IODOFORM INJECTIONS IN PULMONARY TUBERCULOSIS.

To the Editor of THE LANCET.

SIRS,—I read with interest Dr. E. Curtin's letter in THE LANCET of April 12th. He either omits to mention or has not experienced those dangers and inconveniences to the patients resulting from this treatment, upon which stress has been laid by writers in both medical and lay papers. I venture to offer a few remarks bearing directly on this aspect of the subject.

During the past few months I have administered iodoform dissolved in ether, plus a small percentage of "paroleine," intravenously to 54 patients (32 men, 20 women, and 2 children) in different stages of pulmonary tuberculosis, the total number of injections being 1800 odd. If the technique be carefully and correctly observed the whole matter should be absolutely painless. The patient usually experiences a transient fit of coughing of from 10 to 20 seconds' duration.

In but one case in the series was the coughing excessive; this unpleasant, and in some cases possibly dangerous, symptom was obviated by only allowing the fluid to enter the blood stream minim by minim, with an appreciable interval between each drop. In two other cases slight hæmorrhages certainly occurred, but whether *post hoc* or *propter hoc* it was quite impossible to ascertain; when the sputum became clear the injections were continued, and no return of the hæmorrhage took place. Up to the time of writing no patient has objected to the treatment on the grounds of personal discomfort.

I purposely refrain at present from drawing any conclusions as to therapeutic value, only a limited number of patients having completed the treatment.

I am, Sir, yours faithfully,

FRANK CROSBIE, M.D. Dub. Univ.

The Hospital, Newcastle, co. Wicklow, April 14th, 1913.

TUBERCULOSIS OFFICERS, SCHOOL MEDICAL OFFICERS, AND THE MEDICAL OFFICERS OF HEALTH (SUPERANNUATION BILL).

To the Editor of THE LANCET.

SIR,—I should like to thank Dr. Alexander Graham for his timely letter in THE LANCET of April 12th, and to support his appeal for the urgent need of an amendment to the Medical Officers of Health (Superannuation) Bill, so that under "medical officers of health" school medical officers and tuberculosis officers will be included as well. I wish to specially urge the inclusion of tuberculosis officers for the following reasons:—

1. They are whole-time medical officers, and as such are unable to augment their income by doing other work. A part-time medical officer of health is included in the Bill. He usually has a large and lucrative general practice, and is in a better financial position than the tuberculosis officer.

2. Better men will undoubtedly apply for these posts if there is an assured superannuation scheme attached to them. The advantage to the community is obvious.

3. If medical officers of health are singled out for the superannuation scheme and tuberculosis officers excluded, the latter will feel under a grievance which cannot favourably affect the harmonious relations between them which are necessary in the public interest.

4. It should be easy and practical to include tuberculosis officers because all these appointments are quite new, and, therefore, payments can be made in every case from the commencement of the appointment.

I trust every tuberculosis officer will support Dr. Graham in this important matter by writing to him as he suggests.

I am, Sir, yours faithfully,

G. LISSANT COX,

Tuberculosis Officer for the County Palatine of Lancaster.

County Offices Preston, April 12th, 1913.

THE INDIVIDUAL TREATMENT OF DIABETES.

To the Editor of THE LANCET.

SIR,—The celebrated exclamation, "Vous êtes orfèvre, Monsieur Josse," from *L'Amour Médecin*, came to my lips after reading Dr. Arany's able paper on "The Individual Treatment of Diabetes."¹ When he writes that our duty is to accommodate our treatment to each individual case, I feel sorry for the poor opinion he seems to have of the pre-Arany era penny-in-the-slot treatment we must have evidently indulged in. But when he concludes that as regards dietary conditions the Austrian spas are "quite reliable" (*parbleu!*), that the German ones are "not quite so good," and that in the French resort "the patient is almost left at large," I really feel I cannot let such a drastic statement pass unchallenged.

If Dr. Arany had taken the trouble to come to Vichy and see for himself—as so many British doctors do to whose evidence I appeal—he would know that for several years the diet question has been settled in all leading Vichy hotels, to say nothing of the specialised *maisons de régime*. In every one of these places he will find a special cuisine for cases of diabetes and another one for cases of gastro-hepatic disorders. Our patients are individually directed as regards their diet, and if the system is not "quite reliable," I would feel grateful to Dr. Arany if he kindly pointed out the fault. Or are we to admit that our patients are at large while we French doctors are mentally "*au maillot*," and that, to reverse the balance, Carlsbad patients are stringently "*caporalisés*," while their doctors, as seems to me, are at large? I am, Sir, yours faithfully,

GUSTAVE MONOD,

M.D. Paris, L.R.C.P. Lond., M.R.C.S. Eng.

