the rectum held responsible for the imperfect recovery of Case 3." But surely if a patient has ulcerative colitis of such severity as to endanger his life—as stated in my paper—and, if, after removal of the colon, he still for a time continues to pass mucus and blood in his stools, it is fair to conclude (without submitting the patient to another anæsthetic for sigmoidoscopy) that the persistence of some of the symptoms is explained by the presence of ulcers in the only remaining portion of the large bowel. This inference is supported by the statement made in the description of the case that the symptoms improved under rectal lavage and vaccine treatment. This patient has just written that he has improved very much since leaving hospital six months ago.

It is only fair to add that since my paper was written I have been asked to see Case 4 again, and have found that after 18 months of perfect health she had been taken ill with headache and vomiting. I discovered a nodular enlargement of her liver, and evidence of a metastatic growth at the base of her skull. Still, I think it is surprising that she remained well so long after the removal of such an advanced cancer of the bowel, and I do not think that anyone could regard her present condition as in any way attributable to the removal of her colon.

I am fully cognisant of the severity of the operation, and agree that it should be undertaken only to relieve a very serious condition. But I feel quite certain that there are many people whose suffering can be relieved in no other way, and I wrote the paper with the object of showing that it was possible for the operation to be performed with a moderate degree of safety even by such a tyro as myself.

I am, Sir, yours faithfully,

JAMES TAYLOR,

Major, R.A.M.C.

Aldershot, August 26th, 1919.

THE ORIGIN OF LIFE: THE WORK OF THE LATE CHARLTON BASTIAN.

To the Editor of THE LANCET.

SIR,—In your issue of August 16th Commander W. Bastian, R.N., now objects to the tubes used in my experiments. I have stated that "the tubes employed were the same as those used by Dr. Bastian,"¹ but as this seems insufficient I have written to the makers, hence the delay. They reply: "The tubes were made no doubt from soft German glass tubing, in every way the same as those supplied to Dr. Bastian." (August 20th, 1919.) Evidently Commander Bastian was misled by the word "hard," which was only used relatively, not as equivalent to Jena glass.

Commander Bastian seems still doubtful whether the experiments are not invalidated because some of the tubes were kept three years. I have explained that samples were opened about every three months, but that Professor Hopkins considered it unnecessary to give details about the whole 100 tubes. As a matter of fact, I fail to see why all the organisms must be dead in three years. Because if the conditions were ever such as to produce life, there is no reason for the conditions to change; and "organisms" would be continually coming into being and dying. Since the mass of the "organisms" is infinitely small compared with that of the salts, "live organisms" should be found after any length of time, however short-lived they might be, because the process of formation would continue until the salts were exhausted, or until some harmful end-product had been elaborated. Dr. Bastian himself uses this form of argument to prove that abiogenesis is still taking place. "Relying on the uniformity of natural phenomena, we have a right to believe that the processes which originally led to the growth of living matter would constantly tend to be reproduced."² I should like to add, the object of my experiments was to test whether I could repeat Dr. Bastian's results. Therefore all possible precautions were taken to reproduce his conditions, by the use of the same samples, the same tubes, and the same laborious method of sterilisation. I am fully aware of the difficulty of proving a negative, therefore, though others as well as myself have had negative results, I agree with Commander Bastian in hoping he may have the satisfaction of seeing the work repeated. The positive results of one man can only be disproved by the

general consensus of opinion derived from a number of negative results—as in the case of the well-known N-rays, which have been relegated to the category of faulty observation.

I am, Sir, yours faithfully,

The Biochemical Laboratory, Cambridge,
August 22nd, 1919.

H. ONSLOW.

LIFE INSURANCE AND WAR DISABILITIES.

To the Editor of THE LANCET.

SIR,—There are many questions in life insurance connected with injuries and ailments incurred during active service on which data are required. As far as mechanical injuries go there is probably nothing very novel. Limbs have been lost and injuries by bullets sustained by so many in previous centuries that a fairly clear actuarial estimate can be made of their bearing on longevity. More pressing questions are, among others, these:—

1. *Gassing*.—So far as I have seen at present a man who has been badly gassed exhibits objective signs in his lungs. Is he going to be more liable to bronchitis, pneumonia, &c.?

2. *Trench nephritis*.—Is this permanent in a majority or minority of cases? and what is the ultimate condition when the albuminuria does not clear up?

3. *Shell shock*.—Admitting the vagueness of the term, one would wish to know how far the nervous stability of the individual is likely to be affected and whether there is any connexion between the severity of the original condition and the probable sequelæ.

