public (poor-law) service. So that while the sick pauper can enjoy comfort and convenience at the expense of the ratepayer, the one who pays for this necessary carriage cannot even have the use of it himself even if he pays for it. Our rates and taxes are now 7s. 6d. in the pound—for Wandsworth.

I next went a further distance of about another mile and applied at the offices of the borough council and was referred to the offices of the public health department, where I was informed that they could not possibly grant my request. Finally, I had to telephone, to telegraph, or to walk, if I had no money, to the very *nearest* place, the offices of the St. John Ambulance Association, St. John's-gate, Clerkenwell, E.C. Here I finally succeeded in obtaining what I required and the charge for it to the public is £1 11s. 6d. for the journey named at the commencement of this letter. The distance of the West London Hospital from the patient's house is about four miles. In the meantime the patient could have very well died.

I may add that the ambulance of the St. John Ambulance Association and the two attendants were in every way satisfactory. One of the attendants told me that the Association had offered its services to, I believe, the London County Council, subject to certain payments by that body by way of guarantee or subsidy, and that the London County Council did not consider that the ambulances were required. How far this is true I cannot say.

Now, Sirs, when we consider that any pauper, or any private patient with a mild attack of scarlet fever or other infectious disorder, could have been removed at once at no expense whatever to the patient or friends, it is hard to see why other and certainly often much more urgent cases, should be left to die a miserable death, uncared for and ignored. These remarks apply, I presume, with more or less truth to a metropolis of close on 6,000,000 inhabitants.

I am, Sirs, yours faithfully,

Nov. 21st, 1902.

ALBERT S. MORTON, M.D. Durh.

RIGHT-HANDEDNESS AND LEFT-BRAINEDNESS.

To the Editors of THE LANCET.

SIRS,—By a remark in THE LANCET of Nov. 1st, p. 1208, and by Dr. James More's letter in THE LANCET of Nov. 8th, p. 1287, one is glad to find that the belief in right-handedness being dependent on cerebral structure is not unchallenged. From seeing young infants grasp objects with either hand indiscriminately and from the frequency with which one hears the admonition "Not that hand—the other hand," addressed to children somewhat more advanced in age, one cannot help thinking that right-handedness is not innate and that it is in most cases the result of teaching. With the view of counteracting the supposed inherent tendency to right-handedness as well as any uncontrollable external influences in that direction, my object being to bring about ambidexterity, I have in two instances, by putting articles into the left hand, taught children, who previously did not grasp with either hand in preference to the other, to use it more and better than the right. Having given the start to the left hand I found it no easy matter to keep the right hand up to the level of its leader. And that is precisely the difficulty in teaching children to be really ambidextrous.

Left-handedness is caused, in some instances at all events, by imitation of the movements of right-handed older children, the right hand of a person facing the infant being opposite to his left. Either right-handedness or left-handedness—especially the former, for obvious reasons—appears to need but a slight start, the tendency of the child being to use the leading hand in the performance of all acts which do not require two hands and thus to increase its expertness at the expense of its fellow. For this reason, probably, each generation has during many centuries acquired precision as a general rule in the use of one hand only. And as the preferential use of the right hand seems to be almost, if not quite, a matter of ethics, or even religion, with most of the world in the present age some similar but even stronger sentiment may have existed in prehistoric times and, by its practical application, given rise to the osseous asymmetry described by Lehmann-Nitsche and referred to by Professor Cunningham.

I am, Sirs, yours faithfully,

Liverpool, Nov. 21st, 1902.

JAMES SHAW, M.D. R.U.I.

PURE UREA IN THE TREATMENT OF TUBERCULOSIS.

To the Editors of THE LANCET.

SIRS,—Since reading Dr. H. Harper's papers on the above subject I resolved to give my consumptive patients a trial of the drug. The results I have obtained are in harmony with the excellent article by Dr. S. Vere Pearson in your issue of Nov. 22nd (p. 1383). Urea administered to patients with tuberculous disease of the lungs, so far from exerting any specific action, seems to be absolutely inert. Not only is there no arrest of the physical signs in the lungs, but the patients themselves, who are, after all, the best judges of the efficacy of the treatment, often say they feel they are deriving no benefit. Some cases which have gone steadily from bad to worse under urea have been decidedly benefited by creasote, cod-liver oil, and an alkaline mixture containing hydrocyanic acid. Dr. Pearson mentions the case of a woman in whom urea caused pain and frequency of micturition. One of my patients, an elderly man, after having taken 120 grains of urea, complained of irritability of the bladder and constant desire to urinate. This symptom disappeared on stopping the drug. He told me he never had any trouble with his urine before. I have been as fortunate as Dr. Pearson in never meeting with a case in which urea caused gastric symptoms.

