

170 cases, with only 6 per cent. of deaths. Fussen has recently reported 134 cases, with a mortality of 17.9 per cent. According to the analysis of 708 cases at St. Thomas's Hospital the mortality progressively increases from the twentieth year, rising from 3.7 per cent. under that age to 22 per cent. in the third decade, 30.8 per cent. in the fourth, 47 per cent. in the fifth, 51 per cent. in the sixth, and 65 per cent. in the seventh decade."

There are one or two points observed in connexion with this series of mine that are of interest, one being the direct infectious nature of pneumonia, there being two well-marked instances occurring in different members of the same family, three members in each case having the disease within a few days of each other; the later ones having been nursing and in attendance upon the earlier ones. In one instance one died and two recovered, and in the other instance the three died. I may say that in this latter instance I have reason to think that the disease was of a septic type, and the subjects were bad ones, being very delicate and of weakly constitution.

The other point I wish to make note of is about the value of alcohol in the treatment of pneumonia. It is held by many medical men that alcohol should form a part of the routine treatment of this disease, and formerly I may say that I held that view, and I prescribed alcohol much more than I have done latterly, and I have divided my series into two parts—those of my former treatment and those of my latter treatment—and on comparing the results I am convinced that it is unwise and unnecessary to prescribe alcohol in every case of pneumonia, for it is possible that it may, and does, do more harm than good in many cases.

The result in each category is as follows:

*First Series.*—36 cases with 14 deaths, or 38 per cent. mortality.

*Second Series.*—50 cases with 9 deaths, or 18 per cent. mortality.

The result in the second series will be seen to be much more successful, and if one excluded the three cases above referred to, as being of an exceptionally septic nature, the number of deaths in the second series is reduced to six, and the mortality-rate reduced to 12.7 per cent. It may be argued that this is a mere coincidence, but, in my opinion, it is something more; but, admitting it to be a coincidence, the fact remains that the result is better without the routine treatment by alcohol. I would mention that I have not excluded alcohol entirely, but in cases showing signs of cardiac failure by increase in pulse-rate and weakness thereof, I would prescribe alcohol, but would never rely upon it without other cardiac stimulants—namely, strychnine, digitalis, ammonia, etc., but my observation was this, that cases requiring alcohol generally proved fatal notwithstanding.

Another point of great interest is this. Four of the cases in this series occurred in persons I knew to be heavy drinkers—three men and one woman—and it is held by many if not most medical men that it is dangerous suddenly to withhold alcohol from any one accustomed to taking it, especially if that person is the victim of any disease, such as pneumonia particularly, but the result in these four cases (the number is small, I admit) is sufficient proof that this belief is fallacious, for these were treated without any alcohol at all, and the four cases recovered; whereas I firmly believe that had alcohol been administered, they would in all probability have developed delirium, and the result very likely would have been different to what it was, for it is possible that in cases of delirium accompanying pneumonia, the delirium may be as often caused by the alcohol administered as by the disease.

In conclusion, I would say that having regard to the fact that alcohol is of very little help, if any, in the treatment of pneumonia, and that it is expensive, and inasmuch as many patients and their friends are poor and can ill afford to spend money on an article which is of very doubtful value, to say the least, it behoves us as a profession to be very sparing in prescribing it, and only to do so when absolutely necessary, and when considered likely to be beneficial, at the same time bearing in mind that one has a duty to consider the economic side, and to remember that the money so spent could be turned to better account on other articles of nutriment which would be of greater benefit and help in combating the disease, and in securing the recovery of the patient.

## Memoranda:

### MEDICAL, SURGICAL, OBSTETRICAL.

#### SWEETS IN CHILDHOOD: SUGAR CANE.

In a previous communication the physiological necessity for sweets (or sugar) in childhood, and also the possible pathological effects arising therefrom have been alluded to. It was then pointed out that it was necessary in order to obviate the lactic fermentation of sugars in the mouth, and especially cane sugar, that they should be combined with a weak organic acid in order to induce reflexly a greater flow of protective saliva, and also to precipitate the mucin which in its viscous form binds the sugar to the teeth.

