

assistance in arriving at a definite diagnosis and in estimating the effect of treatment on the course of certain diseases can be afforded by periodical and systematic examinations of the blood. Till quite recently, however, but little attention has been directed, especially in this country, to this line of investigation, and you have done, therefore, a good service to clinical medicine by calling attention to the trustworthiness or the reverse of the methods commonly employed for such purpose. The remarks as to the unsatisfactory nature of the results obtained in estimating the amount of hæmaglobin in a specimen of blood by means of the hæmaglobinometer I can fully endorse, as doubtless can all who have had much occasion to make use of this instrument or others of a somewhat similar nature. The main difficulties that one has to contend with are ably set out in your leading article, and it was with the hope of obviating some, at any rate, of the possible fallacies there referred to that I wished a few years ago to make trial in work on the blood of Lovibond's tintometer, an instrument then recently introduced for the estimation of colour in various trade processes. The apparatus was kindly placed at my disposal by the inventor, and in conjunction with him I carried out a large number of experiments on blood in health and disease, the results of which convinced me that we have in this instrument an exceedingly accurate means of estimating even minute variations in the hæmaglobin power of the blood. This is so even though the blood be more or less opaque, as is liable to be the case in leucocythæmia, for instance—a condition of things which would render estimations carried out with the hæmaglobinometer altogether valueless. I demonstrated the use of the tintometer for hæmaglobin estimation in the pathological section of the British Medical Association at the Birmingham meeting (in 1891, I believe) and have since then constantly used the instrument for this purpose, and have put on record certain of the results obtained with it. A week or two ago Dr. Oliver showed, at a meeting of the Physiological Society, a simplified form of the instrument which Mr. Lovibond and he had devised, and which will doubtless come into extensive use for clinical work as soon as its superiority over the hæmaglobinometer becomes more fully appreciated. For extremely accurate work, however, and especially if the blood be at all opaque, the original and more bulky instrument is essential, and should, I venture to think, find a place in every physiological laboratory.

I am, Sirs, yours truly,

S. MONCKTON COPEMAN.

Cromwell-crescent, S.W., March 31st, 1896.

PROTEST AGAINST THE INJUSTICE OF THE MEDICAL AUTHORITIES."

To the Editors of THE LANCET.

SIRS,—I shall not regret that you have published the notice-card of mine which was sent you if it serves to reopen a question which will not be allowed to drop again until it is settled once and for all. At the same time I may be permitted to express my surprise that in the comments you were good enough to make on the card in question you should not have felt it necessary to connect it with the general scheme and design of which it was the outcome—a scheme which was contained in a series of interviews on the "Degradation of the Medical Profession," published in the *Paddington Mercury*, and copies of which were duly sent you; for without such connexion and commentary the notice—divorced, as it were, from its context—is calculated to lay me open to misapprehension, while the tone of your comment to those who do not know the circumstances is calculated to do me serious injury. But as you are unwilling to allow me space for the discussion of the various points raised on the interviews I must ask you to allow me to make the necessary personal explanation. The card, as its wording implies, was at once a protest against the injustice of the medical authorities in permitting the touting from door to door of club agents for the benefit of particular medical men and a practical solution to a state of affairs which has become well-nigh intolerable, and arose out of a question of the editor as to whether some scale of fees could not be devised which would be at once within the means of working-class people and at the same time would give the medical man "a living wage." To this I replied that I believed such a tariff was possible, and expressed my willingness to adopt it if other medical men could be found to support me in it.

Meanwhile the General Medical Council had refused even its "moral disapprobation" of the club system, and had even gone so far as to say that it existed, not for the protection of the profession against the public, but for the protection of the public against medical men. We were plainly told that we were not to expect any help from them in our battle with the clubs and were left to fight the matter out as best we may. The cards accordingly were issued after consultation with, and by the approval of, a number of other local practitioners not connected with the clubs, as an experiment to see how far the battle with the clubs could be successfully fought in this particular locality by a scale of fees such as I propose, I, as the oldest practitioner, undertaking to issue the cards in my own name and on my own responsibility. As regards my own *bona fides* in the matter, I may say that the cards were sent beforehand to the different medical journals, together with copies of the interviews in the *Paddington Mercury*, inviting comments on my scheme, and intimating that I would report progress as to the results of the experiment. That it was from no jealousy of the club medical men that I issued the cards is evident from this, that not only had I the first refusal of the leading clubs when they started here some years ago, but within the last few weeks I have had again the offer of one of the largest of them, and have again refused on the ground stated in the interviews, viz., that it is impossible to do justice either to oneself or the patient unless the club rate is *doubled*—that is to say, is made 2*d.* a week instead of 1*d.*, as at present. And, lastly, as I was by my new tariff to receive in future only one-half of what I had been receiving from all the old patients who fell within the wage limit laid down by me the experiment, as, indeed, it has so far proved, was a very doubtful one so far as any increase of my own income is concerned. It is too soon of course for a final judgment, but my own feeling from all I have learned is that the clubs are so deeply entrenched that nothing can prevail against them except a scale of fees on which it is quite impossible to live.

