

to this particular purpose, and that many would be willing to increase their annual subscriptions for so good an object.

I hope the idea may commend itself to the executive committee and if so I shall be very pleased to become a subscriber of an additional 100 guineas.

Yours faithfully,
JOHN AIRD.

THE MEDICAL OFFICERS OF THE MACCLESFIELD BURIAL SOCIETY.

To the Editors of THE LANCET.

SIRS,—We, the undersigned medical practitioners, desire to call the attention of the medical profession to the unsatisfactory relationship which exists between the Macclesfield No. 1 General Burial Society and its two medical officers who have recently resigned. This society contains 6406 members and the remuneration paid is £250 per annum for medical attendance and an additional £100 per annum is paid to a local chemist for dispensing; the actual sum thus paid per head per annum is about 9½d. and this, we are of opinion, is grossly inadequate. The payments to the medical officers are based on the proportion of sick notes received by them, each note remaining valid for the current three months. This payment is made not on the number of members entitled to medical benefit, but each medical officer is paid according to the number of sick notes received by him from the members requiring medical attendance.

In consequence of the resignation of the society's two medical officers an attempt is being made by advertisements extensively circulated in the lay press to fill the vacancy thus caused. We are most anxious that intending applicants should be made acquainted with these facts as we feel confident that no medical practitioner would accept the position which extensive experience has shown to be unremunerative and which is in direct opposition to the strongly expressed opinion of the whole medical profession in the town.

We are, Sirs, yours faithfully,

JOHN L. RUSHTON, SENR.,	ROBERT PROUDFOOT,
JAS. BRIERLEY HUGHES,	JOHN BRIERLEY HUGHES,
JOHN SOMERVILLE,	C. A. NEWBALD,
C. A. BRADLEY,	JOSEPH WESTMORLAND,
W. H. CLARKE,	J. LATHAM RUSHTON.
C. AVERILL,	L. T. FRASER,
W. H. TOWNSEND STORRS,	A. M. CLARK.
J. HEDLEY MARSH,	

Macclesfield, May 17th, 1904.

THE SO-CALLED PANCREATIC REACTION IN THE URINE.

To the Editors of THE LANCET.

SIRS,—The fact that Dr. C. E. Ham and Dr. J. B. Cleland have obtained crystals from normal urine and distilled water is in itself conclusive evidence that their technique is at fault. The source of fallacy that they apparently have not guarded against is the difference in solubility in hot and cold water of lead chloride. For while water at 0° C. only takes up 0.8 part, boiling water dissolves 4 parts. Even a few degrees difference in the temperature of the urine during neutralisation and that of the room in which it is finally left to stand will give rise to the presence of lead salt crystals such as they have met with. The undue concentration of the urine to which they refer would also facilitate the separation in crystalline form of the lead chloride held in solution by the warm urine, so that, as they remark, "the presence or absence of these crystals depends on the concentration of the liquid." Another point which has possibly contributed to their failure successfully to carry out the test is faulty filtration after neutralisation. Unless great care is taken in this process a considerable quantity of lead salts is liable to be carried through in the first part of the filtrate, especially with some samples of lead carbonate.

A little practice with pancreatic cases will demonstrate to your correspondents that the lead salt crystals they have met with are quite distinct both in behaviour and appearance from the crystals I have described in cases of pancreatic disease and that they are in no sense identical. In writing the description of the process for my Arris and Gale lecture I did not enter into these details as they are facts with which anyone having even an elementary knowledge of chemistry must be well acquainted, but I think that my

directions are sufficiently explicit, provided that they are intelligently and carefully carried out.

My own experience since the publication of my lecture, and various communications I have received from other observers have only served to strengthen my conviction, that, in competent hands, the test is a useful aid to diagnosis when the results are considered in conjunction with the signs and symptoms found at the bedside, as is the case with all clinical pathological investigations. In my lecture it is distinctly stated that the theory concerning fat necrosis and glycerine excretion was only a working hypothesis on which the initial experiments were based and, whatever the doubts of Dr. Ham and Dr. Cleland may be as to its scientific basis, it has proved a useful starting point for a series of most interesting investigations.

I am, Sirs, yours faithfully,

Beaumont-street, W., May 16th, 1904.

P. J. CAMMIDGE.

To the Editors of THE LANCET.

