

This is the scale :

Expert and Scientific Witnesses.

	If Costs Taxed on Column B. of Scale.	If on Column C. of Scale.
For qualifying to give evidence ...	£1 1s. to £3 3s.	£1 1s. to £5 5s.
Attending court on trial, per diem	£1 1s. to £2 2s.	£1 1s. to £3 3s.

It is perfectly plain, then, that the two classes of witnesses stand on a different footing, not only as regards their being involuntary when "ordinary" witnesses, and voluntary when "expert" witnesses, but also with respect to their allowances from the court, and the fees which the "expert" class can, in addition to their allowances, demand.

May I correct a slight error in the table I gave you for professional men, etc., when acting as "ordinary witnesses?" The allowance should be from 15s. to £1 1s., not to £1.—I am, etc.,

Esher, Aug. 3rd.

H. M. GREENHOW.

APPENDICITIS OR TYPHLITIS.

SIR,—In the BRITISH MEDICAL JOURNAL of August 9th a correspondent refers under the above heading to a statement of Dr. P. H. Pye-Smith to the effect that "the great majority of cases were recognized and cured without operation, etc."

Of course such a statement by such an authority naturally merits serious attention. I find on looking up my notes for the last six years that I have had seven cases of supposed appendicitis; and the results were two deaths and five recoveries. Of the two deaths, one died within twenty-four hours after coming under observation, without operation; the other died within two hours after an operation which resulted in the evacuation of about half a pint of pus. The remaining five recovered under medical treatment; but I fear my method of dealing with these cases was pretty much what Mr. Micawber would naturally have adopted if he had been their medical attendant. I think, however, we must agree that Mr. Micawber's attitude under the circumstances would have been scientific; and we should readily give him all the credit which a scientific attitude may reasonably lay claim to. Can medicine as opposed to surgery really lay claim to much more credit in this class of case than that to which Mr. Micawber would be justly entitled? From my very limited experience, I am impressed with the value of rest and an easily assimilated fluid diet—*et præterea nihil!*

I should, however, be extremely interested to know whether, in the opinion of competent authorities, I might legitimately claim to have "cured" these five cases. I must confess to a lurking suspicion that it would be more in the interest of scientific phraseology if I simply claimed that "they recovered under expectant treatment." With all due deference to those who apparently take a different view, I submit that a physician's chief function in these cases is to act as a sentinel who shall be able to appreciate at the earliest possible moment the necessity for surgical interference in order to save the life of his patient; if that be so, the more clearly he recognizes his own limitations, the more efficiently will he discharge his very important duty.—I am, etc.,

Manchester, Aug. 9th.

J. STAVELEY DICK, M.B. (R.U.I.).

JAVANESE ANAESTHESIA.

SIR,—Apropos of recent references in the BRITISH MEDICAL JOURNAL to the above subject, will you permit me to call attention to the following passage in the Institutes of Boerhaave? :

"Their name (carotids) is generally supposed to be derived from *καρπος* (*somnus*), because Galen deduces that denomination of them from the experiment of Erisistratus, namely, that upon placing a ligature on them the animal falls into a carus or drowsiness."

Whatever the exact explanation of the phenomena produced by pressure on the neck, in the manner described,

may be, it will perhaps be of interest to show that the observation of the effects of pressure on the carotids dates from such an early period as the days of Galen.—I am, etc.,
Hull, Aug. 11th. GEO. T. ELLIOTT, M.D.

THE MEDICAL DIRECTORY.

SIR,—With regard to "Multum in Parvo's" suggestion that less space be given to each practitioner in the *Medical Directory*, I think that one of its great advantages is that its aim and object is to show all appointments held, both past and present, by each person and on the best authority—that is his own. How, if it were otherwise, could one find out so rapidly and easily about one's fellow practitioners? and especially the younger members, for the leading men are sufficiently well-known, and it is the less prominent medicos who are most frequently looked up in the *Directory*. In this I agree that many details of the contributions could be dispensed with, but in numerous cases they show the special work to which a man devotes himself, and are thus useful. Certainly all appointments and memberships should be noted as at present, and the mentioning of prizes, etc., is rather pardonable pride rather than egotism.—I am, etc.,

August 10th.

EDINBURGHENSIS.

SIR,—I venture to think that "Multum in Parvo," in spite of his almost daily study of the *Medical Directory*, misses several important points in connexion with the entries whose length he complains of. The qualifications after the practitioner's name are some indication of the time and trouble the owner has taken in acquiring the knowledge of his profession, likewise the major and "minor appointment held in the past." "The prizes and scholarships taken in years gone by" show the value of his powers of competition with opponents. The fact that he belongs to this or that medical society indicates his desire for increasing his scientific and practical knowledge after qualification by associating himself with other medical men for that purpose. And last, but not least, his contributions denote his interest in scientific subjects and his keenness of observation in practical work, as well as his capacity for recording that observation; and the additions from year to year (to which "Multum in Parvo" objects) point to the maintenance of this spirit, often in the midst of increased work, thereby proving its sincerity.

I am well aware of the other side of this question—namely, the time spent in obtaining the higher qualifications and diplomas being proportionate to a student's pecuniary position, the time for writing papers being in inverse proportion to the amount of professional work, the multiplication of articles merely for advertisement, the indifferent contributions published by many periodicals, etc.; but, speaking generally, the thoughtful reader of the *Medical Directory* may secure, from some or all of these points, valuable information, not otherwise obtainable, which may guide him in forming a very safe estimate of the abilities of any given practitioner whose position is not so assured as in the case of "leading men." For fear of exhibiting the merest approach to self-advertisement or egotism I subscribe myself, yours, etc.,

August 9th.

A G.P.

SOCIETY FOR THE STUDY OF DISEASE IN CHILDREN.—The following have been elected office-bearers for the session 1902-3:—*Council*: Henry Ashby, M.D. (Manchester), Fletcher Beach, M.B., Herbert L. Carre-Smith, Edmund Cautley, M.D., Wayland C. Chaffey, M.D. (Brighton), Clinton T. Dent, M.C., Walter Edmunds, M.B., Leonard G. Guthrie, M.D., Robert Hutchison, M.D., Francis Jaffrey, T. Sinclair Kirk, B.Ch. (Belfast), David B. Lees, M.D., Charles J. Macalister, M.D. (Liverpool), Lewis Marshall, M.D. (Nottingham), Robert G. McKerron, M.D. (Aberdeen), Henry Beetham Robinson, M.S., A. Ernest Sansom, M.D., George E. Shuttleworth, M.D. (Richmond, Surrey), Harold J. Stiles, C.M. (Edinburgh), George A. Sutherland, M.D., James Taylor, M.D., Alfred H. Tubby, M.S., Richard H. A. Whitelocke, C.M. (Oxford), William A. Wills, M.D. *Honorary Treasurer*: R. Clement Lucas, B.S. *Honorary Secretaries*: Sydney Stephenson, C.M., George Carpenter, M.D., London; Theodore Fisher, M.D., Provincial.