

and which I have reason to refer to this intestinal helminthiasis? The full account of the case is given in the *Bullettino 3° della Società Medica Pisana*. But it is well to bear in mind that only microscopical examination of the fæces can establish such coincidence of *tænia nana* with spasmus nutans or other disorders. I take, also, this opportunity of stating that I have recently examined a *tænia* which was passed by a child in the neighbourhood of Pisa, and which presents the characteristics of *tænia flavopunctata* (Weinland), of which till now only four examples occurring in man were known. I will give very soon a full account of it, but I wish to remark here that the eggs of *tænia flavopunctata* differ from those of *tænia nana* in being larger (being about 75 millimetres in diameter, whilst those of *tænia nana* rarely reach 50 millimetres in length), and that whilst the eggs of *tænia flavopunctata* have a striated outer shell, those of *tænia nana* possess an unstriated shell. The two large *tæniae* of man (*tænia solium* and *tænia mediocanellata*) possess each a striated shell, but this striated shell is not the very outer shell of the same egg; the embryonic shell which is seen free in the fæces, being deprived of the outer shell of the egg, but having a diameter of no more than between 33 and 36 millimetres, cannot be confounded with the larger egg of *tænia flavopunctata*.

I am, Sirs, very truly yours,

Via San Lorenzo, Pisa, Oct. 9th, 1895.

P. SONSINO.

"THE BATTLE OF THE CLUBS."

To the Editors of THE LANCET.

SIRS,—May I remind your readers that the profession in this district have been fighting the medical aid question since August, 1893, when the following resolution was unanimously adopted at a meeting held in my house? A copy was published in THE LANCET with appended signatures. The resolution was as follows: "That in consequence of the abuses brought to light by the inquiry into medical aid associations by the General Medical Council we have decided that we cannot in any way countenance these bodies, and we therefore refuse to recognise their medical officers professionally, in consultation or otherwise, until such abuses are removed." It was further resolved to endeavour to secure the coöperation of the profession in neighbouring towns and to get the matter brought before the British Medical Association meeting with a view to the expulsion of these men. This was entrusted to Dr. Leslie Phillips of the Medical Defence Union. It was also resolved to secure the coöperation of dentists, druggists, instrument makers, and medical agents. The local dentists gave us their support, as did a considerable number of medical agents. It was distinctly understood that no patient should suffer for want of attention as any of us would assume the charge of medical aid association patients, and, if necessary, give them gratuitous attention. That local combination can do much to hinder such abuses there can be no doubt, and I rejoice to see that other localities are following in our wake, but I venture to think that the time has arrived when something more general is necessary. To instance this locality, when those of us who were constantly called in consultation refused there was no lack of material from neighbouring places, and the larger the places and the more prominent the consultant the more ready he appears to be to join these men in their cases, and often to inconvenience himself to aid them in their difficulties. The height of absurdity seemed to be reached when one of the medical aid association officers was summoned for an error in the diagnosis of a case of small-pox; although he appealed to me most urgently to give evidence on his behalf I resolutely refused; but he was defended by the Medical Defence Union and a prominent consultant—a personal friend of my own—from a large town in the district was present to give evidence upon his behalf. Of course I felt obliged to resign my membership in the Medical Defence Union and to avoid meeting my friend in future, as it was generally understood that such consultants should be eschewed. I fear it will be only by such means that they will be forced to take action, but the body of the profession have it in their power thus to force them to assist in a necessary reform to remove an evil whose gigantic abuses should have roused them to vie with each other as to who should be the pioneer in such a movement.

To my mind there is no doubt that medical aid associa-

tions will ere long cease to exist, and if they have been the means of ascertaining who are the men in the profession willing to support them they will have been of use. I trust, too, that it will be the means of reforming the club system as a whole, for, being entirely independent of such practice myself, I can see that in many, including registered, societies similar abuses exist to a more or less extent, and it is the duty of all men holding such appointments to insist upon the removal of all these, so that medical officers of the medical aid associations cannot meet them with a *tu quoque* argument. I am thankful that the cause has such a powerful advocate as THE LANCET, and I can assure you that we in Kidderminster are determined to use every endeavour to safeguard the honour of the profession against such practice.

I am, Sirs, yours faithfully,

J. LIONEL STRETTON,

Secretary, Kidderminster Medical Society, &c.
Kidderminster, Oct. 14th, 1895.

To The Editor "THE LANCET."