I have two cases in mind in which I believe urea did good. One was that of a woman, 50 years of age, who on an average once a month would awake in the small hours of the morning with a sense of impending death, an intolerable feeling of suffocation, and violent throbbing of the heart. These distressing manifestations would last for two or three hours. This woman has angular curvature of the spine, a cavity in each apex, occasional hæmoptysis, and marked valvular disease of the heart. Seven and a half minim doses of tincture of digitalis did her good, but they were not nearly as efficacious in warding off these paroxysms as the same dose of digitalis with 20 grains of urea in an ounce of water. She has gone on for several months without an attack and she says that she has never felt better in her life.

The other case is that of a boy, aged six years, whose mother is phthisical and several of whose maternal uncles and aunts have died from the disease. His appetite has always been poor, he suffers from purulent discharge from the ear, is continually having colds and coughs, and his temperature often registers 101° F. He has been given Parrish's food for a year or two but apparently without much benefit. Two months ago I ordered 10 grains of urea to be added to the Parrish's food. Since then his temperature has never risen and his mother informs me that his appetite is excellent.—I am, Sirs, yours faithfully,

JOSEPH A. W. PEREIRA, L.R.C.P. Lond., M.R.C.S. Eng.
Exeter, Nov. 24th, 1902.

THE STERILISATION OF CATGUT.

To the Editors of THE LANCET.

SIRS,—I desire to call attention to a very simple, speedy, and inexpensive method of sterilising catgut. Most surgeons will agree that an absorbable ligature for vessels is desirable, but many are averse to using catgut on the ground that it is impossible to insure its absolute sterility without subjecting it to such treatment as leaves it too weak and brittle for ordinary usage. For the last two years I have adopted the following method which seems to me to be as simple and as safe as any method can be. Raw catgut may be used, but as the process of freeing it from fat by soaking in ether and subsequent washing is tedious I generally use formalin catgut prepared by Macfarlane and Co. The catgut is wound on glass spools or reels. A hollow glass reel, as suggested for silk ligatures by Mr. Basil Hall, is better than any other form, as it permits the solution in which the reel is boiled to surround completely every strand of the catgut. If a solid spool is employed the catgut on the side next to the glass is never brought into contact with the solution.

For the boiling an enamelled pan is used. In this about one and a half pints of water are boiled. While the water boils ammonium sulphate is gradually thrown into the water. To obtain a concentrated solution about a pound of ammonium sulphate is used. When this concentrated solution boils the catgut is introduced and allowed to remain for 15 minutes. With sterile forceps the reels are then lifted out, washed

thoroughly in boiled or boiling water, and placed in the following solution: iodoform one part, ether six parts, and absolute alcohol 14 parts. The catgut improves with keeping up to about six or eight weeks. The solution of ammonium sulphate boils at 128° C. The catgut may be kept in it for an hour without being softened, but 15 or 20 minutes at a temperature of 128° C are sufficient to insure sterility. The rinsing of the catgut in boiled water is necessary to remove the excess of salt, which otherwise crystallises on the catgut and on the glass. The solution splashes a little while boiling. If the xylol process of preparing catgut is used the metal receiver may be boiled in this solution instead of in water, and the temperature of the xylol thus raised well above 100° C.

I think I may fairly claim for this method that it is extremely simple, that it is efficient, and that the catgut is not weakened even by prolonged boiling.

I am, Sirs, yours faithfully,
Leeds, Nov. 23rd, 1902. B. G. A. MOYNIHAN.

THE DISCHARGE OF INSECTS FROM THE STOMACH.

To the Editors of THE LANCET.

SIRS,—Under "Looking Back" in THE LANCET of Sept. 27th, p. 891, is recorded a curious case in which the larvæ of a dipterous insect were vomited by a patient as well as passed per anum. These cases are rare. My attention was first drawn to the matter about three years ago when I had a patient, a Hindoo gentleman, who passed large numbers of such larvæ from the bowel. This patient had been also under the care of Lieutenant-Colonel W. B. Browning, I.M.S., for the same trouble, and we published the details independently, he in the Transactions of the South Indian Branch of the British Medical Association and I in the *Indian Medical Gazette*. I was not able to trace definitely the source of infection. But since then I have had another case in the person of a Hindoo student. This boy was very fond of fruit, especially mangoes, and he was not careful whether the fruit was sound or not. He was also in the habit of eating the young mango leaf which he plucked from the tree in his daily walk to college. He believed he got infection from these habits. I then examined many samples of mangoes and found quite a number of them infected with the same larva as was passed by this boy. I may say that it took a long time to get rid of the pests—several months. No ordinary parasiticide had the least effect on them *in vitro*, so I used opium to confine the bowels and then enemas and smart purges, when the larvæ would come away in the masses of fæces. The symptoms were those of a mild dyspepsia, with wandering abdominal pains. But the mental condition induced by the presence of such creatures was more serious than the physical effects, there being a constant fear in the patient's mind that the larvæ would cut holes in the bowel by means of their powerful jaws.

