

SIR,—I quite agree with "An M.D. who drives a Carriage," and I also think that medical motorists should be satisfied with the reduction in licenses and not expect it on petrol as well. Some of my medical friends tell me that they can now do their work in half the time and at half the expense of horse-keep—that they have their afternoon free for golf and tennis and their evening for bridge; as for railways they have no use for them however great the distance.

From this it would surely appear that the motor is not used solely as "a means of earning a mere living."—I am, etc.,

May 16th.

"EQUES."

SIR,—The suggestion of Dr. O'Connor¹ is apt to the present time. Friendly societies are exceedingly reluctant to increase the doctor's payment, and sick clubs tumble over each other in devising the lowest possible subscription. If we grant that these payments work out at a remuneration of something less than 1s. a visit or attendance, then any additional cost of medicine is an undue and exorbitant tax to be deducted from whatever profit there may be. The attempt should be made by every club doctor to charge a penny for medicine (a penny is paid for a bottle—we are dealing with poor folks, do not despise details). This is a mode of reasoning that the working man understands, and really the average club member is not so harsh and grasping as their spokesmen lead us to believe. In all probability increased pay in this indirect way would not be greatly objected to after the members became used to it.

The Divisions might here do good work and might advise all the club doctors within their membership. We in the Kensington Division are desirous of knowing the percentage of attendances and of bottles of medicine in club practice in the metropolis, and I shall be glad to hear from any one who has been careful enough to keep his club practice separate in his visiting list.

Dr. O'Connor, it is true, proposes to ask an additional shilling per annum. If some increase be obtained on whatever ground, no doubt it will stay, and the timid counsels of "Club Doctor" are not for a moment to be listened to. It is on the Branches and Divisions and the medical societies throughout the country that the responsibility rests.—I am, etc.,

London, W., May 17th.

GEORGE CRICHTON, M.D.

SIR,—Ten days ago, as Medical Officer of Health for the most thinly-populated and mountainous county of England, I drew the attention of our county members to the fact that, in this county at least, where a high-powered motor is a necessity, and the doctors have great distances to travel, both horizontally and vertically, per patient visited, the petrol duty would be a most serious matter—would, in fact, be a tax on health and life, for the small farmer up in the mountains, miles away from his doctor, is by no means a wealthy man.

Within three days I received from one of our members a letter, in which he says: "The country doctor is to get his petrol untaxed, according to the Budget scheme—the only person so privileged." He is not to have a *rebate*, for the simple reason that what he uses is to be *untaxed*.

Few people have any idea of the petrol bill or the tyre account of the country doctor, who motors forty or fifty miles per day, rises 3,000 ft. vertically, consuming his petrol accordingly, or puts his brakes hard-on down a gradient of 1 in 8 or 1 in 10 to get down 3,000 ft., and tears his tyres in pieces by so doing. A tyre bill is bad enough to him, with his small receipts and exposure to wild weather, so don't begrudge him his Free Trade petrol!

We must wait till the "Finance Bill" is in print to ascertain exemptions proposed.—I am, etc.,

R. MUSGRAVE CRAVEN,

Medical Officer of Health, Westmorland Combined Districts.

Kendal, May 15th.

. We hope that Dr. Craven's information may prove to be correct, but this cannot apparently be determined until the Finance Bill is published, which will not happen until the resolutions have been passed.

¹ BRITISH MEDICAL JOURNAL, May 8th, p. 1153.

FOREIGN BODY IN THE AIR PASSAGES.

SIR,—The report in the JOURNAL of May 15th, p. 1180, of a fatal case of bronchiectasis due to the unsuspected presence of a foreign body in the left bronchus in a child of 4 years of age, induces me to call attention to the value of the bronchoscope in the investigation of cases of limited bronchiectasis of obscure non-tuberculous origin. If there had been forthcoming in this particular case a history of a tintack having been inhaled it is probable that the child would eventually have been referred to a laryngologist experienced in the use of the bronchoscope, and from its position no difficulty would have been encountered in its diagnosis and removal.

It is a mistake to imagine that the employment of the bronchoscope should be limited to cases in which there is a history pointing strongly to the fact that a foreign body is present, whether backed up or not by an *x-ray* examination. That a careful bronchoscopic examination may help to clear up the diagnosis in some cases of limited suppurative bronchiectasis cannot, I think, be doubted, and it is, in my opinion, not only a justifiable but a necessary diagnostic procedure. Those who are familiar with the recorded results of bronchoscopic investigations on the Continent and in America well know that unsuspected causes of bronchiectasis other than foreign bodies have been found by direct endoscopic examination—for example, innocent bronchial tumours, cicatricial formations, and caseous plugs. In limited bronchiectasis, therefore, a routine bronchoscopic examination *per vias naturales* may be expected in the near future to take a recognized place in the diagnosis and treatment of this condition. The passing of the bronchoscope is comparatively easy, even in children, in expert hands, and in my experience patients are none the worse, provided the examination is made with delicacy and caution. Chloroform is, of course, usually necessary in children.

In the case under discussion it is perhaps open to doubt whether the recognition and removal of the foreign body would have effected a cure at the late stage when the child came under the care of Dr. Murray Leslie, but such a method of investigation probably held out the only possible chance for the child.

I am unable personally to claim to have found an *unsuspected* cause in a case of bronchiectasis by endoscopic means, though my experience includes the finding of an unsuspected foreign body by such means in the oesophagus. There are several laryngologists in this country who are skilled bronchoscopists, and it would be interesting to have their experience on the question which I have, I think not inopportunistly, raised.—I am, etc.,

London, W., May 17th.

WILLIAM HILL.

TETANUS OCCURRING AFTER SURGICAL OPERATION.

SIR,—In view of the widespread use of catgut as a ligature material Mr. W. G. Richardson's paper (BRITISH MEDICAL JOURNAL, April 17th, 1909, p. 948) has naturally aroused considerable interest amongst surgeons. While his article is a most careful record of facts and observations he does not venture any definite conclusion as to the real nature of the spasmodic conditions which have supervened after the use of catgut in the cases he has collected.

Unfortunately, the cases published since the appearance of his paper carry us no further, since in those in which a bacteriological examination was made it was inconclusive, while in others no attempt seems to have been made to discover what bacteria were present, although the cases were called tetanus. However, whether or not catgut was to blame in all the cases of so-called tetanus which have been reported, it behoves surgeons who use it as a ligature material to look to the method of sterilization employed. I venture to quote a paragraph from a paper of my own, on Ligatures and Buried Sutures, with special reference to Catgut (*Lancet*, April 20th, 1907), in which it was advocated that animal ligatures should be sealed in glass tubes with xylol and the tubes boiled for half an hour or an hour, or for about twenty minutes on each of two succeeding days, the equivalent temperature being raised to well over 100° C. by the pressure inside the tubes:

There is one condition to be attached to the routine use of catgut, and that is that the surgeon must be certain of its sterilization. For this purpose it is at least desirable that the