The example of native children eating large quantities of sugar cane is frequently quoted as evidence that cane sugar cannot be productive of dental caries since such children have for the most part quite healthy teeth. A sample of fresh sugar cane has recently been received from Fiji (in a hermetically sealed case), and has been tested with a view to ascertaining its possible effect on the teeth. The tests applied were those which have previously been used in connexion with a large number of other food-stuffs, and the results of which have recently been published in the author's *Prevention of Dental Caries and Oral Sepsis*.

The following are the observations as regards sugar cane:

1. The juice of the sugar cane is markedly acid.
2. The saliva induced reflexly by the mastication of cane sugar was collected by means of the cannula and segregator from one side of the mouth; it amounted to 3.5 c.cm. per minute or 7 c.cm. for the whole of the glands. The alkalinity of the saliva was 0.94 unit (c.cm.  $\frac{N}{50}$  NaOH) per c.cm., or an alkalinity index of 6.58. This is about six times that invoked by bread and butter.
3. The debris remaining in the mouth and on the teeth was collected and incubated for twenty-four hours and at the end of that time showed a mean alkaline reaction of 0.31 units, thus placing it between apple (0.3) and orange (0.5) from a protective point of view.
4. The sugar cane is, of course, very fibrous, and it has been suggested that immunity to caries may be due to this fact. It may be so to a certain extent, but is more likely due to the acid reaction of the juice. For instance, (a) sugar cane was masticated thoroughly, including the fibres, and debris collected and incubated; the alkalinity developed was equal to 0.26 unit; (b) sugar cane was imperfectly masticated, but the juice thoroughly sucked out, and the reaction of the incubated debris again estimated, when it amounted to 0.37 alkalinity unit; whereas a 10 per cent. solution of refined cane sugar (that is, minus its acid) gave rise to an acid formation of 0.1 unit.

It would therefore appear that more protection is afforded from the acid juice than from the fibrous elements, which are distinctly "woody" and devoid of flavour and, therefore, of any reflex stimulating effect upon the salivary glands.

H. P. PICKERILL, M.D., M.D.S.

Dental School, University of Otago,  
New Zealand.

#### A METHOD OF REDUCING DISLOCATION OF THE JAW.

On March 11th a young woman was brought to me for the fourth time with dislocated jaw. On each of the three previous occasions reduction had been accomplished, though with considerable difficulty, in the usual fashion as described in the textbooks and lectures. On trying the same proceeding on this occasion, I hurt both my thumbs considerably, but could make no impression on the dislocation. I therefore tried the following plan, which suggested itself to me: Standing *behind* the patient, with the patient's head against my chest, I placed the right thumb in the mouth far back on the right side, at the same time grasping the chin with the left hand. I found I could then readily depress the jaw with the right hand, and the left guided the right condyle into its socket. Reversing hands, I did the same on the left side without any trouble.

This procedure is so much more easy, direct, and certain than the textbook method that I think it scarcely possible that it has not been used by someone before myself. At all events, I can recommend it confidently.

Harston, Cambridge. W. J. YOUNG, M.R.C.S., L.R.C.P.

### THE MANAGEMENT OF CARDIAC FAILURE IN DIPHTHERIA.

In Dr. Coghlan's interesting paper on the "cardiac vomiting" of diphtheria, he alludes to encouraging results that he has had from the administration of atropine, strychnine, and adrenalin hypodermically. I have used this method in a large number of cases during the last seven years—though not always employing atropine, and sometimes using morphine—with very good results indeed. But the dosage of the strychnine and adrenalin combination, which is the chief element, may, even in young children, be far more liberal than Dr. Coghlan suggests. A child will stand  $\frac{1}{10}$  grain of strychnine and the same amount of hemisine or adrenalin every two hours until the urgency of the symptoms abates, when the dose may be lessened.

There is, too, positive advantage in giving the adrenalin frequently, and it may well be remembered that, as these cases are really in great part cases of suprarenal insufficiency of acute origin, it is only rational to suppose, what is indeed the fact, that they easily support considerable doses of suprarenal extract. On the other hand, the cases with slow pulse—some at least of which are cases of heart-block, as has been lately shown—do not call for such active treatment with adrenalin. When experience has extended over a term of years, it is realized that these cases of "cardiac vomiting" in diphtheria really fall into different categories, with differing incidence of the poison on different organs; and the treatment has of necessity to be varied.

London, W.

