

on the part of the Medical Council, difficult often to reconcile with reasonable freedom, the present unsatisfactory state of the question of medical titles should be permitted to continue is to me not a little surprising. Lord Justice Lopes defines "infamous conduct" in the medical sense as follows: "If a medical man in pursuit of his profession has done something in respect to it which would reasonably be regarded as infamous by his professional brethren of repute, that would be evidence of infamous conduct in a professional respect. The question was not whether that which the medical man had done would be infamous if done by someone outside the medical profession. The conduct must be infamous in a professional respect." Now I venture to express the belief that most men "of repute" in the medical profession would hold the assumption of a title to which a man has no legal claim "infamous" either in or out of the profession. If the mere Licentiate of the Faculty is to be permitted to assume the title of "Doctor" on the strength of a single surgical qualification, what is to prevent the L.R.C.S. Edin., the M.R.C.S. Eng., the L.S.A., and the L.A.H. Dub., from doing the same thing, and why should men take the trouble to qualify for University graduation if the title of "Doctor" is conferred legally by a minimum qualification in surgery? For some time past in Scotland, and, I presume, also in England, the holders of the Scottish triple qualification have boldly prefixed the title of "Doctor" to their names on visiting cards and brass plates, and with respect to this the College of Physicians of Edinburgh seems to have assumed a change of front. Not many years ago it was distinctly declared in one of the bylaws of this College that its licence in no wise conferred the right to this title. In order to make sure of its present attitude in regard to the question *a propos* of the foregoing motions, I wrote to the secretary of the College requesting information on the matter, and he replied, "The College has never sanctioned the adoption by its Licentiates of designations other than those legitimately implied in the licence which it grants"; and in further reply to my query whether the title of "Doctor" was considered by the College as "legitimately implied in the licence which it grants" he stated: "I regret that I cannot add more regarding the point that you raise. Beyond what I indicated in my previous letter the College has not to my knowledge expressed itself. I fear that an interpretation of law such as you invite might be regarded as outside the scope of the College's acting." Hence the Scotch College of Physicians, in common with the Faculty of Physicians, evidently permits its Licentiates to call themselves by any title which their indelicate sense of honour allows them to assume. The kernel of the question has been so well put recently by Dr. E. H. Cartwright that doubtless you will permit me to quote the following: "A man calling himself 'Doctor' implies that he possesses a doctor's degree in some Faculty or other, and hence one who has not acquired such a degree has no absolute right to use the style. Some people there are who, while admitting that a non-university man has no right to the title 'Doctor,' maintain that an M.B. is justifiable in assuming it. It is impossible to see any grounds for such an assertion. What, I wonder, would be thought of a 'B.D.' or a 'B.C.L.' who arrogated to himself the style of the superior degree? I am inclined to think that if such a thing were done that man's university would take active steps to stop it; and yet in the Medical Faculty it is allowed to be done on all sides with impunity." But not only do registered medical men, no matter what their qualification, assume the title of "Doctor," but the country is strewn with men in possession, doubtless, of some doctorate or another who have never been within the portals of an university. I refer principally to the great body of dentists, who assume this title on the strength of a fragment of parchment from some needy German university which they have never seen, or one or other of the mushroom shops of America, whose ephemeral existence depends on the sale of degrees. Not only are these men as ignorant of Greek (a knowledge of which is required for the M.D. of the Scotch universities) as they are of Coptic; but the great bulk of them are unable to write or to speak decent English. Now Clause 40 of the Medical Act provides that if any person assume a title implying registration under this Act when he is not so registered, he renders himself liable to criminal prosecution. The assumption of the title "Doctor" by anyone practising medicine or any branch of it implies registration as such under this Act, and yet this clause is violated throughout the length and breadth of the

land with impunity. If not the letter, it is, I hold, the spirit of the Act that no practitioner of medicine should assume a title under which he is not registered, and that a violation of this should be treated as penal. As matters are at present interpreted it appears that a man, no matter what his qualification may be, providing he is registered, can assume any title he pleases. Registration thus protects dishonesty. It surely cannot be held that this is a satisfactory state of matters or that under it the public are properly safeguarded. The solution of this question is clamant, and if the universities and the licensing bodies will not act, the Medical Council should be called upon to settle what is a burning question of long duration.

I am, Sirs, yours faithfully,

D. CAMPBELL BLACK, M.D.,

Professor of Physiology in Anderson's College Medical School.
Glasgow, Feb. 20th, 1895.

"CRANIECTOMY."

To the Editors of THE LANCET.

