

place one "fried fish shop" outside the barrack gate "out of bounds" to the troops in garrison. No fresh cases of enteric fever have since occurred in that locality. Many cases of diarrhoea occurred amongst the men in another quarter; on careful investigation it was traced to the unsoundness of the pork and other flesh used in the preparation of sausages and sold to the troops.

The attention of most people is attracted by the horrible stench coming from these "cook shops," but though the smell arising from the cooking of fried fish is a nuisance and objectionable, yet it does not appear to depend upon the soundness or otherwise of the fish, but may be increased by the medium in which the fish is fried, such as olive oil, pure lard, dripping, beef or mutton fats, margarine, and cottonseed oil. When cottonseed oil is used the odour is abominable. Lard is very heavily adulterated with cottonseed oil, and as such is unwholesome; margarine is distinctly a compound of fat not fit for use as a food or for cooking purposes. Cottonseed oil produces painful indigestion and irritation of the bowels, and as such should be prohibited. In tracing the source of the particular fish supply, it may be well at the same time to very thoroughly investigate the medium in which the fish has been cooked, as a particular source of the origin of the disease within suspected areas. The temporary closing of "cook shops" within particular localities is a matter for the sanitary medical authorities of cities and towns, and deserves further investigation.—I am, etc.,

Woolwich, May 20th.

J. J. LAMPREY,  
Lieutenant-Colonel A.M.S.

#### THE REPORT OF THE ANÆSTHETIC COMMITTEE.

SIR,—In a paper read before the British Medical Association meeting at Edinburgh in 1898 I showed that the Indian chloroform mortality probably does not exceed 1 in 8,000. I hope before long to supply fuller statistics.

May I be allowed a few words of criticism in connection with the report of the Chloroform Committee? The report gives many elaborate tables, and assures us that chloroform is eight times as dangerous as ether. But the actual deaths attributable directly or indirectly to the two anæsthetics are given as 18 deaths in 13,393 chloroform, and 6 deaths in 4,595 ether administrations. Evidently the actual mortality-rate is about equal. Then, how is the differential danger-rate arrived at? By a column of danger cases (B γ) which all recovered! The figures are indeed illusory. The true danger-rate is the mortality on the gross total, not that on complicated cases only, nor the mortality after deducting deaths due secondarily or only partially to the anæsthetic.

It has long been recognised that ether fatalities are less immediately and openly connected with the anæsthetic than are the fatal cases connected with chloroform. For this reason the advocates of ether have often claimed that its mortality is only 1 in 15,000.

We now know the true mortality, direct and indirect, as allowed by a Committee of experts, certainly not biased against ether. It is 6 in 4,595, equal to 1 in 765.8.—I am, etc.,

ARTHUR NEVE, F.R.C.S.E.

Kashmir Mission Hospital, March 18th.

#### THE PROVISIONAL REPORT OF THE CONSTITUTION COMMITTEE.

##### BRANCH SUBSCRIPTIONS.

SIR,—There is one point relating to the proposed subscription of members which I think requires explaining. Paragraph 20 proposes that the total subscription per member be 25s. per annum, and that of this sum a part be granted for "defraying the working expenses of Branches and Divisions." Are we to understand that the sum granted to each Branch shall be subdivided equally between a Branch and its Divisions? If a Branch contained, say, fifty Divisions, this subdivision of funds will cause great annoyance.

Next, the following paragraph proposes that "all Branches and Divisions be given power to defray, by means of special subscriptions from their own members, any extraordinary expenses of their local organisation, or the cost of any special privileges which they may decide to confer on their members." This is a very wide proposal. It gives a Branch power to make a levy upon its members; and next it empowers a Division to make a levy upon its members. And as a member

must be a member of both a Branch and a Division, it follows that he must pay whether he likes to or not. Next, I would suggest that the amount of this levy be a fixed sum. By its present reading a levy of any sum—say, up to £5 per annum—could be made; I would suggest that it be limited to 2s. 6d. per member. Further, I think the paragraph should be more carefully drawn, as its present wording—"local organisation"—might include medical defence or such-like.—I am, etc.,

Liverpool, May 18th.

ROBERT R. RENTOUL.

#### WHOOPIING-COUGH CURED BY IRRIGATION OF THE NARES.

SIR,—In the BRITISH MEDICAL JOURNAL of May 4th, Dr. Martin Payne, of Cricklewood, relates a case of whooping-cough cured by carbolic irrigation. I have used the irrigation method for many years, and always mentioned it as one of the most successful methods of treating the disease to the students attending the clinical instruction at the Royal Hospital for Sick Children. At p. 111 of my manual of *Disease in Children* irrigation is strongly commended. I do not claim originality in this method of treatment, for it has been long used by others, as by Henoch of Berlin.—I am, etc.,

JAS. GARMICHAEL,  
Consulting Physician, Royal Edinburgh Hospital  
for Sick Children.

May 14th.

#### THE PHARMACEUTICAL SOCIETY.

THE members of the Pharmaceutical Society of Great Britain held their annual dinner at the Hôtel Métropole on May 21st, when in the absence of the President owing to indisposition, the chair was taken by Mr. C. B. ALLEN, Vice-President.

Mr. R. A. ROBINSON, L.C.C., in proposing the toast of "The Houses of Parliament," remarked that the Lord Chancellor had said there was ground for the law in regard to pharmacy being altered, and to this the Pharmaceutical Society were quite willing to accede provided their rights were protected as well as the rights of the public. The toast was acknowledged by Mr. W. PALMER, M.P.

Mr. S. R. ATKINS (Treasurer), in giving the toast of "The Medical Profession," said that the Society had endeavoured to teach its members the line of demarcation between prescribing and dispensing. He frankly admitted there were great difficulties, because some medical men must in country towns dispense their own medicine, and occasionally the pharmacist on the spur of the moment had to say what was needed.

Dr. D. MACALISTER (Chairman of the Pharmacopœia Committee of the General Medical Council) replied to the toast, and pointed out that there were hundreds of pharmaceutical questions awaiting the earnest seeker after truth in relation to the properties and most eligible preparations of drugs. He hoped that the Senate of the University of Cambridge would pass estimates amounting to £26,000 for the building of a new pharmacological and public health laboratory for which the site was already secured.

Mr. W. MARTINDALE proposed "Science," and eulogised the work done by the Public Analyst at Somerset House and his assistants.

The toast was acknowledged by Professor THORPE, of the Institute of Chemistry, who declared that he did not share the pessimistic views that had been expressed in regard to the future of pharmacists.

Sir JAMES CRICHTON-BROWNE, in giving the toast of "The Pharmaceutical Society of Great Britain," said that pharmacy, like medicine, had advanced just in proportion as it had become more scientific and less empirical. Medical science and pharmacy were at one time united, but though they had not been divorced, they had agreed to a judicious and judicial separation, and were advancing now on parallel lines with science, still the great guide for each of them. He ventured to suggest to the Society that at some time it should direct its attention to the selling of drugs in hospitals. Every one desired that the poor should be freely supplied with drugs, but if out-patient hospital people could afford to pay for their medicines, then in his judgment they ought to pay the druggist. That was especially the case in hospitals where the drugs were sold below cost price. The difference between