applied to districts like the Punjab. The experience of the agents of the mission to lepers in all parts of India coincides with that of Mr. Guilford—viz., that cases of leprosy are very few indeed among Indian Protestant Christians and that a converted leper applying for admission to an asylum is a rare event.

The importance of this particular aspect of the general question will be clear when it is added that there are in Indian asylums connected with the Mission to Lepers no fewer than 2700 Christians, at least 95 per cent. of whom were lepers prior to conversion, a fact which must largely modify Mr. Hutchinson's conclusions that they indicate the prevalence of leprosy among Indian Christians.

On the general question of the relation between fish-eating and leprosy I offer no opinion. My personal attitude is one of suspended judgment; "not proven" must at present, I think, be the verdict. But however this may be Mr. Hutchinson deserves our gratitude for having elicited many facts which should at least contribute to a solution of this perplexing problem.

I am, Sirs, yours faithfully,

JOHN JACKSON,

Organising Secretary to the Mission to Lepers
in India and the East.

Exeter Hall, Strand, London, W.C., July 18th, 1906.

A CASE OF IDIOSYNCRASY TO EGG ALBUMIN.

To the Editors of THE LANCET.

SIRS,—The following case of extreme idiosyncrasy to egg albumin is, I believe, of considerable rarity and is remarkable from the fact that this substance produces in the patient in question severe gastro-intestinal irritation when taken internally and sets up urticaria when applied locally to the skin.

The patient, a woman, aged 26 years, came under my notice in the early part of this year with the history that from earliest childhood she had been unable to take eggs or to eat any article of diet which contained them. It was stated that the amount of egg required to produce severe symptoms was extremely small, even the minute quantity contained in the glazing of a roll being sufficient to cause considerable uneasiness. The first occasion on which egg was given to her was stated to have been at the age of ten months and nearly resulted in her death, the symptoms consisting of muscular rigidity and cyanosis. Subsequently many attempts were made to establish toleration to eggs but without result. At the present day the patient finds her disability of the greatest inconvenience, as the certainty of becoming ill if she should happen to partake of any dish in the composition of which eggs have been used practically precludes her from dining away from home. The symptoms depend upon the dose of egg which is taken. A quantity equivalent to four grammes would appear to be a relatively large dose and is followed in a short time by stinging in the throat, epigastric pain, vomiting, and later by either diarrhoea or obstinate constipation. With smaller doses pain comes on about an hour after the egg has been taken and lasts a longer or shorter time according to the dose.

In addition to the gastro-intestinal irritation produced by the ingestion of the egg, it was stated to me that the application to the skin of the raw white of egg would raise a blister. Being naturally sceptical of the possibility of this I arranged for an experiment to be made in my consulting room and the result showed beyond a doubt that egg albumin certainly possessed a directly irritating action upon the skin. On April 10th, at 12 o'clock, a little raw white of egg was spread over an area on the forearm of the size of a half-crown. In half an hour's time this area was deeply reddened and presented several raised wheals. I may state that the skin over the whole body was remarkably irritable and dermatographic. The organs of the body were sound, there was no albumin in the urine, and no signs of gastro-intestinal disturbance. As the patient had consulted me with the hope of finding some means of cure, or at least of alleviation, I suggested that vegetable charcoal might possibly be found to act as an antidote. My suggestion has been acted upon with apparent success. The patient writes that having accidentally taken some egg in soup, which judging from previous experience would certainly have brought on an attack, she took at once a charcoal pastille, with the result that no unpleasant effects were experienced. Experiments are now proceeding with

the object of ascertaining the exact amount of egg albumin which is neutralised by a given weight of charcoal.

I am, Sirs, yours faithfully,

GEORGE HERSCHELL, M.D. Lond.,

Senior Physician to the Kensington General Hospital.

Harley-street, W., July 21st, 1906.

STUTTERING.

To the Editors of THE LANCET.

SIRS,—The lack of any reference to spirometric readings in the lecture by Dr. W. S. Colman on Stuttering published in THE LANCET of July 14th, p. 70, strikes me as a very noticeable feature. I have made some observations in cases of stuttering and every case I came across was below the proportional chest build. The chest was not well developed and the respiratory capacity, as tested by a spirometer, was considerably below the normal—in other words, the pump supplying the voice reed was inadequate. The breathing capacity is always increased by encouraging the development of abdominal breathing, which is so well marked in good singers, but is discouraged by the writer of the article who observes "that singing relieves the stuttering" and calls it a "trick." The explanation is simply that the words of the song and the time of the tune unconsciously give the singer an idea of the quantity of air required to phonate, and it is this idea that requires cultivation in order to relieve stutters of their impediment.

I am, Sirs, yours faithfully,

Swansea, July 17th, 1906.

