inability of surgeons to control, or even to guide, the attack, that I urge the resort to immediate operation as the only safe line of treatment.

I am, Sir, yours faithfully,

EDMUND OWEN.

Upper Berkeley-street, W., June 23rd, 1914.

To the Editor of THE LANCET.

SIR,—I notice in THE LANCET of June 13th a letter by Mr. H. J. Paterson which attacks Sir George T. Beatson for his conservatism and lays down the rule that operation in appendicitis should in every case be performed as soon as possible—that is to say, “in the first 48 hours.” I suggest that Mr. Paterson has overlooked the frequency of the occurrence of the incipient appendicitis and the readiness with which appendicitis in its earlier stages yields to medical treatment. Among families attended by me through a course of years there are few which do not include members who have suffered from appendicitis. Yet in my practice the operation for this complaint has been a rare incident. In a period of 30 years’ duration operations have numbered no more than four or five. Nevertheless, with cases so numerous and with operations so few, no death has occurred from the complaint or from its sequelæ. In the class of cases I attend I have the advantage of seeing a patient at the beginning of his illness.

Let me emphasise this fact. Treatment followed in every case has been after the method employed universally years ago. It was formerly regarded as among the rudiments of treatment that the processes of resolution of intestinal lesions should be allowed a fair field for their activities, and this end was attained by the administration of drugs such as opium and hyoscyamus, which reduce spasm and minister to a restful state of the parts. This method, although now regarded as mischievous, is nevertheless based upon a true conception of the nature of the complaint, a conception which seems to have been forgotten. Uncomplicated incipient appendicitis possesses no pathognomonic symptoms. A foreign body may retain lodgment in the lumen of the appendix, yet no symptoms significant of its presence appear. Inflammation limited to the intestinal wall causes no pain. Ulceration may even be present, and yet signs of perforation be the first intimation of its existence.

The symptoms recognised as those of the appendicitis are in truth those of complications of the appendicitis—namely, the central nervous and the peritoneal. The complication, which usually first attracts attention to the complaint, is a state of irritability of the central nervous system. A segmentary reflex neurosis affecting the ninth and tenth sections of the thoracic cord is called into being by irritative impressions directed from the intestinal wall. Since the ninth and tenth thoracic sections innervate the bowel in that part of its course which lies between the pyloric vestibule and the cæcum the segmentary reflex neurosis found complicating the appendicitis may arise from sources of irritation far removed from the appendix, and thus it constitutes a pregnant source of error in the matter of differential diagnosis as between lesions of the duodenum, gall-bladder, and appendix. Symptoms of the neurosis are rigidity and spasm of parietal and visceral sheets of muscle. The right rectus abdominis muscle is hard and lumpish. The ileo-cæcal sphincter and the pyloric vestibule are seats of spasm. Gas and fæces are held up in the intestine and vomiting is a frequent incident.

Algesia is present, pain is felt, and exacerbation of pain occurs when intra-intestinal pressure is raised by peristalsis.

Sometimes sections of the cord, involved in the neurosis, are affected bilaterally, and then manifestations of algesia, pain, and rigidity appear upon the left side of the median line as well as upon the right side. A healthy abdominal cavity may now fall under suspicion as the seat of diffuse peritonitis. The advent of the segmentary reflex neurosis upon the scene introduces a new danger. The blood-supply of the appendix is controlled by sections of the cord implicated in the neurosis and the organ is dependent for its nutrition upon the integrity of a single artery. Under a vaso-constrictor impulse, exaggerated by the irritable state of the centre, total extinction of arterial supply may occur and then necrosis results. Under these circumstances delay in the reduction of the neurosis invites disaster and in view of this contingency the policy of the administration of opium receives abundant defence. When this precaution has been taken, delay in the matter of operation loses its chief danger.

In no type of disease is the beneficial effect of opium shown to better advantage than in appendicitis. Within a few hours the entire aspect of the case undergoes change. Pyloric spasm relaxes, and retching, eructation of flatus, and vomiting cease. The ileo-cæcal sphincter no longer holds up gas and fæces; peristalsis is stayed, intestinal tension falls, and pain declines. Administrations of opium reduce rigidity and algesia of the abdominal wall. Symptoms which mask are removed, and symptoms which matter are allowed to manifest themselves. Unless the dose be excessive peritoneal algesia remains unaffected by it. Visceral structures constituting the contents of the abdominal cavity now lie in a field open for clinical investigation. The outline of the hyperplastic tumour may be defined, and patches of localised peritonitis detected. Under continued administration of opium these last traces of appendiceal complication soon disappear. In my experience recurrence of the disorder is not frequent, although in certain cases I have known secondary and tertiary outbreaks to occur. These I attribute to shortness of the period during which the patient had remained under treatment, a sufficiency of time not having been allowed for resolution of the original lesion.

I am, Sir, yours faithfully,

H. WALTER VERDON.

Streatham Hill, S.W., June 20th, 1914.

TOUCHING FOR THE KING'S EVIL.

To the Editor of THE LANCET.