Vichy, April 6th, 1913.

42 YEARS OF CONTRACT SERVICE.

To the Editor of THE LANCET.

SIR,—The position of "parish doctor" may not be a very lofty one in our profession, and is not thought much of either by some practitioners or by the British public. The title is unfortunate and the pay is small. But the office is an honourable one and important to the health of the general community, for complaints are apt to be caught from the pauper, even by the rich and mighty in the land.

In 1871 I succeeded Mr. B. Hands as parish doctor of Hornsey, where he had been the sole medical resident for 47 years. He was a contemporary of my own father at St. Bart's Hospital, both being apprenticed to John Abernethy. Now, retiring after 42 years' service, I am fortunate enough to be able to say that I have not had a single official complaint as to my treatment of the poor. My salary has remained the same throughout, though the population of the district has increased from below 20,000 to about 90,000. On the whole I have enjoyed the position, more especially the post of public vaccinator, in which I have preached the common sense of the procedure, while I can honestly say that I have never seen any ill-effects from it.—I am, Sir, yours faithfully,

F. ORTON,

Surgeon-Lieutenant-Colonel, V.D. (retired).

Crouch End, Hornsey, N., April 6th, 1913.

* * We congratulate our correspondent and the authority with whom he has worked upon this long and useful record.—ED.L.

THE POSITION OF ASSISTANT MEDICAL OFFICERS IN ASYLUMS.

To the Editor of THE LANCET.

SIR,—I have read with some interest and considerable astonishment the letter of your correspondent "Reform" in THE LANCET of April 12th. The assertions he makes regarding the position and work of assistant medical officers in asylums appear to be much too sweeping. These conditions may exist in some asylums, but they certainly do not in all. My asylum experience extends over 20 years, and in no

¹ THE LANCET, March 29th, 1913, p. 884.

case have I found conditions prevailing such as described by your correspondent.

In every asylum I have been connected with each medical officer has had his own section and was responsible entirely for both the medical and surgical treatment of the patients under his care, and only in very rare instances has any outside surgical assistance been requisitioned; indeed, many operations are performed by the medical officers of asylums which the average general practitioner would not undertake. Several asylums have well-equipped pathological laboratories, and the assistant medical officers are encouraged to undertake scientific research. An essential feature of the assistant medical officer's work is to study the mental peculiarities of his patients, and to note the influence of mind on body. This must be of great assistance to him if eventually he decided to take up general practice. Moreover, his work in asylums trains him to recognise and treat early symptoms of mental aberration in his patients. As to the promotion of assistant medical officers, there is no doubt a certain amount of luck, but, as in other branches of the profession, steady and conscientious work usually meets with recognition.

I do not agree with your correspondent regarding the lack of skilled nursing in asylums. I am pleased to say I have met many excellent sick nurses, both male and female, and the course of study required for the nursing certificate of the Medico-Psychological Association is both thorough and comprehensive. In addition to the ordinary training in nursing, instruction in massage is now given in some asylums. I would point out to "Reform" that a large part of the training of nurses in asylums falls to the lot of the assistant medical officer, and that a keen medical officer usually means keen and competent nurses.

I am, Sir, yours faithfully,

F. R. P. TAYLOR.

East Sussex County Asylum, Hellingly, April 15th, 1913.

PROFESSIONAL FEES IN BANKRUPTCY.

To the Editor of THE LANCET.

SIR,—There is at present before Standing Committee B of this House a measure entitled "A Bill to Amend the Law with Respect to Bankruptcy and Deeds of Arrangement."

As the law now exists, under the preferential payment in the Bankruptcy Act of 1888, there shall be paid in priority to all other debts certain rents, rates, salaries or wages of clerks, servants, workmen, &c. To these classes entitled to priority I sought to add, without success, the fees due to professional nurses. I instanced cases where, after prolonged attendance on a patient, they were obliged to accept a compensation of 2s. in the £, the same as an ordinary trade debtor. I am confident that it only requires public attention to be drawn to the gross injustice possible to a noble profession under the existing law to have it altered. If those interested or sympathetic will only speak out between now and the report stage of the Bill I have no doubt the necessary amendment of the law would appeal to the sense of justice of all parties in the House.