G. ARBOUR STEPHENS.

THE TREATMENT OF RINGWORM.

To the Editors of THE LANCET.

SIRS,—I have read with interest the various articles and letters which have appeared in THE LANCET on ringworm and I have been struck with the ease with which some men can cure it with comparatively simple remedies. My experience unfortunately has been quite the reverse. In deep-seated ringworm parasitocides and escharotics I have found of little or no practical utility. It would take up too much space to enumerate all the drugs I have tried for months without success. About a year ago, however, an article by Dr. H. G. Adamson appeared in THE LANCET on the Treatment of Ringworm of the Scalp by Means of the X Rays,¹ and I asked Mr. Blackburn of Messrs. Mottershead and Co. to carry it out according to the directions on several cases which had resisted all treatment for months. This he did, measuring the rays with pastilles, which necessitated an exposure of from 20 to 24 minutes for a single sitting for each patch. Some of the children had it applied three or four times for different patches at intervals of several days. Their heads were then anointed with a weak ammoniated mercury ointment. In three weeks the hair came out, leaving a bald patch which in the course of a few months became covered with hair free from ringworm. To my mind x ray treatment when it can be obtained is the most satisfactory means yet devised for the cure of ringworm.

I am, Sirs, yours faithfully,

J. W. STENHOUSE, M.B. Edin., M.R.C.S. Eng.,

Medical Officer, Royal Deaf Schools, Old Trafford.

July 2nd, 1906.

DR. LANCEREAUX'S METHOD IN THE TREATMENT OF ANEURYSM.

To the Editors of THE LANCET.

SIRS,—Many of your readers will have noted with interest your review of "Heart Disease and Aneurysm of the Aorta," by Sir William H. Broadbent and Dr. John F. H. Broadbent, on p. 94 of THE LANCET of July 14th. Although dealing especially with treatment these authors offer little encouragement as regards the use of the one important therapeutic measure introduced in the last few years in the treatment of aneurysm—namely, the subcutaneous injection of gelatinised salt solution. As your reviewer remarks, "their condemnation of this means of treatment is rather too sweeping." May I call the attention of your readers to Dr. Lancereaux's communication to the Academy of Medicine on this subject, briefly summarised in the same number of THE LANCET (July 14th) by your able Paris correspondent.

¹ THE LANCET, June 24th, 1905, p. 1715.

A full translation of Dr. Lancereaux's remarkable communication will appear in the September number of the *Paris Medical Journal*.

May I be allowed to supplement your Paris correspondent's note by pointing out that Dr. Lancereaux has used this method since 1899, has found it free from danger in an experience of over 1200 injections, and that he has been led to consider it as the only method meeting the indications for treatment. In this, his latest, communication on the subject, Dr. Lancereaux gives full details of three cases of aneurysm—of the abdominal aorta, of the first part of the aorta with pre-sternal tumour, and of the ophthalmic artery with throbbing exophthalmos—all apparently cured. The injection, consisting of 200 grammes of a 7 per 1000 saline solution containing five grammes of gelatin, is made into the gluteal region every five or six days (being generally completely absorbed in a few hours), from 30 to 40 being usually required. Successful cases have been recorded even when the skin over the sternum was thinned by the aneurysmal sac. Such treatment surely holds out more hope than can be expected from rest, diet, potassium iodide, &c.

I am, Sirs, yours faithfully,

Paris, July 19th, 1906.

A. A. WARDEN.

ASSOCIATION OF MEDICAL DIPLOMATES OF SCOTLAND.

To the Editors of THE LANCET.

SIRS,—May I ask (through the medium of THE LANCET) those holding Scotch qualifications kindly to reinform me of the various disabilities and grievances they may know appertaining to these qualifications, in order that they may be investigated and redressed, if possible, by the above association.—I am, Sirs, yours faithfully,

CLAUDE ST. AUBYN-FARRER,

7, Westbourne Park-road, W., July 18th, 1906.

President.

THE AFTER-EFFECT OF ETHYL CHLORIDE ANÆSTHESIA.

To the Editors of THE LANCET.

