NASO-PHARYNGEAL INFECTION AT THE ONSET OF CEREBRO-SPINAL FEVER.

To the Editor of THE LANCET.

Sir,—In an interesting communication to THE LANCET of Oct. 20th, in which they record the fact that of 26 men who subsequently developed cerebral-spinal fever all gave a negative naso-pharyngeal swab when examined from 2-65 days before the onset of the disease, Staff-Surgeon P. Fildes and Surgeon S. L. Baker express the opinion that this observation is not in harmony with a previous statement of mine upon this subject. This I venture to point out is a misunderstanding.

I have examined the observations which had been made by Captain M. W. Flack when acting as officer in charge of the London District Cerebro-spinal Laboratory, in the report to the Medical Research Committee to which they refer, I draw attention to the particularly careful investigation made by him of cases at the onset of the disease, and remarked that his detection of the meningococcus in the naso-pharynx of the patient at the onset of symptoms in practically all his cases—including instances where at this early stage of the attack the meningococcus was not to be obtained from the cerebro-spinal fluid—went to show that every case of cerebral-spinal fever was in reality an instance of a carrier developing the disease. By this I never meant it to be understood that the carrying of the meningococcus by the patient in his naso-pharynx was a necessary condition of a carrier state. Contrariwise, the evidence in Captain Flack's and Captain Tulloch's reports in the same volume, and the general experience, both before and since, in outbreaks among the military, is to the effect that it is comparatively rare for chronic carriers to develop the disease themselves.

The fact recorded by Staff-Surgeon Fildes and Surgeon Baker, so far from contravening the view I took, and take, of this matter, is what I have always suspected to be the case in, at any rate, a considerable proportion of those who contract the disease. I am, Sir, yours faithfully,

M. H. GORDON,

Central C.S.F. Laboratory, Caxton street, S.W., Oct. 20th, 1917.

THE BIOLOGICAL ASPECTS OF WARFARE.

To the Editor of THE LANCET.

Sir,—Dr. Harry Campbell's articles on this subject in recent issues of THE LANCET are, as his articles are usually, in keeping with the best thought of our day, but he and others have considered too little the biological aspect of the present war. A valuable book by Dr. Campbell, The War and the Evolution of the Race, was published in 1915, and there was a short correpondence last autumn in the Saturday Review on Biological Necessity, as it is presented itself to the German mind. But except for these I have seen little reference to the unscientific claim of German scientists that the war which the Germans forced upon the world was a matter of biological necessity, based upon the assumption that their particular empire must expand. This audacious claim of the professors is silent now, but it lies at the very root of the causes of the war. Nevertheless, in outbreaks among the military, is to the effect that it is comparatively rare for chronic carriers to develop the disease themselves.

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THE TREATMENT OF ENURESIS.

To the Editor of THE LANCET.

Sir,—Gradual dilatation of the bladder can usually be effected in a much simpler manner than by using the catheter. When the child wishes to micturate it hold its water while sitting quietly in a chair. It may be at first only able to hold it for a few minutes, but in two or three weeks the child can often do so for ten minutes. It means, of course, a great deal of trouble for the mother or nurse, but it saves all the objections to passing a catheter somehow what frequent, and will get the bladder accustomed to full charge. I am, Sir, yours faithfully,

SHEFFIELD NEAVE.

To the Editor of THE LANCET.

Sir,—The reference to a surgical method of treatment of enuresis tempts me to refer to a medical method which is not so well known, I think, as it might be. Dr. Edmund Cautley mentions that "mere change of surroundings, such as admission to a hospital ward, is sometimes sufficient to break the habit." The habit may also very frequently be broken by the administration of sulphonal. I give a dose of sulphonal, containing about 1 grain for each year of the child's life, every night for the first week, every other night for the second week, and every third night for the third week. In a considerable number of cases the child is permanently cured. There may be some return a few weeks or months later, when the treatment can be successfully repeated. In some cases in which administration of sulphonal is not successful, it has occurred to me that exposure might attend larger doses. Sulphonal, however, is a drug which one uses with caution. At one time I tried trional in its place, but the results were very disappointing.

I am, Sir, yours faithfully,

WALTER KIDD, M.D., F.R.S.E.

To the Editor of THE LANCET.

Sir,—The correspondence in your columns on the treatment of enuresis prompts me to point out that, so far as my personal experience is concerned, this condition, when not dependent on organic disease, is one of the most favourable for treatment by suggestion. As a rule hypnosis is not necessary and few treatments are necessary.

I am, Sir, yours faithfully,

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