chest to thigh and pointing in the right iliac fossa. The abscess was incised, and pus, sloughs, bile, and curdled milk escaped; the cavity was found to extend far upwards. A second drainage incision was made in the loin; more bile-stained fluid and milk curd escaped; the source of leakage could not be found; the cavity was packed. The patient lived for some weeks, the fistula persisting and discharging intermittently. Death ultimately occurred from inanition. Post mortem the fistula was found to communicate with the second part of the duodenum..

The second case was that of a stout elderly man who had perforated eight hours previously. The perforation was found down in the second portion of the duodenum, and was brought within reach by incising and stripping up the peritoneum to the outer side of the viscus. The whole anterior wall of the second part of the duodenum was a thick, hard, œdematous plaque. The first linen suture cut out; the second did likewise. Two sutures of thick catgut were then passed through the whole thickness of the duodenal wall from side to side of the perforation and tied gently, approximating the margins of the opening simply edge to edge. A large drainage-tube was placed with its end in contact with the perforation and packed around with gauze. A gastro-enterostomy was not done because it appeared that owing to the situation of the lesion—i.e., opposite to or even below the level of the orifice of the bile and pancreatic ducts—an anastomosis would be likely to increase rather than diminish the risk of leakage. The patient rallied well and remained well until the third day, when duodenal fluids began to escape from the wound; the quantity of discharge—bile and pancreatic juice—steadily increased, till it became enormous. There were no symptoms of peritonitis. The patient died from inanition on the fifth day after operation.

I feel sure that any method (including omental plugging) which involves the possibility of a fistula, though sometimes useful in certain perforations on the gastric side of the pyloric sphincter, is very dangerous when employed in the treatment of a corresponding duodenal lesion.

I am, Sir, yours faithfully,

Middlesbrough, Jan. 25th, 1914.

WM. S. DICKIE.

RESEARCH DEFENCE SOCIETY.

To the Editor of THE LANCET.

SIR,—By the death of its revered President, Sir David Gill, the Research Defence Society has suffered a very heavy loss. His death has come at the time when our society is just beginning the sixth year of its work, and we ask you kindly to publish this short note on the result of the past five years of work. We are of opinion that our society has helped to bring about a much better understanding of experiments on animals in this country. There is less of ignorance, prejudice, and ill-will; less readiness to accept without inquiry the charges made against this method of research; less doubt of its great value in physiology and pathology. The public is beginning to see that experiments on animals are useful in the maintenance of national health and efficiency, in the protection of men on foreign service, in the safeguarding of workers at dangerous trades, and in the immunising of live-stock against infectious diseases. It has come home to thoughtful people that diphtheria antitoxin, thyroid extract, salvarsan, amyl nitrite, and many other drugs,

and many important facts in physiology, and the protective treatment against rabies, cholera, plague, Mediterranean fever, typhoid fever, tetanus, anthrax, and pleuro-pneumonia—to name these instances and no more—were discovered by the help of experiments on animals.

Of course, our society must not take more than its share of the credit for this advance of public opinion. Much of it is due to the labours of the Royal Commission, to the influence of the resolution passed last year by the International Medical Congress, and to the reverses sustained by our opponents. Moreover, the discoveries made of late years by medical research speak for themselves. Still, there is always need of interpreters of science to explain in simple words the advantages given to us by men of science for the saving or safeguarding not only of human lives but of animal lives. This work of popular interpreting is the especial duty of the Research Defence Society, and we look forward to many years of continued usefulness.

We remain, your obedient servants,

CROMER, Vice-President.

F. M. SANDWITH, Hon. Treasurer.

S. PAGET, Hon. Secretary.

21, Ladbroke-square, London, W., Jan. 27th, 1914.

THE DUCTLESS GLANDS.

To the Editor of THE LANCET.

SIR,—I have been very interested to read your section on Obstetrics and Gynæcology in the "Annus Medicus 1913" contained in your issue of Dec. 27th last. With the views put forward in your discussion of Dr. W. Blair Bell's lectures on the ductless glands and pelvic organs I am in entire accordance. It is indeed true that our knowledge of this subject as regards actual facts is very small, and it is also true as you state that "at the present time there is a widespread tendency to attribute all kinds of varying errors of metabolism to disturbances of one or other of the ductless glands when practically nothing is known with any certainty." You point out that Dr. Bell finds fault with Biedl because in his book there is no attempt to link up the connexions that exist between the ductless glands in regard to the specialised functions, and you express an opinion, with which I cordially agree, that Biedl has been right in refraining up to the present time from any such attempt. The facts at our disposal have so far not been sufficient to warrant us in drawing any very definite conclusions as to the interactions between the various organs furnishing an internal secretion.

Perhaps I may be allowed to point out that reviewers of my own book on internal secretion have in a similar manner complained that I have not dealt fully and definitely with this aspect of the subject. Thus, the *Universal Medical Record* says: "The broad conception of play and interplay between the various secretions, with the possibly balancing function of some of them, is nowhere given free expression." The reason for my hesitation to give "free expression" to this branch of the subject, as also presumably Biedl's reason, is admirably indicated in your own article, and amounts to a declaration that so far we have not had enough positive information from which to draw any general conclusions. I hope, however, in a future edition to make an attempt to correlate our knowledge on this branch of the subject, and any definite information which can be culled from

the writings of Dr. Bell and other clinicians will be welcomed and incorporated.