In my opinion, the medical profession have also a strong claim for an amendment in the existing law under which, as it is at present, their fees only rank as ordinary creditors. I think that for some considerable time before a receiving order is granted, their fees should rank with those entitled to priority of treatment.

I am, Sir, yours faithfully,

House of Commons, April 15th, 1913.

PATRICK WHITE.

"PSEUDO-BABINSKI" SIGN IN ANKYLOSIS.

To the Editor of THE LANCET.

SIR,—The impression has always been received that the Babinski extensor response to stimulation of the sole of the foot was pathognomonic of diseases of the descending pyramidal tract, the one exception being the post-epileptic response. In the phthisis wards at the Leeds City Hospitals there was recently a patient who had an ankylosed knee-joint due to old tuberculous disease. On testing this man's reflexes we discovered that he gave a "Babinski" with the toe of the

ankylosed limb. Dr. H. de C. Woodcock, visiting physician to the tuberculous wards, who was going round with me, stated that he had, with Dr. W. Craig Stewart, of Leeds, seen another similar case of pseudo-Babinski following ankylosis of the knee-joint, and that he had brought the phenomenon to the notice of Dr. Edwin Bramwell, who considered that the explanation might be found in irregular tonicities in the extensor tendons and muscles of the foot, and that on stimulation the extensor tendons contracted more slowly than in the normal condition. Dr. Woodcock had also sought the opinion of the late Dr. G. A. Gibson, of Edinburgh, and he was inclined to think the explanation would be found in a condition of abnormal irritation in the nerve centres set up by the ankylosis. Dr. Purves Stewart hints at the condition in one page of his book, but I do not remember any reference in other authors.

I am, Sir, yours faithfully,

JAMES A. M. CLARK, M.B., Ch.B. Aberd.,

Senior Resident Medical Officer, City Hospitals,
Seacroft, Leeds.

April 14th, 1913.

INFANT MANAGEMENT.

To the Editor of THE LANCET.

SIR,—I must admit that when I read a few months ago the brief notice in your columns of Dr. E. M. Brockbank's book on "Children: their Care and Management" I did not feel encouraged to read it myself, and still less to recommend it to my patients. But, as it happened, circumstances brought the book into my hands, and in justice to the author I think I should send you my opinion of it, based on a practical application of its teaching to the needs of my own family. I opened its pages with no feeling of prejudice in its favour. But I quickly found that it contained much that would be helpful to the young mother overwhelmed with the task of bringing up her first baby, and very little that need conflict with the instructions of the up-to-date medical attendant. I disagree, as you do, with certain of Dr. Brockbank's precepts, but on the whole I think his book compares very favourably with the many other books written with a similar intention which I have studied. It seems to me extremely practical and lucid, quite free from mawkish sentiment, and inspired by a sympathetic insight into the difficulties of infant management. The ideal popular work on this subject has yet to be written, but in the meantime I would rather place Dr. Brockbank's book in the hands of an inexperienced but educated mother than any other I know of. I need scarcely add that I am personally unacquainted with the author.

I am, Sir, yours faithfully,

April 14th, 1913.

M.B.

* * We have pleasure in publishing this unsolicited testimonial.—ED. L.

INSANITY AND DIVORCE.

To the Editor of THE LANCET.

SIR,—Dr. John Batty Tuke, jun., in his letter under the above heading, appears to suggest that the Royal Commission on Divorce has recommended that "after a certain number of years' detention in an asylum insanity should form a plea for divorce." I do not know of any "proposal" relating to insanity as a ground for divorce that need be considered other than that of the Royal Commission, which was not as Dr. Batty Tuke summarises it. The report recommended as a ground of divorce "incurable insanity after five years' confinement." It further recommended as a safeguard with regard to the proof of incurability the appointment of two experts whose duty it would be to examine and report to the court. There might have been a danger of an unjust divorce in the case described by Dr. Batty Tuke if he is satisfied that he himself would have unhesitatingly pronounced his patient to be incurable at the end of the first five years of her confinement, and if, in his opinion, the two official experts would have been unanimous in pronouncing her incurable after hearing his narrative of steady and uninterrupted improvement. It may be noticed that in any case she only missed by three years the exemption proposed by the Royal Commission for married women over 50 years of age.

I am, Sir, yours faithfully,

April 14th, 1913.

E. A. A.