

Council decided to call the attention of the Registrar-General to the unsatisfactory practice adopted by some registrars of births and deaths of registering deaths uncertified as the result of unqualified medical practice without communicating with the coroner, and without doubt the holding of coroners' inquests with regard to all uncertified deaths is the most effective, if not the only practical, means of stamping out unqualified medical practice.

I am, Sirs, yours faithfully,

Durham, Jan. 19th, 1897.

T. EUSTACE HILL.

* * Dr. Hill encloses a report from the *Durham County Advertiser* of a meeting at which "Mr. J. Tempest, M.D., L.L.D." (*sic*), of Accrington delivered an address on the "History of Medicine." The learned L.L.D. inveighed against the monopoly enjoyed by the medical profession in the treatment of suffering humanity, and against the action of a coroner in refusing to accept a death certificate from a person (not the "Dr." Steele above referred to) practising the "American Reform System of Medicine." The *Durham County Advertiser* must have been sadly in want of readable matter when it printed such mischievous nonsense.—ED. L.

"THE HALF-YEARLY MEETING OF THE FELLOWS OF THE ROYAL COLLEGE OF SURGEONS OF ENGLAND."

To the Editors of THE LANCET.

SIRS,—I have nothing more to say about Mr. Anderson, but as Mr. Rivington has referred to a portion of my speech which was not reported I may say that I pointed out that the same little clique which runs the Association of Fellows had also run Mr. Rivington for the General Medical Council, Mr. Anderson being one of the honorary secretaries of Mr. Rivington's committee. I denied then, as I do now, that Mr. Rivington's efforts on behalf of the Members had led to the sacrifice of his collegiate interests as put forth by his committee, and now that Mr. Rivington has supplied me with the date, 1886, I am able to prove it. In August, 1886, Mr. Rivington was a candidate for the post of Examiner, but was not elected because in the opinion of the Council there was a more eligible candidate. I find from your columns that Mr. Rivington took no part in the meeting of Fellows and Members in March, 1884, or November, 1885, and that at the meeting in November, 1886, he made his first speech on behalf of the Members. In a letter of the following week Mr. Rivington mentions that he wrote upon the subject in 1868, and later in his oration at the Hunterian Society and his Carmichael Essay, but I can assure him that none of these literary efforts in any way affected his non-election as an examiner.

I am, Sirs, yours faithfully,

Cavendish-square, W., Jan. 18th, 1897. CHRISTOPHER HEATH.

PILOCARPINE IN ECLAMPSIA.

To the Editors of THE LANCET.

SIRS,—I regret that unexpected and unavoidable absence from the meeting of the Obstetrical Society of London on Wednesday, Jan. 6th, prevented my hearing the remarks of Dr. John Phillips and Dr. Herman on my notes of a case of eclampsia occurring at the fifth month, and in which the uterus was emptied. As these notes will be published in full I only take the opportunity of saying here that no one, after eighteen years of its employment, is better aware of the physiological effects of pilocarpine than myself or of the responsibility attaching to its use in certain cases. On the other hand, I desire emphatically to assert that in this particular instance it is my belief that it was the pilocarpine that ultimately saved the patient's life. It was injected but *once*, and in quantity only the tenth of a grain, and its use was followed after the immediate development of its physiological effects by rapid reduction of the high arterial tension, entire cessation of convulsions, which up to that moment had been of frequent recurrence, and the consequent return to consciousness of the patient. But it was not from the therapeutic aspect of the case that I was principally influenced in reporting it. There were several other points of considerable clinical interest—viz, retroversion of the uterus as a

cause of the eclampsia, the retinal symptoms and appearances as indications of the approaching cerebral complications, the occurrence of glycosuria from the chloroform administered, and the rapid disappearance of the albuminuria which had been present in such quantity prior to the emptying of the uterus. The administration of such a remedy as pilocarpine must always depend on the circumstances of the individual case in which it is applied and the judgment of the practitioner who employs it. Nothing I said in my short paper could be construed into an advocacy of anything so rash as its routine employment in eclampsia.

I am, Sirs, yours faithfully,

H. MACNAUGHTON-JONES.

"A QUACK AND HIS VICTIM."

To the Editors of THE LANCET.

SIRS,—Will you allow me to state, in reference to your annotation on the prosecution of one George at Burnley for obtaining money by false pretences, that the Medical Defence Union initiated and paid the costs of the case? The result was most satisfactory, as the prisoner was sentenced to twelve months' imprisonment with hard labour.

I remain, Sirs, yours faithfully,

Jan. 19th, 1897. A. G. BATEMAN, M.B. Aberd., Gen. Sec.

HOSPITAL ABUSE.

(BY OUR SPECIAL COMMISSIONER.)

V.—MANCHESTER (*concluded*).¹

Subscribing Patients.—The Competition of Charitable Provident Dispensaries.—The Lowering of the Standard of Work performed by Town Practitioners.

HAVING described at length what has been done to prevent abuse at the Royal Infirmary I must now consider briefly the position of some of the other large Manchester hospitals. There was, I found, a general consensus of opinion that little or no abuse existed at the Ancoats Hospital. The surrounding population is so extremely poor that one of the difficulties in treating the patients is their inability to obtain sufficient nutriment. For this reason those who could be treated as out-patients have sometimes to be sent to the Poor House Infirmary or taken as in-patients, so that they may receive sufficient food. One visiting physician attached to this hospital did, however, complain that general practitioners were apt to be very generous at other people's expense. If their paying patients were anxious for a second opinion they would give them a recommendation to a hospital, and thus secure for their patient this second opinion free of all cost.

A much better class of patients frequent the Hospital for Consumption and Diseases of the Throat. At this hospital the out-patients are called upon to contribute towards the expenses of the drugs. Most of the out-patients pay for their cod-liver oil and a few subscribe as much as 2s. 6d. a week for medicines. Some of these are certainly too well off to come to the hospital, but it is difficult to accuse a patient of abusing a charity when he pays half a crown a week. The acceptance of payments greatly complicates the situation, for it is then almost impossible to establish a wage limit or to know where to draw the line. This contribution for drugs is voluntary, but it is so considerable as to defray nearly the whole of the expenses. Thus in 1895 the expenditure for medicines and dispensary expenses is set down at £759 8s. 3d., and the receipts of voluntary contributions from the out-patients amounted to £704 18s. 6d. These are remarkable figures, and whatever fault may be found with the principle involved it would be difficult to persuade the managers of the hospital to abandon a system which gives such advantageous practical

¹ The previous articles on this subject were published in THE LANCET on the following dates: (1) Sept. 26th, 1896, Plymouth and Devonport; (2) Oct. 10th, 1896, Exeter; (2 *continued*) Oct. 17th, 1896, Exeter; (3) Oct. 31st, 1896, St. Thomas's Hospital, London; (4) Nov. 14th, 1896, Liverpool; (4 *continued*) Nov. 21st, 1896, Liverpool; (4 *continued*) Dec. 12th, 1896, Liverpool; (5) Jan. 2nd, 1897, Manchester; and (5 *continued*) Jan. 9th, 1897, Manchester.