

it is the mind of medical men who are insensible to danger in contact not merely with tuberculosis but with plague, cholera, typhus. Parents, children, brothers, and sisters act exactly, in general, as medical men do; they never think of the risks they run, or if they do, fortify themselves, as I know from experience, in the spirit of fatalism. It is a frame of mind we should respect, should avoid weakening, but at the same time take pains to understand from many points of view. It no doubt stands in the way of rational prevision against risks, but it is exactly those who act under the influence of fear and selfishness who discredit such prevision by precautions which expose them to contempt. The code of conduct which in general governs private life, even among the poor, attaches merit to self-exposure to risk in care of kindred—that is when the risk is thought of at all. When a man sends a sick child to hospital he must have a good excuse for doing so to escape his neighbours' censure. He may err in not sending the child, but blame in such case is qualified by appreciation of affection and self-devotion. I do not see the least enthusiasm among our people for proposals in the direction of relieving private life of its natural burdens and duties, and in the case of tuberculosis even a partial transfer of the diseased from private to public charge would have demoralizing effects on the public mind, the change touching a number far greater than those now affected by all other infectious diseases put together.

So little has the antituberculosis movement produced either enthusiasm or a scare in the mass of the people that the old belief in the non-infectious nature of the disease remains virtually unshaken. Smith, Jones, and Robinson, with a sceptical expression, go on quoting their own experience of the disease on their return from the antituberculosis lecture. In common with many other medical men, I agree with them so far as to say with Professor Karl Pearson that a theory of infection does not account for the facts. The facts show that the bacteriological evidence of infection, as commonly read, does not explain the experience of non-infection on which the people rest their own theory. That there is no enthusiasm for it on the part of the Irish medical officers is evidenced by the amount of contradictory criticism which they have bestowed on the Tuberculosis Bill. They do not like to oppose themselves directly to a movement they approve as far as its general object is concerned, but their intimate knowledge of the bodies to whose mercies the object would be left justifies the Laodicean attitude in them.—I am, etc.,

Newry, August 15th.

W. R. MACDERMOTT.

OVERLYING OR BRONCHITIS?

SIR,—On Thursday, July 30th, at 6.40 a.m., I was called to a house in the neighbourhood, and, on arrival, found an infant dead in its mother's arms. The body was cold, rigor mortis was present, there was some dirty-looking frothy fluid exuding from the nose and mouth, the conjunctivæ were congested, and a certain degree of lividity of the left side of the head, neck, and shoulders was present. Apart from these signs, I could not detect any marks of violence or pressure. The bedclothes were stained by fluid, similar in appearance to the fluid exuding from the mouth. The father, who was a rag-picker by trade, stated that he went to bed at 12.45 a.m., and awoke at about 6.30, when he found the infant (a girl) of ten weeks lying on its left side, towards its mother, "looking funny." He picked the infant up, and found that it was dead. The mother stated that she had fed the baby before going to sleep at 12.45. The infant was said to have been quite strong and healthy, and its appearance was that of a well-nourished, healthy infant.

I came to the conclusion, from the facts recited above, that the child had been accidentally suffocated in bed, and gave a certificate to that effect.

The coroner was informed of the death, and determined to hold an inquest. I at once made a formal demand to be present at the *post-mortem* examination and on the subpoena, which I received, were written the words:

"Dr. Freyberger will give you notice of the time of the *post-mortem*." On Saturday morning, at 8.25, the postman delivered a postcard at my house from Dr. Freyberger, informing me that the *post-mortem* examination would be

made at 8.30 that morning. Although I hurried as much as possible, it was already 9.10 when I arrived, and was told that it was all over. Dr. Freyberger had waited for fifteen minutes and had then proceeded, so that within twenty-five minutes the examination and the sewing-up of the body had been completed. However, the body was reopened at my request. Dr. Freyberger stated that on opening the abdomen he had found the stomach had burst and the contents (curdled milk) had escaped into the peritoneal cavity. He told me that, in his opinion, this was due to lactic fermentation, resulting from over-suckling. He next drew my attention to what he termed "a follicular catarrh of the small intestine," but I failed to detect any trace of a pathological change in the mucous membrane. With regard to the lungs, on the strength of a minute quantity of mucus lying on the table, he considered that there was some catarrh of the bronchi. I told him that the macroscopical appearances of the lungs were to my eyes normal, and that there was no trace of either bronchitis or pneumonia. I directed his attention to some slight ecchymotic patches on the surface of the lungs.

At the inquest the fact was elicited that the parents were out with their baby as late as 12.30, and that they had had three drinks apiece. The coroner summed up against me with much animus.

These remarks, placed alongside with the account of the inquest, will suffice to show up the matter in a totally different light to that in which it appeared in the daily press.—I am, etc.,

London, S.W., Aug. 17th.

