

respiratory mucous membrane enumerated in his definition, how does he account for the extremely common cases of such catarrh which are familiar to every one, but which present none of the symptoms ordinarily connoted by the word "asthma?" Whatever asthma may be, it certainly is not "catarrh" or any other kind of inflammation; and no preliminary array of Greek roots or even Sanskrit roots will justify a definition that ends with the Greek word "catarrh." Such an attempt at "definition" is merely a misleading confusion of ideas.

However, the main point of "M.D.'s" letter is the attempt to justify his statement that the food we take is not the source of the energy of the body. It is here that his mind soars into those transcendental regions whither I follow him with diffidence. He asks us to believe that this energy, instead of being liberated by the chemical processes going on in the body, is somehow "received" during sleep, which "enables the body to receive an amount of vital energy from the limitless stores surrounding it." This is very pretty and very transcendental, but, as Bishop Butler said of the doctrine of Necessity, "Even if it be true, it is for us as though it were not true," and I fail to see that "M.D.'s" somewhat nebulous dissertation on the relation of matter to gravitation adds any plausibility to his contention. However, he says, after drawing various analogies, "I conceive, then, that vital energy bears to the body the same relation that electrical energy bears to the tram motor." Herein I agree with him entirely, but I must remind him that the current in the overhead wire does not get there mysteriously out of the "Ewigkeit," but is the direct outcome of the combustion of certain tons of coal at the nearest generating station! "M.D." admits that the combustion of food is the source of the heat of the body; he admits that it might be partially converted into energy, but refuses to admit that any of it is actually so converted. He prefers the hypothesis that mechanical energy drops down to us in some mystic fashion from interplanetary space. Now we know that the best modern steam engine, in developing the energy demanded of it, wastes from 80 to 90 per cent. in the development of heat. The proportion is probably similar in the case of the living body, but the superiority of the body as a machine lies in this, that both heat and energy are required and used.

When "M.D." comes down from this doubtful dealing in imperfect analogies to mere facts and figures he betrays the same habit of loose thinking. In basing certain conclusions on his observation of a single case, he is content to tell us that he "roughly calculated that it requires the expenditure of 750 foot-pounds of heat energy to raise 1-lb. weight of the human body 1° F. in temperature." After this we are not impressed by his dictum that "on anything like this basis it is impossible to account for my patient's work out of her food." Quite so. "Rough calculations" are no use in physiology, and I recommend to "M.D." a reperusal of Sir Michael Foster's textbook.

The fact is, Sir, that the processes which lead to the production of energy in the mammalian body are so well ascertained, and so perfectly analogous to the processes of other forms of the conversion of energy, that it would only be waste of your valuable space to write any more in demolishing the fanciful and ill-considered theories of "M.D."—I am, etc..

Leigh, Lancashire, Sept. 16th.

FRED. E. WYNNE, M.B.

THE IMPORTANCE OF VAGINAL EXAMINATION EARLY IN PREGNANCY.

SIR,—Under the above heading an anonymous country doctor in the BRITISH MEDICAL JOURNAL of September 16th gave short notes of two recent cases where, for want of it, Caesarean section had to be resorted to on account of tumour obstruction. Now I have no doubt that most medical men could cite similar cases, and others where the routine practice of early vaginal and, I would add, abdominal examination would have prevented many of the accidents of pregnancy. Some of the most painful cases I have seen in this connexion have been those of false pregnancy, where patients, after engaging doctor and nurse, and made the other needful preparations, are, after months of joyful expectation, confronted by the ghastly fact that they are not pregnant at all.

Many years ago I remember being called in to assist in a supposed difficult labour, where I found the patient in bed tugging at a roller towel and being assisted in her efforts by sympathetic neighbours, and it certainly was not likely to increase her respect for the profession to be told that her baby clothes would not be required.

