

example is sufficient. A patient on the female side had a strangulated hernia, and the senior assistant medical officer and myself decided to operate. The medical superintendent was present. A general anæsthetic was administered, and I attempted to reduce by taxis; that failed. Everything was ready, and I asked the sister for a scalpel. The superintendent would not allow me to proceed further. He admitted that he could not operate himself, but thought I was too young, so to save the situation he called in an outside doctor. The doctor came in about seven hours, and after a "consultation" with the superintendent deemed it would be unwise to operate, as the patient was just dying. The patient lived for 36 hours after that.

Naturally the whole proceedings were revolting to me, and I did not remain longer in the service than I could help, neither did the superintendent encourage me to remain.

I am, Sir, yours faithfully,

April 19th, 1913.

SYMPATHETIC.

MEDICAL OFFICERS OF HEALTH (SUPERANNUATION) BILL.

To the Editor of THE LANCET.

SIR,—From all parts of England and from the north of Scotland replies to my letter in THE LANCET of April 12th have reached me. Every one of them strongly urges the necessity of including in the Bill school medical inspectors and tuberculosis officers. Widespread discontent with the remuneration at present offered, especially to school medical inspectors, is almost invariably commented on in these replies. Those who have written have also brought the Bill to the notice of their Members of Parliament.

I have sent the appended letter to Sir Philip Magnus (presenter of the Bill), Sir Henry Craik, Mr. Lough, Mr. Charles Bathurst, Sir Henry Norman, Mr. Godfrey Locker-Lampson, and Mr. Glyn-Jones, supporters of the Bill:—

I have the honour to request your attention to, and consideration of, the following amendment, which, I hope you will see, has a strong claim for insertion in the Bill during the Committee stage.

Amendment:—

That the words "Medical Officers of Health" in the title and throughout the Bill include "School Medical Inspectors and Tuberculosis Officers."

Reasons:—

- (1) Medical Inspectors and Tuberculosis Officers have salaries ranging on the average from a fourth to a half of that paid to Medical Officers of Health.
- (2) Being whole-time officers they are precluded from augmenting their salaries by engaging in other work.
- (3) About 3 out of every 4 Medical Inspectors and Tuberculosis Officers will not receive promotion from their present position because their numbers are so much greater than those of Medical Officers of Health.
- (4) They form the junior branches of the Public Health Service.
- (5) All the arguments adduced in the Bill in favour of Public Health Officers apply in the case of Medical Inspectors and Tuberculosis Officers.

A copy has also been sent to the Secretary of the Society of Medical Officers of Health, to the Secretary of the British Medical Association, and to Dr. Addison.

I am, Sir, yours faithfully,

ALEXANDER GRAHAM,

West Ham, E., April 21st, 1913.

School Medical Inspector.

PROFESSOR BIEDL'S TREATISE ON "THE INTERNAL SECRETORY ORGANS."

To the Editor of THE LANCET.

SIR,—I should not have deemed it necessary to reply to Professor Biedl's letter in your issue of April 12th were it not that the whole transaction contains a lesson both to translators and publishers, of which they will do well to take heed.

The facts related in my letter which appeared in your issue of April 5th are not in dispute. Professor Biedl now supplies some further facts, from which your readers are apparently intended to infer that I undertook to do the translation, and failed to make good my undertaking. This is not the case. The English publishers asked me to translate the book into English. To this I replied that I had no time for such an undertaking, and referred them to Mrs. Linda Forster, who by her translation of Professor Max Braun's "Handbook of Practical Parasitology" (Bale and Sons, 1910) and other foreign scientific works had proved herself

a careful and accurate translator with a lucid and agreeable English style. Mrs. Forster consented to undertake the responsibility on the condition that she might seek my opinion on doubtful points; and to this I agreed.

Then followed the happenings which I recounted in my last letter; Professor Biedl's corrections, sometimes helpful, but more often hypersensitive, of the translator's rendering of the original text, but also, and far more frequently, his painstaking Germanising of her English; the translator's protest; the Professor's insistence; and, finally, the crowning discipline of reconvertting the professorial corrections into idiomatic phraseology. In such circumstances it is not surprising that some mistakes should creep in. But then translators are notoriously unreasonable people; they have no sense of propriety.

Nor, seemingly, are publishers much better, as witness the behaviour of the English publishers in the matter of the preface. They begged me, these misguided people, to write a foreword to the English edition—an honour which, as in humility bound, in all humility I declined. In the end, however, by dextrous flattery of my vanity, soothingly applied in person by a member of the firm, I became so much puffed up with pride that I went so far as to sacrifice their interests by yielding to his solicitations. And blushing I wrote that foreword.