F. G. CROOKSHANK.

### TUMOUR OF THE PONS: EARLY FATAL RESULT.

In the following case a diagnosis of tumour of the pons was made, but I shall be glad to have suggestions as to an alternative diagnosis.

On February 12th her mother spoke to me about E. B., aged 22, saying she was passing very large quantities of water and having to get up two or three times in the night to do so. She complained of thirst and had some headache; her periods had always been regular every twenty-six days, and the loss very profuse. She was slightly anaemic, but seemed very bright and cheerful. She had pronounced wasting of the adductor muscles of the right thumb. The urine was of a low specific gravity, and contained no sugar or albumen. Thinking it was probably a neurotic condition I gave her a tonic of nux vomica and dilute hydrochloric acid.

Within ten days her headache had quite gone, and the thirst nearly so, although the quantity of urine remained much as before. On February 27th she drove out with a friend to a farm five miles away, and from there walked on three-quarters of a mile to another house for tea. She walked back to the farm immediately after tea, and almost at once complained that the marmalade she had just had tasted very nasty. Her friends, seeing that she looked faint, went to assist her outdoors, but before they could do so she collapsed on the floor. As she did not "come round" or speak again, they made up a bed for her in a milk float and drove her home, calling for me at my house on the way.

On arrival home she opened her eyes slightly once or twice, and at first nodded and smiled in answer to repeated questions, but almost at once passed a large quantity of water under her and relapsed into total unconsciousness. She retched several times and vomited a little on her way home and during the night. The vomit was ropy mucus and bilious, but quite without smell. The pupils were equal and slightly dilated. The corneal reflex was present, but no light reflex. The heart sounds were normal, pulse 82, and respirations regular and quiet.

During the night she passed water under her several times. The next morning her breathing was more laboured and quicker. She was slightly flushed and had been perspiring a good deal.

I got Dr. Couper of Blaby to see her with me in the afternoon. By then her respirations had become far more rapid and difficult; she was exceedingly flushed and perspiring very freely, the pulse 120, the temperature 103°, and the pupils as before. The knee-jerks were absent, the plantar reflex extensor and exaggerated. The right arm, which she had not moved since arriving home, showed some rigidity but no paralysis. She was buttoning and unbuttoning her nightdress with the left hand. We drew off a sample of urine and again found no sugar or albumen. After considering all possibilities we diagnosed the case as one of a tumour of the pons.

By the time we had finished the examination her respirations had taken on a Cheyne-Stokes type. She died that night at 7.30. A necropsy was refused.

Her family history was unimportant, save that her mother had hip joint disease as a child. The patient herself had never been ill except for a short attack of laryngitis seven years before.

C. M. L. COWPER, M.R.C.S., L.R.C.P.

Peatling House, nr. Leicester.

## British Medical Association.

### CLINICAL AND SCIENTIFIC PROCEEDINGS.

#### STAFFORDSHIRE BRANCH.

Stafford, Thursday, February 29th, 1912.

W. D. SPANTON, F.R.C.S., President, in the Chair.

#### Cases.

DR. MILNES BLUMER showed (1) a little girl treated for a naevus of the lower lip spreading to the mucous membrane with three applications—each exposure lasting forty seconds—of CO<sub>2</sub> snow. The cosmetic result was seen to be extremely good. (2) A youth upon whom he had performed abdominal section on four occasions in the course of eight months. The first operation was for intestinal obstruction, and revealed a volvulus, due to a band, of the small intestine. Murphy's button was used, and the second operation was for rupture of the bowel at the site of the anastomosis. An artificial anus was quickly made, no attempt being feasible, on account of the condition of the patient, to clean the peritoneal cavity. A week later lateral anastomosis was done. The fourth operation was again for intestinal obstruction, due to adhesions. The scar left is very satisfactory and shows no sign of yielding. The case was discussed by the PRESIDENT and DR. HARTLEY.

