majority to other and more social views. Subscriptions or donations to the funds of the league may be sent by crossed cheque to the Secretary, Imperial Vaccination League, 53, Berners-street, London, W., or to myself.

I am, Sirs, yours faithfully,

E. GARRETT ANDERSON,
Honorary Secretary, Imperial Vaccination League.

4, Upper Berkeley-street, London, W., June 20th, 1903.

BLOOD PRESSURE.

To the Editors of THE LANCET.

SIRS,—I have to thank your correspondent Dr. C. P. White, writing in THE LANCET of June 20th, p. 1767, for a correction—the term "cubic" having unfortunately crept into the type-written copy of my address[1] in connexion with millimetres of mercury pressure, that term being, as he says, the measure of volume. With regard to Dr. White's reference to the diminution of the partial pressure of the oxygen in the higher altitudes being possibly the cause of the rise in blood pressure, it may, I think, be an important factor in the background as it were; but I am disposed to think that other causes are at work. My conclusions were strictly limited to the data observed, which pointed to the proximate causes of the rise. I am satisfied that the primary effect of altitude is to lower the arterial pressure and that in winter this effect is apparent in the medium altitudes; but that in the higher altitudes other factors of causation step in which raise the pressure. It is possible, for instance, that temperature is one of these. The whole subject requires further investigation. When the Yungfrau railway is extended to 13,366 feet a good opportunity for this inquiry will be afforded, inasmuch as the railway carriage will provide the important conditions of rest and equable temperature. The interesting paper of Dr. Theodore Zangger in your issue of this week shows the necessity for such an inquiry and I am looking forward to an opportunity of doing further work in this direction. Dr. White mentions the increased pulse-rate in balloon ascents up to the height of 24,000 feet, which is interesting, but may not the psychological element in ballooning somewhat impair the reliability of any conclusion as to the effect of altitude on the pulse-rate?

I am, Sirs, yours faithfully,

GEORGE OLIVER, M.D., F.R.C.P. Lond.

Harrogate, June 20th, 1903.

SYPHILIS—A QUESTION OF PROCEDURE.

To the Editors of THE LANCET.

SIRS,—I should very much like to know what is the proper course of procedure in the following case.

A patient is seen at the out-patient department of a hospital and is found to have secondary syphilis with ulcerations of tonsils, lips, &c. He states that he is a baker's assistant and that whilst not handling the dough *he handles the baked loaves just prior to their being sent out for consumption.* On being told that he must not continue this work he refuses, saying that he cannot afford to give up his "job."

What course should I adopt? 1. Should I write to his employer? If in this case he is dismissed, do I render myself liable for damages in a court of law? 2. Should I communicate with the medical officer of health of the district? And if he is subsequently dismissed owing to this officer's action, do I still render myself liable? 3. Should I take no notice and allow this filthy state of things to continue?

I am, Sirs, yours faithfully,

J. GAY FRENCH, M.B. Lond., M.R.C.S. Eng., L.R.C.P. Lond.

June 22nd, 1903.

*** 1. The employer cannot be written to without a breach of professional confidence. But the breach would, we think, be pardonable. It is a complete answer to any civil proceedings for libel or slander that the statement complained of is true, and to any criminal proceedings that it has been made in the public interest. 2. The medical officer of health might be communicated with but his power of interference is not evident to us as syphilis is not a notifiable disease. 3. We think that a distinct warning might be given to the unfortunate sufferer that unless he desists from his work until he is no longer infectious his plight must be revealed to his employer—a threat, the legality of which is perhaps doubtful. Dr. French should ascertain the views of the hospital authorities. This is important.—ED. L.

[1] THE LANCET, June 13th, 1903, p. 1643.

APPENDICITIS: A SUGGESTED REASON FOR ITS INCREASE.

To the Editors of THE LANCET.

SIRS,—The occurrence at the same time in one's own private practice of three cases of appendicitis, each demanding operation, is provocative of thought. Ten years ago cases of "perityphlitis" came under notice occasionally and a certain number of people were taken ill and died from "inflammation of the bowels" or "acute peritonitis" in whom an appendicitis was probably at the root of the mischief. My recollection is that such cases were rare and I do not remember one appendicectomy at the Royal Infirmary, Liverpool, during my period of studentship, 1887–91. At the present time appendicitis is about us on every hand. The reason for its sudden increase has yet to be shown. I do not believe it to be due to any process of evolution; the same people are having appendicitis now who did not have it ten years ago. The cause, whatever it is, must be one affecting the mass of the people, rich and poor; it must be common to all countries of high civilisation and big towns; it must be coincident with the increase in the disease.

The present conditions of food-supply and distribution may give the key to the situation. Probably four-fifths of the chief perishable comestibles are frozen or chilled for transmission or collection before reaching the consumer. Chilled or frozen meat, fish, poultry, rabbits, game, &c., are notoriously prone to rapid decomposition when removed from cold store; also, they degenerate more rapidly after cooking than unfrozen articles. Following the argument it may be that the ingestion of chilled or frozen food especially liable to rapid decomposition may result in a more septic state of the intestine than in the pre-cold storage days, and this greater septicity may in its turn account for the greater virulence of those irritations to which the cæcum and appendix have always been prone.

I am, Sirs, yours faithfully,

S. KELLETT SMITH, F.R.C.S. Eng.

Liverpool, June 22nd, 1903.

THE GENERAL MEDICAL COUNCIL AND THE ROYAL COLLEGES OF PHYSICIANS OF LONDON AND SURGEONS OF ENGLAND.

To the Editors of THE LANCET.

SIRS,—The letter of Dr. R. W. C. Pierce in THE LANCET of June 20th, p. 1768, is interesting as evidence of a "reversal of policy" on the part of the Colleges. This is to be expected. The increasing number of universities in the provinces and the establishment of facilities for obtaining medical degrees in London tend to diminish the demand for the Conjoint diploma, for no man will take a diploma when he has reasonable facilities for taking a degree, provided the respective standards nearly approximate. It is on these grounds that the Colleges should, I submit, be merged into the University of London, for though the Colleges have done good work in the past the days of the diploma are quickly passing by.

I am, Sirs, yours faithfully,

Brighton, June 20th, 1903. FREDK. W. COLLINGWOOD.

MOLYNEUX'S PROBLEM.

To the Editors of THE LANCET.

SIRS,—Dr. A. M. Ramsay's report of the case of a Man Blind from Congenital Cataract who Acquired Sight after an Operation when he was 30 years of age, given in THE LANCET of May 16th, p. 1364, is of extreme interest to students of psychology. There is one point on which further explanation would be welcomed. Dr. Ramsay says: "When asked to distinguish between a ball and a toy