practitioners in the country who have given as many intravenous injections of an ethereal solution of iodoform as I have, and yet I have never once met with any symptoms of iodoform poisoning. For years I have used it in doses varying from $\frac{1}{4}$ gr. to 1 gr. and even more, regulating it according to the type and extent of the disease. At present I have eight patients in hospital. Seven of these receive 1 gr. every day for ten days, and the eighth $\frac{1}{2}$ gr. After a week's interval the injections are resumed. Dr. Smith said there was justifiable doubt as to whether half a grain exercised any influence. If 1/200th gr. of nitroglycerine, 1/60th gr. of strychnine, or $\frac{1}{4}$ gr. of morphine can profoundly affect a patient, why may not $\frac{1}{4}$ gr. or 1 gr. of iodoform? We may have to abandon the idea of a directly germicidal effect, but when patients recover and remain well for years, does it not look as if our preconceived notions as to the dosage and mode of action of drugs may be wrong?

It is right that every treatment for pulmonary tuberculosis should be searchingly criticised, but only after trial and investigation. I feel sure that Dr. Coleman has no wish to condemn unfairly, or to be the cause of deterring others from trying iodoform, but it seems to me that his criticism is a little misleading. As Dr. Etienne Burnet, of the Pasteur Institute, Paris, says in his book on "Microbes and Toxins": "Things do not go on in the living body exactly as in a test tube. This fact so often referred to already must be insisted upon again. Atoxyl does not act *in vitro*, but acts in the living body. Chemical therapeutics is, therefore, not likely to become more simple. There is nothing to exclude the possibility of a drug therapy in bacterial infections, and it is always possible that our vaccines of to-day, and in particular our sera, marvellous discoveries as they are, and originating in the most scientific empiricism, may give place to physico-chemical remedies better defined and more direct. It is from chemistry that we have to expect advances in the healing art. The phrase of Duclaux is very apt in this connexion—With Pasteur chemistry invaded the field of medicine probably never to leave it."

I am, Sir, yours faithfully,

Dunblane, N.B., May 3rd, 1913.

THOMAS W. DEWAR.

THE LATE MR. R. B. ETHERINGTON-SMITH.

To the Editor of THE LANCET.

SIR,—At a meeting held at St. Bartholomew's Hospital on May 1st it was decided to open a subscription list for a memorial to the late R. B. Etherington-Smith. It is suggested that the memorial should take the form of providing and endowing separate sick quarters at St. Bartholomew's Hospital for the use of the medical, surgical, and resident staff, and of providing a suitable memorial at Cambridge.

Etherington-Smith's life work was so bound up with St. Bartholomew's Hospital that this form of memorial will doubtless commend itself, not only to his colleagues in the profession, but also to the larger body of men who knew and admired him as an oarsman and friend. The scheme has received the cordial approval of his family.

Subscriptions will be received by the honorary treasurer, Dr. T. W. Shore, dean of the Medical School, St. Bartholomew's Hospital, E.C., or they may be sent to "The Etherington-Smith Memorial Fund" at the Bank of England.

We are, Sir, yours faithfully,

ANTHONY A. BOWLBY, C.M.G.,

Senior Surgeon to St. Bartholomew's Hospital.

W. B. CLOSE, C.U.B.C.

G. ACTON DAVIS,

Acting Treasurer, St. Bartholomew's Hospital.

J. H. GIBBON, C.U.B.C.

HARCOURT GOLD, O.U.B.C.

W. P. HERRINGHAM,

Senior Physician to St. Bartholomew's Hospital.

R. C. LEHMANN, C.U.B.C.,

Secretary to the Fund.

HOWARD MARSH,

Professor of Surgery, Cambridge University.

S. D. MUTTEBURY, C.U.B.C.

GUY NICKALLS, O.U.B.C.

G. D. ROWE, O.U.B.C.

H. T. STEWARD, Leander R.C.

LIVERPOOL.

(FROM OUR OWN CORRESPONDENT.)

The Radium Fund for the Royal Infirmary.

At a meeting of the general committee of the Royal Infirmary held on May 1st, under the chairmanship of Mr. H. Wade Deacon, the following resolution was carried:—

That the committee desires to express its great appreciation of the kindly thought which prompted the editor of the *Daily Post and Mercury* to make an appeal for funds for the purchase of radium for the Royal Infirmary; and it further desires to thank him for the cheque for £2079 10s. 10d. now received, and through him to express its gratitude to all the subscribers to the fund.

A few pounds have since been received (the total amounting to £2115 4s. 10d.) and will be forwarded to the committee when the list is finally closed.

The National Insurance Act and the Health Department of the City Council.

Under the provisions of the National Insurance Act three assistant tuberculosis officers have been added to the staff of the medical officer of health. The hospitals committee, through which the appointments have been made, has selected Dr. S. W. McLellan, Dr. B. T. J. Glover, and Dr. D. J. Clark for these positions. At present only one central dispensary is in operation, but another at the south end of the city will be opened in a few days. The question of a dispensary for the northern parts of the city has not yet been finally settled. The hospitals committee has practically decided to devote the whole of the Parkhill Hospital to sanatorium purposes. Only tuberculosis cases have been treated there for some considerable time.

Proposed State Subsidy for County Asylums.

A proposal from the committee of the Rainhill Asylum, near Liverpool, will be submitted to the Lancashire Asylums Board at its next quarterly meeting to be held at Preston. The recommendation is to the effect that the Government should be asked to subsidise the board to an extent adequate to cover the salaries of the board's pathological staffs, their research work for the prevention of lunacy being a charge which ought to be defrayed from the national exchequer, and not levied upon the ratepayers of the large cities and towns which bear the chief burden of the heavy cost of public asylums. The Rainhill committee has taken up the question because of the special development of pathological research there, a museum and other facilities being offered to medical students. Liverpool has had to pay a largely increased share in the cost of lunacy in Lancashire since the basis of levying the rate has been altered from "value" to *per capita*. Any relief therefrom will be welcomed the more heartily in this city and port, too often the dumping-ground for foreign lunatics not easily to be transferred to their native lands.

A Fatal Case of Small-pox in Liverpool.

A fatal case of small-pox occurred in Liverpool the week before last. The infection in question was of outside origin, and all persons who came into contact with the deceased before removal to hospital had passed through a period of observation and shown no suspicious symptoms. With the exception of a single case which terminated fatally on board a steamer in the river, this was the only fatal case of small-pox that had been recorded in Liverpool during the last seven years. Liverpool, fortunately, is an exceptionally well-vaccinated city. Immediately on the occurrence of small-pox the medical officer of health communicates with the public vaccinators to revaccinate, if possible, all contacts, the majority of whom acquiesce without demur.

The Royal Albert Institution.

The annual meeting of the Liverpool committee of the Royal Albert Institution was held on April 29th, under the presidency of Mr. G. D. Killey. There are 24 Lancashire candidates for the 16 vacancies allotted to the county, 6 of the applicants being from the Liverpool district. There are at the present time nearly 700 feeble-minded inmates under care, and the applicants for admission are numerous and urgent. The chairman stated that the annual meeting held in Liverpool in October last proved successful, resulting in donations which increased to £938 Liverpool's contribution to the farm colony fund. A donation of £500 had since