artery at the site of compression in the leg than that in the arm. Moreover, in patients with normal blood pressure and no obvious arterial disease I found, like Dr. Hill, that the leg and arm readings agreed closely.

These observations, which will soon be published in detail, prove, I think, conclusively that the arterial wall does exert an influence on blood-pressure readings by this method.

I am, Sir, yours faithfully,

OLIVER K. WILLIAMSON.

Upper Berkeley-street, W., March 6th, 1909.

THE PHYSIOLOGY AND PATHOLOGY OF WORK IN COMPRESSED AIR.

To the Editor of THE LANCET.

SIR,—The experiment which Sir Thomas Oliver has twice published as if he were the first to perform it was contrived by me, together with the apparatus for its performance. By its means I was able to demonstrate two facts: (1) that the rapid rise of atmospheric pressure up to 20–30 atmospheres or even more has no mechanical effect on the circulation; and (2) that bubbles are set free in the capillaries on decompression and can be redissolved by recompression. After the completion and publication of my experiments I found while searching the literature a reference to Pouiseuille having proved in 1835 that a pressure of 3–5 atmospheres had no effect on the frog's circulation. This fact I hastened to publish in the article which I wrote in "Recent Advances in Physiology." Pouiseuille's experiment was not done in connexion with compressed-air illness—an illness unrecognised in his day—and had altogether passed out of notice in this country. Pouiseuille made no observation on the setting free of nitrogen bubbles and made no apparatus sufficient to stand the high pressures required to make manifest this phenomenon. It is the nitrogen bubble experiment which Sir Thomas Oliver describes as if it were his, when all the time he should know it was mine, for Dr. A. Parkin—whom Sir Thomas Oliver claims as his co-worker—came to me for information as to how to obtain my apparatus and how to do my experiment, and he received and acknowledged my unstinted help. There is no question here of priority—discussions of priority are not worth the paper they are written on—but a question of honest treatment of one scientific man by another, of common courtesy from one gentleman to another.

Now as to the pithing. "To pith, etymologically, is to sever the spinal cord." Quite so. When Sir Thomas Oliver states that this can be done "through or above the medulla" he shows himself even less fitted than I thought to continue to hold a chair of physiology.

I am, Sir, yours faithfully,

Loughton, March 1st, 1909.

LEONARD HILL.

THE SOCIALISATION OF MEDICINE.

To the Editor of THE LANCET.

SIR,—In the conclusion of your leading article on the Socialisation of Medicine in THE LANCET of March 6th, p. 697, you write: "We think that the revolution which seems to be impending over the medical profession is likely to accomplish itself almost imperceptibly, and that it will eventually add alike to the material prosperity and to the social consideration of those whose positions will be affected by it."

Perhaps the most remarkable advance in this direction has been the appointment broadcast throughout the country of whole-time medical officers for the inspection of school children at an average salary of £250 per annum. This requires careful consideration by the profession as a whole if the statements made by Dr. Ralph P. Williams and reported in your issue of March 6th, pp. 691–692, are correct. He states: "It had been found that about 40 children per day could be examined by a whole-time medical officer." If one takes the average days per week as five and the average weeks per year as 40 this gives 8000 children per annum. These whole-time medical officers have been appointed (see advertisement columns) as having (1) special knowledge of public health; (2) special knowledge of diseases of children; and (3) special knowledge of eyes, ears, and

teeth; and are paid, if the above figures are correct, at the rate of 7½*d.* per examination. If this is not sweating what is?

I am, Sir, yours faithfully,

CHARLES S. PATTERSON, M.B. Edin.,
M.R.C.S. Eng., L.R.C.P. Lond.

Lambourn, Berks, March 8th, 1909.

INFLUENZA: AN UNUSUAL SEQUELA.

To the Editor of THE LANCET.

SIR,—Since the end of November I have had two cases amongst other influenza patients exactly like those described by Dr. D. Wilson in THE LANCET of Feb. 20th. The first case was a girl, aged 19 years, and the second a woman, aged 59 years. Neither had any history of previous liver trouble. Both for four days ran the course of a typical influenza attack. About the fifth day they were sick and several times vomited after food and medicine, and the urine became very dark and gave a bile reaction with nitric acid. Two days later the conjunctivæ and skin were affected. In the case of the old woman, which occurred in February, during *last August* two of her daughters, aged respectively 11 and 16 years, and a boy, a twin aged 16 years, had each an attack of jaundice. In none of these children were the skin and conjunctivæ affected until the end of a week's illness, but the urine *was* affected from the first day.

I am, Sir, yours faithfully,

Orkney, March 8th, 1909.

I. M. GUILLAUME.

THE SUPPRESSION OF SLEEPING SICKNESS.

To the Editor of THE LANCET.

SIR,—In reference to the "Suppression of Sleeping Sickness" and your annotation thereon in THE LANCET of March 6th, p. 701, I do not think enough has been made of the probable natural definition of the area occupied by *glossina palpalis*. All other African flora and fauna are divided by zoologists into classes according to their natural areas—thus we have the eastern and western equatorial regions and the Angolan subregion. It may be fairly expected that *glossina palpalis* obeys the law. If the boundaries could be properly defined we should then be able to do much in the way of safely moving the natives about the country. Thus, as pointed out in the Bulletin of the Sleeping Sickness Bureau, the question of railways bringing the disease into the valley of the Zambesi is of much importance. It is, however, therein stated that this fly is known to be able to flourish on this river.

The statement is founded on the fact that three *glossinae* were found among Sir John Kirk's collections brought home from the Zambesi 45 years ago. Since then none have been reported and if inquiries are made at the British Museum where these flies are it will, I think, be found that the authorities lay but little stress on them as incriminating this river, owing to the little value placed upon data as to locality 40 years ago and the confusion among certain collections that was possible at that date. If the Zambesi is not now the habitat of *glossina palpalis* there can be but small chance of its being able to take root there and without this fly there is probably no sleeping sickness. All this shows the vital importance of proper search being made.

I am, Sir, yours faithfully,

SHEFFIELD NEAVE, M.R.C.P. Lond.

Ingatstone, March 8th, 1909.

LITERARY INTELLIGENCE. — Messrs. William Hodge and Company, Edinburgh and Glasgow, have in the press, and will publish shortly, a small book by the Rev. Father Power, S.J., Edinburgh, entitled "The Alcoholic Case: the Summing Up. A Medical, Legal, and Historical Sketch." In this book the author's contention is that in some cases alcohol is deserving, like other poisonous or semi-poisonous drugs administered by skilled hands, of the epithet of "life preserving," but that of its own nature it must be classified, and has been finally classified by science, among the death-dealing agents that make more or less successful war on human life. A new volume in their series of Notable Scottish Trials is also announced for early publication by Messrs. William Hodge and Company, entitled "The Douglas Cause."