

There are many records of statistics of the antiseptic methods, but, as far as I am aware, the only statistics of the aseptic method are those quoted by Sydney Stephenson in his Middlemore prize essay of 1907. Moreover, the majority of statistics on the subject have been obtained from the lying-in hospitals, and there must be a great store of instructive information in the experiences of general practitioners (and of midwives) which has never been utilized.

May I ask any of your readers who are interested for :

1. References to recent statistics.
2. Personal experiences in the use of these different methods.

I will be very grateful for any information sent to me at the subjoined address, and for facility of tabulation I beg to suggest that the following table should be used :

Method Employed.	Number of Births.	Numbers of Cases of Inflammation within Four Days of Birth.*		Number of Cases of Injured Eyes.
		Severe.	Slight.	

\* Details of the bacteriology and probable method of infection will be particularly valuable.

I am obtaining some statistics of this kind from friends in Liverpool, but I venture to ask the hospitality of your columns for this request in order that the scope of the inquiry may be enlarged.—I am, etc.,

A. NIMMO WALKER.

45, Rodney Street, Liverpool, Dec. 22nd, 1909.

CATHETER LIFE.

SIR,—After many months of catheter life I should like from the vantage ground of personal experience to make a few remarks which may be of use to others.

1. I find that the ordinary flexible catheter may be safely used after two minutes' boiling.
2. The best lubricant in my experience is paroleine.
3. The most reliable method of carrying a catheter for occasional and urgent use is—after boiling it—to wrap it in lint steeped in 20 per cent. of paraform.
4. Absolute abstinence from alcohol (and in my case from coffee and meat) is "the way of (prostatic) peace."

One matter more I would like to refer to. The bladder should not, matutinally, be emptied (sc., relieved, it should never be emptied) until the action of the bowels has taken place, for if it is so relieved independently the bowels may not then urge a busy man to relieve them, and so a form of constipation (from carelessness) may ensue. This is not a fad, but a fact. As to prostatectomy, I may come to that. The indication is, of course, cystic infection. Catheter life is not unendurable, but unless a man has a capacity for taking infinite pains, the sooner his prostate is out the better.—I am, etc.,

December 20th.

NUMBER EIGHT.

Medico-Legal.

CLAIM AGAINST A CORPORATION.

In the Belfast Recorder's Court, on November 27th, 1909, a medical man sued the Corporation for a fee of half a guinea for first-aid treatment rendered to a child knocked down by one of its cars. The child was carried to the medical man's surgery by a bystander and accompanied by the conductor. The latter said he had only gone with the child to take its name and address, and denied that he had directed the man to take it to the surgery, or had asked the medical man to attend to it. The Corporation denied liability, and claimed that the action of the medical man in attending to the child was a purely voluntary and humane act. The Court held that the Corporation was liable, and made an order for the payment of the amount claimed, with costs.

Commenting on the case, a Belfast paper pointed out that in its shabby resistance of this very moderate claim the Corporation had shown lack of dignity and consideration, and involved the ratepayers in ten times the original expenditure.

Medico-Ethical.

The advice given in this column for the assistance of members is based on medico-ethical principles generally recognized by the profession, but must not be taken as representing direct findings of the Central Ethical Committee.

THE OBLIGATIONS OF A SUBSTITUTE.

SUBSTITUTION.—The case related appears to be one in which the ordinary rule should apply—namely, that a practitioner who sees a patient while acting as substitute for another ought to decline subsequently to accept the same person as his own patient.

SUPERSESSON.

C. R. sends details of a case in which he was superseded in the attendance upon two cases of pneumonia, and he submits four questions to which, assuming his account of the incident to be correct, we endeavour to supply answers. (1) When B. found that A. was in attendance on S., and had not been asked to discontinue his visits, he should have insisted upon that step being taken at once before he consented to take charge of the case. (2) When asked to visit the other brother B. should have declined, except in consultation with A. or after A.'s attendance upon the case had been terminated. (3) When the facts were explained to B. he might have expressed regret. (4) B. seems to have violated the well-known principle that a practitioner should not assume charge of a case which he knows to be under the care of another practitioner until that practitioner's attendance has been duly terminated.

The Services.

THE ARMY MEDICAL REPORT FOR 1908.

A BRIEF notice of this excellent report was published on December 18th, 1909 (p. 1769), and the following reviews some points not then noted :

Letter of the Director-General.

In an introductory letter to the Secretary of State for War Sir Alfred Keogh gives a lucid summary of the contents of the volume, and announces a continued improvement in the health of the army both at home and abroad.

The improvement has been observable during the current decade, but has been very marked since 1902, and we cannot but note has thus been concurrent with the better army status and increased sanitary powers granted to the Army Medical Service in recent years.

The decline in the incidence of sickness appears, as has already been stated, in all the chief statistical ratios.

It is shown that the "admissions into hospital" have fallen nearly one half since the decade ending 1898, but this decrease must be freely discounted by the introduction a few years ago of the system—borrowed from the French—of treating slight cases in barracks; it seems to work well, notwithstanding that it is in flat contradiction with the hard-and-fast adage applied to the ailing soldier of former days—namely, there is no middle course between "duty and hospital"!

Probably a better gauge of sickness than admissions is the ratio of "constantly sick," and this has fallen since 1898 from 59.85 to 32.28 per 1,000 of strength both at home and abroad; it actually means a constant effective addition of nearly 6,000 men to the fighting line.

The decline in the annual death-rate is also well marked, but is, of course, subject to yearly fluctuations from recurrent epidemics; thus 1908 was exceptionally unhealthy, owing to the prevalence of zymotic diseases, and the mortality was swollen by 35 deaths from cholera in India, which for some years in the decade had been singularly free from the disease in epidemic form.

Another great gain in effective strength has been the decline in invaliding, especially from India, through the establishment in that country of hill depôts, to which sufferers, and particularly from the malarial cachexias, are sent instead of being invalided to England.

The steady decline in all the chief diseases which have hitherto prevailed in our army, the Director-General states, affords an "encouraging indication of the effects of preventive measures now in vogue in our army," an opinion which will be heartily endorsed.