4. *V.D.H. and D.A.H.*—Of all the unfortunate legacies left us by the war I fear that few will lead, or have led, to more pitiable distress in the uneducated or even the educated soldier. Thousands of men are leading valetudinarian lives and causing untold anxiety to their dependants and friends because at some time their hearts responded naturally to an unaccustomed call upon their reserves. Once a man has been told, "There is something wrong with your heart," it makes him in nine cases out of ten a derelict member of society. In ninety-nine cases out of a hundred there is nothing wrong, and in the other case usually nothing that matters. An examination of all these cases by competent cardiologists would probably save tens of thousands of pounds and give back to thousands peace of mind and desire to work. It might do the latter and it might not. Personally, I have seen few cases in which the individual labelled with one of the two tags could not lead a normal life, and none that believed me. What is the best empirical test for gauging cardiac muscle condition?

Other ailments will suggest themselves, but those I have mentioned are perhaps the commonest. On the three first any data would be most welcome to those engaged in trying to foretell the future of the individual.

I am, Sir, yours faithfully,

Birchin-lane, E.C., August 26th, 1919.

C. WYNN WIRGMAN.

CRYPTOPODIA.

To the Editor of THE LANCET.

SIR,—The condition described by Dr. E. C. Bousfield under the name "cryptopodia" in THE LANCET of August 23rd is of some interest, but I doubt if it should be described as a new disease, or even as a disease. An œdematous swelling of the feet, and sometimes of the legs, is not very unusual in the infective type of rheumatoid arthritis; in patients who sit for long hours with their legs in a dependent position this œdema may become marked and resemble that seen in elephantiasis. This swelling usually subsides gradually if the limbs are kept in a horizontal position, and more quickly if massage is ordered.

Dr. Bousfield's patient seems to show this œdema in an exceptionally severe form; it is, of course, possible that in his case the condition is due to some other cause, but as he states the patient suffers from rheumatoid arthritis and does not discuss the above type of œdema in his differential diagnosis, may I point out the possibility of this being a simple explanation of the change.

I am, Sir, yours faithfully,

T. S. P. STRANGEWAYS.

Research Hospital, Cambridge, August 27th, 1919.

To the Editor of THE LANCET.

SIR,—When Dr. E. C. Bousfield demonstrated the above-named remarkable case at the recent meeting in London (July, 1919) of the Association of Physicians of Great Britain and Ireland, I had the good fortune to be present,

¹ Proc. Roy. Soc., vol. xc., p. 266.

² "Origin of Life," p. 7.

though his illustrated description in THE LANCET of August 23rd gives one an almost equally exact idea of the condition. I venture to suggest that it represents an *extreme* form of the class of cases which I have referred to under the heading, "Baggy Subcutaneous Fat Simulating Symmetrical Oedema of the Legs; Disorder of Internal Secretions." An outline drawing by Mr. Shiells illustrates the account of the case, which I showed at the Clinical Section of the Royal Society of Medicine on March 14th, 1913 (Proceedings, 1912-1913, vol. vi., p. 167). I should have spoken of "baggy subcutaneous *tissue*" rather than of "baggy subcutaneous *fat*." In my description I said: "There is chronic swelling of the subcutaneous tissue of the legs below the knees of one or two years' duration. This is symmetrical, and in both legs tends to *bag above the ankles*. It either does not pit at all, or it (sometimes) pits slightly on pressure." The patient in question was a woman, aged 40 years, in whom menstruation had ceased six years previously. The thyroid gland could not be distinctly seen or felt. Unfortunately an only very imperfect trial of thyroid treatment was made. There can be no doubt that in similar cases obvious symptoms of thyroidal disorder are sometimes present.

I am, Sir, yours faithfully,
F. PARKES WEBER, M.D., F.R.C.P.

London, W., August 23rd, 1919.

THE TREATMENT OF "BORDER-LINE" PENSIONERS.

To the Editor of THE LANCET.

SIR,—The question and answer reported in your Parliamentary page¹ regarding the treatment and accommodation of neurasthenic and "shell shock" pensioners on the border-line of lunacy call attention to a defect in the present administration which many of us engaged in this work have constantly brought before us. A serving soldier in a neurological hospital can, if necessity arises, be transferred quietly and without publicity to an asylum, where he is not certified until ample time has elapsed to make it evident that there is no alternative. What happens to the unfortunate discharged soldier who is similarly situated? Before he can be admitted to an asylum he must be certified and be removed by the Poor-law authorities—i.e., as a pauper. It is true that once admitted he is transferred to the "Service patient" side, but why should he not be treated similarly to the serving soldier, thus avoiding the stigma of certification and pauperism.

Medical officers of neurological hospitals are often reluctantly compelled to refuse cases such as these, which might benefit considerably by treatment, owing to the unavoidable delay, publicity, and detrimental effect on the other patients which ensue if it should become necessary to send them to an asylum through the present Poor-law channels. Moreover, a man may require closer control than the average neurological hospital can provide without being certifiable.

