cases, similar results can be obtained by pyrogallic and salicylic acids, which are selective remedies affecting only the diseased tissues, and commonly used by dermatologists in the treatment of lupus vulgaris. With reference to the simultaneous application of heliotherapeutic measures advocated by Mr. Gauvain, it may be mentioned that the late Professor Finsen of Copenhagen employed pyrogallic acid ointment to a large extent in combination with the light treatment which bears his name, and it was doubtless to the association of these two methods that he owed, in no small degree, his success in extensive cases of cutaneous tuberculosis.

I am, Sir, yours faithfully,

Harley-street, W., April 7th, 1919.

S. ERNEST DORE.

THE FUTURE OF THE TUBERCULOSIS PROBLEM.

To the Editor of THE LANCET.

SIR,—I fear that Mr. P. C. Varrier-Jones, in his paper on the above subject in your issue of March 22nd, is inclined to take a somewhat one-sided view of this matter. There are more ways than one of approaching this problem. It is possible, as Mr. Varrier-Jones suggests, to attempt to segregate cases after they have become more or less advanced, which may be inferred from the stress he lays on treating these people for long periods in colonies, or, on the other hand, we may after much delay begin to treat early cases at sanatoriums before appreciable destruction of tissue has taken place. Anyone of experience knows that early cases treated at properly conducted sanatoriums do not necessarily break down speedily. Indeed, a forecast of the length of time required to treat any given case can be made from a consideration of the length of time the patient has been allowed to go about doing his work before being sent to a sanatorium. Treating all early cases is not only treating individuals, but is a means of saving whole families from becoming victims of this disease.

Mr. Varrier-Jones seems to have fallen into error when he states: "Our energies should be concentrated not so completely on the symptoms of the diseased—those who have well-defined symptoms and signs, in whom the lung tissue has broken down and by whom the bacilli are freely expectorated." The whole point of my contention is that symptoms which are quite easily noticed are often prominent months before the lungs are sufficiently injured to permit of a diagnosis being made by physical examination. We are at the parting of the ways, and have got to decide now whether we are going to follow the advice of Sir James Mackenzie (who has well stated his case in a recent number of the *Spectator*) and treat patients at a time when it is worth while, or continue to treat them when they are past cure. We might use as our motto a saying of Shakespeare:—

A little fire is quickly trodden out;
Which being suffered, rivers cannot quench.

This applies equally to the individual and the community.

I am, Sir, yours faithfully,

EDWARD E. PREST.

Ayrshire Sanatorium, New Cumnock, March 24th, 1919.

SACCHAROSE INJECTIONS IN PULMONARY PHTHISIS.

To the Editor of THE LANCET.

SIR,—In reply to Mr. J. Lavens West's letter in your issue of March 29th, the *British Medical Journal* of July 15th, 1918, p. 671, contains a note on this treatment, introduced by Professor Lo Monaco. The method consists of giving 5 g. of saccharose (cane sugar) in 5 c.cm. of sterilised distilled water daily, in one or two intramuscular injections. It is claimed that after three or four days the temperature falls, night-sweats cease, cough is very much lessened, and the amount of expectoration is greatly diminished. The method is still *sub judice*.—I am, Sir, yours faithfully,

HENRY CURTIS, F.R.C.S.,

Consulting Surgeon, National Sanatorium Association, London.

Harley-street, W., April 5th.

* * At a meeting of the Société de Thérapeutique held in Paris on Jan. 8th Dr. G. Rosenthal commented on Rönou and Mignot's recent communication, in which they stated that injections of saccharose had no action either on human tuberculosis or on the experimental disease in the guinea-pig (*vide* THE LANCET, March 15th, p. 424). This objection

was only applicable to hypodermic injections, which, as Rosenthal had shown in a previous paper, did not possess much value. On the other hand, a daily intravenous injection of 5–20 c.cm. of Lo Monaco's solution (equal parts of saccharose and water) constituted an efficacious treatment in states of malnutrition, and indirectly had a favourable action on tuberculosis. The improvement was usually rapid, being well marked after 10–15 days' treatment.—ED. L.

WOMEN CHIEFS?

To the Editor of THE LANCET.

SIR,—Dr. W. C. Rivers will, I hope, forgive me for diagnosing his complaint as acute salicism. No doubt many women doctors are unsuited to command their male colleagues, but is this sufficient reason for excluding the few, whose administrative gifts are patent, from high appointments? We all know the stenophrenic male, with the mentality of a monkey and the spitefulness of an eunuch. Many of us also know the gifted woman with vision, tact, and administrative genius. If Dr. Rivers finds these types on the medical staff of a municipality does he suggest promotion of the former at the expense of the latter? And would he, courteously but firmly, tell the woman—

"Though you are too weak to journey
Up the mountain steep and high,
You can stand within the valley
While the multitudes go by?"

