

transmission through the germ is much more easily comprehensible than that through the sperm, but I would contend that all facts confirm inheritance from the father independently of the mother. Some obscurity in my language has doubtless led to a misapprehension on Dr. Shaw-Mackenzie's part. I never intended drawing any percentage between the two sets of cases, in the one of which the mothers were apparently healthy and in the other undoubtedly syphilitic. Without having gathered any statistics on the point I should from personal impressions consider that the cases of inherited syphilis where the mother is apparently free outnumber those where she is obviously syphilitic by three or four to one. Dr. Shaw-Mackenzie's statistics from Mr. Henry Lee's note-books will be of interest. The value of their bearing on the point at issue, however, will be vastly discounted by the consideration that they probably only relate to women coming under notice for obvious syphilis. Dr. Shaw-Mackenzie's experience at children's hospitals probably furnishes the truer view of the state of affairs as regards the mothers of syphilitic infants in general. To one of his statements I must take strong exception, and this is that immunity to syphilis, partial or complete, is the equivalent of the acquisition of the complaint itself. I shall look forward with pleasure to the appearance of Dr. Shaw-Mackenzie's paper in your columns, and shall possibly find occasion to comment on it.

I am, Sirs, yours truly,

Upper Berkeley-street, May 5th, 1896.

J. A. CUTTS.

"THE BRONCHITIS KETTLE AND POULTICES IN PNEUMONIA."

To the Editors of THE LANCET.

SIRS,—I am glad to see in THE LANCET of April 18th that Dr. F. de Havilland Hall draws attention to the treatment of acute lung affections, and in particular to the use of bronchitis kettles, poultices, and diet. It has too long been the custom to follow the stereotyped method without giving the matter that consideration which it deserves. For some time I have failed to see the *rationale* of the treatment of pneumonia with poultices, and consequently they are now banished from my list of remedies, with, I am convinced, much better results than I formerly obtained with them. To load a person's chest with an accumulation of evil-smelling and uncomfortable material whilst he is suffering from respiratory difficulties seems contrary to common sense, when to open the window and secure to him a breath of fresh air which he so much desires would much better meet the requirements of the case. If there is any advantage in a poultice, which I very much doubt, it is greatly outbalanced by the dangers of an ever-changing temperature in the region of the chest as must follow a succession of poultices. I have used Gamgee tissue now for some years and am satisfied that my results have fully justified its use. As far as diet is concerned, in cases of pneumonia I believe in giving the patient a fairly free scope; during the acute stage there is usually a dislike for food of any kind, and to try to force it at painfully regular intervals seems more cruel than kind. To give an instance, I have recently had a case of pneumonia in a child four years of age. The temperature stood at 105° F. for ten days; there was complete anorexia during the whole period, so I ordered milk with a little lime-water, cold water, and barley-water; these satisfied the patient's craving for liquids and being cold were more acceptable. The mother, fearing the child would become exhausted, gave some sickly preparation resembling beef-tea, which was immediately expelled; the experiment was not again tried. On the eleventh day the temperature went down to 99°, the appetite returned, the tongue cleaned, and the recovery was a rapid one. The child's cry for solid food was gratified and no discomfort followed. The bronchitis kettle I have no experience of.

I am, Sirs, yours faithfully,

Darwen, April 30th, 1896.

F. G. HAWORTH.

"THE NEW PHOTOGRAPHY."

To the Editors of THE LANCET.

SIRS,—In conjunction with Mr. John Aitken I have been working for some time at a means of shortening the exposure required for the new photography. We first tried painting a

platinio-cyanide solution on to the sensitive film, but found that it injured the emulsion and made the negative difficult to fix. We also tried various forms of interposed fluorescent screens which, though they much shortened the exposure, interfered with good definition. Lastly, in consequence of your article on the use of fluor-spar placed behind the film, we have made, with Mr. Bidwell's help, some experiments in this direction. I may sum up the results we have obtained as follows: celluloid negatives should be used in place of glass; the fluor-spar should be finely powdered and pressed well against the film; the fluor-spar should be thoroughly removed before developing; the exposure time is reduced to about one-third of the ordinary exposure; definition is not interfered with; calcium tungstate may be used in place of the fluor-spar and appears to exercise a more marked effect; and platinio-cyanide screens may also be made use of.

I am, Sirs, yours faithfully,

DAWSON TURNER, M.D. Edin., M.R.C.P. Lond.,

Lecturer in Physics at Surgeons' Hall, Edinburgh.

George-square, Edinburgh, April 20th, 1896.

THE NILE EXPEDITION.

To the Editors of THE LANCET.