I am, Sir, yours faithfully,

August 23rd, 1919.

X.

THE POSITION AND PAYMENT OF THE PENSIONS BOARDS.

To the Editor of THE LANCET.

SIR,—I have noticed several letters in THE LANCET complaining about the insufficiency of the rate of pay given to the members of Pension Boards. I agree that the pay is quite insufficient to attract capable men, but there is a worse grievance than the pay, and that is the conditions of work. I am speaking of the boards at Westminster, in Clock Tower Gardens. Until a few days ago we had a long form, either 179 A or A $\frac{36}{C}$ to fill in *in duplicate*, when the second copy could well have been made by a clerk; and the chairman had to sign his name an average of eight times in each case examined, the members not quite so often. This was bad enough, but within the last few days the card index system has been introduced, and two cards and one long form are now used in each case. These cards contain a résumé of the pensioner's medical history, and précis of all previous medical boards. No doubt they will be very useful, but they should be filled up in a quiet room by a capable medical man some time *after* the

board. While the chairman is making out this card one of the members is either making out a duplicate, or is filling up the long form, thus leaving the third member free to do the examination of the pensioner. He is hampered greatly in this work because the chairman, in order to fill up his card correctly, must keep the documents—M.H.S., &c.—under his eye, so that the examining doctor has nothing to guide him in the search for a disability. Later on, the card having been filled, the documents are released, and may be consulted, but much valuable time has been lost, and the examination is necessarily not so complete as if engaged in by two or by all of the members of the board.

Before this card system was introduced each board examined about 9 cases; now under the card system only 5 or 6 can be examined during a session, and even then not examined so carefully as before. The expense is great and the waste of public money is to be deplored when one considers that there are three members of each board, with supervising officers and clerks, orderlies, &c., to be paid for.

I am, Sir, yours faithfully,

August 20th, 1919.

MEMBER OF PENSION BOARD.

To the Editor of THE LANCET.

SIR,—I read "Medico's" letter in your issue of August 16th on the status of members of pensions boards with great interest. Our fees are certainly inadequate, but he has omitted to state that these are always several weeks in arrears. We were kept waiting till July 23rd for our June fees. Thus we were seven weeks without any pay. We have not yet received any pay for the month of July, although it is, when I write, approaching the close of the month. We feel strongly on this point. Payment should be made when it is due.

I am, Sir, yours faithfully,

August 20th, 1919.

DEMOBILISED MEDICO.

THE MARRIAGE OF ASSISTANT MEDICAL OFFICERS AT ASYLUMS.

To the Editor of THE LANCET.

SIR,—I hope that the letter of "Dismissed" in your issue of August 9th will not pass without proper notice. Such injustice cannot be too strongly condemned. At a time when we have just concluded a war for freedom and justice to think of this instance of man's inhumanity to man and to his rights as a citizen makes one rise in anger and protest. What possible harm could be done by retaining a married man, especially as this officer was actually willing to allow his wife to live away from his professional residence, so that his position might not be lost? Surely the Commissioners of the Board of Control should take action in this matter and see who is to blame—the committee or medical superintendent.

A spirit of antagonism against one's employers is to be deprecated, but it is not to be wondered that organisations are made to defend the victims of such lack of consideration and unjust treatment. The Association of Assistant Medical Officers might now be revived seeing that A.M.O.'s are back at their old work. The advantages of being married in the case of medical officers of asylums, who have to live among special environments and temptations, are so apparent that no further observations on the matter are necessary.

I am Sir, yours faithfully,

August 20th, 1919.

A MARRIED A.M.O.

BOOKS, ETC., RECEIVED.

ADLARD AND SON, London.

Hunterian Oration on British Military Surgery in the Time of Hunter and in the Great War. By Sir Anthony Bowlby, Temporary Major-General, A.M.S. Pp. 48.

ALBANY PRESS, Bromley-place, Fitzroy-square, W.

Lectures on Venereal Diseases. By L. Myer, F.R.C.S. Pp. 88. 6s. post free.

MACMILLAN (THE) Co., New York.

Elements of Pediatrics for Medical Students. By R. G. Freeman, M.D. Pp. 290. 10s. 6d.

MURRAY, JOHN, London.

Through a Tent Door. By R. W. Mackenna, M.D., R.A.M.C. Pp. 310. 8s.

UNWIN, T. FISHER, London.

The Religion of a Doctor. By T. Bodley Scott. Pp. 98. 5s.

Boy-Work: Exploitation or Training. By Rev. S. J. Gibb. Pp. 223. 8s. 6d.

WRIGHT, JOHN, Bristol.

National Health. By F. Rees, M.D. Pp. 68. 1s. 6d.

¹ THE LANCET, August 23rd, p. 353.