SIR,—I speak after twelve months' experience as secretary of a Division of the British Medical Association. "Sweated" is wrong when he remarks, "I take it that we attend meetings on subjects in which we are interested." We do not. When the Midwives Bill was under discussion the general attendance of general practitioners was very small. But what an outcry there was and now is about points which we might easily have settled, but which even now are unsettled. The cause of our poor attendances is not over-work, but apathy. It is often at great inconvenience that I myself attend our Divisional Meetings, but I always make a point of attending, even though I have to put in work at night to make up for arrears. The meetings are really very few in the year, and I think it our bounden duty to attend them. It is our only way of ascertaining what is going on in medico-political matters and our only way of guarding our own interests.

We must not trust to secretaries or colleagues; we must learn to depend upon ourselves. "Sweated" and his colleagues have only to present a united front and stand out for a decent wage, and I am sure that no right-minded medical man would attempt to undersell his colleagues; and a word of caution from the Association as to avoiding their district would settle the question of any unscrupulous medical man who might think of applying for the post at the original rate.

"Sweated" is the very man who should make his voice heard at medico-political meetings, as he will speak from experience in a far more persuasive manner than those members who know only by hearsay the trials of the parish and club doctors. It is only by meeting together and interchanging ideas that we can hope to obtain a united profession fighting merely for one aim—justice.—I am, etc.,

October 31st. EXPERIENTIA.

GRAVES'S DISEASE.

SIR,—I have read with unusual interest and with very great pleasure Dr. Hector Mackenzie's clinical lecture on Graves's disease in the BRITISH MEDICAL JOURNAL of October 28th.

As an old practitioner I can endorse most of his opinions as regards the diagnosis and treatment of this most serious affection.

I have seen and treated a large number of cases of exophthalmic goître, and with your permission will mention two of the more severe which came under my care within the past ten years during my residence in Brighton.

Before doing so, however, I am anxious to say that my main object in writing at all is to draw the attention of the profession to the very much neglected use of an old and valuable external remedy—namely, the unguentum hydrargyrum iodidum rubrum. It appears to have gone out of the memory of most men, unless, indeed, they have never been taught to make use of a drug so powerful and so certain in its action on the lymphatic system. The formula of the *British Pharmacopoeia* is at least four times stronger than should be applied to the skin of the neck in these cases. The diluted ointment (5 gr. to the ounce) should be gently rubbed in for a few minutes every night or morning until the skin, after many days, begins to peel, when, on this occurring, an emollient ointment of lanoline or glycerine spread on lint should be kept on till the skin is again smooth and sound; after which the iodine application must be repeated, going through the same process as before. In a short time its effect in reducing the swelling, and improvement in the patient's condition, will be evident. With this remedy I have never failed to get, sooner or later, a good result; it matters not whether the cases are of simple goître or the more complicated cases under consideration.

The two before-mentioned cases were well-marked cases of exophthalmic goître, and both treated with the same remedies during a period of four months, namely, the frequent application of the red mercuric iodide ointment, in the way stated above, and the internal administration of two minims of Fowler's solution of arsenic three times a day. One patient was a gardener, 23 years of age, whose recovery was complete; the other case, a lady, aged 37 (companion to a patient of mine), whose condition improved rapidly. In three months the goître was reduced in size by 3 in. (by measure over the swelling round the neck). This lady recovered after a prolonged suffering of 17 years.—I am, etc.,

Clifton, Oct. 30th. WILLIAM PROWSE, M.R.C.S.Eng.

SIR,—I have just read, with interest and profit, Dr. Hector Mackenzie's masterly summary of current knowledge relating to this disease. The summary is masterly, but the final conclusion as to the desirability of operating seems to me weak, and not the logical outcome of the facts stated. Nothing could be more frankly impartial than Dr. Mackenzie's review of the various methods of medical and hygienic treatment and their utter inutility, or slow and uncertain, or partial success. But when we come to the statistics of Kocher's operations, we at once find that 76 per cent. of his cases were cured and 14 per cent. improved, 90 per cent. in all either cured or benefited, and of the remaining, 6 per cent. died, probably soon after the operation, and 3.8 per cent. may be considered failures. Now probably 90 per cent. of the six who died of the operation would have been cured or improved, so that including a just proportion of the fatal cases, the percentage of cured and improved would probably be 95 per cent., which I hold to be a magnificent result for an operation which is, even yet, comparatively new, and the technique of which may reasonably be supposed to be capable of a considerable degree of improvement. Also we should remember that most of the cases benefited by operation would be benefited rapidly, whilst those cases recovering under medical measures would be years under treatment. I was disappointed to find in Dr. Mackenzie's address no allusion to the treatment of exophthalmic goître by the intraglandular injection of a solution of iodoform in ether. Abadie and Collon, who have tried this method on 24 cases, report 12 cases cured, 9 notably and permanently improved, and 3 only temporarily improved, a percentage of benefited cases almost equalling Kocher's thyroidectomy results; but in the injected cases there were no fatalities. Therefore, contrary to Dr. Mackenzie, I hold that the balance of evidence is altogether in favour of thyroidectomy and injection, and against medical measures pure and simple, and as between thyroidectomy and iodoform injection, I consider the balance rather in favour of injection. It will be observed that Dr. Mackenzie gives us no statistics of cases treated by medical measures alone, but only remarks, in a very general way, that about 50 per cent. "make a fairly good recovery," whatever this may mean.—I am, etc.,

WM. HARDMAN, M.D.Edin., J.P., etc.