SIRS,—With reference to the letter concerning Dr. P. J. Cammidge's test in THE LANCET of May 14th, p. 1378, I should like to be permitted to mention that I have been surprised to get also positive results in cases (chiefly surgical) where no pancreatic lesion was suspected. In the last case in which the test was applied—a case of chronic bronchitis and dilated heart, with ascites—there was no indication of abnormality in the pancreas post mortem. Though limited to the experience of few cases the news that the test answers with a simple solution of a lead salt makes me interested to learn the result of further discussion of the test, and supposing it to be a sound one is it not possible that cases of alimentary glycosuria, for instance, may also exhibit higher glycerine compounds in the urine at times when no sugar is present and thus render the reaction nugatory as indicative of purely pancreatic disease?

I am, Sirs, yours faithfully,

O. C. GRUNER, M.B. Lond.

Pathological Laboratory, Leeds General Infirmary,
May 17th, 1904.

SUPPURATIVE OTITIS.

To the Editors of THE LANCET.

SIRS,—The every-day neglect of one of the most distressing diseases of childhood, suppurative otitis, is still a reproach to a scientific and humane profession. I attribute this neglect to the common impression that the disease is generally incurable—a belief engendered by numerous failures with faulty methods of treatment. There has also arisen a well-founded distrust of the radical operation so called, attended as that operation is with grave risks to life and hearing. In these circumstances I think the results already attained by my methods of intrameatal treatment are worthy of the attention of medical men. I have now performed otectomy on more than 50 occasions. This is an operation I have found useful in obstinate cases and roughly consists in the removal of remains of the membrana tympani together with other diseased tissues in the middle ear and attic. It is admittedly a bold proceeding and one to be justified by results. I will briefly summarise them. The operation has not occasioned any serious disturbance in any of my cases. The temperature remains near the normal. Only one case has complained of severe pain, while all the children operated on have seemed to be wonderfully free from pain after operation. I have had two cases of facial paralysis that soon cleared up but no case of permanent facial disfigurement. With regard to hearing, there has been distinct improvement in more than half the cases; in one still under treatment there has been so far a decided decrease in auditory power. With regard to the main result aimed at—namely, disinfection of the ear—otectomy has proved of great assistance.

I must emphasise the point that the ears operated on were in a very bad condition. Many of them had been for months under skilled treatment but they were when seen by me in a most offensive condition. The usual treatment had been thoroughly tried, in many cases by well-known specialists, and had conspicuously failed. These ears are now sweet with the exception of one recently operated on and in most of them the discharge has quite ceased. A number of recent cases are now under treatment and are doing well. The conclusion I have arrived at is this, that otectomy renders possible the disinfection of a suppurating

ear and gives rise to little pain or other disturbance. It opens a new and important chapter in aural surgery and I invite the attention of medical men to a method that places the treatment of otorrhoea on a more satisfactory basis.

"Do ye hear the children weeping, oh, my brothers?
Ere the sorrow comes with years;
They are leaning their young heads against their mothers,
And that cannot stop their tears."

I am, Sirs, yours faithfully,

F. FAULDER WHITE.

Birmingham, May 10th, 1904.

NEURO-RETINITIS IN CHLOROSIS.

To the Editors of THE LANCET.

SIRS,—In his article on Neuro-Retinitis in Chlorosis published in THE LANCET of May 14th, p. 1345, Mr. J. Jameson Evans makes me responsible for the suggestion "that thrombosis of the cavernous sinus is the primary cause of the neuro-retinitis." As no reference is given I cannot say upon what this statement is founded but I must decline to accept it as an accurate interpretation of what I have written on the subject of optic neuritis in chlorosis. It is true I have advanced various arguments in support of the view that thrombus formation in one or more of the intracranial veins or sinuses is the probable cause of this condition but I have expressly disclaimed the proposition that to produce such a result the thrombus must needs occupy the cavernous sinus. In an article published in 1902¹ I wrote: "..... It is not necessary to assume that to produce optic neuritis a thrombus must be situated so as mechanically to interfere with the venous return from the eyeballs. A thrombus once formed is for all practical purposes a tumour in the sense that it is a 'foreign body' or 'adventitious product' within the skull. And whatever conflict of opinion may yet exist regarding the manner in which cerebral tumours cause optic neuritis it is certain neither the size nor the position of the tumour is the determining factor. A thrombus in this respect doubtless behaves in the fashion set by other forms of 'tumour.'" This is an entirely different suggestion from the one with which I am credited in Mr. Evans's article and I shall be obliged if you will permit me to correct the mistake through the medium of your columns.

I am, Sirs, yours faithfully,

Harley-street, W., May 16th, 1904.

C. O. HAWTHORNE.

THE OLD HARDSHIP OF LONDON MEDICAL STUDENTS.

To the Editors of THE LANCET.