I am, Sir, yours faithfully,

SWALE VINCENT.

University of Manitoba, Winnipeg, Jan. 6th, 1914.

DOSAGE AND THE METRIC SYSTEM.

To the Editor of THE LANCET.

SIR,—I have read with very much interest Dr. C. O. Hawthorne's able paper on Dosage in THE LANCET of Jan. 24th. With reference to his advocacy of the use of the metric system in dosage, I would inform both him and your readers that I have received an official notification from the General Medical Council that all measures in the next edition of the Pharmacopœia will be in the metric system, including those referring to dosage, but that in order to facilitate the use of the Pharmacopœia by medical men dosage will be given alternatively in the Imperial system also; the latter will be the only use of the Imperial weights and measures throughout the work. This procedure, which appears to meet Dr. Hawthorne's suggestions, has received in advance the approval of the pharmacists, and this association has taken the liberty of suggesting a similar procedure on the part of all those who are responsible for the preparation of unofficial pharmacopœias.

I am, Sir, yours faithfully,

G. E. M. JOHNSON,

Secretary, the Decimal Association.

Finsbury-court, Finsbury-pavement, E.C., Jan. 26th, 1914.

A NATIONAL MEDICAL SERVICE.

To the Editor of THE LANCET.

SIR,—Though agreeing that the possibility for a patient to be attended by the doctor of his or her choice is of considerable value, I think it is putting the case too strongly to maintain that "the free choice of a doctor is the matter upon which everything turns." If it is of such importance, why is it that in the past the great majority of the population have been deprived of that right without protest? Why is it that even now it is denied to that most unfortunate section of society, the recipients of Poor-law relief? Their destitution, which brings them under the Poor-law, is generally the result of sickness, and it is of great importance to restore these patients to health as quickly as possible and so to make them once again self-supporting. Yet they are chained to a doctor selected for them by the guardians, and no insistent demand has been made by the profession to extend to them the right of "free choice," which just now is said to be of such great therapeutic value. The public has not been loud in its demand for this right, and the question arises whether the doctors' demand is purely altruistic and for their patients' good, or whether at the bottom there is not a feeling on the part of each individual doctor that he stands to gain.

You state that at the recent conference of Friendly Societies a proposal in favour of a State Medical Service was rejected by a substantial majority. This is true; but it was rejected in favour of the Friendly Societies' control of medical benefits, which would abolish the right of "free choice." The Scottish Clerks' Association proposed a resolution that steps should be taken to transfer the administration of medical benefits to

the Approved Societies under the Insurance Act. As a direct amendment to this, Mr. T. W. Huntley, of Newcastle-on-Tyne, moved a resolution in favour of a State Medical Service, which was afterwards altered to "a full-time salaried medical service." This was lost by 89 to 16, and the original resolution was carried. A resolution standing in the name of Mr. George Cronin, of the Manchester Union, in favour of a State Service was then put and lost by 65 to 22. During the discussion no one pleaded for the present panel system with its free choice of doctor. The fight was for control by the Friendly Societies *versus* a State Medical Service, and of the two alternatives the great majority were in favour of the former. And the fight is not over; the Friendly Societies mean to gain control of the medical benefits and of the doctors if they possibly can. From the point of view of the medical profession there is nothing to be said in favour of the control of medical benefits by the Friendly Societies, but there would be many advantages in a State Medical Service, and as the trend of events is rapidly leading that way it would be wiser for the profession itself to prepare a scheme which would not be unacceptable to its members rather than allow a scheme prepared by Government lay officials to be thrust upon it. It would be possible under a State Medical Service to extend the possibilities of "free choice" to practically the whole population, and at the same time to do away with certain evils which are inherent to the necessity of catering for patients.

I am, Sir, yours faithfully,

CHARLES A. PARKER.

Upper Wimpole-street, W., Jan. 26th, 1914.

THE NATIONAL INSURANCE ACT: THE SURPLUS FUNDS.

To the Editor of THE LANCET.

SIR,—In your issue of Jan. 10th, p. 149, you made some observations on a correspondence which has taken place with regard to the funds for medical remuneration retained by the London Insurance Committee. I should like to call attention to a point which has not been given due prominence in this correspondence.

The new agreements were signed, not in April, but before March 22nd, 1913, at which date we were still under the impression that an allocation of the residue would be made between April 1st and 14th, and Circular M.B.9 of March 18th, which accompanied the agreements and directed their return before March 22nd, contains a reference to the coming allocation. It was not until the early days of April that we were informed that the allocation was postponed.

No medical man who is not in the habit of signing in blind faith unread documents would have signed that agreement accepting remuneration according to the schedule except on the understanding that an allocation would have been made by April 14th. The failure to make the allocation is no reason for repudiating the agreements; the worst that can be alleged against the committee is that their clerk was culpably optimistic as to the ability of his staff to cope with their enormous task, seeing that by the end of October they had only been able to trace about 40 per cent. of the insured who had chosen their medical attendants. But I think it is a valid reason for excluding from the operation of the schedule the remuneration due from those entitled