The results of this work are obviously of far-reaching importance. Not only are they, as has already been remarked, the basis of vaccine therapy, they are also intimately bound up with anaphylaxis, tubercular hypersensitiveness, pyrexia, and immunity problems generally. In tuberculosis especially there is a large field for research on these lines, and the authors appear to have utilised their opportunities to their full extent. They do not, however, record much in the way of clinical observation, and it is on these lines that the next step has to be taken. It seems possible that bacteria possess an external lipoidal substance soluble in fat solvents and that after this has been removed we have a protein base which can be divided, as Vaughan has shown, into two portions. At least three portions, therefore, may enter into the composition of the ordinary vaccine emulsion. It is far from unlikely there are others also, and the whole question affords a striking example—if such were needed—of how crude our methods have been in the past. The use of these newer methods in vaccine therapy on the one hand, and in the preparation of antigens for deviation of complement reactions on the other, warrants very careful clinical observation from independent observers. With such observations used as controls I believe that far-reaching results may be forthcoming.

I am, Sir, yours faithfully,

July 7th, 1919.

S. ROODHOUSE GLOYNE.

EPIDEMIC PERINEPHRIC SUPPURATION.

To the Editor of THE LANCET.

SIR,—In connexion with the interesting correspondence upon this subject which has occupied a place in your recent numbers, it may be worth noting that during war service in the Mediterranean I saw an unusually large number of these cases as well as of perinephric inflammation which subsided without operation after rest in bed. These cases were very common in Malta in 1916 and the first half of 1917. There was, so far as I know, no influenza among the troops there, but boils and other cutaneous sores were extremely common. After the middle of 1917 I saw an unusually large number of such cases in France, but they were not, I think, in so great a proportion to the total sick as they were in Malta. The prognosis in both places was very good.

I am, Sir, yours faithfully,

WILLIAM THORBURN,

Late Consulting Surgeon, British Armies.

Manchester, July 6th, 1919.

THE MAINTENANCE OF COTTAGE HOSPITALS.

To the Editor of THE LANCET.

SIR,—There has been considerable correspondence in the medical and lay press as to the need for increased hospital accommodation, especially of the cottage hospital type. The difficulty in establishing these institutions is not so much the cost of building and equipping as the fear that exists that they will be a continued and increasing drain upon the charitable public. For this reason it is important to consider the question of maintenance; there is apparently a general agreement that this should be as little as possible dependent on charity.

Take the case of an auxiliary hospital with 20 beds serving a population of 10,000. One ward of five beds would be set aside for maternity cases. The upkeep of these beds might, under the Maternity and Child Welfare Act of last year, be provided, for the greater part, by the local authority; in so far as it might not be, the cost would be met by the patients occupying them, so that this ward at any rate would in no way be dependent on charity. Another section of the hospital would consist of separate private beds for patients willing to pay such fees as would not only cover the actual cost of their maintenance, but would allow a certain profit for the institution. The number of these beds would vary with the character of the population, perhaps 5 out of 20. This would be no charge on charity. There would remain ten ordinary hospital beds. Some of the patients occupying these beds might be able and willing to pay the necessary fees, but the majority would probably not be willing, or, if willing, would not themselves be able to pay. As yet we cannot look for these payments from the National Insurance Commission, Approved Societies, or local authorities, although the latter,

under Section 131, Public Health Act, 1875, have the power to make them; but we may quite fairly point out to the public that the time cannot be very far distant when one or other of those authorities will be called upon to support these hospitals.

Public Hospital Funds.

The most business-like system is to pay for each patient admitted the actual amount of their cost to the institution. To do this it would be much better if the public, different bodies of workers, and other groups of persons, instead of paying hospitals indefinite sums, for which they expect an indefinite amount of treatment, would each form their own hospital fund, out of which they would pay for any patient that they sent to hospital the whole of the sum required. This would be a more business-like arrangement, more fair and satisfactory for all concerned. Those using the hospital would feel a greater sense of independence. There would be no differentiation between the patients, each of whom would bear, directly or indirectly, his fair share of the expenses of the hospital. Contributors would feel a more direct interest in the management of the institution and would probably appreciate more fully the benefits that they received.

If each society or group of persons had, as suggested, its own hospital fund it would be able to pay for its own patients as occasion arose. It would not be bound to support any particular hospital. Payment would be made, not only for the in-patients, but for such out-patients as there might be. If these hospitals are used, as it is suggested they should be, for various public services, school clinics, maternity and child welfare centres, and so on, they would derive from these a certain income.

Payment of the Medical Staff.

As to the payment of members of the medical staff, all insured persons and others for whose treatment they contract would be treated by them in hospital without any further fee. It must here be noted that there is a very real probability of the dependents of insured persons before long being granted medical and sickness benefit. For patients in the maternity ward, unless other arrangements are made, medical men, when called in by the midwife in charge, would receive the same fees as if the patients were in their own homes. For the patients of the public services the doctor would receive an agreed payment, but for all others they would make their own arrangements with each patient.

I am, Sir, yours faithfully,

Bradford-on-Avon, July 4th, 1919. CHAS. E. S. FLEMMING.

FEES FOR SERVICE ON PENSION BOARDS.

To the Editor of THE LANCET.

SIR,—At a general meeting of the medical practitioners in the Cheltenham area, held at the General Hospital yesterday evening, at which 27 were present, 11 of whom were demobilised doctors, the following resolution was passed *nem. con.*:—

That they were willing to act on the pension boards at a rate of either (1) one guinea per session dealing with not more than five cases per session; or (2) two guineas per session lasting two and a half hours.

It was further resolved that this resolution should be sent to THE LANCET.

I am, Sir, yours faithfully,

H. M. MEYRICK-JONES,

Honorary Secretary to the Committee of Medical Practitioners in the Cheltenham Area.

July 8th, 1919.

HUTCHINSON'S TEETH.

To the Editor of THE LANCET.

SIR,—A recent experience has suggested to the writer that in the course of time the characteristic notch described by the late Sir Jonathan Hutchinson in the upper central incisors may disappear. Some six years ago a girl was under my treatment for multiple ulcerative adenitis of the submaxillary region and neck. She had a somewhat depressed bridge to the nose, and upper incisors which showed a slightly curving notch in the cutting edge. A diagram was made of these teeth in the case-book and a note added that they were probably Hutchinson's teeth. A Wassermann test of the blood yielded a positive result and the case was regarded as possibly one of mixed syphilitic and