SIRS,—Your annotation in THE LANCET of May 7th, p. 1293, on the Old Hardship of London Medical Students reminds me of my own case, and I shall be gratified if you will express your opinion as to whether I am justified or not in thinking myself hardly treated in these circumstances.

I am an M.R.C.S., L.R.C.P.; I qualified in 1892. I am an undergraduate of the University of London. Owing to circumstances I was unable to present myself for my final M.B., but was obliged to start practice in the country immediately I qualified. A few years ago I came here and in October, 1900, I went up for my M.B. I was referred in medicine only, not being weak in any other subject. I went up again in October, 1902, and was then referred in surgery only. I went up again in April, 1903, and was again referred in surgery only; on both these occasions I was not "weak" in the other subjects. Last October I again went up and was ploughed in midwifery only. Now I certainly do not know less of that subject than I did on the previous occasions as I had gone over the subject again, besides having had further clinical experience, and yet although on two occasions running I have thoroughly satisfied the examiners of my knowledge I am now told I am so ignorant that for that only I must be refused my degree.

You know, Sirs, the great expense and trouble that it is for a man in practice to go up for such a long examination. Surely there should be some appeal. I wrote to the medical dean and received a kind and sympathetic reply and he forwarded my letter to the registrar, but the registrar wrote saying it was very easy for a candidate to pass by a narrow

margin on one occasion and to fail on the next, which was hardly *apropos*, as if I had passed by a narrow margin I should have been marked "weak." Apologising for troubling you,

I am, Sirs, yours faithfully,

May 7th, 1904.

HARD LINES.

THE INSTITUTE OF MEDICAL SCIENCES AND UNIVERSITY COLLEGE.

To the Editors of THE LANCET.

SIRS,—A letter from Mr. T. Bailey Saunders to the *Times* of May 19th expresses very clearly the confusion which the gift of Sir Donald Currie to University College Hospital appears to have created and to which reference was made in your columns.¹ The writer points out that he does not understand the continued existence of University College, London, after its incorporation with the University of London. He also finds in the proposed continuance of the teaching of the subjects of preliminary and intermediate medical study at University College either an apparent opposition to the essential principle of an institute of medical sciences or an indication that concentration is to take place in more than one centre, or that the institute, if created is to have its site in Gower-street. Mr. Bailey Saunders was, it will be remembered, the secretary of the commission which ultimately led to the change of the University of London to its present condition. If it is not clear to him whether it is proposed that the institute of medical Sciences should compete with what will become an integral part of the University or whether there has been a misunderstanding about the institute, and that it is merely to be a change of title that is contemplated, I think some enlightenment should be vouchsafed. It is a new and not very welcome idea that after all that has been written on this subject we may one day be greeted with the announcement of the opening in Gower-street of an "Institute of Medical Sciences, vice University College, resigned." The subject is one which needs elucidation.

I am, Sirs, yours faithfully,

F.R.C.P.

NOTES FROM INDIA.

(FROM OUR SPECIAL CORRESPONDENT.)

The New Water-supply Scheme for Calcutta.—The Plague Epidemic and its Huge Mortality.—Septic Tank Installations in Bengal.

MUNICIPAL Calcutta is just now engrossed with the great scheme for an increased supply of drinking water put forward by its new engineer. According to the Act a constant service has to be installed throughout the city during the next two years but up to the present only the northern part of the town has been so supplied. It is found that the consumption under the constant supply equals about 24 gallons per head daily and the existing mains bringing the filtered water from Fulta by gravitation only supply about 20 gallons per head per day for the whole city. Already there is a cry for more water and it is stated by the native commissioners that the people of Calcutta are accustomed to use more water than the inhabitants of Europe and consequently require more. The question is how to obtain it, and the proposals put forward are (1) to construct a fresh main from Fulta, costing 21½ lakhs of rupees and giving an additional 12,000,000 gallons of water daily; or (2) to pump water into the two existing mains at 15-foot pressure so that 6,000,000 gallons extra could be obtained at an outlay of about one lakh and an annual cost of about half a lakh. The difference of expense is not so great as at first sight appears but the smaller scheme seems to find the more favour. It is a short-sighted policy and one which Calcutta will suffer for at no distant date. Apart from this increased supply the engineer proposes a scheme to obtain the necessary pressure in the distributing mains throughout the city by gravitation instead of by pumping. The proposal involves a capital outlay of no less than 33½ lakhs of rupees and consists in the construction of a steel re-ervoir capable of holding 5,000,000 gallons raised to a height of 85 feet at the floor. This is to be put up at the north of the town. It will be 265 feet square and 13 feet deep,

¹ Brit. Med. Jour., Feb. 8th.

¹ THE LANCET, March 26th, 1904, p. 880.