SIRS,—I have followed with interest the reports on ethyl chloride as an anæsthetic, especially in dental work. I have used it for that purpose in a large number of cases and find it a good anæsthetic, as there is a period of analgesia after the patient is conscious. As yet I have had no fatal cases but have noticed bad after-effects. I always fill the bag with nitrous oxide and then gradually drop into the bag from a side tube three cubic centimetres of ethyl chloride (for an adult). Dr. A. B. Kingsford in his reports says that he has noticed two forms of rigidities, but according to his experience they come on during the anæsthesia. In all my cases the rigidity was only noticed after the dental operation was past. The local spasm I found most frequently in the fingers; the patient complained of great pain and it took considerable force to relax the same. This form of rigidity occurred very frequently. As to the second form of rigidity the patient took the anæsthesia all right and after the teeth were out he suddenly took what to me looked exceedingly like an epileptic fit. Then he became quite rigid in the opisthotonos position along the dental chair. The pulse could hardly be felt, the breathing ceased for a few seconds, his head was retracted to the one side, the teeth were clenched, and the eyes staring and fixed with the pale grey ash colour of death. He suddenly became conscious and felt sick and vomited, but on trying to get out of the dental chair he had a tendency to become rigid again. His pulse was 39 but it gradually became 53 after a hypodermic injection of one-fortieth of a grain of strychnine. It may be interesting to state that his pupils were unequal for 48 hours after the operation, the right dilated and the left pin-pointed. On examination of his heart the first sound in the mitral area was not heard distinctly but otherwise he seemed in good health. The difficulty I find in using nitrous oxide alone in dental work—and rather to get the patient to sit different times—is that with some patients you cannot get a proper anæsthesia with gas at all. I am strongly of the opinion that there is always great danger in giving ethyl chloride in the sitting posture. I may state that I always prepare my patients for the operation as if I was going to give chloroform. Thanking you in anticipation,

I am, Sirs, yours faithfully,

JOSEPH STARK, L.R.C.P. & S. Edin.

Fruitfield, Airdrie, July 23rd, 1906.

THE GENERAL MEDICAL COUNCIL: THE DIRECT REPRESENTATIVE FOR SCOTLAND.

To the Editors of THE LANCET.

SIRS,—We have been instrumental in promoting a requisition to Dr. Norman Walker inviting him to be a candidate for the post of Direct Representative for Scotland on the General Medical Council. Dr. Walker received so large a measure of support on the last occasion and has since continued to take so active and useful a part in the promotion of the improvement of medical education as well as in other matters of medical politics that we have every reason to believe that on this occasion his candidature will be successful.

The requisition has been largely signed by practitioners from all parts of Scotland and Dr. Walker has indicated his willingness to accept it. We shall be glad to hear from those who wish to join the general committee.

We are, Sirs, your faithfully,

G. A. GIBSON,

3, Drumsheugh-gardens, Edinburgh.

F. W. N. HAULTAIN,

12, Charlotte-square, Edinburgh.

July 24th, 1906.

A NECESSARY REPUDIATION.

To the Editors of THE LANCET.

SIRS,—My attention has recently been drawn to an article in the *British Medical Journal* of July 14th where, under the column Medico-Legal and Medico-Ethical, reference is made to a weekly paper called the *Free Lance* and to a Dr. A. W. Wheatly advertised in its columns.

On applying at the offices of the General Medical Council I find that I am the only man with those initials and name on the Medical Register. The subject being, as the *British Medical Journal* describes, "Touting for Patients" (and I may add in a very objectionable way), I take this my earliest opportunity of disclaiming any knowledge of the person there described, or connexion of any kind with him or his methods.

Your sense of justice and your knowledge of the injury that may accrue to me from this base use of my name will, I feel sure, enlist your sympathy and help by publishing this my disclaimer in the next issue of THE LANCET.

I am, Sirs, yours faithfully,

ARTHUR W. WHEATLY, M.B.Durh.,

Consulting Surgeon, Western Ophthalmic Hospital.

Kensington, S.W., July 24th, 1906.

** We sympathise warmly with our correspondent, who has a right to feel intensely annoyed with the *Free Lance*.—ED. L.

THE UNIVERSITIES AND THE FUTURE OF DENTISTRY.

To the Editors of THE LANCET.

SIRS,—The progress and development of the profession of dentistry must always be matters of interest to medical men. Whether in the future the two professions will tend to be differentiated more clearly or to become amalgamated completely the aims and objects of the practitioners of medicine and dental surgery are so analogous that any movement on one side will naturally be watched sympathetically by the other. Considerable changes are at the moment taking place in dental education which are likely to have far-reaching effects upon the ultimate development of the profession. With regard to the movement for the establishment of university degrees in dentistry a hope has been very generally expressed that it might be found possible to grant to the members of a learned profession the customary hall-mark of a liberal education. In the practical carrying out of this idea a very distinct division in the views of the teachers of dentistry has been disclosed. While one point of view has been shown to be held by a majority of the teachers in most provincial centres of dental education, an antagonistic view seems very strongly held by an important majority of metropolitan teachers. So distinctly local does the cleavage in the teaching profession seem to be that I may conveniently speak of the two opposing views as the metropolitan and the provincial ideals for the development of the dental profession. The metropolitan ideal appears to be the establishment of dentistry as a special department of medicine on lines analogous to the