

food remains much longer than it does in the stomach, and where the reaction is alkaline? The great superiority of papain over the other digestive ferment lies in the fact, not so much that it has an energetic action in acid media, for we know it has not, but from the fact that the passage through the acid stomach does not destroy its activity, as it does that of pepsin, and that, when it arrives in the small intestine, it is just as active as when first swallowed.

Secondly, as regards the two kinds of papain. I have it on the authority of Professor Finkler himself, in a letter just received, that Dr. Martin is not well informed when he asserts that there is only one proteolytic ferment in the papain-juice. The ferment, which is obtained at different times, and from different parts of the plant, varies greatly. It shows this not only in the rapidity of its action, but also in the quality of the results of that action.

Again, Finkler's papain shows an energetic action entirely free from the danger of corrosion to an anemic stomach. This is not an imaginary danger, as it is a fact well known in the laboratories where the drug is prepared, that some of the ferments, such as Christy's papain, act so energetically, as to cause serious inflammation of the eyes when accidentally coming into contact with them, and frequently to attack the finger-nails of the workmen engaged in its manufacture.

As regards my statement that papain is "a true, catalytic ferment," to which Dr. Martin takes exception, I may say that it is the fact that Finkler's papain does not lose its power of action during digestion, which proves it to be a catalytic ferment, and not an agent in the formation of peptones, as it is well known that they can be produced by the action of heat and acid without the presence of any ferment at all. I may also state that Dr. Martin decidedly has not proved, as he says he has, by his experiments, that Christy's papain peptonises in a more energetic manner than Finkler's papain, but rather the reverse, as, when used in smaller proportion, the action suffers accordingly; while, when Finkler's papain is used, it suffers no change, except taking a longer time for the process to be completed.

Theoretically, an indefinitely small quantity of a catalytic ferment will convert an indefinitely large quantity of material without itself undergoing change; and this is just what Finkler's papain does, as it will digest even when as weak as 1 in 10,000 in from forty to sixty hours.

In conclusion, I may inform Dr. Martin that, when I wrote my letter, I had already tried Christy's papain clinically, but found that it produced, very often, gastric pain, and that large doses were necessary to produce any result; and, consequently, I abandoned it in favour of Finkler's papain, which can be given in much smaller quantity, and which I have never found to give the smallest inconvenience.

PRELIMINARY EXAMINATIONS.

A MEMBER.—There is no list of "specified authors." The classical authors, on whose works candidates will be examined, are decided on by the several examining bodies, and notice is given of the titles and extent of the works. Our correspondent will be able to obtain the desired information by application to the bodies whose examinations are recognised.

NOTES, LETTERS, ETC.

LIFE-INSURANCE COLUMN.

MAY I suggest the opening of an "Insurance Column" in the JOURNAL, as a medium through which medical referees can obtain information on any doubtful points coming under their notice, and as a means whereby the usefulness of the JOURNAL will be increased? At present, references to questions which come before the life-insurance examiner, are few and far between. Cases, however, for his opinion, frequently come before him in which no help is to be obtained from books. It has, therefore, occurred to me, that a column, in which referees could ask questions, would be exceedingly useful. The instruction given to students on the subject of life-insurance is so small, and the importance of being able to examine well so great, that I think you could distribute much useful and practical knowledge by the adoption of the means I suggest. With a view of eliciting information, I append the following questions, to which I shall be glad of answers from you, or some of your readers, who will, I hope, sign their names.

W. G. KEMP, L.R.C.P. Lond. and M.R.C.S. Eng.

Chief Medical Referee, N. Z. Branch Australian Mutual Provident Society, Wellington, New Zealand.

1. Should a man, whose occupation does not predispose to heart disease, be loaded if his father or mother, or their collaterals, have suffered from it? If so, to what extent?

2. A man, aged 40, of healthy occupation, with no family history of rheumatism, has had an acute attack of rheumatism lasting from four to eight weeks when 20 years of age. No return since, nor any cardiac symptoms. Should he be loaded? If so, to what extent?

3. A man, aged 22, draper, with good family and personal history, is 5 ft. 10 in. in height, 10st. 2 lbs. in weight, and 31 to 35 inches in chest-measurement. Should he be loaded on account of weight and measurement? If so, to what extent?

4. A man, aged 51, with good family and personal history, is 5 ft. 8 in. in height, 13st. 2 lbs. in weight, and 43 to 46 in chest-measurement. Should he be loaded on account of weight and measurement? If so, to what extent?

5. Does a family history of cancer in father or mother necessitate loading in (a) male, (b) female applicant.

COMMUNICATIONS, LETTERS, etc., have been received from:

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