Professor Biedl is doubtless quite right in his conviction that a translation of the original preface by Professor Richard Paltauf would have been of more interest to the English reader. That those responsible for the sale of the English edition should have been so benighted as to hold a contrary opinion is certainly not my fault. But then publishers, like translators, are curiously obstinate and wrong-headed people. To a grievous lack of all sense of propriety they add a lamentable ignorance of their own business. It is very deplorable.

I am, Sir, yours faithfully,

Harley-street, W., April 18th, 1913.

LEONARD WILLIAMS.

ABDOMINAL OBESITY AND ITS TREATMENT BY LOW-FREQUENCY OR LEDUC'S CURRENTS.

To the Editor of THE LANCET.

SIR,—In an article on the efficiency of the high-frequency currents combined with light baths in the treatment of obesity, which appeared in the *Annals of Electrobiology* in June, 1911, I remarked that obesity is more frequent in Egypt than elsewhere on account of climatic conditions and the sedentary and inactive lives of the upper classes. It is a very common spectacle in the streets of Cairo to see a number of men with extremely prominent abdomens, as large as, and even larger than, those of women in the later stages of childbearing, and for the most part the possessors of the bulk are proud of it, and if any remark is made on their appearance they answer that their stoutness is a sign of a strong constitution and flourishing health, and that nothing in the world would induce them to do anything to diminish it. But during the last few years, though very rarely, I have been consulted from time to time by corpulent patients concerning a treatment which would relieve their infirmity. I began first by applying vibratory massage, but was obliged to abandon it on account of the fatigue to which I exposed myself, as well as my assistant, before I had come to any conclusion as to its efficacy.

J. B., 45 years old, arthritis, neurotic, and for the past five years suffering from a dilated stomach, came to consult me on March 30th, 1911. The stomach could be traced below the umbilicus. The patient wanted to return to his home in Upper Egypt as quickly as possible, and could not follow a long treatment. I applied Leduc's currents with electrode cushions, as they are applied by Professor Doumer, at Lille. The length of each application was ten minutes, and the treatment was given daily except on Sundays. On the twelfth day, besides an amelioration of the stomach symptoms the patient had lost four kilogrammes, and his abdomen had so diminished in volume that his trousers were much too large.

Since then I have looked for the chance to put in practice in cases of obesity this method of treatment by current of feeble tension and perfect regularity, interrupted rhythmically and precisely. It seemed to me that it would be very efficacious.

My experiences, although not numerous enough to justify any deliberate deductions, are not less significant; it seems to me that they might encourage medical colleagues to follow the treatment and publish the results. Here are three further cases.

1. G. P., 28 years of age, corpulent, his abdominal girth being 1.10 metres (3 ft. 8 in.), came to consult me on August 1st, 1911. I applied low-frequency currents at an intensity of 40 to 60 milliamperes, and obtained energetic contractions of the abdominal muscles without any unpleasant symptoms. The treatment, which lasted 15 minutes, was given for the first six days consecutively, and afterwards repeated three times a week. On the twelfth application the abdominal girth had diminished by 8 centimetres.

2. A. H., 40 years old, corpulent, measuring 1.16 metres (3 ft. 10½ in.) in girth, began abdominal treatment by the Leduc's currents on August 8th, 1911. In ten succeeding days' treatment his abdominal perimeter diminished by 10 centimetres.

3. M. K., 55 years old, gouty, corpulent, weighing 105 kilos, with an abdominal perimeter of 1.2 metres (4 ft.), began treatment by Leduc's currents on August 11th, 1911. At first he had ten uninterrupted applications, and afterwards received treatment three times a week. On the twentieth application, which took place in the second week in September, 1911, his perimeter had been reduced by 12 centimetres.—I am, Sir, yours faithfully,

Cairo, Jan. 25th, 1913.

Dr. S. C. DAMOGLU.

VIVIPUNCTURE OR VIVISECTION?

To the Editor of THE LANCET.

SIR,—Considering that all forms of experimental operation upon the living animal are at present comprised under the term vivisection and that the public makes no distinction between division of the tissues and simple injections, I venture to ask whether it would not be advisable to restrict the use of the word vivisection to the grosser operations and to introduce a new word for the slighter—which indeed constitute about 99 per cent. of the whole. I suggest the word *vivipuncture*, which is formed on the same lines as acupuncture. It is true that the tables differentiate between the severe and the slight form, but the antivivisectionists do not, and it is important to hammer into the public mind that the vast majority of experiments subject the animal only to an operation which the human subject is always prepared to undergo himself, and indeed often demands.

I am, Sir, yours faithfully,

Ebury-street, S.W., April 16th, 1913. RALPH W. LEFTWICH.

ROYAL MEDICAL BENEVOLENT FUND.

To the Editor of THE LANCET.

