spondent in a man who was bleeding furiously from a sloughing chancre which had eroded a branch of the dorsalis penis artery; free local manipulation was necessary, the condition being urgent. In this case he took the risk, using $HgCl_2$ lotion freely. The circumstances of the woman's case forbade the purchase of special gutta-percha gloves, his experience of which, moreover, is not encouraging.

*** We have referred this question to a surgeon of great experience, who has been good enough to favour us with the following opinion: "I should regard the risk, if a man anoints his hands well, and washes well afterwards, as infinitesimally small. A surgeon is bound, when his patient's interest demands it, to encounter such risks, and I should regard a man as unfit for his profession who should shirk them. If he hesitates, surely he should explain his fears to his patient, and let her seek the assistance of a more courageous surgeon."

POOR-LAW DISTRICT MEDICAL OFFICERS AND THEIR TITLES.

CHORTON writes to ask what is the shortest title by which a parish medical officer may properly describe himself on his brass plate.

*** We believe it to be very unusual in England for any Poor-law medical officer to describe himself as such on his doorplate. Any such description would not be a title, but a definition of an appointment held by him. Parish medical officers are by the Local Government Board defined as "district medical officers."

MEDICAL ETHICS.

PERPLEXED writes: R. calls at my house. I learn that he is dissatisfied with X. (his usual medical man), and has dismissed him. R. is very unwilling for me to correspond with X., and flatly refuses to see him again, and wishes to place himself under my care. What is the proper course for me to take?

*** If R. has dismissed X. "Perplexed" is free to accept R. as his patient. But "Perplexed" should write to X. Such a course is the true courteous one, the best means of preserving the *entente cordiale* with a medical brother, and preventing the whims of patients from being foci of professional discord. Further, X. recognising the civility may communicate to "Perplexed" matters profitable for him to know.

DEATH REGISTRATION AND CORONERS' INQUIRIES.

E. S. writes: A case has recently come under my notice in which notice of death of an infant 5 days old was given by the midwife to the registrar without any medical certificate and accepted by that official without question. I have failed to find anything in the Registration Acts prohibitive of this course, but I cannot bring myself to believe that there is no Section bearing directly on the point, and I should be obliged if you would refer me to it.

*** Registration law as it now exists makes no provision for the due certification of the cause of death if no registered medical practitioner was in attendance during the last illness of the deceased person unless the case be reported to the coroner, and the coroner, in the exercise of his discretion, decides whether an inquest should be held. Unfortunately all cases similar to the one referred to by our correspondent are not referred to the coroner, and in a very large proportion of cases so referred no inquests are held.

## ANSWERS.

GOVERNMENT INSPECTORSHIPS.

MEMBER.—Appointments for inspectorships under the Local Government Board are, we believe, within the gift of the President, to whom all applications should be addressed. The salary of a medical inspector is £500, with rises to £800, and other offices are open to the staff, the principal medical officership, for example. We do not know of any vacancies in the Board's inspectorate.

THE COURTESY VISIT.

Z. Y. X.—As it is desirable that members of the profession practising in the same neighbourhood should be personally acquainted with each other, we think it can be regarded only as an act of courtesy on the part of a new comer to seek an introduction to his professional brethren. We believe this custom is usually adopted in such districts as the one alluded to by our correspondent.

NORDRACH.

DR. WM. ARMSTRONG (Buxton) writes: In reply to the query of "E. A. L." regarding the open-air treatment of phthisis as carried out at Nordrach, I can say that several patients of mine have been there, and in almost every instance have received very considerable benefit, even when cavities of considerable size have been present. There has always been a considerable gain in weight, and a diminution, or even disappearance, of the tubercle bacilli.

## NOTES, LETTERS, Etc.

ERRATA.

IN Dr. Adam's note on erythrol tetranitrate in angina in the BRITISH MEDICAL JOURNAL of February 12th, p. 431, the age of the patient should have been given as 79.

IN Dr. W. A. De Wolf Smith's note on practice in British Columbia in the BRITISH MEDICAL JOURNAL for December 25th, p. 1887, col. 2, the date of registration should have been given as June 30th, 1887, and not as stated.

CROWNER'S QUESTS.

J. H. writes: Your comment at the bottom of "Practitioner's" letter (BRITISH MEDICAL JOURNAL, February 5th, p. 404) upon the slipshod manner in which many inquests are held, recalls to my mind a case which happened three or four years ago in a large provincial town. I was called by a policeman on a bitterly cold winter's morning to attend a woman who had just been delivered of an illegitimate child, which had been found in an open-air midden. The child appeared to be none the worse for the exposure, and when I left seemed perfectly well and healthy; two hours afterwards, however, I was surprised to hear that it was dead. Of course I refused a certificate, and when the coroner's officer called upon me and inquired if I could give him any opinion as to the cause of death, I told him I could give him no information. A day or two afterwards the coroner's officer again called, and informed me, somewhat to my astonishment, that the coroner had come to the conclusion that there was no necessity to hold an inquest, and that he would give a certificate for burial.

