they are of general interest to the medical profession at the present time, I have asked and obtained leave to publish the table which is herewith appended.

I am, Sir, yours faithfully,

DOUGLAS WHITE,

Honorary Secretary, National Council for Combating Venereal Diseases.

Avenue Chambers, Southampton-row, London, W.C.,
March 2nd, 1920.

ENCLOSURE.

Sites of Inoculation Lesions in 2743 Cases of Syphilis.

From the Indexed Records at R.N. Hospital, Haslar, by Surgeon-Lieut. Commander R. J. G. PARNEILL, R.N., Specialist in Venereal Diseases, Haslar.

Genital Inoculation Lesions.

In urethra (concealed)	2	In sulcus	420
Within meatus (concealed) ...	25	On prepuce (skin 328, mucous	
At meatus (visible)	94	membrane 346)	674
On glans penis	270	On frænum preputii	192
On corona glandis	86	Phimosed prepuce (concealed)	121
Total, 1884 = 68·7 per cent.			

Body of penis	209	Scrotum	20
Root of penis	50	Peni-scrotal angle	13
Total, 292 = 10·6 per cent.			

Site on penis not stated ...	238	Combinations of above ...	283
Total, 521 = 19 per cent.			

Extragenital Inoculation Lesions.

Lip	20	Finger	2
Eye (palpebral conjunctiva) ..	3	Umbilicus	1
Anus (at or near)	7	Nose	1
Thigh	2	Neck	1
Pubes	6	Abdomen	1
Chin	1	Buttock!	1
Total, 46 = 1·7 per cent.			

Remarks.

1. In addition, 101 cases had manifest signs of syphilis or had cerebro-spinal syphilis, yet no site of the inoculation lesion was found; all the men denied a sore on the penis. A few of these men gave a history of "gonorrhœas." The majority denied having had V.D. in any form, but admitted risks of infection. A very small number denied V.D. and stated that they had never exposed themselves to infection. Three of these had definite signs of congenital syphilis.

2. One case of genital and extragenital inoculation lesions occurred (lip and penis).

3. Of the 238 cases in which the site (on penis) was not stated, the vast majority of these were old infections giving a definite history of a sore on the penis, but no scar was found. In a few cases there was an indefinite amount of scarring at a site other than that at which the sore apparently had been.

4. 46 cases were extragenital—1·7 per cent.

MYALGIC PAINS AND MANIPULATION.

To the Editor of THE LANCET.

SIR,—At the risk of appearing tedious I would like to add a few words to Mr. Haldin Davies's letter which appeared under the above title in your issue of Jan. 10th. Mr. Davies says that there is "something in manipulative surgery"; with that conclusion I cordially agree. No one was more opposed than myself to any recognition of or concession to unqualified practitioners, but when case after case drifted off to the manipulative surgeon only to return cured it gave me furiously to think. Much against my inclination I am compelled to admit that the manipulative surgeon possesses some skill which I and possibly some of my professional colleagues lack.

So many cases of displaced cartilage and deranged joints have been put right by simple manipulation when I and others had failed that I am bound to confess that such patients were well spared the operation that had been suggested. It seems a pity that the profession declines to investigate these problems. The proposition is a simple one: either the manipulative surgeon possesses some special skill of which the public and the profession should have the benefit, or a large number of medical men and a larger number of the public have been hopelessly misled. It is difficult, if not impossible, to accept this latter alternative.

The whole matter could easily be cleared up by an investigating committee, and I am not by any means alone in wishing to have this done. Believing, as I do, that many cases of deranged joints can be submitted successfully to manipulation, which I myself cannot practise, am I justified in advising an operation of definite risk and of somewhat uncertain result until these milder manipulative measures have been tried?

I am, Sir, yours faithfully,

March 6th, 1920.

W. H. CLAYTON-GREENE.

BLIND MASSEURS.

To the Editor of THE LANCET.

SIR,—Had I known that my letter would be published I should have asked you to spare me space to go into details, for which a mere acknowledgement did not seem to call. I entirely endorse the admirable letter of Major W. H. Broad, who, I may say, has had an exceptionally wide experience of the work of the blind masseur, and whose admirable orthopædic work is known to most members of the medical profession.

For reasons which I am free to confess do not seem entirely convincing to myself, or to many eminent medical men, it has been thought fit to impose limitations upon the examinations in remedial exercises which are set to blind students, and this in spite of the fact that a totally blind man passed the full examinations set to sighted folk, and not only passed them, but was first in the list. This blind man has exceptional ability, and perhaps the full examination might be rather beyond the scope of some blind masseurs. At the same time, the examination which is set them renders a man who passes it quite proficient, for all ordinary requirements, and would prove amply sufficient for any but very special cases.

