

The 1s. fee can never be abolished until what is already indicated by the great elasticity of our fees is officially recognised and the rich are made to pay for the medical attendance on the poor, or, in other words, we are supported out of the rates.—I am, Sirs, your obedient servant,

WILLIAM F. CLARKE, M.B., B.S. LOND.

Fulham, S.W., April 1st, 1895.

To the Editors of THE LANCET.

SIRS,—The statement which Mr. Woodward, managing director of the above company, makes without "hesitation" is, no doubt, a *bonâ fide* one; and his error is pardonable, seeing that he is not in a position to express an opinion on the somewhat complex question of the remuneration of medical men. It is certain, however, that what he ventures to state—viz., "On the question of payment to our medical officers we have no hesitation in saying that they are as well remunerated by us as by their private practice amongst the same class of people"—is disproved both theoretically and practically as a matter of common notoriety amongst medical men. In the first place, it is disproved theoretically because it is perfectly obvious that the system of canvassing patients and offering them medical attendance without medical examination for a sum which does not exceed 4s. per annum must necessarily act as a strong incentive to induce many patients to join who have at least remunerated medical men with a few pounds annually, and who could certainly pay more in private practice than they do under the company. It may be asked how it is that innumerable old-established practitioners can persuade themselves that it is to their private interest to accept this work, seeing that the system of touting from house to house is, to say the least, calculated to educate the public to the too-prevalent idea that a professional man is in a pecuniary sense on a par with an ordinary mechanic.

I am, Sirs, yours truly,

Queen's-road, April 2nd, 1895.

CLEMENT H. SERS.

To the Editors of THE LANCET.

SIRS,—As a discussion is now going on in your columns concerning the London and Manchester Assurance Company I beg to enclose you a list of the medical referees (over one hundred in number) for South London. Many of these gentlemen have good-class practices and would look down upon those of their brethren who charge low fees. But surely it is more honourable to charge sixpence or a shilling for advice and medicine than to be a medical officer of the above company. I am certain that much harm, in a monetary sense, is done to the profession by this society, as most of those who belong to it could well afford to pay a medical man.

I am, Sirs, yours truly,

H. DE BURGH DWYER.

Blackfriars-road, S.E., March 30th, 1895.

To the Editors of THE LANCET.

SIRS,—I shall be glad to hear how Mr. W. Woodward, managing director of the above-named company, explains the following advertisement, which appeared in the *Derbyshire Courier* of March 30th, 1895: "Medical aid in all districts within ten miles of Chesterfield. For terms apply to Mr. Woodger, 9, Marsden-street, Chesterfield." Now, Sirs, the name and address given in this advertisement are those of the local agent of the London and Manchester Assurance Company. I can hardly think the company would be so anxious to further the Medical Aid Branch if there were no profits to be made out of the working of it.

I am, Sirs, yours faithfully,

April 2nd, 1895.

ONLOOKER.

To the Editors of THE LANCET.

SIRS,—The managing director of the London and Manchester Industrial Assurance Company has carefully avoided referring to the most objectionable feature in the working of this company—viz., that of "touting" for clients. I speak from personal experience and not from hearsay evidence, and I assert that the agents of the company make a house-to-house canvass and admit anyone who is willing to pay the necessary fees. Some time since I had reason to regret the loss of two patients—for a short time, fortunately—who had been inveigled into joining this company. So strong is the feeling in this town against the company's

mode of proceeding that the Cardiff Medical Society determined some time since not to admit any gentleman as a member of it who held an appointment under this or any similarly conducted company. It is to be hoped that the *modus operandi* of this company and of all such-like companies will be brought under the notice of the General Medical Council at their next meeting.

I am, Sirs, yours truly,

Cardiff, April 2nd, 1895.

MEDICUS.

To the Editors of THE LANCET.

SIRS,—Mr. Woodward, the managing director of the London and Manchester Industrial Assurance Company, ignores the gravest of the charges brought against his society. As I stated in my former letter, if medical men estimate their capabilities at 2d. or (as you corrected me) 1½d. per week, there is nothing to prevent their contracting to give their valuable aid at that remuneration and at the same time lowering their profession by so doing. What I strongly objected to was that the members of an honourable profession should tacitly sanction the touts of the society annoying the patients of other practitioners (who value their skill at higher remuneration) by pestering their patients to join the society and place themselves in the hands of the medical men sweated by this society. Will Mr. Woodward deny such procedure or will he plead ignorance of the action of his touts? In the former case I am prepared to bring proofs of my statement, and beg to inform him that these agents do not confine their attentions to persons of "meagre incomes" or to those who are unable to pay properly for skilled advice.—I am, Sirs, yours obediently,

April 1st, 1895.

A GENERAL PRACTITIONER.

## THE SAC IN EXTRA-UTERINE PREGNANCY.

To the Editors of THE LANCET.