#### The Diagnostic Value of Pain.

Dr. HODDER read a paper on this subject. After introductory remarks, he briefly traversed the grammar of the subject by differentiating pain into direct or cerebro-spinal, and referred or sympathetic pain, and correlating with the latter the other reflex phenomena on the sensory-motor and organic sides. The importance of the careful study of the distribution of pain was insisted on, and the necessity for an accurate knowledge of nerve paths in the interpretation of painful symptoms. Cases were described bearing out these principles; particularly one in which cervical pain was the earliest symptom of apical tuberculosis. Reference was also made to the wide radiation of pain from an often insignificant focus in the neurotic type of patient, in whom all the nerve centres are in a state of irritable weakness, so that a stimulus affecting one may set numerous others responding, so making more difficult diagnostic problems. In conclusion Dr. Hodder drew attention to the value of the study of pain in the region of prognosis, where, more than elsewhere, the physician was drawing a bow at a venture. A short discussion followed, in which the PRESIDENT, Dr. LOWE, and Mr. LUCAS took part. Dr. HODDER briefly replied.

#### Bedside Manners.

Dr. C. M. MITCHELL read a paper on "Bedside manners of eminent London consultants." He dealt with various picturesque, interesting, and characteristic features of many of our foremost physicians and surgeons in their relationship with their patients. He pointed out that careful consideration for the "personal equation" as regards the individual and scrupulous regard for the interests of the medical attendant was almost invariably in evidence in a conspicuous degree. In the course of a chatty consideration of the subject, it was suggested that a close sympathy with the individual and with the medical man was worth cultivating, as adding to the satisfaction of the sufferer and more cordial relationship between the members of the profession. The paper was discussed by the PRESIDENT, Dr. CHARLES REID, Dr. LOWE, Dr. HATTON, and Dr. CRIDLAND.

#### Specimens.

Dr. COOKSON described an interesting case of cerebellar tumour of a tuberculous nature, and showed the carefully mounted specimen. The diagnosis at first was very obscure, and the case for some time was thought to be hysterical. Dr. LOWE and Mr. LUCAS discussed the case. Dr. COOKSON also showed some interesting varieties of gall stones.

pain and prolong life eminently distinguished him as a great philanthropist.

His gentle nature, his deep compassion, his courteous and dignified bearing, his imperturbable temper, his resolute will, his indifference to ridicule, his tolerance of hostile criticism, combined to make him one of the noblest of men.

His work will last for all time, its good results will continue throughout all ages, humanity will bless him for evermore, his fame will be immortal.

In the fullness of years, after a glorious and satisfying career, crowned with great and various honours, having witnessed the successful completion of his work, the gentle hand of death laid hold upon him, and Lister passed from among us.

His funeral was a vast and striking testimony to the greatness and the usefulness of his life. His body perisheth, but the influence of his mind will continue everlastingly.

#### MEMORIAL TABLET.

It was decided to place a memorial tablet in a suitable and conspicuous position within the college, to serve as evidence to future generations of the honour, respect, and reverence in which the great founder of aseptic surgery was held by his contemporaries and immediate successors.

#### MANUSCRIPTS AND SKETCHES.

A letter was read from the solicitors to the executors of the late Lord Lister that under the terms of his will he requests that his nephews, Rickman John Godlee and Arthur Hugh Lister, shall arrange his scientific manuscripts and sketches, destroying or otherwise disposing of such as are of no permanent interest, and he bequeaths his said manuscripts and sketches when so arranged to the Royal College of Surgeons of England.

## Public Health

AND

## POOR LAW MEDICAL SERVICES.

#### AMALGAMATION OF OFFICES.

AN account was given in the JOURNAL for January 20th of a meeting of the Edmonton District Council at which a proposal was considered to publish an advertisement indicating that the offices of medical officer of health and school medical officer had been amalgamated, and inviting applications for appointment as senior and assistant medical officer respectively. The Local Government Board had expressed its approval of the amalgamation in view, but saw in that project no reason for declaring the office of medical officer vacant. The local medical profession had lodged a petition with the council deprecating the proposed advertisement, on the ground that Dr. Lawrence, the existing medical officer of health, was a man with whom they had always been able to work amicably. The meeting ended in a decision to consider matters again after the whole question had been discussed at a meeting of the council in committee on February 27th. This reconsideration took place at a meeting of the council on March 12th, and ended in a resolution to inform the Local Government Board that the council proposed to appoint Dr. Lawrence as medical officer and school medical officer at a salary of £450, and Dr. Rock, the present school medical officer as assistant medical officer at a salary of £300. During the debate, which was one of an exceedingly animated nature, an endeavour was made to persuade the council to adhere to the original proposal. The latter was characterized by several members as a proposal which merely concealed an intention to endeavour to get Dr. Lawrence replaced by some one else, despite the fact that he had always fulfilled his duties in a creditable manner. One member went so far as to say that while he did not know of a single charge that had ever been proved against their M.O.H., he had been present at meetings of the Sanitary Committee at which the M.O.H. had been bullied and insulted. This, he indicated, was not because Dr. Lawrence had failed in his duty, but because he had given offence in such way as summoning some one or other for letting a house which was damp and unfit for occupation. It was these men and their friends who were now trying to oust him out of his job.

