

stage is one still open to discussion and by no means as yet settled against its use, it should never be withdrawn from incipient cases, as such withdrawal greatly increases the chances of an incipient case becoming delirious.

Holding very strongly that the first principle of treatment is the elimination of the poison, I am opposed to its use in any stage of the affection; and as all hypnotics tend to check that process, I think the less any of them are used the better for the sufferer.—I am, etc.,

Chandlersford, Oct. 11th. ARTHUR E. T. LONGHURST, M.D.

SWEETS IN CHILDHOOD.

SIR,—There are a few points in Mr. F. C. Haworth's letter on "Sweets in Childhood" which seem to call for some comment. That the eating of sweets generally leads to dental caries is not merely a suggestion of "some ignorant person"—it is the studied opinion of some of the most distinguished members of the dental profession. The late Dr. W. D. Miller, who was probably one of the most illustrious and reliable investigators in this field of dentistry, says: "Most authors give sugar the chief place among those foods which exert an injurious action," and although he himself rather attributes the chief rôle to starchy foods, he says:

Naturally, we cannot think of making the attempt to banish the carbohydrates from the list of foods and luxuries of civilized races, but we may accomplish a great deal for the teeth if we prevent the constant and unnecessary consumption of sweets, etc., indulged in by many young and not a few adult persons.

Since this was written the tendency has been to attribute the chief part to sugar. Thus, Mr. J. F. Colyer, in the last edition of his textbook on *Dental Surgery and Pathology*, says: "There is little doubt that of the carbohydrate foods the sugars are the most harmful, especially when taken between meals," and following this, in bold type, he says: "*Sweets, as popularly understood, should be forbidden.*"

The next point to which I would refer, is the fact that although sugar in moderation is a desirable article of diet when taken as part of a meal and followed by food of a detergent nature, yet, eaten as it usually is, at the end of or between meals, it may be most unhygienic and objectionable.

The principle that the food should be of such a nature that the mouth is left in a hygienic state at the end of a meal was no doubt overlooked in the past, but considering the state of the teeth at the present day it is high time that this principle became generally recognized by the medical, as it now is by the dental, profession. It is hardly necessary now to say that if the mouth is constantly left in an unhygienic state at the end of a meal, the stomach, alimentary canal, and system generally are liable to be seriously injured.

The last point to which I would refer is that the dissemination of the knowledge of how to prevent disease is well within the province of a medical officer of health, and in this generalization the pathology, the etiology, and the prevention of dental caries must be included. It is the most common disease with which we have to deal, and in its ultimate consequences possibly the most serious. It seems particularly important that all medical men, and medical officers of health more especially, should become acquainted with the means which have already proved so successful in preventing this disease. They are simple, efficacious, and concomitantly important in the prevention of several other diseases. Indeed, as has already been observed, the application of the principles which we have advocated for prevention of dental caries will yet be found to give rise to a greater triumph over disease than has been recorded in the annals of medicine.—I am, etc.,

London, W., Oct. 21st. J. SIM WALLACE.

TEN YEARS AFTER SANATORIUM TREATMENT.

SIR,—I asked for proof of a case of tuberculosis alive and well ten years after sanatorium treatment.

Dr. Stanley Steavenson has come forward with it. He tells us that for three months he had a temperature of from 102° to 103°, and for another six weeks from 100° to 102°; that various experts declared his sputum very purulent and teeming with tubercle bacilli; that his pulse was uncountable, his right side immobile, his lung

consolidated from the root, with extensive cavities, breaking down, and hæmorrhages, to say nothing of frequent and persistent attacks of pleurisy at both apices; and that now he is not only absolutely sound after ten years, but he is willing to undergo a week's manual labour test with any man.

I thank him for his courtesy and for the record of a case which must give hope to every sufferer, but he reminds me of the Irish soldier who played spoils-five with the prophet Mahomet. Mulvaney, the soldier in question, and Mahomet sat down for a game of cards. Mahomet produced the ace, knave, and five—and scooped in the stakes. The cards were shuffled, but the Prophet had the trumps, and again he won. The third time, when Mahomet laid down his five, ace, and Jack, Mulvaney looked at him. "None of your miracles, Mahomet," said he, "or I will play no more."

I want to hear about common ordinary cases of tuberculosis—such as one sees every day being cured—but "none of your miracles."

Dr. Isabella Mears does furnish such cases in your issue of October 28th. She shows that 31 cases are now alive out of 113 admitted from 1899. She says nothing about bacteriological examination. Now, I think we are all agreed that, with the sanatoriums always calling out for cases in the pretuberculous stage, at least a quarter of the cases which were sent in were not bacteriologically tuberculous. We also know that the test for the bacillus is merely one for an acid-fast bacillus, and that not only the bacilli of leprosy, but those of smegma, of timothy grass, of cow dung, of butter, as well as some streptotrichæ give the acid-fast reaction. In fact Monro states (p. 99) that if the bacillus does not come from the interior of the body the test is inconclusive, and that if it does come from the interior it is not absolutely reliable.

