

not as "cures" but as valuable means for combating various morbid physical symptoms of inebriety. Their action is perfectly well known to us and their use needs no apology so long as we do not claim them as cures.

The chloride of gold and sodium may be a valuable drug; it is interesting to hear from medical men that they have found it so. Those whom I have asked about it tell me that they consider it has valuable alterative and tonic properties.

I have only come across one definite account of the action of the drug and in that account it is stated that its therapeutic and toxic effects are precisely analogous to the corresponding salt of mercury.

A word about that blessed word "cure." Dr. Backwell Fenn and Dr. McBride do not actually use it, but it does not seem to me that they are sufficiently careful not to imply it. Dr. Backwell Fenn says: "In the great majority of cases four weeks is sufficient to transform the drink-sodden victim of intemperance into a healthy and sober man or woman."

Now "healthy" is a big word, but I suppose when a man is not drinking we are justified in calling him sober. If he never relapses again we may call him cured of his drinking, but not necessarily of his inebriety.

If we speak of recovery, restoration, or cure with regard to that condition I think we justify Dr. Donald's and Dr. Stewart's suggestion that we are failing to appreciate the real character of the disease. It is important never to speak as though our treatment could impart to a man even one day's immunity from the possibility of relapse. To do so would only be to discredit ourselves, for we all know that relapses are of deplorably common occurrence. The problem is surely not how to "pull a man up" and knock off his drinking bout; that kind of success is by no means difficult to accomplish. The problem is how to keep the lifelong inebriate from touching his lifelong snare—drink; how to make him grasp the fact that he can never be rendered unsusceptible to this one particular poison.

It is certainly remarkable that a man may be an inebriate all his life and yet, after one particular "pull up," not again relapse. It is just as remarkable that a man may drink all his life and never be or become an inebriate. But a long period of isolation in a home is something very different from the treatment by drugs given in the acute physical stages of the disease. It is an advisable treatment in order to deal not with a man's drunkenness (for he cannot get drunk there), but with his inebriety. The superintendent of such a home once put the matter very well to me. She said, "My patients are here to rest, to get strong, to have the opportunity for undisturbed reflection, to learn about themselves, their social responsibilities and about their inebriety. They come here to think, and I see that they do it. But I do not find them capable of much steady thinking until they have been here six months." I am disposed from my own experience to agree with this conclusion. Even if Dr. McBride and Dr. Backwell Fenn find their patients able to take a sane and wholesome view of their condition during the three or four weeks following a drinking attack, still, there does seem to be rather a lot for the most willing patient to do during the time. I have always found myself that even very minute personal reforms have a way of taking me longer than that.

As regards treatment by drugs my own experience has been that patients who have been in homes nearly always ask me for a tonic and, when they do, invariably specify strychnine. Two, who have never relapsed, have asked me for it at intervals over the last four and six years respectively. I never give it them when they ask for it, for they own that they ask because they believe it to be a "stimulant." I encourage them to resist it and the desire for all other drugs as part of the same morbid craving, and I believe that they do very much better without it.—I am, etc.,

Cuckfield, May 24th.

M. GORDON.

DIMINISHED CARDIAC DULLNESS IN CANCER PATIENTS.

SIR,—In a recent communication to the Medico-Chirurgical Society¹ Dr. W. Gordon called attention to the diminution of the cardiac dullness in cancer patients, and suggested that it might be due to changes in the lungs, involving loss of elasticity, etc. This is evidently a factor that must be taken into consideration; for of 123 necropsies on the bodies of women who had died of uterine or mammary cancer, I find that there were signs of pulmonary emphysema in 35, or 1 in every 3½.

¹ BRITISH MEDICAL JOURNAL, VOL. 1, 1904, P. 606.

A still more important item, probably, is the great diminution in the size of the heart, aorta, and large arteries, that nearly always takes place in the course of this disease. It has been pointed out by Beneke that cancer patients, in the earliest stage of the disease or prior to its onset, have large hearts and wide arteries, with small lungs; and this quite accords with what I have myself observed. Yet, in cancer cases that have run their natural course, the necropsy nearly always reveals a small heart, with corresponding diminution in the aorta and chief arterial trunks. These changes seem to be secondary to alterations in the blood, which take place during the course of the disease; for not only are its morphological, chemical, and physical properties changed, but, as the experiments of Louis show, its total quantity is notably diminished.—I am, etc.,

Clifton, Bristol, May 21st.

W. ROGER WILLIAMS.

POST-OFFICE MEDICAL APPOINTMENTS.

SIR,—A most important point in connexion with these positions which does not come out in the letter of your correspondent "Medicus" (BRITISH MEDICAL JOURNAL, May 28th, p. 1262) which has come to my knowledge, and which cannot I think be too widely known, is that these remotely-placed postal officials if absent from their work on the plea of illness for only one hour are required to have that time covered by a medical certificate, and in order to be in a position to grant that certificate it is compulsory on the medical officer, on pain of dismissal, that the man should be actually seen during the time of absence by the official doctor. There are, I have found, many other equally harrassing regulations which do not appear to have been disclosed to "Medicus." The fact is, the Post Office appears, from what I can learn, to be an institution run on the lowest type of commercial lines, which consists in the payment of huge salaries, inclusive of sick leave, holiday leave, and pensions to a select few whose duty it is to run the show at the lowest possible cost by availing themselves of the lowest market price of labour, skilled or unskilled; consequently, so long as there is disunion and internecine strife amongst the members of the medical profession, and it is publicly known that one medical man is only too glad to accept what another man has refused, so long may we regard it as hopeless to expect any better terms to be offered to medical officers of the Post Office than those referred to by your correspondent.—I am, etc.,

MULTUM IN PARVO.

MEDICAL ACTS AMENDMENT BILL.

SIR,—If this is the right time, there are two remarks to be made on the new edition, less by way of criticism than of suggestion.

1. The University of Birmingham is to elect a member. But the twelve medical schools associated with the great London hospitals have no representative. Surely one or two members should answer for them. The constituency, of course, would be the governing committees of the metropolitan hospitals, perhaps with the addition of the members of the staffs. For the Universities are to be represented surely as centres of education, and no one will place Birmingham or Liverpool before any one of the metropolitan schools.

2. Some—not all—of the subsequent proposals are such as should be properly decided by the General Medical Council and ratified by Parliament; the one-portal system for instance, or the £1 fee for annual registration. If, after a trial of a few years, it seemed advisable to reduce the annual fee to 1s. (which is quite enough) you could not do so without again appealing to Parliament, which is absurd. Suppose a grant of £200 were given from the Exchequer, then there would be on the Estimates a yearly discussion of the Council's proceedings, which would keep us in touch with the Legislature.—I am, etc.,

London, W., May 31st.

G. CRICHTON.

THE FEE FOR RESTORATION TO MEDICAL REGISTER.

SIR,—I am afraid that even after reading Mr. Wesley Wilson's letter criticizing my interpretation of Section XIV of the Medical Act 1858 I am unable to alter my original statement. Fortunately for the profession generally there is a High Court of Justice which can decide matters in dispute legally when laymen disagree. I venture to think, however, without, I trust, any egoism, that my reading of the Act would be supported by the learned Judges on the point that restoration is practically the same as registration, and that a medical man