It seems to me remarkable that our schools of medicine should allow men to enter upon practice so careless of the grave responsibility which a midwifery engagement involves; that in very few cases do they do more than enter the name and address amongst their engagements, with frequent results such as in your correspondent's practice and others with a less happy ending. Every medical man should adopt the custom of satisfying himself by a full examination as to the local and general condition of the patient, and decline to attend any one who refuses this necessary measure. Moreover, he should make it a point to keep the selection of the nurse in his own hands. Many painful recollections of lives sacrificed through ignorance and carelessness, when the usual method of leaving it to the patient or her friends makes me emphasize this precaution.—I am, etc.,

Nottingham, Sept. 19th.

GEORGE ELDER, M.D.

SIR,—In reply to "A Country Practitioner of Twenty-five Years' Standing" on the importance of vaginal examination early in pregnancy, I should like to say that when I learnt my midwifery at the Victoria University and St. Mary's Hospital for Women, Manchester, the importance of this early examination was always insisted upon by Sir William Sinclair and Dr. Donald, my teachers, and that I have found it recognized and practised by all men who conduct their cases in scientific method.

I need hardly say it is my own practice; and in the case of so-called "good-class" practice, as my midwifery practice is, a simple statement of its importance quite reconciles the patient to the procedure in the large majority of cases. In the one or two instances where there has been any demur and the necessity questioned, I have adopted the plan of saying that *not* to examine as I propose incurred a certain amount of risk to the patient of later complications, but that if she chose to run them I had done my duty in warning her and suggesting the precautionary treatment.—I am, etc.,

A TOWN PRACTITIONER OF SIX YEARS' STANDING.

September 16th.

TEETHING AND CORNEAL ULCERS.

SIR,—Dr. A. G. Fraser draws attention in the BRITISH MEDICAL JOURNAL of September 16th to the fact that at this year's meeting of the Section of Dental Surgery no mention was made of the relation between "dentition and corneal ulcers." I presume as an example of reflex irritation. Is it not time this respectable but antiquated bogey were buried? I feel so confident that the perpetuation by the profession of the fallacy that teething is the cause of so many ailments is accountable for many deaths, because, instead of going deeper for the cause of an illness, so many rely on the diagnosis of teething, and it may be as a cloak also for ignorance. If this purely physiological process—namely, the normal growth of the teeth causing absorption of the gum, does lead to such pathological conditions as corneal ulcer, convulsions, eczema, bronchitis, etc., then why not account for "growing pains" in the same way? We hear a great deal of the diseases of dentition, but never as the result of carious teeth, which most adults know from experience can be painful enough, nor yet of any disturbance from an impacted wisdom tooth. Strange that so much reflex mischief should follow one particular physiological process. A whole mass of semi-digested, fermenting, and decomposing food may pass down a long length of highly sensitive intestine, inflating the same with the products of decomposition, pressing upon plexuses of nerves, setting up a poisoned state of blood, yet nothing is heard of it; but a harmless and necessary tooth is no sooner found exposed than all the previous ailments are at once put down to its charge.—I am, etc.,

Darwen, Sept. 18th.

F. G. HAWORTH, M.B., C.M., D.P.H.

TREATMENT OF RINGWORM OF THE SCALP BY THE X RAYS.

SIR,—I must congratulate Dr. Macleod upon the very ingenious apparatus which is figured in the BRITISH MEDICAL JOURNAL of September 16th for the treatment of ringworm of the scalp by the x rays.

Considering that we have at present no really reliable radiometer to measure the rays directly, and that when various tubes are used under apparently similar conditions, the readings of the radiometers are not comparable as regards therapeutic effect. The idea of regulating the exposure by the number of interruptions in the primary circuit is certainly an improvement on present methods, though it may seem like a

step in the wrong direction to depend upon the measurement of the ingoing current, when the output of rays which it will develop may be modified by so many conditions both in the coil and tube.

The adoption of this method renders it necessary for each worker to determine experimentally for each apparatus which he has in his charge the number of interruptions necessary to produce a defluviolum; but once this has been done it would seem that the method is capable of being rendered almost automatic provided that all the other conditions can be kept constant—namely, voltage in primary, dip of contact breaker, current in secondary, vacuum of tube, and distance of the patient from the anticathode.