I still suggest that practically all the cases of ten years' standing are ones in which the diagnosis was not proved.—I am, etc.,

Dublin, Oct. 16th.

J. C. McWALTER.

ADMINISTRATION OF SERUM BY THE MOUTH.

SIR,—Having had extensive experience in the matter of administration of antidiphtheritic serum, I should like to set forth some results of my treatment since they have been somewhat different from those obtained by Dr. G. I. Cumberlege and published in the *BRITISH MEDICAL JOURNAL* of July 15th, 1911.

For eight years I had given antitoxin both by the mouth and hypodermically, and in my opinion surer results are obtained when the latter method is used. Several cases in which I gave antidiphtheritic serum by the mouth showed no improvement whatever; in fact they became rapidly worse. I injected the serum, with the result that the symptoms disappeared rapidly. One case I have treated within the last month illustrates, to my mind, the comparison of treatment.

A boy, aged 7, ill four days before I was called in. On examination, his throat proved to contain small patches of membrane, the nose and larynx being clear, the pulse normal and no toxæmic symptoms whatever. He received 4,000 units of antidiphtheritic serum by the mouth in divided doses. Next day the patches of membrane had spread and the larynx showed signs of becoming infected. Within a few hours breathing became very difficult, the face blue, and I expected to have to perform tracheotomy. I injected 4,000 units, ordered hot fomentations and constant steam inhalations. In about two hours' time breathing became much easier and the patient improved steadily. Next morning, except for a hoarse cough, he seemed almost well and made an excellent recovery.

As regards complications, I have seen very troublesome urticaria following a treatment of serum given by the mouth as well as severe gastro-enteric symptoms with fever when the dose was given as a preventive.—I am, etc.,

Sydney, N.S.W.

J. M. STERLING LEVIS, F.R.C.S.I.

THE SUPPRESSION OF QUACKERY.

SIR,—In view of the interest now being taken in the suppression of quackery, would it not be well if the Association were to advertise in the lay press notices similar to those of the stock exchanges, to the effect that

genuine medical practitioners are not allowed to advertise, and that those who do advertise are not on the *Register*, nor doctors in the eyes of the law; also that no remedy or curative system publicly flaunted as a cure-all can possibly have anything to do with legitimate medicine? Presumably the stock exchanges do not incur any legal liability for so advertising, so that I do not see any reason why the British Medical Association should not do the same, particularly as it has now undertaken to warn men against "sweated" appointments. An advertisement of the book *Secret Remedies* might appropriately accompany the notices.—I am, etc.,

"G. P."

Obituary.

ALFRED PETER HILLIER, B.A. CAPE UNIV., M.D. ED.,
M.P. FOR THE HITCHIN DIVISION OF HERTS.

By the death of Dr. Hillier the medical profession has lost a member who had played a considerable part in public life. He was a man of large knowledge in various fields and of wide experience not only in his profession but in general affairs; this gave him a position in Parliament which it will not be easy to fill.

Alfred Peter Hillier was the son of Mr. P. Playne Hillier, of Shortwood, Gloucestershire, and was born in 1858. He was educated at King William's College, and went out to South Africa at an early age to learn ostrich farming. Studious and ambitious, he graduated B.A. at the Cape University in 1877. In 1878 and 1879 he served as a trooper with the Colonial forces during the Gaike-Galeka war and obtained the medal and clasp. He then studied medicine in the University of Edinburgh, where he graduated as M.B., C.M. in 1882, becoming M.D. in 1884. After holding the posts of House-Surgeon to the Royal Maternity Hospital, Edinburgh, and the Weston-super-Mare Hospital, he returned to South Africa, and became Resident Surgeon at East London, and afterwards Resident Surgeon and Honorary Visiting Surgeon to the Kimberley Hospital, and was associated in practice with Dr. (now Sir Leander Starr) Jameson. In 1893 he was President of the South African Medical Congress, and in the same year settled in Johannesburg, and turned his attention to Transvaal politics. He was a prominent member of the Reform Committee, and was among those politicians who were committed by President Kruger to Pretoria Gaol, from which he was released in 1896 on payment of a fine of £2,000. In the previous year he had been Vice-President of the Transvaal Medical Society, and among other appointments he held in South Africa was Surgeon to the Frere and Kaffrarian Rifles. His experiences in South Africa were set out in several works, including *The Antiquity of Man in South Africa and Evolution, Raid and Reform* (1897), and *South African Studies* (1900). He also before returning to England published a volume of short stories entitled, *In the Veldt*. In 1897 he settled in London, and while retaining his interest in South African affairs, as is evidenced by the fact that he contributed a number of articles on the subject to the *Encyclopaedia Britannica*, he gave particular attention to the study of tuberculosis. He was for some time Secretary of the National Association for the Prevention of Consumption, and was one of the delegates appointed by the then Prince of Wales to the Berlin Tuberculosis Congress of 1899, and was afterwards Consulting Physician to the London Open-air Sanatorium. He was Honorary Secretary of the Reception Committee of the British Congress on Tuberculosis in 1901, in which capacity he did much to make the congress a success. It was largely due to Dr. Hillier's energy that the friendly societies became interested in the prevention of consumption. He took several of the societies' officials to Germany to see sanatoriums, and as a result the Benenden Sanatorium was founded. In 1900 Dr. Hillier published a useful book on *Tuberculosis, its Nature, Prevention, and Treatment, with Special Reference to Open-Air Treatment of Phthisis*, and in 1903 another book on the *Prevention of Consumption*. His last work was a study of the fiscal question entitled, *The Communal, or the Federal System of*