Blackpool, Oct. 30th.

UP-TO-DATE SURGERY AND THE TREATMENT OF CANCER.

SIR,—Dr. Lovell Drage's letter in the BRITISH MEDICAL JOURNAL of October 28th raises a rather important point. He does not seem to be aware, or to realize, that there are curious inflammatory conditions of the abdominal cavity which, even on inspection, are so difficult of diagnosis, so like cancer as to deceive the most skilled surgeon or pathologist.

I once operated upon a hospital patient of the late Dr. Cavafy, and found the stomach infiltrated and bound down by a dense white growth, which obstructed the cardiac orifice, and rendered it impossible to draw the viscus forward. The patient died of gradual exhaustion some weeks after. At the autopsy, portions of the growth were examined, removed, and still thought to be carcinomatous. Under the microscope, to our surprise, the mass was purely inflammatory. There could be no doubt of this. Nothing resembling cancer was found. The pathologist engaged in this case is certainly one of the most skilled and accurate in this country; but he was in error.

I have twice opened the abdomen for what, apparently, was hopeless malignant disease, and the great tumours have spontaneously withered and disappeared afterwards. I never knew the true explanation of these cases. In malignant disease (stricture) of the large intestine the diagnosis is still more difficult. I am forced to the conclusion either that we confuse inflammatory swellings with malignant growths, or that the latter occasionally spontaneously atrophy.

I fear that in this difficulty of diagnosis lies the truth of the apparent improvement of cases of malignant growths under various vaunted remedies. The investigators at the Middlesex Hospital could doubtless relate to us a long list of these, and be able to prove their inutility. In a pamphlet appropriately coloured of a delicate violet, a case of my own is related where improvement or cure took place under the "violet-leaf treatment" after I had pronounced it hopeless. I found on investigation that this patient had died of his malady about the time of publication of the book! These and like considerations render the mental condition of those who Dr. Drage not very courteously alludes to as "the old gang" very excusable. For myself, I would never hesitate to employ any remedy in malignant disease which could be proved to be beneficial or curative. So many have been brought forward in the last twenty years and consigned to the limbo of obscurity,

that doubt must of necessity arise in the minds of those who approach the most difficult of all problems with the humbleness begotten of a knowledge of its mystery, and a desire for accuracy and truth.—I am, etc.,

London, W., Oct. 28th. A. MARMADUKE SHEILD.

SIR,—The letter which appears in the BRITISH MEDICAL JOURNAL of October 28th, over the signature of Dr. Lovell Drage, illustrates most aptly the need for what he somewhat impolitely calls "the stopping power of the old gang." A phrase by which he appears to mean the caution and logical attitude taken up by the hospital surgeons of this country in reference to the treatment of cancer by other than operative measures.

I have no wish to enter upon the merits or demerits of the particular case he quotes, because the greater one's experience of visceral surgery the more one recognizes how difficult it is to make an accurate diagnosis in every case of abdominal swelling. But I desire to protest as strongly and as publicly as possible against the increasing tendency to record such isolated cases as that published by Dr. Lovell Drage—a single case of doubtful nature whose course is not yet run, treated by an unproved remedy. Such cases should, if possible, be multiplied and the results should be collated, tabulated, and thought over before any record is published; otherwise harm is done to the author, to the public, and to medical science. To the author, because it compels us to doubt his sense of proportion; to the public, because it leads the patient to delay an operation when prompt action alone offers a cure in the present state of our knowledge; and to medical science, because it wastes the time of those who are striving to discover the secret of cancer.

Every surgeon of repute is anxious and willing to administer any remedy which holds out even a remote chance of arresting or delaying the progress of cancer. We are constantly trying new remedies as they are brought to our notice, because, like Gamaliel, we know that "if this work be of man it will be overthrown, but if it is of God ye will not be able to overthrow them." If the remedy does not immediately fulfil the promise of its promoter we abandon it unhesitatingly and resort at once to the knife before the patient is harmed by delay. Our sole stipulation with the inventor is that his method shall be tried on straightforward cases of cancer in which there is no doubt as to the diagnosis. We tell him that there are plenty of doubtful tumours which have become smaller by lapse of time and treatment by high-frequency currents, various kinds of serum, the injection of complex organic compounds, *et hoc genus omne*. In no single case have we yet seen a genuine scirrhus or an undoubted epithelioma whose course has been modified or whose growth has been hindered for a single day by any of their methods. Such a consummation may perhaps be attained in the future, but it is not yet. For the present it is better to try, wait, and think rather than have the *insanabile scribendi cacoëthes* which is at least as old as Juvenal.—I am, etc.,

London, W., Oct. 29th. D'ARCY POWER.