SIRS —In the report of my remarks on Mr. Sutton's paper, read at the Medical Society of London,<sup>1</sup> it is stated that I "asked why there was so much bleeding from a small ruptured tubal sac," and that recently when I was "operating on such a case the blood spurted out furiously, but in that instance a band passed from the vermiform appendix to the sac. The band was found in reality to spring not from the appendix itself, but from its mesentery, and the bleeding came from an artery in this." I fear that I failed to make myself perfectly clear. What I intended to say was that the arteries in a tubal sac bleed very freely and the hæmorrhage does not tend to stop spontaneously. The vessels in adherent structures outside the sac, on the other hand, do not seem to share in this undesirable peculiarity; indeed, they do not bleed more than in adhesions to malignant pelvic tumours. In my case the blood spouted freely from a slight tear which I made on the surface of the tubal cyst, but there was no difficulty in securing the vessels of the pedicle. The only trouble arose from the artery of the appendix, which happened to adhere, with its mesentery, to the sac, as is often the case in pelvic tumours. This artery and also the vessels in the pedicle were in no sense diseased through communication with the vessels in the sac.

I am, Sirs, yours faithfully,

ALBAN DORAN.

Granville-place, Portman-square, March 29th, 1895.

## THE SPREAD OF TYPHOID FEVER.

To the Editors of THE LANCET.

SIRS,—Some four years ago, and on more than one occasion since, I drew attention to the probable diffusion of typhoid fever into the houses along the route of the sewers leading from large hospitals and similar institutions, where numbers of cases of this disease were treated, and where, as too frequently is the case, no attempt, or at least an inefficient one, was made to disinfect the dejecta. I proposed at that time that the dejecta should be destroyed by fire, and not permitted to specifically infect the sewage. That suggestion has already been carried out in more than one institution. That typhoid dejecta is frequently not disinfected thoroughly I have found to be the case in many hospitals; that these dejecta are the main source of infection, and that the bacillus

<sup>1</sup> THE LANCET, March 30th, 1895.

though difficult to isolate in sewage, will live at least some days in such surroundings, has been abundantly shown. These questions have all been frequently and so recently discussed that I need not enter into them at the present time; but I have been for years anxious to know whether the incidence of the disease shows any increase in the houses along the route of the infected sewage coming from such institutions compared with the rest of a town or city. This could easily be mapped out where notification of typhoid fever was in force, and where a map of the town sewers showing the direction of the currents was obtainable. Both these conditions are generally available. I have myself tried and am at present engaged in dotting such a map of the sewers coming from the Dublin hospitals that receive typhoid fever cases. The chief object of this communication is to ask fellow workers to do the same where available elsewhere. The value of such map demonstrations, were a number to agree, showing the increase in such houses or otherwise, is self evident. Even supposing no such increase was shown, still it would be necessary to destroy the typhoid dejecta to prevent the possible and common spread of the disease by the dejecta finding its way into the water for domestic use. I should be glad to hear if any investigations on the lines I have proposed have been carried out by medical officers of health. The question whether other diseases spread in a similar direction might be a subject of future investigation.

I am, Sirs, yours faithfully,

ANTONY ROCHE, M.R.C.P.Irel.,

Professor of Hygiene, Catholic University  
Medical School of Dublin.

Stephen's-green, South Dublin, March 27th, 1895.

## TUMOURS OF THE SUPRA-RENAL BODIES.

*To the Editors of THE LANCET.*

SIRS,—In treating of the liability of any part of the body to originate neoplasms, it is of primary importance not to neglect *perspective*. I am induced to make this remark because on reading your report of Dr. Rolleston's lecture on the Supra-renal Bodies, it seems to imply that neoplasms of these structures are fairly common. This of course may merely be an instance of the many erroneous impressions that necessarily ensue from the modern mania for abbreviation. However, on looking over the chief monographs on the supra-renals I have found that they convey a similar implication. Hence it seems to me important to call attention to the fact that it is an occurrence of the greatest rarity for any kind of neoplasm to arise from the supra-renal bodies. Of 13 824 primary neoplasms consecutively under treatment at four large London hospitals, I found only one instance of the kind recorded—an adeno-sarcoma. Similarly, Gurlt's analysis of the localisations of 13 971 primary neoplasms—under treatment at the three chief Vienna hospitals—does not contain a single instance of supra-renal neoplasms. The truth is that obsolete structures like the supra-renals, vermiform appendix, male mammae, os centrale, sesamoid bones, clitoris, uterus masculinus, thymus, inter-vertebral discs, membrana nictitans, coccyx, &c., have but an exceedingly small tendency to take on the neoplastic process.—I am, Sirs, yours truly,

Preston, March 28th, 1895.