Political Economy. In 1900 he contested Stockport in the Conservative interest, and in 1906 he stood for South Bedfordshire, but on both occasions was unsuccessful. He retired from practice at about this time, and settled in Hertfordshire. He was selected as the Conservative candidate for the Hitchin Division. He was effective as a public speaker, and his genial manner helped to win him wide popularity. At the election of 1910 he won a remarkable victory, being returned by a large majority, and retained his seat at the ensuing General Election. He was always listened to in the House of Commons, where he spoke fairly frequently; and during the debates on the National Insurance Bill, of which he had made a careful study, mainly with the view of securing favourable terms for the profession, he was able to speak with special authority. Not long ago he drew the attention of the House and the country to the falling-off in the amount of vaccination by raising a debate on the subject in an excellent speech, upon which we commented in a leading article published in the *JOURNAL* of April 29th, 1911. He made many friends during his short career in the House, and his death is sincerely regretted by them as well as by his friends in the medical profession, of whose interests he was a vigorous supporter, and in his own constituency.

Dr. Hillier married in 1885 the daughter of Mr. F. B. Brown, of Queenstown, Cape Colony, and leaves a son and two daughters.

JAMES NAIRN McDUGAL, M.D. EDIN.,
COLDINGHAM, BERWICKSHIRE.

DR. JAMES NAIRN McDUGAL, of Coldingham, died on October 12th. He had been ailing for some time, and for the last three months had been entirely confined to his bedroom.

Dr. McDougal took the degree of M.D. Edin. in 1860, and the diploma of L.R.C.S. Edin. in the following year. He was a physician of long experience and more than ordinary skill; a man beloved and revered by the folk of Berwickshire, and held in the highest respect by those of the medical profession privileged to know him. For over forty years Dr. McDougal laboured among the Coldingham people and knew them as did no other person. He was more than a physician to them; his help extended beyond professional aid and skill, and his secret deeds of charity brought comfort and help to many sufferers.

Dr. McDougal was a man of many parts—education, Church matters, volunteering, and all things for public good claimed his attention. Dr. McDougal was a voracious reader and his library was remarkably well stored, and the most recent works on medical and other subjects were to be found in it. Dr. McDougal's friends included such men as the late Professor Annandale, the late Dr. Joseph Bell, Professor Caird, Dr. Berry Hart, Dr. Sim (all of Edinburgh), Dr. Fairbairn (St. Thomas's Hospital, London), Rev. Principal Fairbairn (Mansfield College, Oxford), and many others. Dr. McDougal retired from practice five years ago, and was on that occasion presented by his many friends with his portrait in oils and with a brougham. He was J.P. for Berwickshire, and had held the appointment of M.O.H. for Coldingham.

Dr. McDougal's death is lamented by the people of the Berwickshire village in which he laboured so willingly and assiduously. Coldingham cannot remember being without Dr. McDougal, and in every scheme for its welfare he took a foremost part. He was ever ready to support every good cause, and he will be missed when good causes are seeking support and he is no more.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are: Dr. Emil Emmert, Lecturer on Eye Diseases in the University of Berne, aged 66; Dr. Nicolas, Surgeon to the Hospitals at Marseilles; Professor Julius Caspary, Director of the Dermatological Clinic of the University of Königsberg since 1905; Geheim Medizinalrat Dr. Aschenborn, Assistant in the Medical Department of the Prussian Minister of the Interior, aged 60; and Dr. Getto, of Deidesheim, believed to be the oldest medical practitioner in Germany, aged 98.