SINCE July, 1911, a service of preventive vaccination against typhoid fever has been at work at the Hôtel-Dieu, Paris, under the direction of Professor Chantemesse. Vaccine is delivered free to practitioners who apply to the laboratory of hygiene of the faculty.

## Medical News.

SIR WILLIAM MACEWEN will give an address on Lord Lister at the meeting of the Royal Institution of Great Britain on Friday evening, June 7th. Among other Friday evening discourses to be given at the Institution after Easter is one by Professor W. Stirling on the Gaumont speaking cinematograph films, and another on the use of pedigrees, by W. C. Dampier Whetham.

THE annual meeting of subscribers to the Cremation Society of England will be held at 20, Hanover Square, W., on Wednesday, March 27th, at 3 p.m.

WE are asked to state that the name of Professor Henri Hervieux, M.D., Laval University, Montreal, was accidentally omitted from the Canadian nominations to the Council of the Section of Therapeutics of the International Congress of Medicine to be held in London next year.

SIR RONALD ROSS, K.C.B., M.D., will deliver the Oliver Sharpey Lectures on recent researches on malaria before the Royal College of Physicians of London on Monday, April 29th, and Tuesday, April 30th, at 5 p.m. on each day. The first lecture will deal with nosology and the second with endemology.

A DISCUSSION on the therapeutic value of alcohol will be held by the Hunterian Society at the London Institution on Wednesday, March 27th, at 9 p.m. Sir Victor Horsley will open the discussion, and Sir Lauder Brunton, Professor Cushny, Drs. F. J. Smith, Stoddart, Goodall, and others are expected to speak at this or an adjourned meeting. All members of the profession are invited to attend.

THE meeting of the Medico-Psychological Association of Great Britain and Ireland for the March quarter was held at the Long Grove Asylum, Epsom, at the invitation of Dr. Hubert Bond, and was preceded by luncheon at which the leading members of the Asylums Committee of the London County Council were present. In the course of the proceedings great regret was expressed that the selection of Dr. Bond for the important position of Commissioner in Lunacy entailed the loss of his services by the County Council as a superintendent medical officer, and by the Medico-Psychological Association as one of its general secretaries. A visit was also paid to the admission hospital, the villas, wards, and various departments of the asylum. In the afternoon some papers were read, of which an account will be found at page 673.

THE spring dinner of the Irish Medical Schools' and Graduates' Association took place on the eve of St. Patrick's Day, and was, as usual, very well attended. Dr. H. Macnaughton-Jones, president of the association, was in the chair, and had as croupiers Dr. M. J. Bulger, chairman of council, Dr. J. J. O'Hagan, vice-chairman of council, Dr. W. P. Cockle, honorary treasurer, Drs. W. J. Corbett and Campbell Boyd, the two honorary secretaries, Dr. Shepherd Boyd, honorary provincial secretary, and Dr. Gilbert Richardson. In acknowledging the toast to "The Guests," and in reference to a wish expressed by its proposer, Dr. Douglas, that medical men would in future take a more prominent part in public affairs, Sir Thomas Boor Crosby said that the medical profession had never taken its proper stand in municipal or parliamentary life. As a class they were the best educated men in the kingdom, and if they would only take the trouble to get elected to urban, borough, and city councils they would soon find themselves leading members thereof. In such positions they could assist materially in dissipating the ignorance which was really responsible for the paltriness of the salaries sometimes offered to members of the noblest of professions. For many years he had himself been the only medical man on the Corporation of the City of London, and had often had opportunities of throwing a right light on the medical posts within its gift. He had had some hesitation in accepting the high office of Lord Mayor, but after considering the question in all its aspects had decided to accept that position for the sake of the profession to which he belonged, and to which he was deeply attached. The fact that he had held such a position would be a standing proof that a medical man in actual practice could not only attend at the bedside of the sick, but also play as useful a part in deliberations on public affairs of the highest importance as any other member of the community. In the course of the evening it was mentioned that the membership of the association now numbered 620.