I am, Sirs, yours faithfully,

JOHN BEATTIE CROZIER.

Elgin-avenue, W., March 24th, 1896.

"THE QUESTION OF MEDICAL DEFENCE."

To the Editors of THE LANCET.

SIRS,—In reply to Mr. Horsley's letter which appeared in THE LANCET of March 28th we beg leave to say that we have nothing to add to what we have already stated on this subject, and we must decline to be drawn into the discussion of any such irrelevant matters as the alleged interference of solicitors. This is, so far as we are concerned, our last remark on this subject. Thanking you for your courtesy,

We are, Sirs, yours faithfully,

G. A. HERON,

W. BRUCE CLARKE,

{ Delegates of the London
and Counties Medical
Protection Society.

March 31st, 1896.

To the Editors of THE LANCET.

SIRS,—Your article on the report of the Medical Defence Union, Limited, raises an important point—namely, the expediency of the absorption of the Union by the British Medical Association. This absorption appears to me to be desirable solely on the ground of economy. Multiplicity of organisations—if they are to serve any useful purpose at all—implies waste of money and waste of energy, and one powerful organisation will produce far better results than any number of smaller ones. Then another point arises: Is it not probable that, if there ever is established a powerful representative authority, the present inordinate number of individual cases with which defence associations are concerned will very materially lessen. The great evils which at present are with us owe their origin in a great measure to the want of representative institutions. The corporations aim at keeping the great mass of the profession in *statu pupillari* from the cradle to the grave: so far they have had their success. However much we look back with pleasure on our school and college life, very few of us would wish to have the school-master or the college don in perpetual dominion over us. That condition is, however, to a very large extent that which obtains in our profession. Lecture-room methods are very well in their proper place, but when introduced into everyday life are not likely to promote general harmony. Unless

the majority of the members of the profession now combine to make the British Medical Association the great and powerful representative authority which it should be I see no chance of the profession exerting its full force either in the way of maintaining internal discipline or as a political factor.

The corporations have quite failed to recognise the fact that circumstances have changed and with a tenacity worthy of a better cause they cling to methods quite a century old. Under these circumstances the best policy before the profession will be found to be to say to the corporations, "by all means keep to your old world methods; we will make a corporation in which the meanest of its members will have a voice and an interest." Your article raises a second point, that of the position of a member of the General Medical Council with reference to his membership of such an association. Surely at the present time it has been shown pretty conclusively that corporation representatives sit on that Council, not to consider the interests of the profession as a whole, but the interests of the particular corporation which they represent. Why then should not members belonging to a representative body sit on such a Council? Your remarks on this head—if proof were needed at all—prove the necessity of the profession being considered as a whole and not as a mere collection of cliques, each one arrogating to itself superiority. If the corporations did not refuse corporate existence to the bulk of those who are connected with them the matter would be upon a different footing. As it is, absolutely unrepresentative of the profession as a whole or even a part, these bodies in every way promote disunion, which a united representative authority would discourage.

I am, Sirs, your obedient servant,
Hatfield, March 22nd, 1896. LOVELL DRAGE.

ACCIDENTAL RASHES IN TYPHOID FEVER.

To the Editors of THE LANCET.

SIRS,—The cases of accidental rashes occurring in typhoid fever simulating scarlet fever, published in THE LANCET of March 21st, are of considerable interest, especially, I take it, in connexion with the question of isolation. Scarlatiniform rashes during typhoid fever have come under my notice twice during two epidemics, but the following case of erythema scarlatiniform occurring during varicella appears to me unusual.

The case was that of a child aged three years who had been ailing six days; the patient had varicella eruption in various stages on the scalp, face, neck, chest, and abdomen; the symptoms were very slight. Two other children in the house were also suffering from it. On the seventh day a punctiform scarlet erythematous rash appeared over the whole of both upper and lower extremities, the temperature rose to 101° F., and the pulse to 140, the throat was normal and the tongue clean; there was conjunctivitis of the right eye. On the eighth day the rash was the same, the tongue was slightly coated with white fur, the temperature was 98·6°, the pulse 130, and the throat normal. On the ninth day the rash had quite faded, but fresh vesicles appeared on the abdomen. On the tenth day the tongue was quite clean, the conjunctivitis cleared up, and the patient was apparently well. At no time was there any albumin in the urine. No desquamation followed; the patient was under strict supervision for three weeks after. There was no scarlet fever in the neighbourhood at the time. Erythema in its many varieties is not uncommon in the district. No cause could be connected with the case with regard to medicine or diet. I have no doubt many practitioners have observed similar cases, and know how careful they had to be not to give a too hurried diagnosis.

