

as a prophylactic or curative agent in the disease. I wrote to Messrs. Clement and Johnson asking them if they would give me the names of any medical men who had used the drug. They did so, and I wrote them with the enclosed questionnaire. They all answered these questions with the exception of one medical man who, you will remember, had a letter in THE LANCET a good many weeks ago on the same subject. Those who replied in nearly every case sent me very full information as to what they had done. I have made extracts from all these replies and I am sending them to you, hoping that you will be good enough to insert them in THE LANCET at an early date, and I shall be glad if you would ask that any other medical men who have used "yadil" in influenza would give their experience. It is only by a method of this kind that we can arrive at the truth as to the efficacy of the drug when given in influenza.

I am, Sir, yours faithfully,

Town Hall, Sunderland, Feb. 20th, 1919. H. RENNEY.

* * Dr. Renney sends us extracts of letters which he has received from 10 doctors who have been using yadil, and who have answered the questions which he sent to them. The general conclusions may be summarised somewhat as follows:—

1. In about how many cases of influenza have you used "yadil"?—Information has been received from doctors of 1623 cases of influenza which have been treated by yadil.

2. What was the dose given to adults, and how often?—The dosage varied between 15 minim and half an ounce. The majority preferred to give 3l every three hours or three times a day. One observer gives 15 to 30 every four hours, and considers that larger doses are of no additional value; another gives 3l three times a day to 3½ every four hours or three times daily, well diluted, and says that he has never had any signs of overdose. In some cases the medicine is ordered to be given before food, in others, either immediately before or afterwards, in others, no definite time for administration is given.

3. In how many of these cases was treatment by "yadil" commenced on the first or second day of the disease?—From two doctors no information was given on this point. In about 915 cases yadil was given during the first or second day of the disease.

4. Were there any complications in cases treated early by "yadil"?—Of the 915 cases which were treated early by yadil six developed complications. Of these, four were cases of slight bronchitis, one was a delicate woman with heart disease in whom pneumonia supervened, and the sixth was that of a man who went out of doors against orders.

5. If so, what other remedy was given for the pneumonia?—Creosote, either with or without pot. iod. Parke Davis's pneumonia phylacogen? Influenza vaccine (F Pfeiffer's bacillus, pneumococcus, streptococcus)?—One doctor says: "In cases met too late garlic plus pot. iod. and digalen were given for pneumonia."

6. In your cases of influenzal pneumonia how many recoveries had you under "yadil" treatment?—Only three doctors give information on this point. One had four cases of pneumonia, three of which recovered. In the fatal case yadil was not given regularly. Another reports 18 cases of influenzal pneumonia, all of which recovered. Only one had the drug before becoming desperately ill. Most of these cases were very inadequately nursed; many could not obtain the necessary milk, and many could not have the necessary fresh air. Another had two cases of pneumonia in his own family. Yadil was not commenced until several days had elapsed. Both recovered.

7. Any other information.—"A combination of aqua menth. pip. and aqua chlorof. masks the odour of yadil." "In three cases yadil had to be discontinued, as it seemed to produce bowel irritation. He generally used yadil in combination with sodæ sal."

ED. L.

THE ESSENTIAL PRINCIPLES OF SUCCESSFUL MEDICAL ADMINISTRATION.

To the Editor of THE LANCET.

SIR,—Whilst it may be well at all times to keep in view the duties of the medical profession—the members of which are probably more loyal to duty than are human beings engaged in any other pursuit—would it not be better at this juncture to insist a little more upon the peculiar and vital rights of "the profession" itself? To me the constant repetition of "the duties" of the medical profession, and the apologies which seem to follow any mention of its own rights, smacks of hypocrisy. We, the present generation of medical men, must realise that we are the trustees of a noble function; and that upon us, who alone know this function, devolves, as surely as does the care of the stricken, the duty of ensuring, as far as lies within our power, that the conditions under which, and the men by whom this function in future will be exercised, shall not be such as will menace the efficient performance of it.