SIRS,—Having recently returned from the Nile I have read your article on Egypt with much interest. I fully agree with what you say concerning the sanitary condition of Cairo and some of the towns up the river, but I disagree with you as to the probable result of the advance of the Nile expedition. Aswân I consider one of the healthiest of the health resorts on the upper reaches of the Nile, but visitors have been constantly scared during the past winter by the Dervish raids which have taken place between Wady Halfa and Aswân. One of these raids took place while I was myself at Aswân, and I can assure you it very greatly accelerated the return of Europeans down the Nile. The Dervishes having the rich province of Dongola to fall back on, from which they draw their supplies, are able practically to make these raids with impunity. There will be no safety for the upper reaches of the Nile until the Egyptian Government holds Dongola. I therefore think that a military expedition to Dongola will aid instead of retard the sanitary and social conquest to which you refer by rendering safe the upper reaches of the Nile. It is no good going in for costly sanitary improvements with a view of attracting invalids until the frontier is safe—patients will not go where they are liable to constant scares from Dervishes. Thanking you in advance for the insertion of this letter in your valuable journal,

I am, Sirs, yours faithfully,

EDWARD STEWART, M.D. Brux., M.R.C.P. Lond.

East Grinstead, May 2nd, 1896.

SAFE v. DANGEROUS ELECTRIC LIGHT CURRENTS.

To the Editors of THE LANCET.

SIRS,—As I have always, from practical experience, contended that electric light and power can be more efficiently and economically supplied to towns and urban districts within a radius of five or six miles by using continuous currents rather than high-pressure alternating currents, I was, to settle as far as possible the question of danger, impelled to write to the Board of Trade for information. To my letter of inquiry they have courteously replied as follows: "In reply to your letter of the 9th inst. I am directed by the Board of Trade to state that they have been informed of nine cases of fatal accidents to employés at generating or transforming stations where high-pressure alternating currents are used, but that no instances have been reported in the case of low-pressure continuous currents." As the information received is of great public interest I trust you will see the desirability of making this known to your numerous readers.

I am, Sirs, yours truly,

Electric-avenue, S.W., May 4th, 1896.

A. L. FYFE.

* * The Board of Trade have given the answer that might have been expected. To give the comparison any real value it should have been made between alternating and continuous currents having the same effective voltage. There are reasons for supposing that high-pressure continuous current of, say, 1000 volts—e.g., as at Oxford—would by its electrolytic effect prove more dangerous than a sinusoidal

current of the same effective voltage. It is true that the regulation which limits the low-pressure alternating current-supply to 250 volts and allows 500 volts for continuous current seems to imply that the former is the more dangerous. If the Board of Trade really hold this view the grounds upon which it is based have not, so far as we are aware, ever been made public. It may be that the idea is simply a survival of an opinion founded on certain "classic" experiments of Sir W. Siemens made in the days of comparatively crude machines; and, inasmuch as there may still exist in actual work certain alternators giving a very "peaked curve"—that is to say, whose maximum electro-motive force greatly exceeds the effective electro-motive force as registered by thermal or magnetic voltmeters—the rule in question is perhaps a useful one, allowing as it does for this margin of possible danger.—
ED. L.

AN APPEAL.

To the Editors of THE LANCET.

SIRS,—At the last Liverpool Assizes an action for damages was brought against a medical practitioner in Wigan (Baucher v. Wright) for alleged negligence in the performance of his duties as club surgeon. The plaintiff received a severely contused wound of the hand, to which the defendant gave particular attention with a good result. Owing to an opinion that the metacarpal bone had been broken and that the fracture had not been discovered by the defendant the plaintiff entered an action claiming £250 damages. The verdict of the jury without leaving the box was for the defendant; but as the plaintiff is unable to pay the defendant's costs, which amount to nearly £150, a committee has been appointed with the object of raising this amount. Of course, it is to be regretted that the defendant did not belong to a medical defence union, but as he has successfully defended an action which should never have been brought we trust an appeal to his professional brethren will not be in vain. The committee—Mr. C. M. Brady (chairman), Mr. C. R. Graham, and Dr. Benson, and myself as secretary—will be pleased to receive any subscriptions and also will be grateful if you will kindly insert this appeal in an early issue of your valuable journal.

I am, Sirs, yours faithfully,
WM. BERRY.

Wigan, May 4th, 1896.

The following subscriptions have been promised or received:—

	£	s.	d.		£	s.	d.
Mr. F. A. Southam	5	5	0	Mr. France (Wigan)... ..	1	1	0
Mr. Robert Jones	5	5	0	Mr. Litherland (Pemberton)	1	1	0
Mr. Wm. Berry	2	2	0	Dr. F. R. Mallett (Bolton)	1	1	0
Dr. R. P. White... ..	2	2	0	Mr. Neville (Wigan)... ..	1	0	0
Mr. T. Angior	2	2	0	Dr. Benson (Wigan)... ..	0	10	6
Mr. Brady (Wigan)	1	1	0	Dr. Howe (Whitehouses)	0	10	6
Mr. Street (Haydock Lodge)	1	1	0	Dr. Unsworth (Blackrod)	0	10	0
Dr. Wolstenholme (Pemberton)	1	1	0	Dr. Doman (West-houghton)	0	5	0
Mr. Graham (Wigan)	1	1	0	Mr. Tyndall (West-houghton)	0	5	0
Dr. Harris, J.P. (Chorley)	1	1	0	Dr. J. A. Rigby (Preston)	0	5	0
Mr. Monks (Wigan)	1	1	0	Dr. Brazil (Bolton)	0	5	0
Mr. Beaman (Southport)	1	1	0				

THE RELIABILITY OF CLINICAL THERMOMETERS.

