

alogues.—Another man, alleged to be a swindler, is reported from the City of Mexico. He presents alleged letters of introduction and pretends that he is an Odd Fellow and an Elk. He calls himself F. August Harbers, is a large, fair man, of about 35 years of age. Our correspondent does not state in what way he and others were victimized—perhaps they loaned money to him. Swindlers of various sorts are operating all over the country, and will continue to do so as long as they find it possible to succeed without capture.

LONDON LETTER

(From Our Regular Correspondent)

LONDON, Jan. 28, 1911.

Great Fall in Infant Mortality

The returns for 1910 show the unprecedentedly low figure of 106 deaths of infants under one year, per 1,000 births. The great improvement which has been made is shown by the fact that the figure in 1901 was 151. The previous lowest figures were 109 in 1909, and 118 in 1907. In London, the record is even more startling, the infant death-rate in 1910 being only 102, as compared with 148 in 1901; while in the part of England and Wales outside the 213 great towns the rate in 1910 was only 96. The importance of these figures may be gathered from the fact that had the infant death-rate in 1910 been as high as in 1904, 151,000 more deaths would have occurred. This result has been due to a number of factors. Cool summers always mean a low infant mortality, in consequence of a great diminution in summer diarrhea. But similarly cool summers have occurred in past years with no such low infant mortality. The principal cause is the great attention which has been paid to infant hygiene in the last few years. This dates from the Conferences on Infant Mortality, which were addressed by Mr. John Burns, the president of the local government board, in which he urged the sanitary authorities to "concentrate on the mother" and to secure for infants better conditions of housing and a more favorable environment. During these years, the Notification of Births Act (by which local health authorities can render compulsory the notification of births) has been adopted in the districts most needing its work. Following the notification is the health visitor who gives the mother any necessary advice. The subject of infant hygiene has become increasingly popular.

Prevention of Sleeping-Sickness

A conference, convened by the British government, is now being held daily at the foreign office, as a result of representations made of the danger of spreading sleeping-sickness by the construction of the Rhodesia-Katanga railway which runs beyond the Congo frontier. The delegates include M. Melot, representing the Belgian government, and Dr. Bagshawe of the Sleeping-Sickness Bureau. The conference recommends that in the case of new railway extensions the route of the lines should be inspected for the *Glossina palpalis*, that maps of the fly area should be prepared, that railways should cross the fly belt at the narrowest points and not follow them, that there should be no station, building, or stopping place in the area, and that laborers on the line should be recruited under such conditions as to avoid infection. At a meeting of the Royal Society reports were received from Col. Sir David Bruce, director of the society's commission for the investigation of sleeping-sickness at Uganda, describing the results of experiments to ascertain if the antelope and domestic fowl of Uganda act as reservoirs for the trypanosome of sleeping-sickness.

The tsetse flies around the northern shores of the Lake Victoria Nyanza still retain their infectivity for sleeping-sickness in spite of the fact that the native population was removed from the lake shore three years ago. A series of experiments was therefore carried out to ascertain if the antelopes, which are common on the uninhabited shores of the lake are capable of acting as hosts of the parasite of sleeping-sickness. Eleven antelopes of the waterbuck, bush-buck and redbuck species were obtained from a district where tsetse flies and sleeping-sickness do not exist. Blood from these animals was first inoculated into monkeys to ascertain if they were naturally infected with trypanosomes. They proved to be healthy in this respect. Tsetse flies known to be infected with the trypanosome were then fed on these antelopes. After about eight days the blood of the antelopes was inoculated into susceptible animals with the results that the latter became infected with trypanosomes in every instance. In eight out of the eleven antelopes the trypanosome appeared in the blood for a few days only (seven to twelve days) after they had been bitten by infected flies. Flies that had

been hatched out in the laboratory and had never fed before, were fed on the infected antelopes and subsequently on monkeys. After an interval of about thirty days (required for the development of trypanosomes within the fly) monkeys were infected by the flies in sixteen out of twenty-four experiments, but the animals remained in perfect health. No wild antelope inhabiting the lake shore has yet been found naturally infected. With regard to birds, there is evidence that tsetse flies feed on the blood of birds as well as mammals on the lake shores. But the conclusion from twenty-one experiments with domestic fowls was that these do not act as a reservoir for sleeping-sickness.

Physician vs. Pharmacist

The pharmacists have not been long in preparing a counter stroke to the report of the government commission on unqualified practice. As stated in a previous letter to THE JOURNAL, pharmacists were severely criticized for usurping the functions of physicians and prescribing for patients. The parliamentary committee of the Pharmaceutical Society has passed the following resolution which has been adopted by the general council of the society: "That having regard for the grave dangers attending the dispensing of medicine and the handling of poisons by unqualified persons, and to the fact that at the present time the precautionary measures imposed by statute on chemists and druggists do not apply in the surgeries and dispensaries of medical practitioners, the privy council be urged to authorize an investigation into the conditions under which the storage, compounding and dispensing of medicines, and their distribution, are carried on in various surgeries, dispensaries and similar establishments in Great Britain." This resolution refers to the fact that physicians are subject to no regulations whatever in the compounding and dispensing as are pharmacists. Thus the shops of the latter are periodically inspected and their drugs and preparations must be up to the standard of the Pharmacopoeia. Pharmacists complain that the physician's training in pharmacy is confined to a three-months' course and when he starts practicing he is allowed to handle the deadliest poisons free from the supervision of inspectors. The ideal of the pharmacists is that all medicines should be dispensed by a registered pharmacist, or under his supervision, but in the meantime they will agitate for the inspection of physicians' dispensaries. The contention of the pharmacists that physicians are not competent for their own dispensing is not correct. A physician who dispenses confines himself to a limited number of drugs and preparations for which he has a preference. At one time physicians made their own pills; now they almost always obtain them ready made. Cases of poisoning from mistakes in dispensing are exceedingly rare and cannot be said to occur more frequently in physicians' dispensaries than in pharmacists' shops. However, some physicians are in favor of confining dispensing to pharmacists. They consider this more in keeping with the dignity of the profession and desirable on other grounds, such as giving the physician more time for his proper work. This is the practice in the higher ranks of the profession. Indeed a man with the rank of M.R.C.P. (Member of the College of Physicians of London, a consultant's qualification) is not allowed to dispense medicines. But this ideal is unattainable by the rank and file of the profession. The fees are too small to allow the pharmacist's profit to be paid out of them. Sometimes the fee for advice and medicine at the physician's office runs as low as \$0.25, or even less, a sum lower than what may be charged by a pharmacist for a mixture.

Dentist Found Guilty of Manslaughter of a Patient Who Bled to Death After Extraction of Teeth

In a previous letter to the JOURNAL the case was reported of a girl, aged 19, a school teacher who on June 18 had some teeth extracted at Bantry, Ireland, by a traveling unqualified dentist. For some days before, she had had some bleeding from the gums and a purpuric eruption on the face, hands and other parts. The dentist injected cocaine into the gums and extracted four front teeth from the upper jaw and two from the lower. The girl left the room bleeding profusely from the mouth and went to a neighboring house, where she fainted. The dentist was summoned and tried to stop the hemorrhage with perchlorid of iron, but failed. A physician was then called but in spite of all that he could do the bleeding continued and the girl died at the end of forty-eight hours. The dentist has now been indicted for manslaughter. The judge, in summing up, said that it was a very serious thing that a man who was not qualified should practice dentistry, though the law permitted it. If the prisoner had been guilty of a mere error of judgment, although he was unqualified, the