

died of heart disease, and my friend is still going strong though he is not a great patron of Johnnie Walker.—I am, etc.,

Liverpool, Feb. 8th.

JAMES BARR.

#### AUTO-INTOXICATION AND SUBINFECTION.

SIR,—Professor Adami, in his long article on chronic intestinal stasis in the BRITISH MEDICAL JOURNAL of January 24th, says that the word "auto-intoxication" is used "by those who ought to know better," among whom he is good enough to include me, his objection to the word being that the poisons concerned are "produced by invading bacteria of extrinsic origin." He goes on: "Poisons originating within the alimentary canal originate outside the body every whit as much as if they had their origin . . . on the skin." I think this is somewhat pedantic carping; "entozoa" are animals living in the alimentary canal, and the word has been used for a very long time without anybody raising this objection to its use. But, further, "auto-intoxication" implies nothing about the place in which the poisons are formed. It means, as Professor Adami "ought to know," self-poisoning, and consequently his argument about whether the interior of the alimentary canal ought or ought not to be considered the "inside" of the body is beside the point.—I am, etc.,

Birmingham, Feb. 4th.

ROBERT SAUNDBY.

#### THE RATIONAL TREATMENT OF INCIPIENT INSANITY.

SIR,—After reading the letter of Dr. Armstrong-Jones in the BRITISH MEDICAL JOURNAL of February 7th, I submit that he has wholly misconceived the object of my own letter, which he subjects to criticism. There is in the latter no room for personal aspersion, nor, incidentally, for personal appreciation. It is perhaps unfortunate, and it is regretted on my own part, as far as may be necessary, that I did not happen to see the fuller report in the *Lancet*, but the failure, for physical reasons, to thus instruct myself is surely an insufficient ground to allege a possible loss of reputation for accuracy, the more so as my letter was intended for the eyes which had read in your columns what was written and said on the subject. This small item is not important enough to cast on me the duty of exhaustively examining all reports on the subject.

The point of real importance is that, if it were sufficiently known and appreciated that Lord Halsbury did accept a draft clause covering all the points under debate, there would have been less need to go on talking them over. After Hannibal crossed the Alps he did not think it necessary to repeat his labours, with a risk of possible failure. My suggestion is that for this purpose the Alps have been crossed. Expert feeling is entirely in favour of greater freedom in the legalized treatment of early cases. The attainment of the object in hand must depend on others being brought over to concur with expert feeling; legal instincts and popular apprehension need to be overcome. Since legal and legislative caution are much depended on by the public to ensure justice and right in all relations to insanity, surely it is a cardinal advantage to have satisfied that caution in the person of Lord Halsbury. Why, then, go back on this? Why raise a suspicion of lost unanimity among experts by constant papers, debates, etc.? Why not proclaim that the matter was long ago debated and accepted by the highest authority? Lastly, why not go forward on the clear assumption that only the opportunity for limited lunacy legislation is wanting for the full attainment of success?

It will be well to keep strictly apart the two branches of the subject: First, the question of which is the best way for treating incipient insanity under the present law—for example, by receiving houses, specially devised hospitals, attached to asylums or to the asylum service, etc.; secondly, the treatment under fresh legislation, which will permit us to dispense to a great extent with all official institutions, houses, etc. The latter is, I take it, that which chiefly relates to rational treatment.—I am, etc.,

Ticehurst, Feb. 7th.

H. H. NEWINGTON.

#### MEDICAL OFFICERS OF HEALTH AND THE BRITISH MEDICAL ASSOCIATION.

SIR,—It was with very great interest I read your note on page 267 of the BRITISH MEDICAL JOURNAL, January 31st, and also a letter on page 344, February 7th.

It seems to me that the dissatisfaction is not really with the British Medical Association but with the health service in general.

The dissatisfaction is perhaps most acute among men who are partly or entirely engaged in school medical inspection. The rate of pay in the health service is, with a few exceptions, very poor, and consequently it is rapidly being recognized as a "blind alley" occupation. Further, for those engaged partly or entirely in school work, there is the added disadvantage of a monotonous and often thankless task, which contains relatively very little of real medical interest.

The medical officers of health, being poorly paid, have in many towns been appointed as school medical officers simply to increase their salaries, and as a consequence the work has to be done by so-called assistant school medical officers whose salaries are even much worse, namely, £250 to £350 (with but two exceptions). The fact that larger incomes are now being made by the vast majority of practitioners has magnified the already long-felt grievance.

I suggest that a committee be at once formed to deal with the matter. Further, I would suggest that it consist of one-third medical officers of health, one-third assistant school medical officers, and the other third men not in the health services.—I am, etc.,

February 9th.

M.D., D.P.H.

\* \* \* The matter referred to in the above letter has already been the subject of consideration at a conference between the British Medical Association and the Society of Medical Officers of Health; among the representatives of the latter body were two representatives of the newly-formed school medical officers' group. Certain recommendations were made by that conference for improvement in the conditions of employment of school medical officers, which are to be considered at a joint meeting of the Public Health and Medico-Political Committees of the British Medical Association, to be held on February 20th, after which, no doubt, a report will be made through the Council to the Divisions.

#### THE TRUTH ABOUT THE INDIAN MEDICAL SERVICE.

SIR,—Nearly all the disadvantages of the Indian Medical Service enumerated by your correspondent "M.B., F.R.C.S.," have been in existence for some years. If, then, it be only recently that candidates have fallen off in number and quality, the main cause may be clearly indicated in the Secretary of State's circular to the Government of India inquiring whether the duties of civil surgeons could be performed by "qualified practitioners recruited in India." It is this suggestion which has caused general misgiving concerning the future of the service, and also, be it noted, apprehension among the European officials and residents who are entitled, or accustomed, to attendance by Indian Medical Service officers.—I am, etc.,

February 10th.

SERO IN INDIS.

#### OPERATIVE SURGERY.

THE reviewer of Mr. D. C. L. Fitzwilliams's book on *Operative Surgery*<sup>1</sup> has sent us the following note, which we publish, not to vindicate the competence of our contributor, but on account of the intrinsic importance of the subject. Any waste of energy in education, and especially in the crowded medical curriculum, is a proper subject for criticism in the interests of the profession.

2nd February, 1914.

In spite of Mr. D. C. L. Fitzwilliams's letter, I see no good reason to change the opinion I formed of his book. You have been good enough to reply already to the personal remarks and on the general question of the value of operative surgery as now taught. Some of the details in Mr. Fitzwilliams's letter merit further notice.

<sup>1</sup> BRITISH MEDICAL JOURNAL, January 17th, p. 149, and January 31st, p. 277.