

out the fact to others; and my argument is not in the least affected by the dispute regarding the chemistry of urate of silver, which Professor Hayercraft is no doubt well able to deal with.

Mr. Gossage takes the trouble to point out my rashness in arguing from results obtained by such a method. I would remind him that these results not only agree completely *inter se*, but are in practically complete accord with the published results of others obtained by various processes, including those of Salkowski and Ludwig; and he will, if necessary, find further evidence of this agreement in a paper of mine in the forthcoming volume of *St. Bartholomew's Hospital Reports*.

I will merely say in conclusion that I am as much impressed with the quality of the evidence on my side, as Mr. Gossage appears to be with the "bulk" of that on his.—I am, etc.,

ALEXANDER HAIG, M.A., M.D. Oxon., F.R.C.P.

Brook Street, W.

OTHER CROWNER'S QUESTS.

SIR,—Dr. Hewkley's letter in the BRITISH MEDICAL JOURNAL of January 10th shows very clearly what complete farces inquests are as a rule. Only last week a patient whom I had previously attended for bronchitis for six weeks, and who had been at work for a week in apparently good health, died very suddenly one night before any medical assistance could be procured. The Coroner's officer came to see me the following day to ask my opinion as to the cause of death. I refused to divulge what was probably the cause of death, namely, syncope from valvular disease of heart (mitral regurgitant), which lesion he had had for many years, although I never mentioned the fact to anyone. The wife and a neighbour only were called at the inquest, and the jury returned a verdict of death from natural causes.

Another case was that of a child, aged 2 years, who was put to bed one night, not appearing very well. In the middle of the night the mother found the child dead. The mother and the proverbial neighbour only were called at the inquest, and the jury returned the usual verdict of death from natural causes.

If these two inquests are a fair sample of what takes place throughout the country—as they certainly are in this town—can it be wondered that the ends of justice are most likely to be defeated?—I am, etc.,

Nottingham.

F. C. Wood, L.S.A. Lond.

PROFESSIONAL CONFIDENCE.

SIR,—Your correspondent, C. L. W., takes a crooked view of the ethics of the question when he maintains that it is the duty of a medical man attending a syphilitic lover to warn the *fiancée*, or her friends, or (more absurdly, though not more cruelly) forbid the marriage publicly.

How came the physician in possession of the knowledge that his patient had syphilis? By the former entrusting him with the secret in perfect confidence in its safety in the hands of a man of probity and honour. If the physician put up a public notice in his consulting-room, or personally told all his patients, "Any person having syphilis is warned that Dr. So-and-so holds himself at liberty to divulge that fact to the patient's *fiancée* or wife," then patients would know what to expect, and most certainly would have no cause of complaint, if they were foolish enough to consult the doctor, whatever course he might pursue in the matter.

But for a man to invite confidence on the implied understanding of secrecy, and then to betray the secret on any ground whatever, is as base an action as that of the spy or informer who worms himself into a plot in order to betray the conspirators to the Government.

Your correspondent states that the first duty of a medical man is to cure, or, better still, to prevent disease. Quite true. But the antecedent necessity is, that the patients may have such confidence in the practitioner's inviolable honour, that they may entrust him with the cure of their diseases in perfect certainty of silence.

Once let it go forth to the world that the Hippocratic oath of secrecy is no longer binding on our profession, and every patient, male or female, who suffers from any shameful disease would become the willing prey of quacks, whose secrecy might be better depended on than that of more highly

educated but less trustworthy practitioners. The health of mankind would suffer, although the cure of disease is, according to your correspondent, the first duty of the physicians, in order that the morbid consciences of men like your correspondent might be satisfied. The happiness of one girl would be possibly secured at the cost of untold misery to thousands of unborn generations.

This is one of the mawkish sentimentalities of the present day. There is no ground for speaking by implication of those who oppose your correspondent as "looking upon medicine as a mere means of gaining a livelihood." They act on far other and higher grounds. They believe that to act as your correspondent suggests, would be a mere "doing evil that good might come." Beyond a manly private protest to the offender, the honourable physician has no right to go—because he has morally pledged his word and his honour in undertaking the case that he will maintain perfect secrecy—and if for any cause, however apparently right, he breaks that implied promise of secrecy, he has become that most shameful of all things, a liar and betrayer.—I am, etc.,

W. S., M.R.C.S.E.

DANGERS OF EXALGINE.

SIR,—Under the heading of "Dangers of Exalgine," Dr. Flynn, in the BRITISH MEDICAL JOURNAL of January 10th, supplies us with some facts which go to show how many valuable drugs are thrown into discredit. I wonder it did not occur to Dr. Flynn before writing, to inquire how far "the danger" was due to over-dosage. I understand the maximum dose of exalgine to be six grains. Here Dr. Flynn, on his own testimony, administered six grains within an hour to a boy of 14 years, "who had nearly recovered from rheumatic fever!" Dr. Flynn says: "There is nothing that I can detect the matter with the heart." That may be so. But the heart of a patient recovering from any fever, and especially rheumatic fever, must necessarily be weaker than a healthy heart. Further, even supposing the boy to have been in health and exceptionally robust, I hold the dose was too large, seeing that there was no previous knowledge of the action of the drug in this particular case. In the strongest and healthiest, too, we must never forget the question of idiosyncrasy.

This case, then, I consider no proof of "the dangers of exalgine." My personal knowledge of the drug extends over nearly twelve months, during which period I have prescribed it with marked success in the alleviation of pain in a great variety of cases. In none of my cases have I seen any symptoms of danger, but I do not think of treating convalescing fever patients—even adults—with three grains of exalgine, and instruct that the dose be repeated in an hour if no benefit follows the first dose.—I am, etc.,

D. GAIR BRAIDWOOD, M.B., C.M. (Edin.).

Halkirk, Caithness.

NAVAL AND MILITARY MEDICAL SERVICES.

THE NAVY.

THE following appointments have been made at the Admiralty:—E. FERGUSON, Staff-Surgeon, to the *Forward*, September 30th; H. HADLOS, Deputy Inspector-General, to Bermuda Hospital, January 10th; H. MACDONNELL, Deputy Inspector-General, to Haslar Hospital, January 10th; G. J. IRVINE, Staff-Surgeon, to the *Uvid*, January 10th; P. N. RANDALL, Surgeon, to the *Warspite*, January 10th.

INDIAN MEDICAL SERVICE.

THE services of Surgeon-Major O. BAKER, Bengal Establishment, are placed at the disposal of the Chief Commissioner of Burma.

Surgeon G. A. CONES, Bengal Establishment, who entered the service on March 30th, 1878, is promoted to be Surgeon-Major from December 13th.

Surgeon-Major W. R. BROWNE, M.D., Madras Establishment, district surgeon at Tanjore, is appointed Surgeon at the Madras General Hospital, from the date of taking over charge.

Surgeon B. B. GRAYFOOT, Bombay Establishment, is directed to act as Secretary to the Surgeon-General with the Government of Bombay, *vice* Surgeon M. A. T. COLLIE.

Surgeon-Major W. FINDEN, Bengal Establishment, is appointed from the officiating to the medical charge of the 7th Bengal Cavalry, *vice* Surgeon H. HENDLEY, transferred permanently to civil employment.

Surgeon-Major H. HAMILTON, Bengal Establishment, is appointed from the officiating medical charge of the 5th Bengal Cavalry to the medical charge of the 10th Bengal Infantry, *vice* Surgeon-Major W. DUNCAN, retired from the service.

Surgeon-Major A. DUNCAN, Bengal Establishment, is appointed from the medical charge of the 14th Sikhs to the medical charge of the Corps