THE MIDWIVES QUESTION.

DR. CHARLES MOORE JESSOP (Redhill) writes: For some time it has appeared to me that the word "midwife" was one which should not be employed in legislation, for it produces a false impression of what is sought to be gained in the registration of women acting as monthly nurses, who have to obey and not to take the place of a duly qualified and registered practitioner or accoucheuse. I venture to hope that all monthly nurses will be compelled to register as such.

ADVERTISEMENTS OF LECTURES.

A CORRESPONDENT writes to protest against the mode in which a course of lectures by a medical man has been advertised in the West End of London. As, however, he has fallen into an error of fact in describing the course we cannot publish his letter. The attention of the authorities of the institution for which the lectures are given has been called to the matter, and there is reason to hope that more circumspection will be observed on a future occasion.

BATTERSEA PROVIDENT DISPENSARY.

THE annual report for 1897 of the Battersea Provident Dispensary has been received. This institution appears to be in a flourishing condition, and the balance sheet shows that the receipts during the financial year were over £3,000, and that nearly £2,000, or about 57 per cent. of the members' payments were distributed among the medical staff. Only two classes of members are taken: (1) those where the family earnings are under 30s. a week, (2) where the family earnings are under 50s. a week; and the scale of payment made by the two classes is different, the former paying 4d. and the latter 6d. per week, to include medical attendance on wife and all children under 14 years of age.

The chief criticism to be made on this institution is that the contributions of members are too low. If they were doubled, and wage-earners receiving 50s. per week were required to pay 1s., or 1-50th part of their earnings as an insurance against sickness in their families, it would be no more than just, and the burden on the working classes would not be a crushing one, nor would the doctor be overpaid. Exception must likewise be taken to the custom of accepting members when ill for a special entrance fee. This fee has been repeatedly condemned in the columns of this JOURNAL.

A CURIOUS ADVERTISEMENT.

A CORRESPONDENT sends us an advertisement cut from a Yorkshire paper in the following terms: "Wanted a qualified medical man for two hours a day to assist a patent medicine vendor." As our correspondent points out, any medical man who so far forgot his duty to himself and to his profession as to ally himself with an advertising quack would, there is little doubt, find that the General Medical Council would take steps to recall him to a sense of his duty.

THE PREVENTION OF SNORING.

MEMBER B.M.A. (Halifax, Nova Scotia) writes: Snoring, unconnected with either immediate or reflex pathological lesion, may be prevented by lying, on either side, with the head on a cylindrical pillow, the whole face projecting over the truncated end of the pillow, in semiprone position. The pillow should be 6 inches in diameter by 12 inches in length, stuffed full and firm to prevent the head sinking into it towards a supine position. The stuffing of the pillow should be best feathers without quills, which would hurt the ear in contact therewith. This pillow leaves the body horizontal, and will be found most comfortable and healthful for everyone.

CANCER HEREDITY: CANCER HOUSES.

DR. HERBERT SNOW (Gloucester Place, W.) writes: May I be permitted to point out that your necessarily condensed report of the discussion on cancer at the last meeting of the West London Medico-Chirurgical Society entirely misrepresents my oft-repeated views? I am reported to have "thought" that heredity occurs in 20 per cent. of cancer cases. My actual reference was to a former analysis (BRITISH MEDICAL JOURNAL, October 10th, 1885) of 1,000 such; together with three sets of control statistics drawn from other non-cancerous sources, namely, doctors in practice, patients at the consumption hospital, and people with miscellaneous ailments. It was found that the ratio of persons with cancer in some near relation was practically identical in all; and was assuredly no higher in cancer patients than in the general population. The necessary inference was that hereditary influence as a predisposing cause of cancer is *nil*. But the chief argument against heredity lies in the clinically proved fact that no single case of cancer, whatever the family history, is ever found to arise without a direct and definite exciting cause. Hence also the phenomena of "cancer houses" referred to by speakers at the discussion, as well as by your correspondent Dr. Ogle, are hardly of scientific value without full details of the causation, as well as of the variety, in each separate case. Without more careful analysis of the supposed event than has hitherto taken place, there is risk of its assuming more importance than any evidence so far published warrants.

Br Med J: first published as 10.1136/bmj.1.1938.539 on 19 February 1898. Downloaded from http://www.bmj.com/ on 19 April 2024 by guest. Protected by copyright.