SIRS,—In your report of the discussion at the Medical Society of London of Dr. Wallis Ord's and Mr. Cotterell's case of Craniectomy¹ I observe that I am stated to have said that in microcephalus "union of the bones followed the arrest of cerebral growth." What I did say was that "the skull was consequently small," not intending to imply that premature synostosis usually occurred. The latter view, frequently attributed to Virchow, is, I believe, not now held by him, and, as Sir George Humphry has recently stated,² there was nothing found in the nineteen idiot skulls examined by him "to suggest that the smallness of the bony cerebral envelope exerted a compressing or dwarfing influence on the brain." Indeed, according to Professor Cunningham, the skull of a typical microcephalic idiot, for many years under my care at the Royal Albert Asylum, was at the age of twenty-nine years (when he died) not fully synostosed. In the case shown at the Medical Society there was evidence of premature closure of the fontanelles and pressure symptoms, which undoubtedly justified operative measures; but I venture to question the existence of congenital microcephalus in the ordinary acceptation of the term.

I am, Sirs, yours faithfully,

Richmond-hill, March 4th, 1895.

G. E. SHUTTLEWORTH.

"CYCLING AS A CAUSE OF HEART DISEASE."

To the Editors of THE LANCET.

SIRS,—I have read with much interest Dr. G. Herschell's paper on the above subject in THE LANCET of March 2nd. I cannot, however, entirely agree with the preventive measures with which he concludes his paper.

1. *The use of a gear.*—Dr. Herschell does not, it seems to me, sufficiently explain that the gear should depend upon the strength of the rider, the weight of the machine, the kind of tyres used, and the nature of the roads over which the machine is ridden.

2. *The upright position in riding.*—I do not think that the stooping posture either "contracts the chest" or "prevents the proper expansion of the lungs," or "so interferes with the aeration of the blood as to cause the condition of breathlessness to come on more quickly."

In the first place it is surely very improbable that racing cyclists should adopt a position which contracts the chest and brings on dyspnoea. I have myself never experienced any difficulty in expanding my chest when stooping forward over the handles, nor have I ever heard such a complaint from any other cyclist. About two years ago I made some simple experiments, which show that the chest cannot be contracted to any practical extent. Sitting on a bicycle first in the upright posture and then bending forward in the extreme racing posture, I measured by the aid of a spirometer the maximum amount of air which I could inspire and expire. The following are the mean results in litres of four such experiments:—Sitting upright: expiration, 3.7; inspiration, 3.2. Bending forward: expiration, 4.0; inspiration, 3.5. These experiments tend to show that the capacity of the chest is increased in the forward position; this increase is due, perhaps, to the shoulders being thrown back in

¹ THE LANCET, March 2nd, 1895.

² THE LANCET, Feb. 16th, 1895.

bending forward. In riding slowly I would advocate an upright position, but in riding fast or against a head wind a cyclist by bending forward to an extent proportionate to the pace or strength of the wind materially diminishes the wind resistance and rides with considerably less effort. Dr. Herschell's last precaution—"on no account should the cyclist continue riding after he has commenced to feel short of breath" &c.—seems to me to be far too strict to be observed in practice, for under such a condition no athletic exercise could be practised.—I am, Sirs, yours faithfully,

W. J. TURRELL, M.A., M.D. Oxon.

Ifley-road, Oxford, March 5th, 1895.

"THE TREATMENT OF INFLUENZA."

To the Editors of THE LANCET.

SIRS,—I have read Dr. Burney Yeo's letter on this subject in THE LANCET of the 2nd inst., and I am glad to see that he gives the weight of his opinion against what may be called the "over-treatment of influenza." To overload with drugs a constitution already doing hard battle with the influenza poison, to deaden, benumb, or in any way decrease the nervous sensibility with a view to relieve mere symptoms may, indeed, please your patient, but I am persuaded that it also endangers his life. Indeed, I fear many fatal cases are due to this primary mistake of treating the symptoms instead of the patient. In influenza I recognise a disease which must run a certain course, and instead of trying to abort it I endeavour to secure to the patient such circumstances as may enable him the more safely to undergo the attack. The treatment I adopt is simple enough—perhaps too simple to recommend itself to many, nevertheless I have never met with any complications worth speaking about and never lost a patient. I put the patient to bed in a sufficiently warm and airy room, gave him plenty of good beef-tea, mutton-tea, or chicken-broth—preferably beef-tea—as much cold water as he cares to sip, and a sufficiency of the liquor ammoniæ acetatis every three hours to keep the skin moist, eliminate the poison, and reduce the fever. I pay no attention to the cough, headache, or the usual bodily pains, consoling my patient with the information that such pains are necessary concomitants of the disease, and that they will disappear with the fever. This I find happens in from one to three days' time, when I immediately put the patient on quinine (and occasionally on arsenic also), alcohol in some form, and plenty of raw eggs, good soups, and nourishing diet, given in small and oft-repeated quantities. I have always found my patients progress, and the only real trouble I have had is in persuading them to remain sufficiently long indoors after they consider themselves well. Among other simple remedies one physician has successfully tried bicarbonate of potash in large and frequent doses. Here the drug appears to have eliminated the poison through the kidneys, and Dr. William Robertson of Newcastle-upon-Tyne appears to have been more rapidly successful through the use of benzol—an antiseptic and bacillicide. But whatever the drug may be it appears to me that the simplest is the best, and that the chief indications are to place your patient in the most advantageous hygienic circumstances and to nurse him scientifically.