Being impressed by the rather unsatisfactory state in which x-ray dosage at present is, I have preferred, in treating ring-worm, to give frequently-repeated exposures, and watch the reaction as it develops, rather than give a large dose at a single sitting. I consider it to be as good a method as can at present be employed, depending as it does for its safety and efficacy merely upon the operator's accuracy of observation, backed by experience.

Where the disease is at all extensive I have found it essential to remove all the hair from the head, and not only from the affected areas, as when any hair is left recurrences are very liable to occur when the diseased hair begins to fall.

Where an extensive epilation is desired the treatment by a single sitting is not readily applicable, for the circular areas which are treated leave untreated patches in the angles between them, which it is very difficult to deal with.

With the method of repeated exposures a much larger area can be exposed at one time, for the tube may be placed at a greater distance; in fact, I find it possible to treat the whole hairy scalp in four exposures.

I have two masks made which fit over the children's heads, one having a strip of lead foil 3 in. broad running from back to front, thus protecting the portion of the scalp underneath it from the action of the rays, and leaving the sides open, the other having the sides covered with lead foil, but the back and front unprotected. Four scalp areas are thus marked out—back and front, right and left sides—and the masks protect the parts not under treatment. An exposure of ten minutes' duration is given on each of these areas twice a week at a distance of 8 in. from the anticathode, and at the end of a month the hair begins to get loose, and the scalp shows signs of erythema. The rays are then stopped, and in a week or ten days the scalp is bald, and the child can be pronounced free from infection.

I have treated over 50 cases by this method, both at the Liverpool Skin Hospital and also in private for Dr. Stopford Taylor, and have never seen a permanent alopecia produced.

As the method is very simple in its application, and requires no apparatus beyond the lead masks, I have thought that some of your readers who possess coils might care to give it a trial—I am, etc.,

Liverpool, Sept. 19th.

WALTER C. ORAM.

PUBLIC VACCINATORS AND GENERAL PRACTITIONERS.

In the editorial note appended to the letter of "C. R. J.," published last week, p. 681, there was a printer's error which unfortunately escaped correction in proof. The first sentence should have read: "It is not legal for a vaccination officer or a public vaccinator to approach parents and offer to vaccinate until the child has reached the age of 4 months, unless the parents make a spontaneous request for the services of the public vaccinator."

ROYAL NAVY AND ARMY MEDICAL SERVICES.

EFFICIENCY OF THE ARMY MEDICAL SERVICE.
MISS F. LANKESTER, Secretary of the National Health Society (53, Berners Street, Oxford Street, London, W.), writes: In your "Notes of the Royal Navy and Army Medical Service," in the BRITISH MEDICAL JOURNAL of September 9th (p. 610), reference is made to the training in hygiene and sanitation given to quartermasters at Aldershot just before the South African war.

Your correspondent there states that these officers were examined by the Royal Sanitary Institute, which may be correct, but certainly many of them were examined by the National Health Society, and received certificates from this Society.

The excellence of the papers sent in by many of the quartermasters at these examinations showed the interest taken by them in the subject, and bearing in mind the duties of the regimental quartermaster, there can be no question as to the value and importance of such training to these officers and to the troops, whose health depends so much on the cleanliness and sanitation of their quarters.

It is much to be desired that the training of quartermasters of the army in hygiene and sanitation, which was probably interrupted by the war, may not only be continued but extended.

MEDICO-LEGAL AND MEDICO-ETHICAL.

THE CORONER FOR SOUTH-WEST LONDON.

AN inquest was held at Battersea on Wednesday, August 30th, by Dr. Henslowe Wellington, acting as deputy for Mr. Troutbeck, the coroner for South-West London, on the body of Francis Percival Phillips, a tobacconist, aged 48.