W. PIERCY FOX.

THE UNIVERSITY AND THE COLLEGES IN LONDON.

SIR,—The reform of joining the Royal Medical Colleges with the University of London will be greatly helped by the resolution of the Comitia of the Royal College of Physicians to "establish a system of conjoint examinations" with the University of London. The 1889 Royal Commission's and previous and those trivial subsequent suggestions have all rightly been discarded. But it would be very culpable to miss the opportunity, and certainly disadvantageous to everybody and the whole of London, if the purport of my resolutions sent for the annual meetings of the Royal College of Surgeons in 1906 and 1907, and advocated since 1893-6 in the medical press, were not eventually more seriously included, considering the very small extension required to realize the fullness of their undertaking.

The two chief bases of my contentions have always been, the re-establishment of the old and vanished position of the Members, and the necessity of dealing comprehensively with educational improvements. Of course, in this latter respect, I regard it as almost ruination to the due prospects of the university to have wantonly thrown away public support and abandoned the central science school. It is doubtful if our generation will recover the lost ground, unless it be allowed to proceed soon again to fruition. Whilst they might allow the President of the Royal College of Surgeons' care for the boys' schools and certain hospital teachers' non-co-operation to continue and determine the value of their competition.

The following condensed table will show, however, how necessary the full reform is:

No. 3 of Three Tables showing the Decrease of London as a Medical Training Centre, a Table giving the Yearly Medical Qualifications taken in London and the Provincial Centres, and the Average Increase or Decrease over Quinquennial and Sexennial Periods.

Qualifying Bodies.	1876-80.	1902-7.	Loss or Gain, per Cent.
Royal Colleges of Surgeons and Physicians and the Society of Apothecaries	598	255	-57.3
University of London...	28	120	+328.6
Provincial Universities	136	392	+188.2

50 per cent. has been eliminated in the case of the Apothecaries for students belonging to other bodies.

It is pleasant to think the Royal College of Physicians have discovered amongst their leaders able sponsors of this great reform—at any rate where the University Act, 1898, partially, and so far, appeals to them; and also, sir, to your clear and penetrating leader with your acquiescence in their decided advance.

The old proposal of only obtaining college and not university degrees by the Colleges was not recommendable. But it was hinted of that, and it may be well assured of this reform, of the inclusion of the Colleges in the university, that “where there is a will there will be found to be a perfectly clear way.”—I am, etc.,

Bognor, Aug. 15th.

H. ELLIOT-BLAKE.

OPERATIONS AT ST. THOMAS'S HOME.

SIR,—In the letter with the above heading which appeared in the JOURNAL of August 15th by “A late Member of the Home Committee” occurs the following words: “There is no restriction as to the operator *except that he must be attached to a recognized hospital.*”

I would ask the writer whether I am to understand from this that a Fellow of one of the Royal Colleges of Surgeons would be debarred from operating upon a patient whom he might send into the home or who might enter it of his own accord?

If such is the case, in my opinion it is a matter which should receive immediate attention from the not inconsiderable number of operating surgeons in London who, either from choice or misfortune, are without a hospital appointment. A rule of this kind, if allowed to pass without comment, may easily become a dangerous precedent, assuming as it does that no surgeon, however highly qualified he may be, can be competent to operate unless he is attached to a recognized hospital, and tending to foster that idea in the minds of the public.

I may add that my interest in the matter is an entirely impersonal one, as I am not and never have been an operator.—I am, etc.,

London, W., Aug. 17th.

GEORGE HERSCHELL, M.D.Lond.

THE MAN ON THE FOOTPLATE.

SIR,—Dr. H. C. Patrick, writing about sleep during active occupation, and giving a remarkable instance in the JOURNAL of August 15th, inquires, “What other such incident can be found in the records of war?” I can quote one. In the first American war, a pilot, in guiding a frigate up Hudson river, had been for two or three days and nights at the helm. The vessel arrived at a fort mounting fourteen guns, which it was necessary to silence. The pilot, no longer wanted, sank on the deck, and slept during the whole cannonade with the most perfect tranquillity (See Bartholomew Parr's *Medical Dictionary*, article, Copos: fatigue).

What an anonymous poet has written is true:

'Tis said that sleep is awful—it is so!
It comes upon us like the shade of Death,
Darkly and silently: and for a season
It holds the power which Death will hold for ever.
Sleep's quiet commands come forth without a voice,
But all things bow to their omnipotence
And sink into the silence which it loves.

—I am, etc.,

WILLIAM WHITELAW, M.D., D.P.H.

Kirkintilloch, Aug. 15th.

TREATMENT OF PYORRHOEA ALVEOLARIS.

SIR,—In the BRITISH MEDICAL JOURNAL of July 18th you published a short note by Mr. Dencer Whittles of an apparently specific cure for pyorrhoea alveolaris.