I very much fear that the publication of my letter in your last issue may lead your readers to suppose that I do not possess full faith in the qualifications of the blind masseur. This is very far from being the case. The blinded soldiers who have been trained in this most useful profession are giving complete satisfaction in all parts of the British Empire; indeed, I go so far as to say that wonderful as the successes of St. Dunstan's have been, the success of those of its inmates who have been trained in massage is the most wonderful of all.

I am, Sir, yours faithfully,

ARTHUR PEARSON,

Chairman, Blinded Soldiers' and Sailors' Care Committee

President, National Institute for the Blind,

224, Great Portland-street, London, W.

St. Dunstan's, Hanover Gate, Regent's Park, N.W.1,

March 6th, 1920.

* * We could have no idea that Sir Arthur Pearson did not intend his letter for publication. Like him we have every sympathy with the blind students, and are aware of their exceptional qualities in many directions. The annotation indicated a place in the masseur's work where the blind must, in our opinion, be handicapped, and that view is unaltered.—ED. L.

TREATMENT OF CARBUNCLES, BOILS, ETC.,
BY LARGE DOSES OF DILUTE SULPHURIC
ACID.

To the Editor of THE LANCET.

SIR,—On March 15th, 1913, I called attention in THE LANCET to the great success of the dilute sulphuric acid treatment in the above-mentioned conditions and staphylococcic infection generally. Since the date mentioned I have had some very severe cases to deal with, which have resisted all ordinary remedies, including injections with serum, but have yielded completely to the sulphuric acid treatment.

Only three weeks ago I had a most inveterate case of acne sent to me of 20 years' standing, which had been treated by all the ordinary means and for the last few years by repeated injections of serum without any benefit. I put this patient at once on 30-minim doses of dilute sulphuric acid (made by adding 3 fluid ounces of the strong acid to 29 fluid ounces of water) and the result has been a complete cure in three weeks. This particular patient was covered over the whole body from head to foot with pustules and was a splendid example of the power of this simple remedy when given internally and in sufficient doses (i.e., m xxx. to m xxx.) also of the right strength.

As I said in my former communication to your journal, smaller doses of a weaker strength of the acid are of no use whatever. The 30-minim dose, diluted with a wineglassful of water is, in my experience of over 40 years, always well tolerated, and has, without exception, always proved successful. My son, Dr.

Russell J. Reynolds, who has returned from active service in India, tells me it is being used by some of the medical officers there with the best results. I feel that in all cases of suppuration it should at least be tried. My reason for writing again on this subject is that this mode of treatment does not seem even now to be sufficiently well known.

I am, Sir, yours faithfully,

J. REYNOLDS, M.D. BRUX., M.R.C.S.

Brixton-hill, S.W., March 6th, 1920.

Obituary.

SAMUEL WEST, M.A., M.D. OXON., F.R.C.P. LOND.,

CONSULTING PHYSICIAN TO ST. BARTHOLOMEW'S AND THE
ROYAL FREE HOSPITALS.

THE death of Dr. Samuel West on March 2nd, at the age of 72, removes another of that band of London physicians which understood how to reconcile the claims of important teaching appointments with private consulting work, and still to find time to devote to public and benevolent purposes.

Samuel Hatch West was born at Carlisle on April 13th, 1848, the son of John West, Deputy Inspector-General of Mails to the General Post Office. He was educated at Westminster School, where he was Queen's scholar, going on to Christ Church, Oxford, where, after taking honours in Classical Moderations, he began the work of his life by studying physiology in the museum under Professor Rolleston. In this subject he took a first-class in the Final Schools. Even then his teachers recognised in him a man with a future, for, beginning as a successful pupil, he soon became a close friend of both Rolleston and Acland, and he was elected Radcliffe Travelling Fellow. Probably West's choice of St. Bartholomew's as his medical school was determined by his friendship with Rolleston. Since in those days the official course of study for the Oxford M.B. could not begin till after taking the B.A., West and his contemporaries from Oxford were what would be now called "full-time students" at St. Bartholomew's. In the preliminary subjects and in physiology he had not much to learn there, but he filled up his spare time with advanced and original work. Working under the late Dr. W. J. Russell, he designed a method of estimating the urea in urine by means of the hypobromite reaction, and later was one of the first to apply this clinically. His study of medicine proper was carried out chiefly in the wards of Dr. James Andrew. After qualification he became house physician to Andrew, and between them close bonds of intimacy developed. They were from the same university, had the same eager capacity for work and devotion to medicine, and West very early in his career became Andrew's colleague at Victoria Park Hospital. Andrew's influence upon him was seen later in his principal publications, which were on diseases of the respiratory organs and on granular kidney.

