B, and the method described by Dr. Cammidge followed in exact detail with the exception that the flask was heated over asbestos gauze instead of on a sand bath, the result being that a slightly more concentrated solution would probably result than if the latter had been used. We found that in all the cases thus examined the typical yellow crystals in rosettes and sheaves were obtained provided the solution was sufficiently concentrated, and even if rather too dilute a deposit was generally found on leaving for 24 hours, the presence or absence of the crystals we obtained therefore depending on the concentration of the liquid. Continuing our observation we were led to think that the reaction we obtained might be connected with the presence of a lead salt and to see if this were so the following experiments were undertaken. Firstly, the same urine was used as before, only this time after the solution had been neutralised with lead carbonate and filtered ammonium sulphide was added to the clear filtrate and a black precipitate of sulphide of lead was obtained. This was filtered off and the filtrate, which was now free from lead salt, was heated to drive off any ammonia or sulphuretted hydrogen and the precipitated sulphur separated off by filtration. To this solution was now added the requisite amount of sodium acetate and phenylhydrazine hydrochlorate. Under these conditions no rosette-shaped crystals appeared, no matter how great the degree of concentration. Secondly, distilled water was used to replace the urine and the test was carried out in exactly the same way as Dr. Cammidge described in Section A. Similar rosettes of crystals, only paler in colour, were obtained unless the lead had been previously removed by ammonium sulphide. Thirdly, lead acetate solution was treated with sodium acetate and phenylhydrazine hydrochlorate and again the typical fine needle-shaped crystals in rosettes and sheaves were found. Similar crystals were, of course, not obtained if sodium acetate and phenylhydrazine hydrochlorate were heated together alone.

The addition of a saturated solution of perchloride of mercury to the urines had as far as we could discover no effect on the formation of the crystals, and indeed we fail to see why in pancreatic cases this test should be of any use in distinguishing between the crystals found in cases of acute pancreatitis and in those in cases of chronic pancreatitis or malignant disease of that organ. We have, unfortunately, not had the opportunity of examining many urines from patients known to be suffering from pancreatic disease as proved at post-mortem examinations, but those we have tested did not give the typical rosettes of crystals as described by Dr. Cammidge after lead salts had been carefully removed.

To sum up, then, we have always been able to find in any urine examined by us yellow needle-shaped crystals in rosettes and sheaves apparently identical with those described by Dr. Cammidge as being frequently associated with pancreatic disease. In view of the importance of the test we should be very glad if these points above referred to could be cleared up.

We are, Sirs, yours faithfully,
CHARLES E. HAM, M.B. Lond.,
J. BURTON CLELAND, M.D. Sydney.
(From the Pathological Institute, London Hospital.)

SANATORIUMS FOR WORKING MEN.

To the Editors of THE LANCET.

SIRS,—In your leading article in THE LANCET of May 7th, p. 1291, on "Sanatoriums for Working Men" you refer to the value of the practice of bringing medical lecturers into contact with audiences comprised of the working classes. From personal experience I can endorse the views to which you have given expression, but I do not agree with utilising these lectures solely for the purpose of advocating the establishment and maintenance of sanatoriums, for by so doing working men are being misled. You have on more than one occasion pointed out the extreme danger of spreading abroad exaggerated statements as to the actual value of sanatorium treatment and have very rightly shown how unreliable are many of the statistics that have been published recording the results obtained in these institutions. Only within the past two months I have seen three "cases" which had been discharged as "cured" from a sanatorium, but the patients became rapidly ill again after having returned home a comparatively short time and died from pulmonary tuberculosis. I have no doubt many other medical men have had a similar experience. To lead working men therefore to believe that sanatorium treatment is a "miraculous panacea" and is the only means by which the open-air method can be applied is, in my judgment, not proceeding on sound lines. In this way the main object to be aimed at in combating consumption—housing reform and improved sanitation—is being overlooked.

I concur with you as to the extreme importance of early diagnosis and the most effective way of bringing this about is by erecting in different centres of industry anti-tubercular dispensaries, which Brouardel, Calmette, and others have proved to be so efficacious, both from a therapeutic and educational point of view, on the continent. I regret to find that in this country we are entirely ignoring a scheme which Calmette has said is the first step that should be taken for effectually struggling with tuberculosis in large communities.—I am, Sirs, yours faithfully,

J. CUNNINGHAM BOWIE, M.B., C.M. Glasg.

Cardiff, May 6th, 1904.

A MUCH AFFLICTED PATIENT.

To the Editors of THE LANCET.

SIRS,—It is not often that it falls to the lot of one surgeon to have to deal with so many tangible maladies in the same patient as in the case I relate. A female patient came under my care three years ago with the following list of ailments: (1) fibroma of the abdominal wall; (2) dilated stomach; (3) prolapse of uterus (external); (4) enlargement of both ovaries; (5) double inguinal hernia; and (6) hæmorrhoids and vascular caruncle. To relieve her I performed at intervals gastro enterostomy, hysteropexia, and oöphorectomy, and also two radical cures for hernia; ligatured the hæmorrhoids, excised the caruncle, and removed the fibroma. She remained free from much trouble for three months, when she returned complaining of persistent discharge from the ear. I felt I had done enough for her, so I handed her over to an aural specialist. We often have to listen to a catalogue of invisible ailments. In this case all the conditions that I have mentioned were capable of demonstration.

I am, Sirs, yours faithfully,

Leeds, May 7th, 1904. W. H. BROWN.

THE MODE OF INFECTION BY NEMATOIDS.

To the Editors of THE LANCET.

SIRS,—With reference to the discussion between Dr. H. Charlton Bastian and Dr. G. C. Low under this head, besides the mechanical difficulty of mosquito infection of the filaria I would point out that the parent worm of the filaria perstans has been found in the mesentery and situations near the upper part of the alimentary canal only. The parent worm of a form of filaria found in the bird commonly called the "Old Witch" (Crotophaga Arii) is found beneath the mucous membrane of the craw; in that of the bird called the banya (Ostinogos decumanus) the parent worm is found in cysts in the abdomen, some of which are connected with the lower part of the œsophagus. These filariæ appear to be the same though the parent is much larger when in the abdominal cavity. This certainly points to this form of filaria being infected through the alimentary canal and supports by the position found of the parent filaria perstans that they are also infected through the same channel.

I am, Sirs, yours faithfully,

British Guiana, April 18th, 1904. C. P. KENNARD.

FISH OIL AND COD-LIVER OIL.

To the Editors of THE LANCET.

SIRS,—In your report of a case of substitution of fish oil for cod-liver oil in THE LANCET of May 7th, p. 1300, it is stated that "evidence was given of the serious aspect of such substitution ..... taking into account the not only *useless but detrimental qualities of fish oil.*" Such a statement is of great interest to me. I must in the first place admit that I do not know how comprehensive the term "fish oil" may be but the above statement does not accord with my experience from a practical trial with the oil obtained from the pilchard, which I suppose may be considered a "fish oil." For some