the Congress will be felt in many other civilised countries, and notably in England, where after many years' neglect we are beginning to realise the importance of systematic hygienic treatment of consumptives under medical supervision, and of other measures which will probably effect as great a diminution in the mortality from tuberculosis in this country as was effected by the sanitary improvements of the last 40 years.

Dr. Köhler's address brought out afresh a peculiarity in the incidence of tuberculosis in Germany. Compared with the numbers living at each age group there is a progressive increase with advancing age in the incidence of pulmonary tuberculosis, so that the heaviest mortality occurs at the ages of from 60 to 70 years. Dr. Schjerning showed that in the German army the mortality was greatest in those corps which were recruited from densely populated districts; and that whereas workers indoors (regimental bakers, musicians, and the like) showed a large proportion of phthisical cases, in the active troops (infantry, cavalry, artillery, and pioneers) there was a heavy sickness list but very little tuberculosis. Mortality from tuberculosis appears to be falling in all civilised countries, especially that from pulmonary tuberculosis, although the improvement is most marked where the most systematic efforts have been made to combat the disease.

It is no longer a matter of doubt that the bacillus of Koch