Mr. Whittles omits to state which particular variety of alveolar pyorrhoea reacts so wonderfully to this method of treatment, one, by the way, which has already received a considerable amount of attention both in this country and in America, and is well known to dental surgeons, the continuous not the interrupted current being used.

Perhaps Mr. Whittles only recognizes one variety of pyorrhoea alveolaris, doubtless caused by the organism which he assured the Odontological Society on April 28th, 1902, would grow in a 20 per cent. solution of formaldehyde.—I am, etc.,

London, W., July 26th.

KENNETH W. GOADBY.

THE DENTAL NEEDS OF THE POOR OF LONDON.

SIR,—Will you allow me to endorse what Mr. Turner says as to the advisability of the student being taught to recognize conditions making for oral sepsis when he sees them?

If I had been through a practical course in dentistry I should have detected earlier a condition of my own teeth which is giving me at present a lot of trouble, and which could probably have been cured at an earlier stage.

I am now learning my dentistry, as a patient, at the hands of a dental surgeon.—I am, etc.,

August 13th.

ASEPSIS.

Medico-Legal.

A HERBALIST AND A DEAD BABY.

GEORGE BIRKS, formerly, according to his own account, a window-cleaner at Waterloo, but for five years resident in Bootle, who claimed on the strength of a diploma granted him by the Medical Herbalists' Association to treat any person in his shop “for any complaint or disease,” was witness at an inquest held recently by Mr. S. Brighthouse with regard to the death of a male child on July 10th.

The mother, an unmarried woman, had called upon Birks in January last, when he made an examination, and informed her that she was pregnant. He stated in evidence that, in response to an inquiry by her as to a place to go to for her confinement, he said: “If you will look me up or see me before it comes off, there are plenty of widows who would be glad to take you in, and I will see one and see what I can do for you.” In reply to the coroner, he said that if women went to him he examined them. The woman went to his house on July 9th, and was taken in; she was confined that night, and Birks attended to her. He subsequently induced an undertaker to remove the body of a dead child in a soap-box. The undertaker asked for a certificate, and a paper was eventually handed to him by Birks, in the following terms: “Sir, this is to certify that Mrs. Simpson gave birth to a stillborn child on July 11th, 1908, at 28, Marsh Lane.—Nurse Rice, Stanley Road, Bootle.” The child was not born at the address given, there did not seem to be any Nurse Rice, and the certificate Birks admitted was false. He said first that it was written for him by a young woman, but subsequently that it was written by his wife, adding, in reply to a further question, that he was not married to the person who lived with him as his wife.

The undertaker, on further consideration, thinking the facts suspicious, informed the police. This witness stated that during the three years he had been with his present employers about half-a-dozen newly-born children had been placed in his hands for burial on the recommendation of Birks.

Dr. Stitt, police-surgeon to the borough of Bootle, who had made a *post-mortem* examination, said that the child was well and fully developed, weighing 7 lb. 6 oz. and measuring 20 in. The cord was cut flush with the body, and, in his opinion, the child had been suffocated either immediately after birth or just before entire delivery. It was undoubtedly alive during the process of birth, but he was not able to say definitely that the child had a separate existence.

The Coroner, in summing up, pointed out to the jury that the law said that they had to assume that every child was born dead until the contrary was proved. The law made them make that assumption, and it must be proved to their satisfaction that the child had lived, otherwise there was no legal death. In order that a child must have a legal death, it must, when entirely away from the mother, be alive. That was what was meant by having a separate existence. It was not sufficient during process of birth that the child should breathe and cry, but it must be proved to their satisfaction, eliminating all doubt, that it was apart from the mother, otherwise there was no legal life. He quite appreciated the difficulty Dr. Stitt was in. The jury would have first to satisfy themselves whether the child was born alive. Dr. Stitt said that it might have been and it might not. He told them in his report of the examination that both lungs were inflated, but the weak point was, the doctor could not say whether when the child was apart from the mother it was then alive. Whether the child had a separate existence or not was not conclusively proved. He trusted that sooner or later the Legislature in its wisdom would pass an Act that would protect child life in the future as it had not been protected in the past, because he was absolutely appalled when he thought how easy it was for persons with criminal intent to do away with a child without bringing himself or herself within the meshes of the law.

The jury, after a short consultation, returned a verdict imputing criminal responsibility to Birks, and in reply to the Coroner said that they intended that Birks should be sent to trial. The Coroner, however, said that there was no evidence to support that finding, and the jury, after considering the matter again, returned the following verdict and rider: We find that the child had a separate existence, and that death was brought about by suffocation, but whether by the criminal act of George Birks is not conclusively proved. The jury, however, are unanimously and strongly of the opinion that the whole conduct of George Birks is deserving of severe censure, and