The evidence showed that on Saturday, August 26th, the deceased left his house apparently in good health and cheerful spirits. Two hours later he was found dead among the bushes on Wandsworth Common by a keeper. His throat had been cut; a blood-stained razor was found close to his right hand; under his body was a phial cork, and on search being made a bottle which had contained oxalic acid was found. Medical evidence as to the cause of death was given by Dr. Freyberger. Having examined the body, he was of opinion that the deceased had drunk oxalic acid, and then cut his own throat; death was due to loss of blood and suffocation consequent on the wound in the throat.

This evidence having been given, the Deputy Coroner commenced to sum up the case, when Dr. H. B. Greene asked whether all the witnesses had been called. Having been informed that this was the case, so far as the Deputy Coroner was aware, Dr. Greene said that he had been called by the police. The Deputy Coroner then asked the jury if they were satisfied with the evidence, and an affirmative reply was given. The following remarks were then exchanged:

Dr. Green: Then I want to make a statement. Is it usual for the medical man who attends in such a case, which might very well be taken for one of murder, to be ignored at the inquest?

The Deputy Coroner: The jury have said they are satisfied with the evidence they have heard. I can hear no statement from you in open court. If you wish to raise any question of principle I can hear you afterwards in my private room.

Dr. Green: It is to my mind a scandal that the case should not be investigated properly. I wrote to you and I wrote to the coroner about it, but I had not even the courtesy of a reply. The bottle was not found until I suggested it.

The Deputy Coroner: I do not know about your letter just now—that is not the point. The foreman has already said the jury are satisfied with the evidence.

Finally the jury returned a verdict of "Suicide."

THE ETHICAL POSITION OF A MEDICAL OFFICER TO A SANATORIUM OWNED BY LAYMEN.

O. A. S. writes: In what way does the General Medical Council view the position of a qualified and registered man who acts as medical officer to a sanatorium for phthisis, the proprietorship of which is in lay hands? Is there any objection, ethical or otherwise, to a man accepting such a position?

. The only pronouncement made by the General Medical Council which has any reference to the association of medical practitioners with lay bodies is that of June 6th, 1890, which expresses disapproval of medical practitioners associating themselves with medical aid societies which systematically practise canvassing and advertising for the purpose of procuring patients. There is no reason to believe that the Council would extend this disapproval to a sanatorium for phthisis any more than it has done to hydropathic establishments and lunatic asylums; and in principle there is no objection, ethical or other, to the acceptance of the medical officership to a sanatorium owned by laymen.

THE USE OF MEDICAL NAMES IN TRADE ADVERTISEMENTS.

DR. A. G. BATEMAN (General Secretary, Medical Defence Union) writes: In reference to the letter in the BRITISH MEDICAL JOURNAL of September 16th, headed The Use of Medical Names in Trade Advertisements, I am directed to state that Mr. McAdam Eccles, F.R.C.S., placed the matter of the unwarrantable use of his name in the advertisement referred to in our hands, and we at once wrote to the advertising firm calling for its withdrawal. The firm in question immediately apologized for the said use, and stated that they had instructed their agents to withdraw the name of Mr. Eccles from all advertisements in future. This result was most satisfactory, and it would be advisable if other medical men whose names are used in a similar manner were to take the same course adopted by Mr. Eccles.

PAYMENT OF LOCUM TENENS.

"BEACON" writes that he engaged a locum tenens to act for him from Monday evening, August 28th, for two weeks, but asked him to come at 3 p.m. on the Monday to be introduced to some of his patients. He returned from his holiday on Monday, September 11th, and relieved the locum on Tuesday morning at 9 a.m. On proceeding to settle, he was surprised by a demand for an extra day's payment. He wishes to know whether this demand was legal, equitable, or according to the recognized usage of the profession.

. It would appear that the engagement of the locum tenens properly terminated at 3 p.m. on Monday, September 11th. As he acted for our correspondent till Tuesday morning, he was clearly entitled to an extra day's payment.