

would appear that the coroner is bound to accept their verdict no matter how insensate it may be; if he alters it he may be guilty of forgery! Two verdicts were quoted before the Select Committee in 1893, and appear in the report:

1. The man died from stone in the kidney, which stone he swallowed while laying in a gravel path in a state of intoxication.

2. A child three months old found dead, but "no evidence to show whether born alive."

No suggestion was made by the Committee as to replacing the jury by some other machinery, but it was recommended that in cases of perverse or foolish verdicts the coroner should take the verdict, and that as the question of delay is one of great importance, he should be empowered to apply immediately to a judge in chambers, who would authorize him to summon a new jury. It was further recommended that any riders passed by the jury should be separate from the verdict and endorsed upon the back of the inquisition, and that the coroner should be at liberty to record his dissent and give his reason for so doing.

This, in the opinion of the Association, did not go far enough, for it would not prevent juries from reflecting upon the conduct of individuals who had not been afforded an opportunity of giving evidence on their own behalf, and this we know to be a far from unusual occurrence.

Recommendations were made by the Committee with regard to many other important points, and it is satisfactory to notice that these recommendations were largely in accord with the views put forward in the memorandum submitted by the British Medical Association, and it is much to be desired that they shall not be lost sight of. This comparative statement of some of the principal points that affect the profession and the public welfare clearly shows the need of reform, and it is a matter of importance that the question of reform should not be allowed to fall into abeyance for long. It is much to be hoped that, when the present crisis that has overtaken the profession has passed away, the Association will once more put its shoulder to the wheel in order to prevent the work it has done from being wasted, and will agitate until the whole subject is rescued from that limbo of forgotten things to which it seems to be at present consigned.

YELLOW FEVER COMMISSION (WEST AFRICA), 1913.

The Secretary of State for the Colonies has appointed a Commission to study the nature and the relative frequency of the fevers occurring amongst the Europeans, natives, and others in West Africa, especially with regard to yellow fever and its minor manifestations.

The funds for the investigation will be provided by the West African dependencies. The members of the Commission are:

Sir James Kingston Fowler, K.C.V.O., M.D., D.Sc., F.R.C.P. (Chairman), Major Sir Ronald Ross, K.C.B., F.R.S., M.D., F.R.C.S., D.P.H., I.M.S. (ret.), Colonel Sir William Leishman, F.R.S., M.B., K.H.P., R.A.M.C., Professor W. J. R. Simpson, C.M.G., M.D., F.R.C.P., D.P.H.

Secretary.—Mr. A. Fiddian, of the Colonial Office.

Assistant Secretary.—Mr. T. F. G. Mayer, M.R.C.S., L.R.C.P., West African Medical Staff.

In the absence of special reasons, the Commission will not proceed to West Africa, but local investigators will work under its direction at certain centres. As at present arranged, those centres will be Freetown in Sierra Leone, and Sekondi and Accra on the Gold Coast. The investigators will be:

Freetown.—Major J. C. B. Statham, R.A.M.C., Sanitary Officer of the Command, and Mr. G. G. Butler, B.A., M.B., B.C. Cantab., M.R.C.S., L.R.C.P., of the West African Medical Staff.

Sekondi.—Mr. H. S. Coghill, M.B., B.Ch. Edin., D.T.M. and H. Cantab., Assistant at the Medical Research Institute, Lagos, and Mr. H. M. Henschell, M.R.C.S., L.R.C.P., D.T.M. and H. Cantab., Senior Demonstrator at the London School of Tropical Medicine.

Accra.—Mr. G. E. H. Le Fanu, M.B., C.M. Aberd., D.T.M. Liverpl., of the West African Medical Staff, and another.

The investigation will be set on foot towards the end of April or early in May. Endeavours have been made to

enlist the co-operation of all medical men practising in the British dependencies in West Africa, whether as Government medical officers or otherwise.

THE PARLIAMENTARY COMMITTEE ON PROPRIETARY MEDICINES.

THE MEDICAL PROFESSION AND PROPRIETARY PREPARATIONS.

On April 17th the examination of Mr. E. J. Parry, analytical chemist retained for the purposes of the inquiry by the Proprietary Articles Section of the London Chamber of Commerce, was resumed.*

In reply to Mr. Glyn-Jones, the witness said that his main objection to the volumes, *Secret Remedies* and *More Secret Remedies*, was with regard to the inferences drawn from what was found by analysis. In certain instances he would expect any analyst to come to the same conclusions, but he objected to the inferences drawn.

Mr. Glyn-Jones: You put in, for the private information of the Committee, certain testimonials given by members of the medical profession in regard to a proprietary medicine. Can you explain in any way why medical men, apparently of high standing, should write testimonials for proprietary and secret medicines?

The Witness: This particular proprietary remedy contains a most valuable drug, recognized by the medical profession.

Is it within your knowledge that it is not an uncommon thing for the medical profession to write testimonials of this kind?—It is a very common thing indeed.

Can you offer any explanation? Are they paid for it?—Oh, no. That would be a grave breach of professional etiquette; I should say that would hardly ever be done.

You think medical men genuinely believe, though they do not know what the article contains, that it is a good thing?—I am confident of it.

In this particular case have you any knowledge whether the doctors when they wrote the testimonials knew of this special ingredient to which the article owes its merit?—I should say certainly not; they were speaking from the results of their own trials.

Mr. Newton: It seems difficult to believe that a doctor would give a testimonial to a medicine which promised to do practically everything.

The Witness: It is only rarely they promise that; in the majority of cases the claims are limited.

Asked by Mr. Newton how he proposed to deal with the cancer and consumption cures which he condemned, the witness said that since the remedy already at hand—an action at common law—was never set on foot, these preparations should be suppressed altogether. The diseases mentioned were known to every intelligent person to be incurable by mere drugs; it was a question of treatment rather than drugs. As this was an admitted fact it was not fair that the public should be defrauded by them.

In reply to Dr. Chapple, the witness said that a preparation claiming to do the impossible should be prohibited. In the case of the preparation as to which he had put in testimonials from medical men, the important constituent was a well-known drug in constant use under another name.

Dr. Chapple: Do you think it right that any one who likes can take a well-known drug, give it a new name, and advertise it as though it was something unknown to the profession?

The Witness: That is a question of ethics. In this case I should say "Yes." A really excellent remedy is to hand which a limited number of the profession know. In order to make it more widely known, and so to bring relief to a larger number of people, a large amount of money must be spent on advertising. You will not get a philanthropist to do that; you must give him some trade rights or it will never be done.

Are there not sufficient facilities in the medical profession for spreading this knowledge without the assistance of lay persons? Does the education of the profession depend on the proprietary medicine vendor?—I will say that the education of a very large number of practitioners depends on the firms who make or pack

* BRITISH MEDICAL JOURNAL, April 19th, 1913.