human beings. It is not even permitted to make use of condemned criminals for such purpose.

The onus of proof lies with those who state that the trypanosome found by Dr. Kinghorn and myself in game and wild *Glossina morsitans*—identical as regards its morphology, pathogenicity, and development in the tsetse with the trypanosome found in man and his domestic animals—is not the human trypanosome. I have repeatedly urged that the only practicable means of obtaining information on this point as on several others, such as the dependence or not on game of *Glossina morsitans* for its existence and infectivity, is by carrying out the experiment to which Professor Todd refers in his letter.

Many of those who oppose an experiment of this kind being undertaken adopt the almost incomprehensible attitude that it is necessary to be sure beforehand that the hoped for results will certainly be obtained. In effect they say: "First prove that if the game in a certain district be exterminated either the tsetse will disappear or will become non-infective and then we will permit the experiment." If these results could be known beforehand obviously we need not trouble to perform the experiment, but might proceed at once to attack the game in the neighbourhood of human habitations situated in fly areas.

I am, Sir, yours faithfully,

WARRINGTON YORKE.

Runcorn Research Laboratory, Liverpool School of Tropical Medicine, Dec. 16th, 1913.

To the Editor of THE LANCET.

SIR,—In your issue of Nov. 29th Mr. Sheffield Neave writes: "Bruce's theory that *T. rhodesiense* is nothing else than *T. brucei* must carry great weight." I should like to point out that whatever *T. rhodesiense* may be, it is certainly not *T. brucei*. This name was first given in 1899 by Plimmer and Bradford to a trypanosome which was sent to this country from Zululand. This strain of trypanosome is still extant at Runcorn and in several of the European laboratories.

Sir David Bruce, working at a later period in Uganda, found in an ox a trypanosome which he described as *T. brucei*. As this Uganda trypanosome is quite different from the Zululand one, the rules of nomenclature will not permit of the name *T. brucei* being applied to it. The Uganda parasite is identical morphologically, and as regards pathogenicity in laboratory animals, with *T. pecaui* and *T. rhodesiense*, so that if the name *T. rhodesiense* is to be dropped it must be in favour of the name *T. pecaui*, which was the first applied to trypanosomes of this type, and not *T. brucei*. These points were clearly brought out in a recent communication to the Royal Society by Professor J. W. W. Stephens and myself.—I am, Sir, yours faithfully,

B. BLACKLOCK.

Runcorn Research Laboratory, Liverpool School of Tropical Medicine, Dec. 16th, 1913.

A WORD ON THE TREATMENT OF SYPHILIS BY SYRIAN QUACKS.

To the Editor of THE LANCET.

SIR,—Every medical man confesses that the treatment of syphilis by mercury is a long and tedious process. I am inclined to think that many of us fail to cure syphilis quickly, if we cure it at all, because we are so over-cautious as to giving large and effective doses. In the last few months I have had a chance to follow closely the line of treatment that is followed by quacks in this country

and I was surprised at the short time in which they "cure" syphilis. Mercury is used in all cases. The patient is kept for the greater part of a week in a room, tightly closed, and is instructed to fumigate calomel and to keep the room at a uniform amount of saturation. The patient is allowed to leave the room for fresh air, but is indoors for the greater part of the time, and also sleeps in. If I am correctly informed by patients who have undergone this treatment, no cases experience more than slight salivation. At the end of a week the patient quits the fumigation treatment and for two other weeks is put on a diet strictly confined to bread and infusion of sarsaparilla—he is allowed to eat nothing else.

In the last two or three months I have seen several patients who have been relieved of their symptoms by no other means than this method, and they were "cured," they said, in about three weeks. Certainly, no symptoms of syphilis could be detected in the cases that I had brought to my attention, some of which had received treatment two or three years previously and since have not felt any symptoms of the disease. Might this not be good testimony, though it comes from unqualified quacks, to the efficacy of large doses of mercury in the treatment of this disease? I do not consider the fumigation method to be of especial value, except in this, that by it the patient gets large quantities of mercury, both through his lungs and through his skin, and he gets it constantly.

I am, Sir, yours faithfully,

K. S. KRIKORIAN.

American School of Medicine, Beirut, Syria.

REFLECTIONS BY A SICK SEPTUAGENARIAN.

To the Editor of THE LANCET.

SIR,—Having been recommended to rest in bed by my medical advisers I have tried to obey orders and I have in a measure carried out their instructions, and yet I confess I have for the first time discovered that *complete* abstinence from exertion implies the steady and continuous services of one nurse at least. So far fortunately I have not, or fancied I have not, required such unremitting attention.

In the course of an active professional life I have now had the first opportunity of perfect leisure, and have been able to indulge in a course of uninterrupted reading. After dosing myself with *belles-lettres*, biography, and fiction, with a little poetry thrown in, I have upon several occasions fallen back on medical current literature, and this is my excuse for troubling you on this occasion. No doubt there are many practitioners who keep themselves *au courant* with the medical literature of the day. On the other hand, there are to my knowledge others too busy—or so they think themselves to be; and these practically do not know what is going on in the larger world of science and practice, and in consequence are falling behind in the race of professional progress. Such a man "takes in" a medical paper or papers, and often does not even remove the cover! I have heard the story of a country doctor, in an interval of spare time, paying a visit to his neighbour. Walking in unannounced, to his dismay he heard a bullet whizzing past his head. To his startled inquiry as to this mode of reception he was told that his warlike friend was practising pistol shooting, his target for the nonce being the back

numbers of a highly influential medical journal. To such vile uses may the best of literature be put!