I remain, Sirs, yours faithfully,
Newark-on-Trent, March 25th, 1896. ERNEST RINGROSE.

THE ADMINISTRATION OF PENTAL.

To the Editors of THE LANCET.

SIRS,—I trust that I may have misinterpreted Dr. Prince Stallard's paper and the subsequent discussion as reported in the syllabus of the proceedings of the Society of Anaesthetists in THE LANCET of March 14th. Dr. Stallard reported 150 cases of the administration of pental with one death; Dr. Dudley Buxton compared the reported cases of Gurlt

(600, with three deaths) and Snow (238, with two deaths); in all, 988 cases with six deaths. Unless I have misread these figures we have the appalling mortality of one person out of every 164 to whom, in the practice of these anaesthetists, pental was administered to save a minute's pain. (The average duration of unconsciousness was in Dr. Stallard's cases seventy-six seconds.) The president is reported to have said that he was delighted to see members of the society pursuing their investigations into various drugs likely to become good anaesthetics. It is surely time that some old-fashioned practitioner like myself, who believes that the first object of a medical man is to preserve life, should protest against the use of so dangerous an anaesthetic, the advantages of which are stated to be: (1) that the patients recover quickly (if they recover at all); (2) no coughing, struggling, or dislike to the drug; (3) small amount required; (4) absence of after effects; (5) longer anaesthesia than nitrous oxide gas; and (6) simple apparatus. Besides five other stated disadvantages we have the fact that it is at least 100 times more fatal than other anaesthetics. I have practised surgery for more than thirty years and during that time have either myself administered or been responsible for the administration of anaesthetics in several thousand cases, and, happily, I have only seen one death (from chloroform in a prolonged abdominal operation). I cannot but compare my own experience and that of others in the use of the more ordinary anaesthetics with these reported cases of the results obtained from pental, and once more, although no specialist on the subject, protest emphatically against any further sacrifice of life from its use.

I am, Sirs, yours faithfully,
March 27th, 1896. THOMAS JAMES WALKER, M.D. Lond.

MIDWIVES' REGISTRATION BILL.

To the Editors of THE LANCET.

SIRS,—The second reading of the Midwives Bill is fixed for May 6th. In the meantime we wish to urge that the following action be taken immediately by each practitioner: 1. He should at once write to his Member of Parliament asking him to strongly oppose the second reading of the Bill, enclosing a copy of the "Reasons" against registration which may be obtained on application to the honorary secretary at the undermentioned address. 2. He should call at his earliest on the local political secretary of his Parliamentary division and ask him to communicate with his Member of Parliament his own feeling and that of local practitioners. 3. He should join at his earliest his local political association or club and ask its secretary and leading workers to write to his Member of Parliament, giving him copies of the "Reasons." 4. He should call a meeting of local practitioners, pass a resolution against the Bill, send a copy to their Members of Parliament, and ask them if they will receive a deputation of local practitioners. The same meeting should appoint a deputation and provide for the payment of travelling expenses. The local political secretary would arrange for it with their Members of Parliament.

We do not place much faith in the passing of mere abstract and academic resolutions or the signing of petitions. If the majority of practitioners in each Parliamentary division will write at once to their Members of Parliament asking them to oppose the Bill, sending them a copy of the "Reasons" signed by local practitioners, obtain the help of their local political secretary and of their local political and lay friends, these practical methods will give the best results. A list of Members of Parliament will be found in *Whitaker's Almanac*, pp. 135-145, and the address "House of Commons, London," will find them. As it is necessary that all opposition be organised in London, will practitioners please let the honorary secretary know the replies from their Members of Parliament? Funds are required to successfully oppose the Bill; we therefore propose that a "Midwives Bill Opposition Fund" be now formed. Copies of the "Reasons," pamphlets, and other information may be obtained from the honorary secretary.

We are, Sirs, yours faithfully,
C. CAMPBELL, W. W. HUGHES,
L. DRAGE, L. KIDD,
J. M. DOLAN, LAWSON TAIT,
G. C. SHUTTLEWORTH, R. R. RENTOUL (Hon. Sec.).
78, Hartington-road, Liverpool, March 28th, 1896.