I am, Sir, yours faithfully,

April 7th, 1919.

CLAUDE LILLINGSTON.

URBAN VITAL STATISTICS.

(Week ended April 5th, 1919.)

English and Welsh Towns.—In the 96 English and Welsh towns, with an aggregate civil population estimated at 16,500,000 persons, the annual rate of mortality, which had steadily declined from 35·7 to 19·3 in the five preceding weeks, further fell to 17·9 per 1000. In London, with a population slightly exceeding 4,000,000 persons, the annual death-rate was 17·1, or 0·5 per 1000 below that recorded in the previous week; among the remaining towns the rates ranged from 8·3 in Gillingham, 9·2 in East Ham, and 10·0 in Tynemouth, to 30·3 in Grimsby, 30·9 in Great Yarmouth, 32·3 in Hastings, and 34·5 in Middlesbrough. The principal epidemic diseases caused 194 deaths, which corresponded to an annual rate of 0·6 per 1000, and included 73 from measles, 40 from whooping-cough, 34 from diphtheria, 29 from infantile diarrhoea, 14 from scarlet fever, and 4 from enteric fever. Measles caused a death-rate of 2·1 in Sheffield, 7·3 in Rotherham, and 8·7 in Middlesbrough; and whooping-cough of 2·7 in Stoke-on-Trent. The deaths attributed to influenza, which had declined from 3889 to 888 in the five preceding weeks, further fell to 569, and included 91 in London, 56 in Birmingham, 34 in Manchester, 30 in Liverpool, and 27 in Sheffield. There were 6 cases of small-pox, 1031 of scarlet fever, and 1158 of diphtheria under treatment in the Metropolitan Asylums Hospitals and the London Fever Hospital, against 6, 1027, and 1163 respectively at the end of the previous week. The causes of 45 deaths in the 96 towns were uncertified, of which 8 were registered in Birmingham, 5 in Liverpool, and 4 in Manchester.

Scotch Towns.—In the 16 largest Scotch towns, with an aggregate population estimated at nearly 2,500,000 persons, the annual rate of mortality, which had declined from 40·0 to 20·5 in the five preceding weeks, further fell to 18·5 per 1000. The deaths from influenza numbered 10, while in 59 deaths classified as due to other conditions influenza was a contributory cause; in the previous week these numbers were 14 and 88 respectively. The 419 deaths in Glasgow corresponded to an annual rate of 19·5 per 1000, and included 35 from whooping-cough, 9 from measles, 6 from infantile diarrhoea, and 5 from diphtheria. The 108 deaths in Edinburgh were equal to a rate of 16·7 per 1000, and included 10 from whooping-cough, 3 from diphtheria, and 1 from measles.

Irish Towns.—The 253 deaths in Dublin corresponded to an annual rate of 32·6, or 1·1 per 1000 above that recorded in the previous week, and included 41 from influenza, 4 from infantile diarrhoea, and 1 each from measles, whooping-cough, and diphtheria. The 168 deaths in Belfast were equal to a rate of 21·8 per 1000, and included a fatal case of infantile diarrhoea.

VITAL STATISTICS OF LONDON DURING THE YEAR 1918.

In the accompanying table statistics of sickness and mortality in the City of London and in each of the metropolitan boroughs are summarised for the year 1918. With regard to the notified cases of infectious diseases, it appears that the number of persons reported to be suffering from one or other of the ten diseases specified in the table was equal to a rate of 4·4 per 1000 of the population, estimated at 4,026,901 persons; in the three preceding years the rates were 7·1, 5·1, and 4·2 per 1000 respectively. Among the various boroughs the rates last year ranged from 2·4 in the City of Westminster, 2·5 in Chelsea, 2·7 in Hampstead, 2·8 in the City of London, 3·1 in Kensington, 3·3 in Hammersmith, 3·3 in St. Marylebone, and 3·4 in Holborn, to 5·2 in Greenwich, 6·2 in Stepney, 6·3 in Bermondsey, 7·3 in Bethnal Green, and 8·0 in Southwark. Thirty-five cases of small-pox were notified last year against 11, 1, and 0 in the three preceding years; of these, 24 cases belonged to Stepney. The prevalence of scarlet fever was about 12 per cent. more than in the preceding year; 6811 cases were notified, against 8766 and 6110 in the two preceding years. Among the metro-