To the Editors of THE LANCET.

SIRS,—I was informed some time ago by the head partner of a firm of surgical instrument makers that clinical thermometers altered after two years, as a rule—viz., registered higher than they ought to do. I stupidly omitted to ask him if this applied to all thermometers, or only to those in constant use. Can you give me any information on the subject? If not, will you kindly submit the question to the readers of THE LANCET, as the subject is an important one?

I am, Sirs, faithfully yours,
R.N.

Mediterranean, April 22nd, 1896.

* * All clinical thermometers are liable to read somewhat high after having the scale divided about two years, if the graduation has been made as soon as the instrument was constructed. Use has nothing to do with this, or at any rate nothing worth mentioning: the reason is that the bore of the

unseasoned tube is liable to slightly contract. Messrs. Down Bros. guarantee that in none of their well-seasoned tubes will any change take place, not to the extent of one-fifth of a degree in five years. Messrs. Arnold and Sons inform us that they do not mark any tubes for graduation which have not been manufactured at least two years.—
ED. L.

THE ARMY MEDICAL STAFF.

To the Editors of THE LANCET.

SIRS,—I know you have the interests of the Army Medical Staff at heart, and I therefore ask you to insert a short letter from one who, as a medical officer of over thirty years' service, must be fairly well informed on the subject on which he is writing. In the first place, I cannot imagine why army surgeons are supposed to be such very ignorant practitioners. In the Ashanti campaign of 1873 and of 1896 they proved themselves exceptionally able; in all the wars of the last forty years they have shown themselves to be not only good officers but also good medical men; in peace time the results of practice in military hospitals are, I am quite certain, as successful as in civil hospitals, and I am equally certain that the medical treatment soldiers receive in the army leaves little to complain of. Military surgeons are certainly not specialists in certain affections peculiar to women—it is quite out of their line, and always will be; neither are they the equals of the leading hospital surgeons, nor will they ever be, for they have not the enormous practice and experience these men have. We have, of course, duffers among us, and I need hardly say there are duffers in the civil community. We military surgeons, who are behind the scenes know well what errors in diagnosis and feebleness of treatment frequently meet our view in civil life. I do not myself believe that discontent exists to any degree among our patients, though I am well aware that medical advice which can be obtained for nothing is very lightly valued by all classes, and I quite agree with you that it is neither fair to the patient nor to his surgeon that the latter should be frequently changed while in charge of a ward. Some changes in military service are absolutely necessary.

Now, with regard to military titles, we are not in the least ashamed of the title of "Doctor," nor are we in the least degree anxious to be taken for combatant officers; but as we lead an entirely military life, accompanying the soldier in all his campaigns, sharing to the full his hardships and dangers—for however big or small the expedition may be if it involves a risk to the soldier there is found the army surgeon ready at hand to afford help in case of trouble—we are military men in every sense of the word, though not combatant officers, and naturally desire to possess military titles, which show, not to military men only, but also to civilians with whom we associate, what rank we have earned and hold in the army. Such titles as were formerly in use do not convey this information, nor were they ever used except officially. A surgeon of one month's service and an inspector-general of thirty-five years' active service were both addressed simply as "Doctor." We object to this.

Now, in conclusion I should like to state my conviction as to the present unpopularity of the service. We are satisfied with our pay, our retirement, and rank, but the medical profession is disgusted with the abuse, the continual endeavour to degrade instead of elevate the medical service and to make its members ashamed instead of proud of it. In the service journals ridiculous and impossible yarns are fathered on medical officers such as could never have had any foundation in fact, but yet serve the purpose of raising a laugh at the service. These are the reasons why young practitioners will not come forward. Is the prospect enticing? The pay may be increased, that most questionable suggestion of short service may be adopted (the certainty of provision for life is really the only attraction the medical service has to offer), and any possible expedient may be tried, but until it becomes a career carrying with it not only all the hardships and dangers of military life, but also some of its prestige, competitors of a desirable class for commissions in the Army Medical Staff will never be obtained. The marvel to me is that, in spite of the treatment this branch of the service has for years received, medical officers can be found willing to throw away their lives cheerfully at the call of duty. I wonder if our opponents are aware that the fact was elicited at a Royal