the patient is not cured by the electricity or by the sham operation, his latter state is far worse than his previous one, because henceforth he firmly believes in an "organic" basis of his condition. If, on the other hand, he is cured, he may at any future time fear or fancy a recurrence of his "organic" malady.

But when the physician goes as far as Dr. Carlill, actually to operate on the patient for the removal of a piece of thickened bone from the skull, and when he permits the patient to wear that removed piece of bone, well knowing that the bone was not thickened and that the patient's condition had nothing to do with bone thickening, the procedure seems to me to be not only needless and dangerous, but also to be absolutely indefensible and unworthy of his profession. Even on the lowest grounds we have only to ask ourselves what would have been Dr. Carlill's position if the sleeping attacks of his patient had *not* ceased after the trephining operation, especially if the latter had come to know that the operation had been performed solely for its possible suggestive efficacy.

Whatever the method of psychotherapy adopted the *full truth* is not always possible; explanations have to be couched in terms fitted to the mentality of the patient. But *downright lies* are to my mind never necessary and deserve vigorous condemnation, especially when carried over into needless and possibly harmful action.—I am, Sir, yours faithfully,

CHARLES S. MYERS.

Montagu-square, W., Dec. 20th, 1919.

ANTIMONY IN FILARIASIS.

To the Editor of THE LANCET.

SIR,—I read with keen interest Sir Leonard Rogers's paper entitled "Preliminary Report on the Intravenous Injection of Antimony in Filariasis," published in your journal of Oct. 4th, 1919.

In my observations on the use of antimony in this disease in my book "Kala-azar, its Treatment"—published by Butterworth and Co. (India) in February, 1917, and reviewed in THE LANCET of Nov. 10th, 1917—the following words occur on p. 115: "It is difficult to determine the effect of any drug in filariasis, as the disease may remain latent for prolonged periods. Several cases have been treated with intravenous injection of tartar emetic and antimonyl sodium tartrate. In one case, however, there was a very marked reduction of the parasites in the peripheral blood and the fever stopped. In another case there was apparent disappearance of the embryos from the peripheral blood."

I am very glad to find that Sir Leonard Rogers's observations are corroborative of mine. My further observations will be published when more definite results are obtained.—I am, Sir, yours faithfully,

Calcutta, Nov. 12th, 1919.

U. N. BRAHMACHARI.

ACUTE PULMONARY ŒDEMA.

To the Editor of THE LANCET.

SIR,—Cases of acute pulmonary Œdema are so sudden in onset and run such a rapid course that treatment should be carried out promptly. It would have added much to the interest of the case reported by Dr. Guy Branson in your issue of Dec. 13th if he had indicated the treatment he employed. I have had such excellent results from the use of atropine subcutaneously in acute Œdema of the lungs that I am anxious that this drug should be more generally recognised as a valuable agent in these grave cases.

I am, Sir, yours faithfully,

F. DE HAVILLAND HALL.

Wimpole-street, W., Dec. 19th, 1919.

UNIVERSITY OF DURHAM: THE ROLL OF SERVICE.

To the Editor of THE LANCET.

SIR,—May I have the hospitality of your columns to appeal to all members of the University of Durham for help in compiling the definitive edition of the Roll of Service and Roll of Honour? Forms framed to include

all details of military service have already been sent to all those whose addresses are known, and further applications from others for them would be welcomed by me at these offices. The last date for receiving such information will be Dec. 31st, 1919.

I am, Sir, yours faithfully,

H. G. THEODOSIUS,

University Offices, 38, North Bailey, Durham,
Dec. 18th, 1919.

Registrar.

A CORRECTION.

To the Editor of THE LANCET.

SIR,—In my "Notes on Some Occasional Manifestations of Malaria" published in your issue of Dec. 20th I referred to Major James Kerr as an advocate of intravenous quinine. I should have written Major Charles Kerr, R.A.M.C. (T.). I much regret the error.

I am, Sir, yours faithfully,

D. W. CARMALT JONES.

Seymour-street, W., Dec. 23rd, 1919.

ACHLORHYDRIA AND GASTRIC CARCINOMA.

To the Editor of THE LANCET.

SIR,—Modern surgical text-books suggest that the absence of free hydrochloric acid from a test meal is sufficient evidence to justify an exploratory operation for gastric carcinoma. I should be grateful for guidance in the following case.

A patient in whom I am interested was found, quite ten years ago, to have an entire absence of HCl, but so far does not seem a penny the worse for the deficiency. He uses a great deal of mustard, practically with everything, and frequently also sauces, and suggests that condiments make up to him for the deficiency of acid in the gastric juice.

Should it be proved that achlorhydria is always associated with malignancy, the condition is obviously the result of some unknown cause, which presumably persists even though the digestive faculty is kept up by the use of artificial HCl. The rationale of administering HCl under these circumstances needs some explaining.

I am, Sir, yours faithfully,

Dec. 16th, 1919.

ANXIOUS INQUIRER.

Obituary.

ARTHUR RIEUSSETT LITTELJOHN, M.R.C.S.,
L.R.C.P., M.R.C.V.S., D.P.H.,

MEDICAL OFFICER IN THE MINISTRY OF HEALTH.

IT is with regret that we have to record the death of Dr. Arthur Rieussett Littelljohn, which took place at a nursing home in London on Dec. 8th, at the early age of 38. He was a son of the late Dr. Saltern George Littelljohn, and was educated at St. Paul's School and at the Royal Veterinary College and St. Mary's Hospital. He was for some time tutor in veterinary medicine at the Royal Veterinary College, made a number of contributions to scientific journals on veterinary matters of special medical interest, and was the author of a well-arranged and useful handbook on "Meat and its Inspection." In 1911, when Dr. Littelljohn was appointed to the medical staff of the Local Government Board, he had already made a close study of the many important points at which veterinary and human medicine touch in their bearing on public health. He added to these a sound knowledge and practical experience of public health administration gained in the course of several municipal appointments which he had held, and with this unusual and valuable equipment he speedily found scope in the Food Department of the Local Government Board for the practical application of his knowledge and judgment.

The war arrived and the Food Department immediately became immersed in the task which it undertook for the War Office of organising and controlling arrangements for securing that the army's food-supplies were manufactured and prepared under proper sanitary conditions, and with those of his colleagues to whom military service was denied he threw himself with characteristic