in the manner which I have just indicated. I need hardly say we are all grateful to Dr. Hunt for telling us of the existence of this important, though relatively rare, group of thenar and hypothenar atrophies. But purely *motor* nerves have no existence.

I am, Sir, yours faithfully,
London, N.W., June 6th, 1914. LEONARD J. KIDD.

THYROID INSUFFICIENCY.

To the Editor of THE LANCET.

SIR,—The interesting letter of Dr. C.W. Crawshaw in THE LANCET of May 30th on Thyroid Extract in Nervous Disorders leads me to call attention to another class of cases in which there seems to be some insufficiency of thyroid secretion, although not enough to cause the classic symptoms of myxœdema. My attention was called to this class of cases some years ago by my friend Dr. Morgan Dockrell, of London, and since then I have met several, all of which have been much benefited by the administration of thyroid extract. The following case is typical.

A middle-aged man, organically sound, had suffered for many years from bad circulation, feelings of cold, and liability to chill. His temperature was usually about 1°F. below the normal. In winter he had to use an enormous quantity of bed-clothes, and, even with those, he usually woke up feeling cold and miserable. There was breathlessness on exertion. He had become quite bald in early life. After taking thyroid extract for a little while he began to experience an unwonted feeling of warmth. Cold feet and hands became warm. He gradually dispensed with some of the bed-clothes, so that he now uses only about one-third as much as formerly. The temperature rose to normal. The heart's action became stronger and steadier, and he can now take violent exercise which was formerly impossible. The progressive loss of hair has ceased, and the scalp, which was formerly as polished as a billiard ball, now shows an abundant growth of downy hairs. The amount of hair on the body has also increased. The patient feels quite a new man and much more vigorous than formerly.

I have had several other cases in which alleviation of similar symptoms has been brought about by thyroid extract, and it seems, I think, quite evident that the extract supplies something which in these instances is wanting in the system.

I am, Sir, yours faithfully,
JOHN P. HENRY, M.D., B.Ch. Dub.
Galway, June 1st, 1914.

LONDON PANEL COMMITTEE AND THE SUPPLY OF LOCUM TENENTS.

To the Editor of THE LANCET.

SIR,—Our attention has been drawn to the report in the *British Medical Journal* Supplement of May 30th last of a meeting of the London Panel Committee which was held on May 25th. That committee passed a resolution undertaking to supply "deputies" to panel practitioners, and we learn with no slight astonishment that the proposal was stated to have met "with the approval of the medical and transfer agencies."

As we have never been approached on the matter we take this opportunity of informing the medical profession that we strongly object to this unauthorised assertion, and the more so as we know that

the above committee further discussed the question of undertaking the transfer of practices.

Whilst reserving our opinion as to its statutory powers to transact such business, we are reluctant to believe that medical men can be in sympathy with this movement.

We are, Sir, yours faithfully,

J. FIELD HALL
(Field Hall, Ltd.).

HERBERT NEEDES.

J. C. NEEDES.

PEACOCK AND HADLEY.

J. A. REASIDE
(The Medical Agency).

A. V. STOREY
(General Manager of the Scholastic,
Clerical, and Medical Association, Ltd.).

PERCIVAL TURNER.

London, W.C., June 9th, 1914.

MUST THE DOCTOR BE A COMMON INFORMER?

To the Editor of THE LANCET.

SIR,—As the matter is of such grave moment I wish to draw your readers' attention to the decision of the General Medical Council in one of the recent penal cases.

A practitioner attended a female who had had a miscarriage. She pledged him to secrecy. The patient died from peritonitis. The doctor being bound by law to certify the "cause of death" wrote in his certificate "peritonitis and cardiac failure." Because he did not also state the concomitant fact of the abortion the General Medical Council concludes that he has been properly convicted of a misdemeanour. It is not permissible to say more, for the case has not formally concluded, but the opinion already given by the General Medical Council seems to lay a new burthen on practitioners.

1. Cause is usually interpreted in law to mean immediate operative antecedent. Now it seems we must not only give immediate cause of death, as peritonitis, but, under peril of being unfrocked, the cause of peritonitis, as dirty instrument; the cause of virulence of dirt, as streptococci; the cause of activity of streptococci, as mixed infection, &c.

2. Every medical man in practice is often asked to bring about abortion. This alone being a criminal offence, it would seem he is bound to hand over the offender to justice.

3. Transmission of contagious disease being a grave offence, it would seem that to prevent this misdemeanour the doctor is bound to notify the wife or other person likely to be affected by the patient suffering from infectious sore.

I am, Sir, yours faithfully,
J. C. MCWALTER, M.D., LL.B.,
Dublin, June 7th, 1914. Barrister-at-Law.

SOCIETY OF TUBERCULOSIS OFFICERS.

To the Editor of THE LANCET.

SIR,—With reference to Dr. Thompson Campbell's letter on the above subject, in your issue of to-day's date, may I say that I recently joined the Tuberculosis Society (secretary, Dr. W. O. Pitt, Walthamstow, Essex), and that I was informed that this body already numbered about 60 tuberculosis officers amongst its members?

I am, Sir, yours faithfully,
June 6th, 1914. TUBERCULOSIS OFFICER.