Graduating M.B. Oxf. in 1875, and obtaining the M.R.C.P. Lond. in 1877, Dr. West became assistant physician to St. Bartholomew's Hospital in 1887, and full physician 17 years later, holding, at the same time, the lectureship in the principles and practice of medicine. At the same time he was physician to the Royal Free Hospital and to the Victoria Park Chest Hospital.

One of his colleagues writes of this period of his life: "When at the Royal Free Hospital, on the illness of Dr. Buchanan Baxter, and subsequently at the Victoria Park Chest Hospital, the writer first became associated with Dr. West, he received much kindness at his hands and much help, for which the indebtedness remains. On many occasions the junior colleague was accustomed to turn to his senior for assistance in difficult clinical cases, and he never failed to be impressed by his clinical acumen, his breadth of view, and the soundness of his advice. His teaching was greatly valued by the students at the Royal Free Hospital, and in proof of this

it may be stated that if they had a grievance it was that they wanted more not less of that which he had to impart. As physician Dr. West was essentially the clinician, for though he came to the bedside thoroughly conversant with scientific methods, and, in particular, with an exceptional knowledge of chemistry, he avoided the shallows of the ultra-scientific application of those methods. He was a close student of pathology, and both in his outlook and in his teaching it figured prominently."

Recognised thus as teacher and clinician, Dr. West held, as was natural, at one time or another, positions as examiner at the Universities of Oxford, Cambridge, London, and Birmingham, and at the Conjoint Board. He was three times censor to the Royal College of Physicians of London. He presided over the medical and the clinical sections of the Royal Society of Medicine. He was Lettsomian lecturer and treasurer to the Medical Society of London.

And first and foremost he will be gratefully remembered for his labours to alleviate distress through the Royal Medical Benevolent Fund. Here he held office continuously from 1893, when he became honorary financial secretary. In 1899 he succeeded Sir W. Broadbent as treasurer, on the latter becoming president of the Fund. On the resignation of Sir John Tweedy in 1917, Dr. West became president until the time of his death. In this long service Dr. West became so identified with the Fund that some spoke of it as "West's Fund." As treasurer one of his first acts was to insist that all legacies should be invested to provide annuities, and he had the satisfaction of seeing the number increased from 100 to 170, while the total income of the Fund rose during his management from £3625 to over £7000. Owing principally to his exertions, consent was obtained to apply the term "Royal" to the Fund, with the name of Prince Arthur of Connaught as vice-patron. In the following year he organised the festival dinner and secured in subscriptions over £3000. Foreseeing the probable financial difficulties in which many medical men, suddenly called to join the army and leave their practices, would be placed, Dr. West initiated the special War Emergency Fund, and one of his last acts was to secure from the National Relief Fund a donation of £10,000 towards its objects. During the war he became chairman of the executive committee of the Professional Classes War Relief Council. Through this agency he was able to place valuable information regarding education at the disposal of many medical men. Only those who knew Dr. West's keen interest in these Funds can appreciate the time and care he gave to their welfare.

West was not a voluminous writer, but at each stage of his active work he contributed something to exact knowledge. His practical guide for the use of students entitled "How to Examine the Chest," appearing first in 1883, ran into three editions. His Lettsomian lectures on Granular Kidney and Physiological Albuminuria, published in 1899, were for many years a standard work of reference. A second edition of his largest work on "Diseases of the Organs of Respiration," in two volumes, was published in 1909. His smaller writings included articles, in different journals and year books, on acute and chronic nephritis, pneumothorax, sulph-hæmoglobinæmia, the amount of nitrogen excreted by man at rest, and hypertrophy and dilatation of the heart.

Of West's personal qualities it is difficult to give a comprehensive view. He was a sociable man, full of many interests. He had a great capacity for clear thinking and exposition, and also for organisation. An excellent musician and a good singer, while house physician at St. Bartholomew's Hospital he organised, along with his colleagues in office, Darbishire, Abercrombie, and Ormerod, a concert in the Great Hall which became an annual affair, and from which developed the present hospital musical society. The finer qualities of head and heart—friendliness, good fellowship, social attractiveness, wide human interests—all these West possessed in a high degree, and combined with ability, energy, and devotion to medicine, they