

that no general practitioner of any standing would advise his patient to add to the already enormous expense now entailed by the employment of the very "modern" consulting surgeon.

Mr. Morton speaks of various positions for patients to be placed in after operations; does he claim any originality in this treatment? Has not any general practitioner with good hospital training carried out this treatment very many times? If the practitioner has been a house-surgeon, has he not had many such cases left in his charge? Is it not a fact that the after-treatment of abdominal or any other cases in hospitals is left to the house-surgeons?

Has Mr. Morton suffered so much from the hands of the ordinary intelligent practitioners that he cannot trust them? If he has, he must have been singularly unfortunate.

I presume that Mr. Morton claims that it is also the duty of the consulting surgeon to administer the turpentine enemata he speaks of! But here, again, surely the ordinary third or fourth year student must have seen this treatment as well as the calomel and seidlitz powders.

I can only regard his paper as an attempt on the part of a consulting surgeon to claim still further fees from the public, and as showing a lack of appreciation of the practitioner's brains and resources, for the practitioner has very often to deal with cases of emergency under conditions which many an operating surgeon would gladly escape from for his reputation's sake.—I am, etc.,

Wotton-under-Edge, Feb. 12th.

ERNEST F. CLOWES.

A POSSIBLE SOURCE OF DIPHTHERIA IN SCHOOLS.

SIR,—In accounting for the unquestionable influence of schools in diffusing the infection of diphtheria, and possibly also of other forms of infection, there is one cause which is very obvious, though I do not remember to have seen it mentioned. It is that of dry-sweeping the floors of school rooms, which is so generally practised. The effect of this is to raise a cloud of fine dust which, even if it have precipitated before the children enter the rooms, must settle on forms and desks, to be easily dislodged and lifted again into the atmosphere of the rooms by every movement of the children, and especially by the stamping with which it is their custom to accentuate their march in and out of them. When one considers the probability of the diphtheria bacillus being an earthborn germ, or at any rate a germ that harbours in the earth, and also the amount of miscellaneous filth that children may carry into school on their shoes from the roads and streets, especially at such a time as this, it does not require a very lively imagination to see how this as well as other germs, probably that of scarlet fever, may thus find their way into the atmosphere of schoolrooms and thence into the noses of the children, there to germinate quietly until an attack of coryza calls them into pathological activity.

As sweeping cannot be dispensed with, the practical remedy seems to be the use of sawdust damped with an appropriate disinfectant as a means of reducing the evil to a minimum; or of carpet sweepers, by which the dust can be removed from the floors without being lifted into the air.—I am, etc.,

Gloucester, Feb. 14th.

FRANCIS T. BOND, M.D.

THE COLONIAL CONFERENCE.

SIR,—Since your last issue the programme of the conference has been issued and is found to contain no reference to Public Health. But the question is not unlikely to be brought forward and the way thus laid open for imperial co-operation in the science and administration of preventive medicine. To this end I beg to appeal for the earnest interest and active support of our profession. Arising from papers by Dr. Walford, M.O.H., Cardiff, and myself at the Bristol Congress last July, seconded by Dr. Valentine, Assistant M.O.H. for New Zealand, the Royal Sanitary Institute, and the Port Sanitary Authorities' Association have already expressed, and the Society of Medical Officers of Health have decided to express to His Majesty's Government their view that discussion of the subject at the Colonial Conference is desirable. It is hoped that the matter will be brought

forward by the first Minister of Public Health, historically speaking, in the British Empire, Sir Joseph Ward, now Premier of New Zealand, and be supported by Dr. Jameson and the other Premiers. Three essential objects are in view:

1. Imperial notification of infectious disease as the most practicable step towards a standing, world-wide, epidemiologic survey; as a definite assistance to port sanitary authorities in warding off imported disease; as a security to trade against unexpected quarantine and consequent loss.

2. An Imperial census and registration of births, deaths, and marriages, with its results, a matter chiefly of importance as affecting the public health.

3. An Imperial Board of Health, to exercise advisory powers, with a special staff of large experience, to do and extend the work now done by experts borrowed from civil life, or from the Local Government Board and other Government offices and services; to do, in fact, for the empire what is at present so admirably done for this country by the existing Board.

The possibilities are great, demanding the largest views and the highest statesmanship of which our profession is capable. I hope our Association may add its influence to this movement by forwarding a resolution on these lines to His Majesty's Government.—I am, etc.,

London, S.E., Feb. 27th.

FRANCIS FREMANTLE.

THE MEDICINE OF THE FUTURE.

SIR,—The pessimistic utterances of notable members of the profession, to which you have given prominence in your columns, on the uselessness of drugs in the treatment of disease, must give all thoughtful, conscientious medical practitioners pause whilst they ask themselves the question whether these strictures are justified by the facts; for, if justified, we are convicted out of the mouths of members of our own household of masquerading as healers of the sick when we really are nothing more than a brotherhood of nurses, and are certainly not justified in taking from the public anything like the consultation fees in vogue. But the withers of the general practitioner may remain unwrung as they with easy conscience accept the modest fee with which they are occasionally remunerated even as nurses-in-ordinary to the household.

It is a common observation that the most successful physicians are those who have the most intimate knowledge of the physiological action of remedies. By successful I mean from the point of view of the patient; and I would mention as a case in point the late Dr. C. D. F. Phillips—the many eminent living pharmacologists for obvious reasons I forbear to name—whilst the most pronounced agnostics in therapeutics are those who have an intimate knowledge of macroscopical morbid anatomy combined with a microscopical knowledge of the art of administering drugs.

Does not scepticism in therapeutics arise from faulty reasoning? Arguing that because we do not know everything about the action of remedies that therefore we know nothing! In what department of knowledge do we know everything? We know that bread and cheese satisfies the cravings of hunger, but if we probe down to the root of things we know not the explanation of the feeling of hunger, nor, in the language of organic chemistry, the how or why of bread and cheese stilling the cries and soothing the pangs of the cells in question. Are we, as reasonable beings, therefore to deny ourselves bread and cheese until we know the ultimate causation of things? I trow not.

Whilst straining with all our energies towards the goal of perfection, let us not falter in the common task, in the daily round of applying our partial knowledge of the chemistry of life to the needs of the sick. In this puzzle world we have in medicine our share of comparative certainties. Have we not mercury in syphilis, the salicylates in acute rheumatism, opium in pain, quinine in malaria, potassium iodide in actinomycosis and gummata, sulphur in scabies, digitalis in mitral insufficiency, colchicum in gout, calcium and suprarenal extract in hæmorrhage, thyroid extract in myxoedema and cretinism, morphine in eclampsia, saline infusions and strychnine in collapse, not to mention the uses of ether and chloroform, nor cow vaccine and diphtheria antitoxin?

May it not be found that the active principles of many