Correspondence.

*"Audi alteram partem."*THE WELSH NATIONAL MEMORIAL AND
THE POSITION OF THE COUNTY
COUNCILS.*To the Editor of THE LANCET.*

SIR,—Mr. Gwilym Hughes must be of an optimistic temperament if he honestly is satisfied with the general feeling with regard to the National Memorial scheme.

It is common knowledge that the scheme is distasteful to the large majority of county medical officers of health and to practically all medical practitioners, and without the sympathy of these men success cannot result. The Pembrokeshire county council are forwarding to the Commissioners their own scheme for approval, which is, in their opinion, less elaborate, less extravagant, and more efficacious, and which leaves the control of public health where it ought to be—in the hands of the county sanitary authority and their medical officer of health.

A scheme that has an income from invested capital of £6000 a year and which pays £8000 a year in salaries is hardly likely to have a prosperous career unless it is heavily supported by the rates.

I am, Sir, yours faithfully,

A. HURRELL STYLE, M.D. Cantab.,
Member, Pembrokeshire County Council.

Pembroke, June 23rd, 1913.

* * Mr. Hughes was too engaged in contradicting our paragraph to notice that he was contradicting himself.—ED. L.

WHEN TO DIAGNOSE APPENDICITIS.

To the Editor of THE LANCET.

SIR,—Whilst eminent surgeons have been discussing in your columns the important question of "When to operate in appendicitis," many a practitioner must have been perplexed on the question of early diagnosis of the same disease in actual practice. If he is to follow out the most up-to-date teachings he must be prepared to take the responsibility of either calling in a surgeon or sending the patient to hospital.

There must be a perfect understanding between the practitioners and the hospitals, so that any case sent to hospital on the written recommendation of a medical man should receive due and tactful consideration, otherwise the desirable rule of getting patients early into the hands of a surgeon will not be observed. To make my meaning clearer the following account of an incident which happened recently will suffice.

I was asked to see a young woman who complained of intense agony over the region of the appendix on examination. She had been seen some ten hours previously by a colleague, who diagnosed appendicitis and treated her accordingly. In the interval her symptoms had increased. I agreed with the diagnosis and considered the case one fit for operation. I wrote on a visiting card my diagnosis and recommendation and sent her to a London hospital. The next day I was sent for and informed that she had been examined at the hospital, given some medicine and sent home, and told to come back in the morning. I again examined her and found that her symptoms had further increased, and in addition she had retention of urine, due no doubt to drugs. I emptied the bladder with a catheter, but this did not cause the acute pain over the appendix to diminish. She was sent to another London hospital, where she was operated upon at once.

There is no suggestion of any neglect in this short account of what happened, as I am aware of the large number of trivial cases which go or are sent to our large hospitals. I do suggest that when a medical man gives his written diagnosis of appendicitis to a patient the hospital authorities should take into consideration the position of the medical attendant, who, amongst other things, is losing a patient by his procedure.

To give a definite written diagnosis of appendicitis

and to take the responsibility of sending to hospital, and then to have the patient sent home without being admitted, is not going to increase one's desire to make attempts at early diagnosis of appendicitis, and it certainly cannot improve one's reputation locally. When the same case is operated upon next day in another London hospital one is inclined to doubt whether all that has been written in the columns of THE LANCET on the question of appendicitis and its operation has been fully appreciated both inside and outside the walls of our large hospitals.

I am, Sir, yours faithfully,

Castle-court, Cornhill, E.C., June 23rd, 1913. J. J. SCANLAN.

A NEW SPIROCHÆTA FOUND IN HUMAN
BLOOD.*To the Editor of THE LANCET.*

SIR,—My attention has been directed to a paper by Dr. Helen Chambers in THE LANCET for June 21st entitled "A New Spirochæta found in Human Blood," and recording the discovery of a spirochæta in the blood in Graves's disease and also in the blood of a certain number of healthy persons. I fear there can be little doubt that Dr. Chambers has fallen into error, and has mistaken the results of certain curious changes which occur in red cells for spirochætæ. Certainly, Fig. 1 of her article, which is supposed to represent the spirochætæ as seen by dark-ground illumination, is merely a very excellent picture of these alterations, which were first described by Nuttall and Graham-Smith, and with which I have dealt fully in my paper on Fallacies and Puzzles in Blood Examination in Vol. A of the Fourth Report of the Wellcome Tropical Research Laboratories at Khartoum (1911).

I am, Sir, yours faithfully,

June 24th, 1913.

ANDREW BALFOUR.

To the Editor of THE LANCET.

SIR,—I read with interest the preliminary communication concerning "A New Spirochæta found in Human Blood" by Dr. Helen Chambers in your issue of June 21st. I suppose that most bacteriologists who are in the habit of examining blood cultures have met with the bodies described in this communication.

Some four years ago I was cautioned by Dr. Charles Slater, then bacteriologist to St. George's Hospital, against mistaking for streptococcal chains bodies having a somewhat similar appearance that are met with in fresh preparations made from broth flasks inoculated previously with human blood. Since then, often having to examine bloods for the presence of organisms, I have constantly come across these bodies, to which I have given the name "filiform bodies." Looking through the notes that I have made since 1910 in connexion with these bodies I feel sure that the "spirochætæ" seen by Dr. Helen Chambers and the "filiform bodies" noticed by me are identical. It was suggested to me in February, 1912, by some one to whom I was demonstrating these filiform bodies under the microscope with dark-ground illumination, that they were little threads of fibrin.

If you could afford me space I should like here to mention a few facts in connexion with these bodies in the hope that some light may be thrown on their true nature.

1. If a little blood be taken from a finger under aseptic conditions, mixed with an equal volume of 2 per cent. sodium citrate in a sterile tube, and this plugged with sterile wool and placed at 37°C. for 24 hours and then examined by dark-ground illumination, these filiform bodies may be seen. In this case the blood has not clotted—at least, in the ordinary sense of the word.

2. If a clean sterile cover glass be taken and a small drop of blood from the finger, obtained aseptically, be placed on this, and the cover then inverted and dropped on to a clean sterile slide, and this cover-glass preparation of fresh blood be then ringed round with vaseline, the specimen may be kept for 24 hours or so and frequently observed. If this method is used the following phenomena may be noticed: (a) when the specimen is at once examined by dark-ground illumination and a part chosen for examination where the red cells lie separate. (1) no filiform bodies are seen; (2) a certain number of dancing bright granules are noticed, there may be few or many; (3) no fine, straight, motionless, silvery-looking filaments are to be seen lying in the spaces between the red cells. Such a state of affairs may exist for an hour, and