

In this case, because that witness occupied the chair of *Materia Medica* in a medical college, while the one opposed to him was in a college of pharmacy, it was only with great difficulty that the jury could be convinced that his testimony was incorrect. It is this ignorance of the jurors, their complete dependence upon the statements submitted, and their unfitness for grasping and interpreting technical facts, in which the danger of this method of deciding such questions principally resides. As to the tendency of the witnesses to speak correctly, we must consider whether government witnesses, with no other influencing motive than that of justly and impartially upholding the law, are more or less likely to testify truthfully than are men who have been offered a rich fee, often a temptingly large one, to say that for the saying of which they are to be paid.

After all, could there be a more satisfactory method of deciding contested cases than by a central reviewing board at Washington, properly constituted and manned? Such a board should of course be sufficiently large to contain experts in every subject coming before it, so that it would collectively represent a greater and more accurate knowledge and better judgment than that of any of those whose opinions are to be reviewed. I am not discussing whether this is or is not true at present, but merely submitting the opinion that this method, properly carried out, is the ideal one and that it is free from those objectionable features which are collectively represented by the term "bureaucratic."

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#### HYPODERMIC INJECTION OF PHENOL FOR TETANUS.

In spite of treatment by antitetanic serum, cases occur in which the course of the disease does not appear to be checked. In one such case of traumatic tetanus recorded, in which the gravest symptoms developed even after the administration of two successive injections of serum, rapid amelioration and ultimate cure were obtained by the use of hypodermic injections of phenol. The dose given was 2 mils of a 5 per cent. solution, every two hours for six days, then every four hours for another five days, after which they were no longer needed. No urinary pigmentation and no albuminuria were observed, but a carbolic rash appeared about the seventh day of treatment. It is stated that the gross mortality in cases treated with antitetanic serum is from 61.8 to 78.9 per cent. Bacelli, the originator of the phenol treatment, gives the mortality by that method as only 17.4 per cent. Since the hypodermic injection of phenol in no way interferes with the action of serum previously administered as a preventive, it is worthy of extended use where the former appears to have failed and the disease shows signs of developing.—Drs. Purves Stewart and J. T. C. Laing (*B. M. J.*, 1914, 2, 1098).