W. ROGER WILLIAMS.

## "PLEURITIC EFFUSION WITH NEGATIVE PRESSURE IN THE PLEURA."

*To the Editors of THE LANCET.*

SIRS,—The problem presented by Dr. West under the above heading, of which I ventured to attempt an explanation, has now been declared by him to be of the nature of an elementary fact, and we therefore agree in regarding the existence of a negative pressure as the normal condition in the first stage of effusion. He still considers, however, that this negative pressure rapidly diminishes as the fluid increases in amount, and that, therefore, the explanation I gave will not apply to the case he reported, and is in fact "actually erroneous." On the other hand, I hold that the negative pressure diminishes slowly or rapidly according to the rate at which the fluid is effused, and its degree depends upon the amount present, and it disappears only when the quantity exuded is very large. This stage of the disappearance of negative pressure in fluid effusion is marked clinically, according to Dr. Douglas Powell,<sup>1</sup> by the dulness mounting up above the third cartilage

and by the loss of Skodaic resonance. There were no signs in Dr. West's case that this stage was reached, but on the contrary there was distinct evidence that the effusion was moderate in amount, as shown by the absence of dyspnoea ("respiratory oscillation half an inch"), the entrance of air from the outside, and the failure to obtain fluid from the chest even when the syphonage action of a long tube was employed. Under these circumstances I still think that the amount of the negative pressure, although undoubtedly "considerable," was by no means such as to be incapable of explanation. I am afraid, however, that it is impossible to satisfy Dr. West. When he has propounded an "almost inexplicable" problem, and I have added that according to the teaching of most of the text-books it is altogether inexplicable, he asserts that I am very unfair to the teaching of the present day. Some years ago, while investigating the subject of pleural effusion, I formed the opinion that the importance of the elasticity of the lungs in connexion with the diagnosis and treatment of pleurisy was not fully appreciated by most of the leading teachers—e.g., Wilson Fox, Fagge, and Clifford Allbutt. That, of course, was merely an opinion, which I have supported in several papers published in THE LANCET,<sup>2</sup> and in stating these views I have always acknowledged my indebtedness to what I consider the sound teaching of Dr. Douglas Powell. But in adopting, and I hope supporting, Dr. Powell's teaching I have made no imputation against those who interpret the facts differently.

I am, Sirs, yours faithfully,

Carlton-hill, N.W.

G. A. SUTHERLAND.

## "THE TITLE OF 'DOCTOR.'"

*To the Editors of THE LANCET.*

SIRS,—*Re* the title of "Doctor," it is interesting to note that in "Tristram Shandy" Slop the apothecary is entitled "Doctor," also that "Peter Pindar," himself an M.D., in one of his poems makes a servant girl speak of the family practitioner as "old Doctor Slop." It is thus evident that a hundred years ago and more the title of "Doctor" was, rightly or wrongly, popularly accorded to the general practitioners of the day, a class of men far inferior in education and social position to those of our day. Customs of such antiquity die hard, and, whatever we may call ourselves, we shall for a very long time be "Doctor" with the public. This custom must necessarily involve a certain amount of injustice on all sides; but perhaps the most glaring injustice is that a man can obtain a degree from a university entitling him to call himself "Doctor" after passing examinations not one bit better than, if as good as, those necessary to obtain the London double qualification which gives no legal right to the title. Unless some reform is shortly introduced this must surely tell seriously against the London corporations and schools, as I imagine that, like myself, most people, in the event of their sons going in for the profession, would send them to a university where they can obtain all the necessary qualifications to practise, and at the same time acquire a legal right to the title of "Doctor," in preference to sending them to study in London, where they cannot obtain that privilege.

I am, Sirs, yours faithfully,

Dawlish, March 31st, 1895.

A. DE W. BAKER.

## "PROVISION FOR YOUNG IMBECILES."

*To the Editors of THE LANCET.*

SIRS,—I am unwilling again to obtrude myself upon your readers, but the publication since I wrote to you last week of a Parliamentary return as to the number of imbecile and epileptic children in workhouses (briefly referred to on page 847 of your last issue) seems to call for some additional remark. I have no fault to find with the form of the return, which is satisfactory, inasmuch as it shows that the Local Government Board is paying attention to the necessities of the case; but I venture to suggest that the numbers given in the summary by no means adequately represent the extent of special provision which it is desirable to make for pauper imbecile children. It is not only the children of this class now actually in workhouses that must be taken into account—there are many others residing with relatives who receive out-door relief for their maintenance. There are, moreover, a considerable contingent of imbecile children in the various county lunatic asylums, mixed up (for the most

<sup>1</sup> Diseases of the Lungs and Pleurae, fourth edition, 1893, p. 107.

<sup>2</sup> The Physics and Diagnosis of Pleural Effusion, July 22nd, 1893, and the Treatment of Empyema, Jan. 27th, 1894.