SIR,—His Majesty the King was graciously pleased last year to confer on the Fund the title of "Royal." To celebrate this event it has been arranged to hold a dinner of those interested in the Fund and its Guild. H.R.H. Prince Arthur of Connaught, K.G., has kindly consented to preside. The dinner will take place on Wednesday next, April 30th, at the Hotel Cecil. We hope it will be in all respects a complete success.

It is not necessary to refer in detail to the work of the Fund, for this is fully set forth in the monthly reports of the cases relieved which you kindly publish in your journal. The average grants are at their best but small, yet, small as they are, they are in many cases all that stand between the recipient and destitution. The grants would be greater if the annual income from subscriptions and donations upon which they depend were increased. Except for the working expenses, which are a little over 5 per cent., all that is received in the year from donations and subscriptions is expended upon the objects of charity, legacies being invested for the purpose of providing annuities. The demands upon the Fund are heavy and constantly increasing. Every little helps, and even small subscriptions are acceptable, for if every member of the profession subscribed only a few shillings a year the resources of the Fund would be largely increased, and much more could be done to relieve the poverty and distress than is at present possible.

Though the Fund is mainly supported by members of the medical profession it has strong claims upon the general public also, for which the profession does so much with

often a very inadequate return. Medical men should therefore take advantage of every opportunity which might offer to press the claims of the Fund upon their grateful and well-to-do patients, who are often only too glad to know of a deserving charity which they can safely support.

May we ask you to render another service to the Fund by publishing this letter.

We are, Sir, yours faithfully,

JOHN TWEEDY, President.

SAMUEL WEST, Hon. Treasurer.

Subscriptions and donations may be sent to the treasurer, Dr. Samuel West, 15, Wimpole-street, London, W.

11, Chandos-street, Cavendish-square, W., April 23rd, 1913.

QUIS CUSTODIET IPSOS CUSTODES?

To the Editor of THE LANCET.

SIR,—I read with interest Dr. J. Walter Carr's letter in your issue of April 12th. It would be interesting if he were to get his hospital colleague to make another blood examination under similar circumstances. I have shown¹ that in patients affected with pulmonary tuberculosis there is a remarkable variation in the number of leucocytes from day to day, and even from hour to hour.

A male patient, aged 42, under Dr. Hugh Walsham at the City of London Hospital for Diseases of the Chest, showed the following remarkable variation. On the two days in question the patient—who had tuberculosis of upper lobe of both lungs—was kept strictly in bed, and his temperature was taken each time a leucocyte count was done.

	Hour.	Temperature.	Leucocytes.	
9/12/10	10 A.M.	97.1°	18,000	Right ear.
	11 A.M.	98.1°	23,000	Left ear.
	12 noon	98.1°	19,000	Right ear.
	1 P.M.	98.1°	12,600	Left ear.
	2 P.M.	98.5°	27,600	Right ear.
	3 P.M.	98.5°	17,400	Left ear.
	4 P.M.	98.2°	26,600	Right ear.
	5 P.M.	98.5°	16,800	Left ear.
			15,900	Right ear.
	6 P.M.	98.5°	25,400	Right ear.
			24,300	Left ear.
10 12/10	8 P.M.	98.0°	15,000	Left ear.
			13,800	Right ear.
	11 P.M.	96.8°	11,200	Left ear.
			12,000	Right ear.
	8 A.M.	97.2°	11,600	
	10 A.M.	97.5°	12,200	
	11 A.M.	98.0°	14,500	
	12 noon	98.0°	13,000	
	1 P.M.	98.0°	18,500	
	2 P.M.	97.5°	15,200	
	4 P.M.	99.0°	19,000	

The blood was taken from the lobe of the ear, each ear being taken alternately, but at 4 P.M. on 9/12/10 the leucocyte swing seemed to indicate inflammation of the right ear, so at 5 P.M., 6 P.M., 8 P.M., and 11 P.M. counts were made from each ear, the one being a control for the other, yet the counts were the same from both ears, thus eliminating any fallacy due to inflammation.

I am, Sir, yours faithfully,

Watford, April 19th, 1913.

THOMAS MARLIN, M.D.

A QUESTION IN LUNACY CERTIFICATION.

To the Editor of THE LANCET.

SIR,—Will you allow me to point out that your correspondent Dr. Robert Jones, in THE LANCET of March 29th, has mistaken my meaning; probably from careless reading he confuses the present and future tenses of the verb *to be*. I took no exception to his statement "that reception orders signed by a justice not specially appointed *will be* invalid unless signed within 14 days by a justice so appointed." I simply pointed out that they *are* valid for a time, and that patients can be admitted on them and kept for 14 days, but I did not suggest that they could be detained longer unless the order were approved and signed by a judicial authority. My desire was to point out to brother practitioners that private

¹ Journal of Clinical Research, May, 1912.