of the cellular envelope, and that this disturbance of the lipoid equilibrium is increased by bicarbonated waters. Dr. Jacques Loeb has shown that the fertilising action of spermatozoa can be reproduced in all its details by exposing the ovum for one minute in sea water, to which has been added a certain quantity of monobasic fatty acid, and thereafter for about half an hour in sea water, of a certain determined saline proportion. In this process soaps are formed and break down the lipoid equilibrium of the cell. The negative electrolytic ions of the mineral water pass through the cell membrane and precipitate the colloidal substance. Loeb has emphasised the essential part played by electrolytes in many of the phenomena of life. What could, on a priori grounds, be more capable of modifying the equilibrium of the cell and the permeability of the cell wall than natural waters with their complex and varied electrolytic elements? The observation of colloid disturbance, and also of anti-anaphylaxis, provoked by the injection of the Bourboule water, appears to show a marked action of these waters on cellular permeability. When we reflect that the majority of chronic diseases are in their nature toxæmic, with anaphylactic phases, is it not reasonable to hope to find elements amongst natural waters which have a selective action upon particular cells and in particular toxæmias? Arsenic is *par excellence* a selective remedy.

3. *Interaction of Remedies.*—An association and interaction of remedies appear to be necessary for the process of recovery. According to this principle, exemplified in hydrological medicine, waters, in natural alliance with climate, modify various predispositions to premature degeneration and functional failure. But it is necessary to select the climatic and other influences, so that they will contribute to hydrological treatment—that is, will augment and not lessen its effect. In the case of the X rays worker a moderate degree of altitude and the action of cold and of the sun (frigo-therapy, hydro-therapy, helio-therapy), as on the mountain slopes of Auvergne or Tyrol, or in the north-east of Scotland, should definitely assist the action of waters. One of us has observed during many summers in the district last mentioned the prevention and retardation of degenerative processes and recovery from anæmia and toxic conditions, especially among brain workers, who made a habit of spending a certain number of weeks annually in the north country. The recovery of strength and colour resulted sometimes from the northern climate alone, but more often from climate associated with waters. Dr. Robert Knox, and in France Dr. Bélot, insist upon the necessity of prolonged change of air for radiologists. The latter has made a habit, since the introduction of X rays, of absenting himself for three months in each year, and has had as yet no lesions of the skin, and the blood has remained normal. (Many operators, as we know, have lesions of the hand with a normal blood.) We venture to go one step further, and to suggest that in combined climatic and hydrological treatment, carried on from year to year, may be found an effective means of preventing and retarding the serious changes, both in the blood and tissues, to which some of our colleagues are liable.

We desire to express our acknowledgments to Prof. W. S. Lazarus-Barlow and to Dr. Stanley Melville for valuable data.

We are, Sir, yours faithfully,

R. FORTESCUE FOX,
PAUL FERREYROLLES.

June 6th, 1921.

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THE DIAGNOSIS OF DYSENTERY BY THE SIGMOIDOSCOPE.

To the Editor of THE LANCET.

SIR,—Dr. P. Manson-Bahr and Dr. A. L. Gregg in your issue of May 28th and Dr. A. F. Hurst on June 4th deal with the sigmoidoscopic diagnosis of dysentery. Fifteen years ago I pointed out the importance of a sigmoidoscopic examination in all cases of ulcerative colitis, and since the war this has become the recognised means of diagnosis in chronic dysentery. Without such an examination it is impossible to be certain what kind of ulceration is present, what stage it has reached, or how extensive the area involved. No doctor would be willing to treat an ulcerated throat without first looking at it, and yet one frequently sees cases of ulcerative colitis that have been under treatment for months without an examination of the inside of the bowel having been made.

I agree with Dr. Hurst that it is easy to distinguish between the ulceration of amœbic dysentery and that of bacillary dysentery, although their symptomatology may be similar. Several other types of ulceration of the colon can be distinguished. When cases of chronic dysentery are systematically examined with the sigmoidoscope it is found that both amœbic and bacillary dysentery are frequently followed by an ulcerative colitis of a different type from the original infection and due no doubt to secondary infection, usually with a streptococcus. This secondary infection is much more chronic than the original disease, and has often little tendency to get well. It is the cause of many of the cases of chronic dysentery sent back to this country from the East, and is similar, if not identical, to the form of ulcerative colitis which is indigenous as a primary condition in this country. It does not react to emetin injections or to antidysenteric serums.

It is important that when this secondary type of ulceration has developed it should be recognised, and this can only be done by sigmoidoscopic examination. I believe it to be essential that all cases of dysentery which do not clear up in reasonable time under proper treatment should be examined to see what type of ulceration is present in the colon. These severe secondary ulcerations of the colon clear up very satisfactorily after an appendicostomy, and it is our experience at St. Mark's Hospital, where we have to treat a considerable number of such cases, that when an appendicostomy is performed in time complete recovery is the rule. Too often, however, a surgeon is only called in as a last resort, and when the patient has little or no recuperative power left. When treated at a stage before the general health is seriously damaged the rapidity of recovery is often astonishing.

I feel sure that when a systematic examination of the colon with the sigmoidoscope in all cases of dysentery and ulcerative colitis becomes the rule, we shall have far fewer deaths from these conditions than is the case at present. As Dr. Hurst points out in his letter, the sigmoidoscope is also the only satisfactory check to treatment in these cases, and no case can be considered cured until an examination shows that the mucosa is normal.

I am, Sir, yours faithfully,

J. P. LOCKHART-MUMMERY, F.R.C.S.

Hyde Park-place, W., June 17th, 1921.

CONTROL OF VENEREAL DISEASE: THE RED CROSS REGIONAL CONFERENCE.

To the Editor of THE LANCET.

SIR,—Your report of this Conference, appearing in your issue of June 18th, quotes the Secretary of the National Council for Combating Venereal Diseases as saying: "A noteworthy point is the fact that the question of self-disinfection, which has appeared such an important and vexed factor in the campaign in England, provoked very little interest at this Conference of experts." The reason is not far to seek, and was due to the fact that the National Council for Combating Venereal Diseases (who had been adopted by the League of Red Cross Societies in Geneva as