

NASO-PHARYNGEAL INFECTION AT THE ONSET OF CEREBRO-SPINAL FEVER.

To the Editor of THE LANCET.

SIR,—In an interesting communication to THE LANCET of Oct. 20th, in which they record the fact that of 26 men who subsequently developed cerebro-spinal fever all gave a negative naso-pharyngeal swab when examined from 2–65 days before the onset of the disease, Staff-Surgeon P. Fildes and Surgeon S. L. Baker express the opinion that this observation is not in harmony with a previous statement of mine upon this subject. This I venture to point out is a misunderstanding.

In summarising the observations which had been made by Captain M. W. Flack when acting as officer in charge of the London District Cerebro-spinal Laboratory, in the report to the Medical Research Committee to which they refer, I drew attention to the particularly careful investigation made by him of cases at the onset of the disease, and remarked that his detection of the meningococcus in the naso-pharynx of the patient at the onset of symptoms in practically all his cases—including instances where at this early stage of the attack the meningococcus was not to be obtained from the cerebro-spinal fluid—went to show that every case of cerebro-spinal fever was in reality an instance of a carrier developing the disease. By this I never meant it to be understood that the carrying of the meningococcus by the patient in his naso-pharynx had been of a *chronic* nature. Contrariwise, the evidence in Captain Flack's and Captain Tulloch's reports in the same volume, and the general experience, both before and since, in outbreaks among the military, is to the effect that it is comparatively rare for chronic carriers to develop the disease themselves.

The fact recorded by Staff-Surgeon Fildes and Surgeon Baker, so far from contravening the view I took, and take, of this matter, is what I have always suspected to be the case in, at any rate, a considerable proportion of those who contract the disease.—I am, Sir, yours faithfully,

Central C.S.F. Laboratory, Caxton-street, S.W., Oct. 20th, 1917.

M. H. GORDON,
Lieutenant-Colonel, R.A.M.C.

THE BIOLOGICAL ASPECTS OF WARFARE.

To the Editor of THE LANCET.

SIR,—Dr. Harry Campbell's articles on this subject in recent issues of THE LANCET are, as his articles are usually, in keeping with the best thought of our day, but he and others have considered too little the biological aspect of the present war. A valuable book by Dr. Chalmers Mitchell on Evolution and the War was published in 1915, and there was a short correspondence last autumn in the *Saturday Review* on Biological Necessity, as it presented itself to the German mind. But except for these I have seen little reference to the unscientific claim of German scientists that the war which the Germans forced upon the world was a matter of biological necessity, based upon the assumption that their particular empire must expand. This audacious claim of the professors is silent now, but it lies at the very root of the causes of the war. Now, either these State-paid men, learned more than wise, have badly learned their Darwinism, or they are more treacherous than their European colleagues were wont to think in pre-war times. I prefer to think that Prussian ignorance of the mind of the world around them has led to this claim, and that the crafty advisers of the Kaiser have availed themselves of the simplicity of tame professors. The plea of necessity is good enough for tyrants, but in the kingdom of nature there exists no necessity that one group of animals in their efforts to expand should trample down other groups. The struggle for food and mates is not between Carnivores and Ungulates, between Felidæ and Ursidæ, or Bovidæ and Equidæ, but between individuals of the same species, all the great groups living side by side in a state of armed neutrality. Pithecanthropus may be superseded by Eoanthropus, and Neanderthal man by modern man, during a whole geological period, and the Aztecs and Incas be overwhelmed in a few years by a handful of Spaniards; but such events afford not the slightest parallel to the biological necessity claimed by Germany. Though the Felidæ be at once the strongest,

fiercest, and most cunning of the Carnivores they find their existence depends on keeping to their habitat, and even in their own family circle the lions and leopards have not crushed out the panthers and lynxes. But our Felidæ of Europe set up some loud-voiced Treitschke, and on his authority declare to the world that now, and precisely in 1914 of the Christian era, the time has come for them to succeed where Charlemagne, Spain, and France failed; that Germanism shall now prevail—because it must! The answer of thirteen hundred millions of men to this claim of some hundred and fifty millions can surely be only that of Nature, “not a word and a blow, but a blow alone.” Indeed, the rest of the civilised world does not see the necessity that a German Empire, as such, should exist at all.

I am, Sir, yours faithfully,

Nov. 4th, 1917.

WALTER KIDD, M.D., F.R.S.E.

THE TREATMENT OF ENURESIS.

To the Editor of THE LANCET.

SIR,—Gradual dilatation of the bladder can usually be effected in a much simpler manner than by using the catheter. When the child wishes to micturate make it hold its water while sitting quietly in a chair. It may be at first only able to hold it for half a minute, but in two or three weeks the child can often do so for ten minutes. It means, of course, a great deal of trouble for the mother or nurse, but it saves all the objections to passing a catheter somewhat frequently, and will get the bladder accustomed to a full charge.

I am, Sir, yours faithfully,

Ingatstone, Oct. 31st, 1917.

SHEFFIELD NEAVE.

To the Editor of THE LANCET.

SIR,—The reference to a surgical method of treatment of enuresis tempts me to refer to a medical method which is not so well known, I think, as it might be. Dr. Edmund Cautley mentions that “mere change of surroundings, such as admission to a hospital ward, is sometimes sufficient to break the habit.” The habit may also very frequently be broken by the administration of sulphonal. I give a dose of sulphonal, containing about 1 grain for each year of the child's life, every night for the first week, every other night for the second week, and every third night for the third week. In a considerable number of cases the child is permanently cured. There may be some return a few weeks or months later, when the treatment can be successfully repeated. In some cases in which administration of sulphonal is not successful, it has occurred to me that success might attend larger doses. Sulphonal, however, is a drug which one uses with caution. At one time I tried trional in its place, but the results were very disappointing.

I am, Sir, yours faithfully,

Norwich, Oct. 31st, 1917.

THEODORE FISHER.

To the Editor of THE LANCET.

SIR,—The correspondence in your columns on the treatment of enuresis prompts me to point out that, so far as my personal experience is concerned, this condition, when not dependent on organic disease, is one of the most favourable for treatment by suggestion. As a rule hypnosis is not required and few treatments are necessary.

I am, Sir, yours faithfully,

Harley-street, W., Oct. 31st, 1917.

E. L. ASH.

CARDIAC DIGITAL PERCUSSION.

To the Editor of THE LANCET.

SIR,—I have read with very great interest the article in THE LANCET of Oct. 20th, by Dr. W. Gordon and Mr. C. E. W. Bell, on the above subject, and I entirely agree with them as to the striking changes produced in digital cardiac dullness by change of posture from erect to recumbent. There is no doubt that the importance of percussion in the correct diagnosis of various cardiac conditions is not fully appreciated. It is not possible, in my opinion, to make a correct diagnosis of the state of a heart without the use of careful cardiac percussion, and if this percussion is only done in the recumbent position, it is equally impossible to arrive at a correct diagnosis as to the presence and degree of cardiac enlargement, especially enlargement due to dilatation of the auricles. Personally I always rely upon the deep cardiac dullness, as what is termed the “super-