POST-MORTEM MENINGEAL INFECTIONS.

SIR,—In the report in the BRITISH MEDICAL JOURNAL of October 28th, of the very interesting discussion, opened by Dr. Howard Tooth and Dr. Thomas Horder on the "Pathology, Diagnosis and Treatment of Various Forms of Meningitis," the latter writer, speaking of "mixed infections of the meninges," which he believes to be "less common than is usually stated," goes on to say (p. 1015), "strict account must be taken of the fact that a subarachnoid exudation rapidly becomes the seat of *post-mortem* contaminations of considerable number and variety."

This statement I regard as one of extreme importance; and looking to the great obscurity of the subject and the uncertainty of our knowledge (apart from more or less probable conjectures) as to the precise modes by which infection is brought about in meningitis, as well as in other diseases, I trust Dr. Horder, as a careful worker, will be able to throw some further light upon this subject.

How can the subarachnoid exudation, as he says, "rapidly become the seat of *post-mortem* contaminations of considerable number and variety"? If the fact be as he says—and I believe it to be true—it is one which seems to me to be strongly opposed to some fundamental bacteriological doctrines. Perhaps Dr. Horder will kindly give us some hints as to how this *rapid multiple contamination* with bacteria can be brought about. The *post-mortem* process of infection ought to be capable of throwing much valuable light upon what also occurs during life.—I am, etc.,

London, W., Oct. 28th. H. CHARLTON BASTIAN.

THE BRITISH MEDICAL BENEVOLENT FUND.

SIR,—It is well that many of us are at length beginning to take an interest in this fund. Every profession has its poor always with them; in our profession the majority are poor. We should help each other, and the poorest among us may surely spare a yearly half-crown for so deserving a fund. But, all things considered, any aid it can give must be insufficient.

Should any member of our profession be so poor as not to afford provision, in case of death, for those dependent on him? Should the pitiful and almost sordid appeals we are accustomed to be inevitable? We are fairly-well organized in a great Association, and yet our pecuniary status is miserable. The root of the matter, it seems to me, is that we have managed to give the public the idea that we are not professional men but philanthropists. Only philanthropists could serve men, earning from 30s. to £2 weekly, for the sum of one halfpenny per week. Only philanthropists could spend, perhaps, a whole night at a confinement for the sum of 7s. 6d. I know colleagues who do both—men who were in practice when I was a schoolboy. From the same class of patients I get regular fees and a minimum confinement fee of one guinea. Is it fair that the dependants of such members of the profession should at the end appeal to the charity of those whose interests have been betrayed and who thus are themselves poor?

There is not one among us, I am sure, who does not willingly give his services gratuitously to the deserving poor. But to those who are not poor we should not.

With all deference to the good Sir William Broadbent, I think there are too many of us, and the patient tends to go to the lowest bidder. If there were not too many of us would not our own self-respect and consistency with our own honour prevent us from the degradation of club and dispensary practice as these now are?

One wonders, sometimes, whether the obvious want of culture and even of education in many members of our profession be not a contributory cause of the self-degradation that must be both cause and effect of their too common subservient relation to the public.

Notwithstanding the many discussions on contract practice, are we any nearer the goal? There is a grim humour in the almost unanimous approval of the principles in regard to contract practice advocated at the Leicester meeting, and the equally unanimous refusal of those engaged in contract practice to apply the principles.

Our motto seems to be "Every man for himself and the devil take the hindmost—to the workhouse!"

In at least one non-established church in Scotland insurance is compulsory—the premium is deducted from the stipend. The system has been a great success. Is it impossible to formulate a scheme for the medical profession?—I am, etc.,

October 20th. M. B.

SIR,—I have before me Sir William Broadbent's letter in the BRITISH MEDICAL JOURNAL of October 7th, *re* the British Medical Benevolent Fund, and a pitiable tale he tells us. But are there not two sides to the question; and, although it appears cruel to say so, is not the existence of this fund some inducement to impecunious men to risk entry into the profession? Is it not partly our own fault that such conditions exist? I hold that the profession is overstocked, and that while this is the case no man should be induced to enter it unless he has a private income at his back at least sufficient to keep him from starving. If a club worth £60 or even £30 a year is in want of a doctor, you will find several men ready to compete for it, and a Poor-law appointment of £100 will bring half a dozen. They must get something or starve. Meanwhile the profession is fast becoming a byword with the public. I look at *Punch* of October 4th, and on one page find three separate allusions to the profession, none of them very complimentary.

This frightful competition means loss of all self-respect and consequently degradation. I think you, Sir, are not altogether without blame in this matter. In your Educational Number, page 469, you say: "No practitioner who is able and willing to work need starve," and "all should be able to earn £400 to £500 a year." I have seen it stated in the JOURNAL more than once, and never contradicted, that more than half the medical practitioners in the United Kingdom are earning