## Universities and Colleges.

### UNIVERSITY OF BRISTOL.

The following candidates have been approved at the examination indicated:

SECOND M.B., CH.B.—A. B. Bodman, J. W. Gilbert, W. K. A. Richards, D. G. C. Tasker, E. S. White.

### ROYAL COLLEGE OF SURGEONS OF ENGLAND.

An ordinary Council was held on March 14th, Mr. R. J. Godlee, President, in the chair.

#### *The late Lord Lister.*

A memorial of appreciation of Lord Lister's achievements (see page 705) was directed to be printed in the Council's minutes, and a vote of condolence with the members of the late Lord Lister's family adopted.

#### *Central Midwives Board.*

The thanks of the Council were given to Mr. C. H. Golding-Bird for his services as representative of the College on the above board.

#### *National Insurance Act.*

The President reported that the committee on the National Insurance Act had held meetings on February 6th and 26th, and a joint meeting with the committee of the Royal College of Physicians and representatives of the Society of Apothecaries at the Royal College of Physicians on March 5th, and that at this joint meeting the following resolution was adopted:

That the medical faculties of the universities of England and Wales be invited to send each a representative to join with the committees appointed by the Royal Colleges of Physicians and Surgeons and representatives of the Society of Apothecaries in endeavouring to safeguard the interests of their graduates, licentiates, Fellows, and members in so far as they may be affected by the National Insurance Act.

The President stated that he had received letters expressing appreciation of the attitude adopted by the Council in reference to the National Insurance Act.

#### *Two Hundred and Fiftieth Anniversary of the Formation of the Royal Society.*

The President was appointed as a delegate to the celebrations on July 15th, 16th, 17th, 1912, of the above society.

#### *Bicentenary Festival of the Medical School of Trinity College, Dublin.*

The President and Mr. C. Mansell Moullin, one of the Vice-Presidents, were appointed as delegates to the above festival.

#### *International Historical Congress.*

Sir John Tweedy was appointed to represent the College on the General Committee of Organization of the above Congress, to be held in London in 1913.

#### *Method of Conducting Examinations.*

A letter of February 28th, addressed to the President by Dr. Arthur Dean Bevan of Chicago was read. It stated that the members of the American Medical Association were greatly pleased with Mr. Hallett's address on methods of conducting examinations for licences to practise medicine, and thanking the President for having sent him to the conference.

## Medico-Legal.

### DEATH CERTIFICATES AND THE PATIENT'S CONFIDENCES.

**M. G.**—A practitioner is required by the Births and Deaths Registration Act, 1874, to give a certificate "stating to the best of his knowledge and belief the cause of death." If he has reasonable grounds for believing the cause was syphilis, he would appear to be bound to state it; but the Registrar-General recognizes a number of alternative terms—see *Manual of the International List of Causes of Death* (London: His Majesty's Stationery Office, 1s.), page 8, paragraph 37. Whether it is a libel to inform a wife that her husband is suffering from syphilis or gonorrhoea must depend upon circumstances. As a rule, the duty of the medical practitioner is towards the patient, and, after fully stating the facts to the patient, the matter should be left to his or her own conscience. If, in the other alternative, the case came to trial, the decision would no doubt depend upon circumstances. A recent case bearing upon this point was heard in 1902. The defendant was called in to attend the plaintiff, who was a barmaid at an hotel, and was requested by the manager to see her. As a result of his examination, he informed the housekeeper and the employer that the girl was suffering from venereal disease. Subsequently he made a similar statement to a man who represented himself to be the husband of the plaintiff, though this was shown later not to be the case. It was alleged that he had also made a communication to another barmaid, but this the defendant denied. The judge ruled that the communications to the manageress and the employer, and to the man who represented himself to be the husband, were privileged, but left it to the jury to decide on the evidence as to the communication to the other barmaid, and they found a verdict for the plaintiff with £75 damages.

## Letters, Notes, and Answers.

ORIGINAL ARTICLES and LETTERS forwarded for publication are understood to be offered to the BRITISH MEDICAL JOURNAL alone unless the contrary be stated.