I am, Sirs, yours faithfully,

R. MAXWELL MOFFAT, M.D. St. And.

St. Heliers, Jersey, March 6th, 1895.

"THE GENERAL MEDICAL COUNCIL AND THE OBSTETRICAL SOCIETY."

To the Editors of THE LANCET.

SIRS,—I have always maintained that the onus is upon the shoulders of the proposed legislation to show the necessity for it and the reasonableness of it, so when Mr. Flemming gives up statistical evidence upon which it was admittedly based to a large extent, admits that it will not immediately or absolutely remove the unregistered practitioner, that it is doubtful whether a trained midwife in a country district would be able to earn a sufficient competence to make it worth her while to go through a comparatively expensive training, and admits that the present position of trained midwives practising chiefly amongst the poor as the employées of institutions or charities (which are usually, or, I believe, always, assisted by medical men) is the best thing that could be wished for, he cannot be surprised when I say that the whole case for legislation has broken down. It appears to

me that Mr. Flemming has played the part of Balaam reversed, because his arguments cut away the ground from beneath the feet of nearly all those who supported registration before the House of Commons and of every one who has done the same in the medical and nursing papers. He came to bless the principle of registration, and he has cursed it.

I am, Sirs, your obedient servant,

11 March 4th, 1895.

LOVELL DRAGE.

"THE REMUNERATION OF THE RESIDENT OFFICERS IN ST. BARTHOLOMEW'S HOSPITAL."

To the Editors of THE LANCET.

SIRS—In the letter published in your issue on March 2nd from "An Old House Surgeon of St. Bartholomew's" there are some points that require explanation. Your correspondent says that the "resident officer is in residence for six months—say, twenty-six weeks—and pays about £1 per week for his food. Therefore in twenty-six weeks he pays £26 for food." And again, "In those six months he pays £26 and for his year's work he receives £25." Now, Sirs, if this is the experience of your correspondent, he must either have left at the end of his term of office owing a sum of money to the caterer or else the cost of living must have changed very much of late years. It will serve no useful purpose to go into details, but in my experience the cost per week came to about 28s. to 33s. It is true that lunch and dinner only amounted to about £1, but one requires more than two meals per diem in St. Bartholomew's Hospital, and the extra one with washing brings the total cost up to at least £1 10s. per week. Further, the £25 paid to the residents are paid quarterly, so that, for instance, the intern midwifery assistant and the ophthalmic house surgeon, who are appointed for six months and not for a year, receive the handsome sum of £12 10s., on which they are supposed to board themselves during their term of office. Even were the house surgeons paid while in residence, as your correspondent assumes, there would then be the first six months during which period they as juniors would have absolutely no salary at all. I would suggest that the school authorities at St. Bartholomew's Hospital should carefully consider this matter—how much better the residents are treated so far as emolument goes in other hospitals, and I feel sure that the letters which have appeared will show them as well as the governing body how unfairly some men of small means are treated under the present system.

I am, Sirs, yours faithfully,

March 11th, 1895.

FAIR PAY.

LIVERPOOL.

(FROM OUR OWN CORRESPONDENT.)

The Rev. John Watson.

THE author of the book so favourably alluded to in THE LANCET of March 2nd in the annotation entitled "Our 'Gideon Grays'" is a local clergyman of whom Liverpool may be justly proud. The Rev. John Watson is well and favourably known, not only as the minister of Sefton-park Presbyterian Church, but as one of the honorary secretaries of the Hospital Sunday and Saturday Funds Committee, and it is no disparagement to former secretaries to say that Mr. Watson has brought into his secretarial duties, especially the preparation of the reports, a thoroughness and originality all his own. His appreciation of the medical profession and of the self-denying labours of its members among the poor will be recognised by his numerous countrymen who have made Liverpool their place of abode. This city has always had a large number of Scotch residents, who set a good example in thrift and industry, many rising to very prominent positions. The medical profession is now, as it has always been, well represented among them and a long list might be given of Scotch names which have enjoyed a reputation far beyond the bounds of the city.

The Assizes.

Lord Chief Justice Russell presided to-day in the Crown Court and charged the grand jury. While congratulating them on the fact that the calendar disclosed a less serious amount of crime than formerly, he observed that it was quite serious enough, there being three charges of murder, two of attempted murder, five of manslaughter, nine of stabbing,