DEAR SIR,—I am in receipt of Copy LANCET you sent me on Saturday last and note your article on this Society. And am much surprised at the one sided and *untrue* statement by your Special Correspondant. I think it would have been only Common Courtsey for him to have seen me and had his figures confirmed before rushing into print. In the first place he states we sweated our Doctors out of a profit of £231 during 1894, whereas our Balance on the year after paying salaries and expenses was only £40 (as per printed report enclosed), and out of this amount we increased our Junior Medical officers salary £25, then, again, he states the Committee get paid this is another false statement. The Committee work for nothing, and again he states he was told the medical officers had to Consult with 60 patients per hour, we I am astonished how any sane man should write down a statement of that discription, for he must know that it would be impossible to get the patients in and out of the room in that time if he divides his figures by 8 or 10 he would be nearer the mark. With regard to stock mixtures, we do not use them. You will, therefore, see we are not such terriable sweaters as your Correspondant would try to make us out to be in his unfair statement. I must again express my surprise that a paper of such high standing as the LANCET should be a party to such a partial statement when you could of been supplied with facts for the asking.

Yours faithfully,

WM. COULSON, Secretary.

Lincoln Oddfellows' Medical Institute, 12, North Parade, Lincoln,
Oct. 14th, 1895.

* * We have examined the printed report sent to us with the above, and we find in it confirmation of our Special Commissioner's statement, and contradiction of Mr. Coulson's indignant letter. The balance of the Lincoln Oddfellows' Medical Institution for the year ending Dec. 31st, 1894, was not £40 but over £200. Our Special Commissioner was informed that on *one* occasion sixty patients had to be seen in an hour, and this is perfectly credible. With regard to payments to the committee, our Special Commissioner was referring to the payments which have been made to the secretary, the sub-secretaries, the treasurer, and the auditors. He should not have alluded to these persons as the committee, but the report shows them to have received the sum that he mentions—and more. Does Mr. Coulson say seriously that a dispensary at which over 30,000 prescriptions have been made up in the course of a twelvemonth is unprovided with stock mixtures? There is no harm in stock mixtures if they are made of good ingredients and are kept in sufficient variety and are renewed with sufficient frequency.—ED. L.

"UNUSUAL PROCEDURE AT AN INQUEST."

To the Editors of THE LANCET.

SIRS,—I am a little surprised that you should have followed the lay press in the misconception that the authority possessed by the foreman of a coroner's jury exceeds in any degree that of his brother jurymen or that the legislature recognises any distinction of one jurymen from another.

The statutes under which coroners' juries are called upon to serve are the Juries Acts, 1825 and 1870, and the Coroners Act, 1887, and certainly in neither of these is mention made of such a person as a foreman, and I am unaware of the recognition of such a one in any statute. There cannot, therefore, be any statutory obligations to administer the oath primarily and separately, as stated in your annotation on the matter, to a person unknown to the law. Section 3 (1) Coroners' Act, 1887, provides that the coroner shall issue his warrant for summoning not less than twelve or more than twenty-three good and lawful men to inquire as jurors touching the death, &c. And Sub-section 3 provides, "When not less than twelve jurors are assembled they shall be sworn by or before the coroner diligently to inquire," &c. Further, Section 4 (5) provides: "In case twelve at least of the jury do not agree on a verdict the coroner may adjourn the inquest to the next session of Oyer and Terminer and Gaol Delivery held for the county or place in which the inquest is held, and if after the jury have heard the charge of the judge or commissioner holding such sessions twelve of them fail to agree on a verdict, the jury may be discharged by such judge or commissioner without giving a verdict."

I think the above extracts support me in the view I have always taken, that the foreman of a jury is chosen by his fellows rather as a matter of convenience, in order that their opinions may be canvassed by him, and through him their conclusions be conveyed to the coroner. In other words, he is simply chosen as their spokesman. Under the heading "Jury," Number, Sidney Taylor, on the Law of Coroners, says: "Not less than twelve nor more than twenty-three. As a verdict cannot be given by less than twelve, it is as well to have thirteen or fourteen in all cases, and even more where there is any probability of an adjournment, so that the death or illness of one or two of the jurymen may not bring the jury under twelve." The same authority, under "Swearing," &c., says: "Not less than twelve having been assembled, a foreman should be appointed. This is generally done by the jury selecting one of their number, but the coroner will make his own appointment if the jury do not agree. The jury should then be sworn in the form provided in the schedule to the Coroners' Act, 1887. This need not be *super visum corporis* or all at the same time. Some coroners swear first the foreman and then the rest, but nothing is gained thereby, and it is more convenient either to swear all at once on several Testaments or to swear half first and then to swear the remainder" according to a short form given. It is the practice of some at least of the metropolitan coroners to adopt the plan of swearing the jury all together on several Testaments, and in cases where the jury do not without undue delay select one of their number as foreman to nominate the first on the list to so act, a plan adopted in other courts and for which further support is found in "Jervis on Coroners," p. 17, as follows: "The oath should be first administered to the foreman, who may be the first jurymen called or may be nominated by his fellows."