SIR,—The interesting letter on this subject in THE LANCET of June 20th from Miss Helen Farquhar, proves conclusively that the supposed touch-pieces of Charles I. in bronze (by their appearance I should think they were bronze rather than copper or brass) were not touch-pieces at all, but medallet-like admission tickets used in connexion with the ceremony of touching for the King's Evil. Other questions arise, however: 1. Are the old well-cast specimens in existence to be regarded, *all of them*, as forgeries of the period, counterfeits produced “for the use of *ill-disposed* persons to gain fraudulent access to the king”? It may be so, but cannot be regarded as certain. 2. What were the copper tickets ordered in 1635 to be made at the Mint and “to be in breadth the compasse of an anghell” for replacing

the older tickets? If they were ever produced it is unlikely that no specimen should remain. Perhaps, after all, they were made not of the breadth of an angel but considerably smaller. If so I would suggest that they were of the type figured in W. Boyne's "Tokens Issued in the Seventeenth Century," London, first edition, 1858, Pl. 36, No. 6. That piece (specimens of which exist in the British Museum and elsewhere) has on the obverse the device of a thistle, crowned, between the letters C and R, surrounded by the inscription, "Pray for the King"; the reverse bears the inscription, "Lord give Thy Blessing," in three lines within a beaded circle. Or else they may have been a bronze piece with a rose crowned on the obverse and a shield bearing the cross of St. George on the reverse, which I believe the late H. Montagu¹ was wrong in assigning to Elizabeth's reign. The obverse inscription is indeed, "Rosa sine spinâ," but the reverse inscription ("Pro lege, rege, et grege") and the general appearance of the piece, which is, I think, met with as a cast of the period as well as struck from dies, accord much better with the reign of Charles I. than with that of Elizabeth. It is quite likely that some document is missing and that after the order referred to by Miss Farquhar was made it was found for some reason inconvenient to issue tickets as broad as an angel. If, then, one cannot accept the size of the pieces as a criterion a third question remains to be solved—Which type was the earliest one? That cannot apparently be answered at present.

There are still some surprises for those interested in touch-pieces. For instance, in the Wellcome Historical Medical Museum there is a silver touch-piece of the "Old Pretender," James III., exactly similar to the well-known one described in *Medallic Illustrations* (London, 1885, vol. ii., p. 315, No. 139), but instead of the obverse legend commencing with "IAC. 3" it commences with "IAC. 8." The specimen in question in the Wellcome Museum, though very much worn by rubbing, seems to be genuine, and there is no appearance of the legend having been tampered with. The "Old Pretender" was called James VIII. of Scotland as well as James III. of England, and some confusion of the die-engraver connected with this fact may account for the existence of the piece. No other specimens of this variety, as far as I know, exist in public or private collections. In the Wellcome Museum there is likewise an impression in bronze or copper struck from dies similar to those used at Rome for the touch-pieces of the last "Pretender," Henry IX., but the border is wanting and the breadth is therefore less. The piece is not pierced with a hole for suspension, and is probably a nearly modern impression, either from original dies very much "touched up" or from dies made in imitation of original ones. I believe that, at least up to 1870, visitors could obtain impressions, at fixed charges, from medallic dies preserved at the Papal Mint at Rome, and that when the dies of interesting and much sought for medals became worn out they were frequently replaced by copies. The original die for the obverse of the touch-piece of the "Old Pretender," described in *Medallic Illustrations*, vol. ii., p. 315, No. 139, is preserved in the British Museum collection, and it is possible that other original touch-piece dies are still in existence at Rome.

I am, Sir, yours faithfully,

London, June 20th, 1914.

F. PARKES WEBER.

SOCIETY OF TUBERCULOSIS OFFICERS.

To the Editor of THE LANCET.

SIR,—The purposes of a society such as that proposed for medical officers of the tuberculosis service are, we may take it, twofold. It primarily, by corporate action, looks after the interests of its members, and secondarily, provides a meeting-place for men engaged in the same work for discussion.

As your previous correspondents have pointed out, there is in existence a tuberculosis society. So far, however, its excellent work seems to have been confined to the consideration of tuberculosis problems more from the purely medical aspect. At present there are 30 tuberculosis medical officers members or fellows of the Society of Medical Officers of Health. It has been suggested that they form themselves, as in the case of the school medical officers, into a group or branch of this society. The formation of such a group would obviate the danger, pointed out by Dr. Thompson Campbell, of the creation of separate societies. The constitution of the Society of Medical Officers of Health provides for the formation of as many district or county branches as may be necessary. The existing organisation likewise provides every facility for a working basis. It is most desirable that all the branches of the public health service should be brought together as much as possible; it would be to the interests of all concerned.

I suggest that the existing Tuberculosis Society take over the tuberculosis medical officer members of the Society of Medical Officers of Health and, if necessary, alter its constitution to meet the altered conditions. It might be named the Society of Tuberculosis Medical Officers and a definite group arrangement be made with the Society of Medical Officers of Health. I trust that negotiations may be opened on such lines.

Meantime, the evident thing for all tuberculosis medical officers to do is to become members of either the Tuberculosis Society or the Society of Medical Officers of Health, pending any such proposed arrangements. The honorary secretary of the former is Dr. W. O. Pitt, 42, Upper Walthamstow-road, Walthamstow, Essex. The offices of the latter are at 1, Upper Montague-street, Russell-square, W.C.—I am, Sir, yours faithfully,

Lambeth, S.W.

S. NICOL GALBRAITH.

SOUTH AFRICAN CIVIL SURGEONS' DINNER.

To the Editor of THE LANCET.

SIR,—We regret to announce that the South African Civil Surgeons' Dinner will not take place this year, owing to the inadequate response to the cards sent out.—We are, Sir, yours faithfully,

F. E. FREMANTLE,

C. GORDON WATSON,

Harley-street, W., June 23rd, 1914.

Honorary Secretaries.

A PROTEST.

To the Editor of THE LANCET.

SIR,—The proprietors of "Kutnow's Powder" have used my name in an advertisement of their proprietary article which has recently appeared in the *Times*. This is without my permission. I have no knowledge of this proprietary article, and have not authorised the use of any of my writings in connexion with this.

I am, Sir, yours faithfully,

Loughton, Essex, June 24th, 1914.

LEONARD HILL.

¹ Copper, Tin, and Bronze Coinage of England, London, 1885, p. 2, No. 6.