AUTHORS desiring reprints of their articles published in the BRITISH MEDICAL JOURNAL are requested to communicate with the Office, 429, Strand, W.C., on receipt of proof.

MANUSCRIPTS FORWARDED TO THE OFFICE OF THIS JOURNAL CANNOT UNDER ANY CIRCUMSTANCES BE RETURNED.

CORRESPONDENTS who wish notice to be taken of their communications should authenticate them with their names—of course not necessarily for publication.

CORRESPONDENTS not answered are requested to look at the Notices to Correspondents of the following week.

COMMUNICATIONS respecting Editorial matters should be addressed to the Editor, 429, Strand, London, W.C.; those concerning business matters, advertisements, non-delivery of the JOURNAL, etc., should be addressed to the Office, 429, Strand, London, W.C.

TELEGRAPHIC ADDRESS.—The telegraphic address of the EDITOR of the BRITISH MEDICAL JOURNAL is *Articulate, London*. The telegraphic address of the BRITISH MEDICAL JOURNAL is *Articulate, London*.

TELEPHONE (National):—

2631, Gerrard, EDITOR, BRITISH MEDICAL JOURNAL.

2630, Gerrard, BRITISH MEDICAL ASSOCIATION.

2634, Gerrard, MEDICAL SECRETARY.

**Queries, answers, and communications relating to subjects to which special departments of the BRITISH MEDICAL JOURNAL are devoted will be found under their respective headings.**

### QUERIES.

**X.** asks for advice in the treatment of a patient in the third month of gestation who is troubled with violent flatulence (oral). It comes on especially about 7 p.m., and lasts till sleep, and is accompanied by violent shivering. The patient is healthy otherwise, and can usually retain all meals except supper. Sodium bicarbonate, salicylates, bismuth, valerian, and adrenalin have been tried for six weeks without much success.

**R. J. B.** desires to hear whether the Hastings Truss Company of Philadelphia has an agency in this country, and, if so, the address.

### COLLIERS, STRIKES, AND MEDICAL ATTENDANCE.

**COLLIERY DOCTOR** (Scotland) writes: (1) Is it usual during a miners' strike that the weekly payment of 3d. per man for the doctor should be stopped? The doctors here pay a commission of 5 per cent. to the clerk for collecting the fees. Is this usual elsewhere? (2) It is the custom for managers and clerks with their families to be attended free of charge. Is this the case in other places? (3) In the event of the miners refusing to pay the 3d. per week per head after the Insurance Act comes into force, what is to be done with the view of enforcing the doctors' demands? (4) Is there no way whereby the doctor might be paid this 3d. per man except through the colliery office? (5) Who has the legal right to order a miner to go to see the medical referee? (6) I give a man a certificate to say that the workman is suffering from beat knee. He is sent by train seven miles to see the medical referee, who is paid 5s., which is refunded by the Miners' Union.

\* \* \* The following answers are given for the information of our correspondent, but must not be taken to have any official authority:

1. It is usual during a miners' strike for the weekly payments to the doctor to be stopped. In some cases, however, the belated payments are collected by instalments as arrears, after the miner resumes work at the end of the strike. It is customary in some places to pay a small commission to the clerk or to a committee of workmen for collecting fees.

2. It is not the custom for a manager to be attended free but it is occasionally customary for a clerk to be attended, by paying through the office as an ordinary miner, but this does not include families. An ordinary underground working manager ranks as a miner, and therefore gets his medical services as such.

3. It has been decided that 8s. 6d. is the minimum per capita rate that a doctor should undertake contract work for, but, of course, the 3d. per week referred to in this question includes attendance upon wives and children. This latter is a matter that will have to be arranged later by colliery doctors either through the miners' union or otherwise, but cannot be insisted on, meantime at least, so there is no question of "enforcing" in the business.

4. It is not thought likely that the colliery office will be one of the channels through which the colliery doctor will be paid after the Act comes into force. He will be paid through one of the recognized channels under the Act—such as an approved society—unless, of course, medical benefits are altogether removed from the Act, and then the insured person will have to be tackled himself; here enforcing may come in.

5. The only person who has a right to order a miner to go before a referee is the arbitrator, namely, the Sheriff in