Dr. W. Gordon in your issue of March 1st has enunciated "four points" which are vital. With singular precision and breadth of view he has outlined the essential first principles of medical professional efficiency. Let any one of these be abused in practice, and sooner or later the function of the profession will be impaired. If we do not demand of the

candidates for medical licence high standards of general education, and for those who obtain it the same emoluments and freedom which are enjoyed by men of ability, character, integrity, and education in other fields of endeavour, the status of the profession will certainly fall, and it will cease to attract to it the only class of men to whom should be entrusted its sacred functions. The results to humanity it is needless to elaborate.

Surely our duty is clear. If impending or future legislation is calculated to produce these results we must be in a position to guide and re-direct it. For this purpose concerted action of the present members of the profession is imperative. If we cannot prevail upon the people's Parliamentary representatives to safeguard what is at once the interest of medicine and of the people, we must have an effective organisation of our own. If only a trade union is effective in these socialistic days, then it must be considered.

We must insist upon the rights of the profession as much as upon its duties, for if the first are ignored, the latter will cease to be fulfilled. We must not fear the charges of self-interest which may be levelled at us. There are truly occasions on which *apparent* egoism is in reality altruism. The rescuer is not egoistic when he beats into insensibility the clutching drowning man whom he would save. The would-be husband is not egoistic when he insists that his intended wife, whose future he desires to be happy, must be one who loves him dearly. In such instances *apparent* egoism is in reality the essential foundation of benevolent altruism. So is it at this juncture with our profession. We must insist that it be not hampered or harmed by the ill-directed acts of those whom it is verily its religion to save. We must see to it that no legislation be effected which will render the life or working conditions of the medical man such that medicine will cease to attract to it men of that high integrity, character, education, and honour to whom alone the inexorable "laws of necessity" require that the functions of an exalted and sacred calling must ever be entrusted.

I am, Sir, yours faithfully,

Milford, Surrey, March 3rd, 1919. W. J. GRANT, M.D., &c.

DISLOCATION OF TEETH.

To the Editor of THE LANCET.

SIR,—With reference to the two cases of dislocation of teeth reported in THE LANCET of March 1st by Dr. H. M. Savery the following case will perhaps prove of interest. Corporal I. fell whilst lifting an aeroplane engine and struck his face against a projecting part. He sustained a cut tongue and one of his upper central incisors was knocked out. He reported to me immediately, bringing the tooth with him, and as it looked quite clean I at once simply replaced it, exerting firm pressure. After suturing the tongue and arranging for him to have milk diet for some days I sent him back to work. This took place in September last, and upon examining him to-day prior to his demobilisation I found the tooth quite firm, and he informed me that for months past he has been able to bite with it in the ordinary way and without pain or discomfort. I find, however, he has had two "gumboils" since the accident. These have left no trace, and at the present time there is no sign of inflammation, and the man is quite satisfied with the result. I may add that his upper incisors are very large and prominent.—I am, Sir, yours faithfully,

WALTER H. ANDERSON,

R. A. F., Shoreham-by-Sea, March 3rd, 1919. Captain, R. A. F. M. S.

ROYAL DEVON AND EXETER HOSPITAL.—The annual meeting of the friends of this institution was recently held. The committee has decided to erect a new wing to the hospital, primarily for the reception and treatment of discharged soldiers and sailors, and secondarily to provide additional accommodation for young children, &c. An appeal will shortly be made to the residents for £20,000 for the purpose of carrying out the scheme.

WHILE it is now becoming quite common for women to secure seats on the governing authorities, the election of Dr. Florence Erin Smedley to the Worthing town council on March 4th provides the first instance in the county of Sussex of a woman doctor becoming a town councillor. Mrs. Smedley has for some time been acting medical officer of health for West Sussex, also school medical officer. She took her degrees in London in 1905, and was at one time surgeon at the Children's Hospital, Sheffield.