I am, Sirs, yours faithfully,

JOHN SMYTH,

Lieutenant-Colonel, Indian Medical Service
Victoria Hospital, Bangalore, Nov. 2nd, 1902.

THE ROYAL COLLEGE OF SURGEONS OF ENGLAND AND THE GENERAL MEDICAL COUNCIL

To the Editors of THE LANCET.

SIRS,—If you will allow me I should like to make clear the tenour of some remarks which I made at the annual meeting of the Royal College of Surgeons of England, as I fear that I may not have expressed my views as lucidly as I could desire. I refer to my observations in respect to resolution No. 4 on p. 5 of the annual report of the College, 1902. This resolution sets forth that "as it is essential that the Representative of the College on the General Medical Council should be a member of the Council of the College the Council of the College are of opinion that the election should remain in their hands." My object in drawing attention to the matter was to point out how anomalous it is that the Representative of the College on the Council should be elected by one only of the constituent parts of the College. The anomaly is rendered the more striking by the fact that the Members of the College have no part whatever in the selection of the Council. Thus, while a person nominated by the Council of the College may be said

in a sense to represent the Fellows, since the latter are responsible for the election of the Council, he can in no way be said to represent the general body of Members. The consequence is that the General Medical Council admits to its membership as delegate from the College a gentleman who is, in fact, simply a representative of the Council, or, at most, of the Council and Fellows. I submit that it is neither just nor politic that the ordinary Members, who form, of course, by far the greater part of the College, should be ignored in this way. Even granting that, as the resolution says, it is "essential" that the Representative of the College should be a member of its Council, there seems no reason why the general body of Members should be prohibited from participating in his election.

I am, Sirs, yours faithfully,

Alexander-square, S.W., Nov. 21st, 1902. DENNIS VINRACE.

LUNACY AND THE LAW.

To the Editors of THE LANCET.

SIRS,—I am glad that the question of the notification of cases of incipient insanity has again been brought to the front and feel sure Sir William Gowers's address "from the point of view of the hospital physician" will assist in fixing public attention upon a pressing want, long recognised by alienist physicians in this country. At the annual meeting of the British Medical Association in 1896 I advocated the placing of cases of incipient or doubtful insanity in private care, so that they could be brought under early treatment without delay and without certificates. I suggested that in the case of a patient whose insanity was doubtful it should be possible for him to be placed in a private house for observation, care, and treatment on the application of a relative or friend to a magistrate (such application to be accompanied by a written medical opinion upon the case) for a judicial order empowering the detention of the patient for a specified time. The result of the discussion upon that occasion (which was opened by Dr. Rayner) was the appointment of a committee to act jointly with the Medico-Psychological Association. That committee still exists and the outcome of its labours so far has been the insertion of a clause in the Lord Chancellor's Bill of 1900 dealing with the question upon the lines I then indicated. In Sir William Gowers's address and the discussion which followed the tendency was to enlarge the scope of the subject and to make it possible for all cases of recognisable and even certifiable insanity, but not dangerous to themselves or others, to be placed in private care (for payment) by the same procedure—that is, without the stigma of being certified lunatics.

It is here that I would venture to sound a note of warning, for if such cases are to be placed in the care of persons having no knowledge of, or a special training in, the highly responsible duties which they undertake, the most careful and close supervision will be necessary to prevent the glaring abuses which were mainly the cause of the present stringent lunacy law. In my opinion no person should be permitted to take charge of a person of unsound mind without he or she possesses some special knowledge of the care and treatment which those cases require. And more especially should this be a *sine qua non* in cases of incipient insanity where it would be the early treatment and not the mere boarding out that will save the patient from drifting into incurable insanity.

In speaking of *early treatment* I do not mean "drugs out of a bottle alone," but the moral treatment such as can only be exercised by the specially trained and skilled daily (and nightly) care and supervision to insure the checking of morbid habits and the restoration of self-control. Having seen the most lamentable results follow the boarding out of such cases with well-meaning but ignorant people (I mean ignorant as regards treatment) I trust any relaxation of the present law will not be permitted without the welfare of the patient and the public being safeguarded by efficient official supervision.—I am, Sirs, yours faithfully,

Nov. 24th, 1902.

T. OUTTERSON WOOD.

NOTE ON THE DISCOVERY OF THE HUMAN TRYPANOSOME

To the Editors of THE LANCET.

SIRS,—We, the undersigned students of the London School of Tropical Medicine, are wishful to animadvert on the letter of Dr. R. W. Boyce, Major Ronald Ross, and Dr. C. S. Sherrington in THE LANCET of Nov. 22nd, p. 1426. We feel