passes into yellow. The red colour is quickly destroyed by heat. If to the red solution excess of acetic acid be added the colour becomes purple-red, gradually changing to violet or blue.

There are other points in Dr. Derham's paper which invite criticism, but upon which I do not now propose to touch.

A few words in conclusion as to the pathogeny of aceto-acetic acid. Dr. Derham is disposed to hold that—

A perverted metabolism has nothing to do with the production of aceto-acetic acid and its excretion in the urine, but that the seat of its manufacture is the intestinal canal, and its cause an unhealthy and irregular fermentation of the sugars and starches contained therein.

Now it is clinically possible that acetone bodies might originate from any or all of the three main classes of foodstuffs. But the balance of evidence goes to show that ordinarily they come from the metabolism of fats, and, in severe cases of diabetes, probably also from proteins. Acetone bodies may be eliminated in large quantities while the patient is on a diet almost free from carbohydrates.

I am, Sir, yours faithfully,

WALTER G. SMITH, M.D. Dub., F.R.C.P. Irel.,

President, Royal Academy of Medicine, Ireland.
Dublin, August 12th, 1915.

MEDICAL ORGANISATION AND THE WAR.

To the Editor of THE LANCET.

SIR,—I notice from the leading article in your issue of June 12th that proposals are being made outside the War Office to have an "Advisory Committee" to advise on treatment of disease and organisation of hospitals. When closely considered this is a proposal to put a non-military surgeon, a non-military physician, and a non-military bacteriologist to direct the treatment of disease—in short, a Junker committee to rule in Prussian fashion the whole medical services—a staff to direct the treatment of cases which they do not see. It must not be forgotten that all these three men may have "fads," as medicine is full of such faddists. Are they necessary? If they are necessary it is a very grave indictment on British medicine. The senior medical officer of a hospital should know the special aptitude of the officers put at his disposal. It is his business to select the cases as they arrive and to send each officer the cases suited to his aptitude. What more than this can the proposed committee do?

As to treatment it is plain that there has been nothing new evolved in the treatment of disease during this war but a very considerable reversion to antiseptic surgery. I should say that one discovery has been made—viz., that shell wounds are liable to be followed by tetanus, and that tetanus antitoxin administered early is a prophylactic. Anyone familiar with the general surgery of accidents in India or with the Fourth of July fireworks effects in America discovered this long ago and would naturally have acted on it throughout. We have to keep steadily in mind that the officer in charge of cases has to use his judgment on each case and to treat it according to circumstances, no two cases being treated on a stereotyped plan laid down by anyone—whether advisory committee or not. He is responsible to the patient and to himself and any committee which interferes between them will not be acting in the best interests of the patient. If the officer himself wants a consultation he asks it from one of the many officers in his hospital in

whom he has confidence, in which case they see the patient in reality as distinguished from one on paper, which makes all the difference. The whole tendency of an advisory committee would be to eliminate the judgment and initiative of the individual and to subordinate both to a medical junkerdom, the result of which would be bad and very distasteful to proud capable medical officers.

I am, Sir, yours faithfully,

HENRY SMITH,
Lieutenant-Colonel, I.M.S.

Amritsur, India, July 23rd, 1915.

CEREBRO-SPINAL MENINGITIS.

To the Editor of THE LANCET.

SIR,—I have read in your issue of April 3rd an article on Cerebro-spinal Meningitis by Mr. E. Norman Butler, in which he has been kind enough to make reference to a paper by Dr. Philip H. Ross and myself on the same subject, more especially with reference to its treatment with soamin, and I beg that you may afford me the privilege of replying through your columns. Mr. Butler states that I claim "that the drug is excreted into the cerebro-spinal fluid." I quote what I expressed: "It (i.e., lumbar puncture) probably invites the entrance of antibodies into the spinal canal by creating a negative pressure and helps the action of soamin which has been injected into the buttock immediately after lumbar puncture." Mr. Butler deplores the absence of a lumbar puncture needle, and no doubt would have used one had he had one, but suffice it to say he did not possess one and did not perform one single lumbar puncture. He could not therefore know anything regarding the effects, good, bad, or indifferent, of this procedure and soamin on the course of the disease or on the cerebro-spinal fluid. How, without performing lumbar puncture, Mr. Butler expected the full therapeutic influence of soamin to penetrate into a cerebro-spinal space turgid with fluid under high pressure we do not quite understand. A certain amount probably does penetrate, varying with the existing pressure, but we prefer to definitely aid its action by performing lumbar puncture.

I have studied his figures carefully and have drawn up a table with the object of testing the accuracy of the methods on which he based his views with regard to this line of treatment, and hope to show that these cannot be taken seriously, for an extraordinary quantity of soamin seems to have been given in a very short time to a small number of patients. The epidemic was of six weeks' duration and the cases, according to his own description, occurred somewhat in this order. I am, however, quite open to correction.

	A			B			
	1st week.	2nd week.	3rd week.	4th week.	5th week.	6th week.	
Days ...	1234567	1234567	1234567	1234567	1234567	1234567	
Cases ...	1-11222	1422322	1422222	2322222	1212111	1-1-1-1	Total = 66
Totals	9	16	15	15	9	2	
per week							
	40			26			
	All untreated except a few which I estimate at not more than 10.			We must suppose that all these were treated, as "35 odd" cases received soamin.			

Of the 40 under A at least 50 per cent. without doubt died within a few days. Let us say 10 recovered and did not need soamin and 10 lived