

Hall on October 27th, a prominent part was taken by Mr. Lawson Tait, who is reported *inter alia* to have denounced experiments upon living animals as useless and misleading. I have been a member of the Scientific Grants Committee of the Association for some years, and have a distinct recollection of seeing Mr. Tait at a meeting of the Committee as one of its members, and that not very long ago, and of his tacitly acquiescing, to say the least, in the appropriation of considerable sums of money for the express purpose of providing for and encouraging such experiments as those he now so strongly denounces. I do not remember a word of protest to have been raised by Mr. Tait, and the question forces itself upon one, Why is it that Mr. Tait reserves his statements and denunciations for audiences who are entirely ignorant of the questions involved?—I am, etc.,

University College, Nov. 1st.

E. A. SCHÄFER.

LIGATURE OF THE ILIAC ARTERIES THROUGH THE PERITONEUM.

SIR,—In the BRITISH MEDICAL JOURNAL of October 29th Mr. Sheild asks a question in operative surgery—as to whether the time has not arrived when the old operations for ligature of the iliac arteries outside the peritoneum should be abandoned in favour of an intra- or rather transperitoneal method. It is an idea which has presented itself to other minds before, and in 1889 I acted on this belief and ligatured the common iliac artery through a median laparotomy incision for a rapidly increasing aneurysm of the external iliac. The operation was performed with ease, and the patient recovered rapidly without suffering from shock, fever, or any untoward symptom. The case was mentioned in the medical journals of June 29th, 1889 (and I think on July 6th also), but I have not found time or have been negligent in publishing the details of the case. It is, I believe, the first case in which ligature of the common iliac artery by this method has proved successful, but the experience was so favourable that I cannot conceive a case in which any other method could lay claim to greater consideration. The ghastly incisions through the parietes and the laborious stripping up of the peritoneum, which I had to recommend during the ten years I taught operative surgery in the Medical School of Guy's Hospital, inspired me with distrust and filled me with disgust. For the common and internal iliac arteries I have no doubt the old extraperitoneal method will be entirely superseded in the direction I have indicated. Exception will probably be made in favour of the old method for the external iliac, which, tied by Astley Cooper's method, is a neat and effective operation within the range of a surgeon of average skill. Soluble aseptic ligatures and antiseptic wound dressings must have credit for pushing forward the surgery of arteries both in new directions and in greater safety.—I am, etc.,

R. CLEMENT LUCAS, B.S.Lond., F.R.C.S.,
Finsbury Square, Oct. 31st. Surgeon to Guy's Hospital.

SIR,—I trust that Mr. Sheild's letter in the BRITISH MEDICAL JOURNAL of October 29th will elicit an expression of opinion from our leading authorities on operative surgery. I have recently had a case of inguinal aneurysm, in which it was my intention, after the trial and failure of compression of abdominal aorta by Lister's tourniquet, to ligature the common iliac artery by a median vertical incision through the anterior abdominal parietes and peritoneum.

Unfortunately, one afternoon the sac of the aneurysm showed signs of rupture, and I was therefore compelled to deal with the case at once in a different manner, by laying open the sac and tying the arteries communicating with it, namely, the external iliac, superficial and deep femoral, and deep circumflex iliac and epigastric, all of which came off from the sac of the aneurysm and required ligature. The aneurysm extended quite half way up the external iliac artery. Secondary gangrene of the foot and leg took place, but the patient recovered after amputation of the leg below the knee. Mr. Treves, in his *Manual of Operative Surgery*, states that "the recent tendencies of abdominal surgery render it probable that in the future the artery will be reached" by the method suggested by Mr. Sheild, but also states "that he is not aware that the operation has been carried out on the living subject."

It seems to me that the direct method in question would be

much easier of performance and (considering the recent development of abdominal surgery) present no greater if so much risk, as the hitherto usual method of reaching the artery from the iliac region at a great depth behind the peritoneum.—I am, etc.,

Tunbridge Wells, Nov. 1st.

J. BULKLEY FOOTNER, F.R.C.S.

CHEMISTS AS PRESCRIBERS.

SIR,—*Re* "Chemists as Prescribers" and the case discussed in the BRITISH MEDICAL JOURNAL of October 8th, and also the letter signed "General Practitioner," in the issue of October 22nd, I may say that I entirely agree with him that some definite action ought to be taken by the profession. That the evil exists to an extent not generally supposed even by members of the profession I have had, unfortunately, ample opportunity of observing, at any rate in the manufacturing districts of Lancashire. I know that in Preston, for instance, all chemists, with the exception of a very few in the main streets, follow the practice, and not long ago I saw an advertisement in a religious journal, inserted by a Preston chemist for an unqualified assistant to be "a good counter prescriber." A few years back a chemist from Preston used to visit patients in this district (a few miles from Preston) regularly, and I know of one in Southport who visits patients at their own homes as regularly as any medical man. But worse than these cases even, is one under my eyes constantly; an individual (whose father was a chemist) not qualified in any way styles himself "druggist and druggist," and also keeps a grocer's shop in Preston, visits this village regularly, and in addition to selling groceries, prescribes for and furnishes with medicine anyone who is credulous enough to believe in him; he also draws teeth.

That such a state of affairs is possible is, I consider, a blot on the law that allows it; highly prejudicial to the public, not to speak of the monetary loss to a profession that has in these days hard work to make a living, after having spent much time, energy, and money in attaining a position that should be at any rate moderately lucrative.

I sincerely trust some definite steps will be taken by members of the profession to endeavour to put a stop to the practice, and I am willing to do whatever lies in my power to help in any movement set afoot in the matter.—I am, etc.,

Freckleton, Lancs., Oct. 28th.

BENJ. E. JONES.

NOTIFICATION OF INFECTIOUS DISEASE.

SIR,—The question raised by Dr. Godfrey can only be settled by a judge. But so far as my opinion is worth anything, it is that Dr. Godfrey and his assistants are, in effect, one "medical practitioner" and only required to give, and entitled to receive payment for, one certificate for one case. Further than this, I think that the same rule would apply in the case of two or more partners.—I am, etc.,

W. H. CORFIELD, M.A., M.D.(Oxon.).

Savile Row, W., Oct. 26th.

SIR,—The Act for the Notification of Infectious Diseases was intended that sanitary authorities should obtain early and reliable information of every case of infectious disease. This is the spirit and intention of the Act. The strict letter of the Act may be as Dr. Corfield states, and that every consultant or qualified assistant who may see a particular case is liable to a prosecution should he fail to re-notify. Dr. Godfrey will do well not to permit his qualified assistants to renotify. There is not the remotest danger that any sanitary authority would ever dream of prosecuting anyone under these circumstances. No useful purpose would be served by renotifying cases, except it would bring fees to the medical profession and arouse the just indignation of the ratepayers.—I am, etc.

Bacup, Oct. 25th.

JOHN BROWN, M.D., M.O.H.

THE DIETARY OF EPSOM COLLEGE.

SIR,—In pursuance of a resolution unanimously passed at a meeting of the Council of Epsom College on October 27th, I am instructed to request you to give insertion to the accompanying report.—I am, etc.,

Soho Square, W., Oct. 31st.

J. BERNARD LAMB, Secretary.

Report of the School Committee to the Council of Epsom College.—The School Committee have been carefully considering an exhaustive report from members of the school and finance committees on the dietary supplied