But it is time to come to the point of why I am addressing you, or rather your readers—I wish to impress upon them, or more correctly some of them, how much they lose by not perusing, for example, your pages, and how they should order their lives so as to secure time for such study. Take THE LANCET for four consecutive numbers and let me mention a few of the interesting tit-bits to be found in the one month—November. I shall take them at random. The first, and as it happens the best, is Mercier's address on "Hereditry," sparkling with humour and full of sound sense, though I think he forgets the apophthegm as to the mothers of men of genius; and next that on "Hysteria" by Glynn, based as all such "prospects" should be on a carefully recorded past experience. The report by Davis and Hall on the intensely interesting question of "Typhoid Carriers," and the not less valuable remarks of Gowland Hopkins on "Diseases due to Deficiencies in Diet." Tubby's suggestive paper on "Nerve Surgery," also Cammidge's on "Diabetes," your review on Davenport's "Eugenics," and the leading article on "Housing in Dublin"—a problem on this side of St. George's Channel, alas! as well as in Ireland. To Insurance panelists the continuation of the valuable local inquiries by your highly capable contributor is enough to make the one week's issue interesting by itself.

Dr. Mott's able paper on the "Degeneration of the Neurone" should make the following number equally so, while Sir Dyce Duckworth's Liverpool address constitutes a timely warning against the adoption of jejune theories as applied in the practice of medicine. The subject of neurasthenia as dealt with in the issue for the last week of the month affords an excellent example of the value of the personal equation both as regards doctor and patient. An unprejudiced study of the combined wisdom of the leading London neurologists amounts merely to this—that not one of them can properly define the subject in debate further than agreeing that the nerve battery is "run down," though in most cases it cannot be said whether the defects have arisen from bad initial construction, from injury, or from failure in the supply of the chemicals required.

And now, to cease to be garrulous and become didactic, I venture to advise my medical brethren to take one forenoon out of the seven in bed, preferably on a Sunday, and post themselves up in the current literature of medicine, surgery, and obstetrics, as also in the pressing professional problems of the day.

I am, Sir, yours faithfully,

Dec. 29th, 1913.

WILLIAM BRUCE.

* * Abraham Cowley supplies us with a quotation: "We grieved, we sighed, we wept; we never blushed before."—ED. L.

THE PREPARATION OF THE MOUTH FOR OPERATIONS.

To the Editor of THE LANCET.

SIR,—In reference to the case of cancer of the tongue and larynx removed by operation, and reported by Mr. W. S. Kerr in your issue of Dec. 20th, 1913, some ten years ago I saw in a London hospital nine consecutive cases of major operations about the tongue and floor of the mouth end fatally a few days after the operation. Death in each case was due to septic complications obviously caused by pyorrhœa

alveolaris, which at the post-mortem examinations I observed to be present.

Shortly after this, in a further series of five cases, I was called in to prepare the mouth for the operation. This was done by the extraction of *all the teeth and stumps*, followed by antiseptic treatment of the wounds for a week or ten days (painting the surface of the gums with a 2 per cent. solution of iodine in rectified spirit twice daily is probably the best method). These five patients were alive and well three months after the major operation.

In my next case the patient absolutely refused to have all his teeth removed. He would only allow me to extract the loose ones. I carefully scaled and cleansed the remainder. He died about six days after the major operation from septic complications.

My experience since has confirmed me in my belief that if periodontal disease is present *even in a slight degree* the only safe course is to *extract every tooth* at least one week before the major operation. It should be remembered, too, that practically every hospital patient has pyorrhœa.

It is difficult to understand the attitude of the surgeon who takes infinite precautions to sterilise the area of operation before making a skin incision and who yet will perform an extensive operation in the mouth actually in the presence of pus.

I am, Sir, yours faithfully,

F. ST. J. STEADMAN, M.R.C.S. Eng.,

L.R.C.P. Lond., D.P.H.,

Assistant Dental Surgeon to the West London Hospital, &c.
Wimpole-street, Cavendish-square, W., Dec. 20th, 1913.

AMŒBIC DYSENTERY?

To the Editor of THE LANCET.

SIR,—The greater part of the medical profession in this country seem to be singularly blind to the possibility of their patients acquiring tropical diseases without going abroad, and yet we are all familiar with the fact that many tropical animals and plants become acclimatised and thrive here; there is nothing incredible, therefore, in the idea that the micro-organisms of tropical diseases may equally thrive in England and reproduce their specific diseases in this temperate climate. The following case may serve for an illustration.

At the end of last August, a man aged 30, consulted me as to diarrhœa, from which he had suffered continuously since childhood, at least 18 years. The stools were putty-coloured and varied between 5 and 15 a day. It had been difficult for him to carry on his business, and he was quite unable to join in social functions. He had during the worst attacks considerable pain and tenesmus, followed by bloody stools for a week at a time. During several years he had been treated by various eminent physicians. The diagnoses varied—"nervous diarrhœa," intestinal tubercle, and disease of the colon (needing operation) were a few out of many. One nasal specialist put the whole trouble down to post-nasal catarrh and wanted to remove part of the turbinated bone. The patient told me of many remedies which had been prescribed with no effect for more than a day or two.

A few months ago I had been discussing with my daughter, who practises in India, tropical dysentery and other intestinal cases. Bearing in mind what I had learned from her, I came to the conclusion that the case before me might be one of amœbic dysentery, and advised the patient to have a course of hypodermic injections of emetine hydrochloride. After a delay of several weeks he agreed; for six