

their medical advisers that a cure can never be looked for. I am so convinced that this is wrong that I should like to add my emphatic testimony to that of Dr. Ackerley's; given the discovery of the exciting cause or causes, steady perseverance with an appropriate line of treatment will in a considerable number of these cases effect a definite cure; and practically all (except where actual ankylosis is present) will show marked improvement. Cheerful prognosis is the more necessary as so many arthritic cases, even while doing quite well, are liable to exacerbations of pain and discomfort.—I am, etc.,

Buxton, April 4th.

WM. ARMSTRONG.

THE MILK SUPPLY.

SIR,—I have read with interest the report of the Public Health Committee of the London County Council. There is one fact in the report that stands out by itself. In 1909 there were 10,000 deaths from tuberculosis (other than pulmonary tuberculosis) in England and Wales in children under 15. This is a truly appalling condition of affairs.

The Committee acknowledges the futility of attacking this question piecemeal. It is a national question of first importance, and to attempt to obtain local legislation will only hinder a general settlement. What is the *fons et origo mali*?—undoubtedly the existence of tuberculosis in our dairy cattle (we are told on good authority that 20 per cent. are affected) and the foul condition of the cowsheds of the country; add to this the absence of any adequate supervision of the milk supply, and we have a glaring case against the Government for its delay in considering this deplorable condition of affairs.

The Public Health Committee advised the London County Council to send a deputation to the President of the Local Government Board "to urge the importance of effective general legislation with regard to the milk supply being speedily promoted." It will be a pity if this question is handed over to the municipal authorities to manage; it is a national question, and as such can only be met by general legislation. It will be an expensive business, having regard to the fact that compensation for slaughtered cattle will have to be provided. It may even cost as much as one Dreadnought, but what is this compared with the results we may expect? In ten years' time we shall be able to put our children's hospitals to some other use; there will be no need for them as such.

There is just one point more in this report—the Committee seems to infer that it is only cows affected with tuberculosis of the udder that yield tuberculous milk. The Final Report of the Royal Commission on Animal and Human Tuberculosis makes this point very clear. The Commissioners say: "These bacilli (tubercle) may also be present in the milk of tuberculous cows presenting no evidence whatever of disease of the udder, even when examined *post mortem*."—I am, etc.,

Hedon, April 8th.

T. READMAN.

HYPODERMIC MEDICATION BY NURSES.

SIR,—I heartily endorse the opinions of "Woman Practitioner." This storm of cheap satire levelled at an honourable, overworked, and none too well-paid profession, such as sick nursing, is unworthy of a medical man. Granted that in some isolated cases nurses take overmuch upon themselves, let us acknowledge that, after all, these are exceptions, and that our best results, whether we be physicians or surgeons, have been attained only with the co-operation of the modern nurse.—I am, etc.,

April 6th.

IRISH PHYSICIAN.

THE LIBERAL PROFESSIONS.

SIR,—Why the public does not think more of the members of the medical profession is obvious. It is because of the contemptible jealousy which exists between the members, with the result that they nearly all—I should say nine out of ten—make disparaging remarks about each other; not serious remarks, but observations introduced into ordinary conversation. The foolish part about this is that not only do they lower the individual whom they speak slightly of in the estimation of the individual they talk to, but they lower themselves, for the average man is not so blind that he cannot see through this sort of thing. Again, if anybody abuses one doctor to another, the latter, if he is going to collar the patient, may not agree with him, but fails to defend his professional

brother, and appears shocked at the "behaviour" or at the "enormous charges" of his professional brother, knowing perfectly well all the time the patient is under some misapprehension. Some of these things are very trivial, but they do their work in lowering us as a class in the eyes of the public—for example, a man said to his medical attendant: "Dr. Jones has got a good practice, hasn't he?" Note the artful answer, so arranged as to disparage Jones in the eyes of the patient without appearing to do so. Answer: "Oh, yes, of course—very large—but nearly all down at —," mentioning the slum part of the district. A lady living opposite a church remarked to her medical attendant: "I see Dr. Brown often going into church." "Oh, yes, he does that as an advertisement to get patients." Result, the lady's opinion of her medical attendant and of Dr. Brown went down to zero at once.

These two facts out of hundreds of others which I have come across serve to illustrate my meaning. If, instead of this sort of thing, every medical man would speak of all his professional brethren with great respect and insist on the public always doing the same, the whole profession would benefit by it and be held in high esteem by the public. We are supposed to know what our professional brethren are worthy of in the matter of honour and respect; and if we who do know and are naturally considered judges in the matter decry each other, how can we expect the man in the street to respect us? I think that every medical man should take an oath before being put on the *Register* that he will uphold the dignity and honour of all his professional brethren, and if he fails to keep this oath his name should be erased.

There is another point which many medical men overlook, and that is that whatever they say about each other generally gets repeated, and eventually gets round to the victim, who probably retaliates in a similar manner, and so the honour of the profession is kicked about before the public until it is a mere rag. A man had five sons; on his death-bed he said: "Whatever happens, stick to each other and back each other up in everything," with the result that the five sons' names are honoured in every capital in Europe to-day. If all professional men would back each other up always and in everything, they would have the whole world at their feet; for there is not, if they only knew it, a greater power on earth than the medical profession, and, if united in a bond of good fellowship and honour, no power, no State, no principality could stand against it.—I am, etc.,

London, N.E., April 8th.

ARTHUR TODD-WHITE.

A RECENT TREATISE ON THERAPEUTICS VIEWED FROM THE STANDPOINT OF A GENERAL PRACTITIONER.

SIR,—Most general practitioners find it necessary to recast their pathology with every lustrum or less; several do the same with their physiology, some even with their knowledge of therapeutics.

Having recently dipped into the very latest (1910) edition of quite one of the most popular works on materia medica and therapy, I lighted on some extraordinary therapeutical tit-bits, and, reading, further discovered such a weird collection of items of treatment, that I feel bound to reproduce them, with permission, in the columns of the *BRITISH MEDICAL JOURNAL* for the "enlightenment" of my fellow practitioners who may be contemplating a similar course of study.

The work in question takes the various drugs in alphabetical order, and I feel that I cannot do better than quote the author's *ipsissima verba* in the sequence which he adopts and almost *usque ad nauseam*.

Acetum (vinegar), we are told, is used as "a haemostatic in post-partum haemorrhage."

Acid. Benzoic. is vaunted as superior to carbolic acid in antiseptic properties, and may be used in acute rheumatism in preference to acidum salicylicum!

Acid. Boric.—Of this medicament, two or three grains blown into each nostril every four hours have yielded good results in whooping-cough.

Acid. Carbolica., as sodium sulpho-carbolate, has been used with good results in ulcerative endocarditis! As a spray it is the best local routine treatment in diphtheria. When given internally, one-third of the lethal dose of the pure acid will cause death if freely diluted.

Acid. Gallic., we are told, has no local astringent action, and should be omitted from the *Pharmacopoeia*.