I think it reasonable to assume that the Legislature contemplated, *inter alia*, the possibility of absence of unanimity arising in coroners' juries, hence the number to serve not being limited to twelve, as is the case of other common law juries. In the particular instance out of which the question here discussed arose I pointed out to the foreman that while I regretted he was amongst the dissentients he might have been the only one to disagree, and then how manifestly unfair would it have been not only to the other members of the jury, but also to an accused person, if undue weight were to be given to the opinion of one member; and may I not reasonably add that if one member of a coroner's jury had the power to veto the conclusions arrived at by the other members, a door might thereby be opened to the perpetration of injustice and corruption in their worst forms.

I am, Sirs, yours truly,

G. E. YARROW,

Deputy Coroner for North-East London.

Duncan-terrace, N., Oct. 9th, 1895.

"ADVERTISING IN HIGH PLACES."

To the Editors of THE LANCET.

SIRS,—Has not your correspondent "M.R.C.S." overlooked your headline "Audi alteram partem"? I should have been glad of the opinion of the best authority in

some urgent cases, but have been deterred from seeking the same, as in a recent case, by the almost certain fact that during August and September one's patient would no doubt see a reliable substitute, but not Dr. or Mr. ——. I cannot help thinking that a list of probable dates of absence from home of eminent physicians and surgeons in THE LANCET or other professional paper would be of service to others as well as to,

Yours faithfully,

B. FARADAY GILES, M.D. Durh.

Hornsey, N. Oct. 14th, 1895.

AN EARLY METHOD OF INTESTINAL APPROXIMATION.

To the Editors of THE LANCET.

SIRS,—A few days ago, while looking up a subject in South's "Translation of Chelins's System of Surgery," published in 1847, I found on p. 464 of vol. i. the following words: "In complete division of the intestine Denans introduces into the upper and lower end of the gut a silver or zinc ring, thrusting it in inwards about two lines from each end; he then brings the two ends together over a third ring, of which the two springs retain the external rings. The included ends of the intestines mortify, and the rings thereby becoming unfastened are discharged by stool after they have united the serous surfaces in contact. This experiment in the dog has most successful results."

Chelins gives as his reference "Recueil de la Société Royale de Médecine de Marseille, 1826." The resemblance which the above-mentioned instrument must have borne to the modern Murphy's button is, indeed, remarkable, for while its mechanical details were evidently strikingly similar its mode of action must have been precisely the same. Truly there is nothing new under the sun.

I am, Sirs, yours truly,

Birmingham, Oct. 15th, 1895.

LEONARD GAMGEE.

DENTAL QUACKERY AND THE GENERAL MEDICAL COUNCIL.

To the Editors of THE LANCET.

SIRS,—As an old reader of your valuable journal, may I respectfully ask the General Medical Council if the time has now arrived for vigorous action against breaches of the memorandum issued a long time ago to registered dental practitioners with regard to the employment of unregistered persons to perform operations in dental surgery? It is notorious that with very few exceptions that memorandum has been and is now wilfully ignored. How farcical is this state of affairs, and what a greater farce is the present Dental Act. I would also like to ask if the great army of dental quacks (companies and individuals) now practising dental surgery and administering anæsthetics *ad lib.* cannot be convicted under the Medical Act. In the face of the grossest ignorance and assumption on the part of unregistered persons, it is surely time for amending the Dental and Medical Acts.

I am, Sirs, your obedient servant,

Oct. 15th, 1895.

INQUIRER.

"SPECIALISM IN MEDICINE."

To the Editors of THE LANCET.

SIRS,—The letter of your correspondent, Mr. Blake, in THE LANCET of the 14th ult., gives the two common objections to specialists, each of which is opposed to the other. He remarks that "any good all-round physician or surgeon" would be much preferred to a specialist, though he adduces no reason for this statement; and, a little later, "were the specialist to strictly adhere to the particular branch which he has chosen he would be held in higher estimation" &c. According to the first statement the more varied (all-round) his practice the better a consultant would be, and to the latter the more limited. No doubt there is some truth in both, but the practical issue would be that a specialist should first be a good "all-round" practitioner, and then, having a predilection for some branch and giving special attention to it, he would gradually become more and more a true specialist, though it is probably advisable that even a specialist should have some general work. Every practitioner is probably at heart a specialist, and takes more interest in, and devotes more attention to, certain diseases than others. And it