

hope that this view, which they regard as of great importance to the future of Insurance practice, will be given the prominence it deserves at the forthcoming election of Panel Committees, and that candidates will be selected and supported who are in agreement with this policy.

We are, Sir, yours faithfully,

H. J. CARDALE, *Chairman*.

W. COODE ADAMS, *Vice-Chairman*.

LAURISTON E. SHAW, *Treasurer*.

R. DUNSTAN, { *Members of Committee*.

E. A. GREGG, {

R. J. FARMAN, *Secretary*.

Staple House, Chancery-lane, W.C., Dec. 6th, 1920.

VITALISM AND SCHOLASTICISM.

To the Editor of THE LANCET.

SIR,—As the author of various works, I am well aware that the occupation of kicking against the pricks is pleasant and soothing as compared with that of answering one's reviewers, yet I will ask you for the favour of a few lines of space to allude to one point in the notice of my book which appeared in your columns some weeks ago (the delay is, of course, due to the distance between Canada and London). Your reviewer seems to think that "authority" actually counts for something in scholastic philosophy as it does in scholastic theology, a totally different subject. I had not supposed that this view could possibly be held to-day by anyone in any way conversant with the subject. Of course, the fact is that it neither does count nor did it ever count, as shown by the three authoritative quotations which I gave. They might easily have been made up to three or four times the number had I thought that there was the slightest need for doing so. At any rate, he may take it from me that writers on this subject are not "told" by anyone to take any particular view nor otherwise influenced towards that view by anything but the facts before them and the scientific world generally. That scholastic philosophy does take and always has taken the attitude towards vitalism which many biologists now take only shows that the writers on the former subject are not wholly out of touch with scientific ideas.

I am, Sir, yours faithfully,

BERTRAM C. A. WINDLE.

St. Michael's College, Toronto, Ontario, Nov. 22nd, 1920.

TREATMENT OF DIPHTHERIA CARRIERS.

To the Editor of THE LANCET.

SIR,—I congratulate Dr. A. Reith Fraser and Dr. A. G. B. Duncan upon the happy results of their treatment of diphtheria carriers with detoxicated Klebs-Löffler vaccine, described in THE LANCET of Nov. 13th, but one point raised by them invites comment—namely, the question of differentiating between "positive throats" and "carriers." In my article on the same subject¹ I did not discriminate between them as no such distinction seemed necessary. Can it be said that a patient with a positive throat is not a carrier, or that a carrier has not a positive throat? The authors apply the term positive throat alone to a three-months' persistence in hospital convalescence, reserving the term carrier for the same condition when it lasts for, it may be, years. Now in the general community the number of carriers of *B. diphtheriae* is admittedly large. Amongst, say, 100 patients admitted to hospital notified as diphtheria there will always be a percentage not suffering from clinical diphtheria. What makes up this percentage? Again, of those suffering from clinical diphtheria, how many were carriers before the onset of the developed disease to which, from the very presence of the carrier state, they are at any time liable? For how long may the *B. diphtheriae* have been present previous to its discovery and to the patient's removal to hospital? In other words, how long may such individuals have been carriers, and who amongst them may develop a positive throat? May not the positive throat arise only in the

case of a previous carrier or a potential carrier? Such a surmise appears reasonable.

It is known that the bacilli in a positive throat may disappear spontaneously or may be got rid of by energetic local antiseptic treatment, while in other cases the organisms remain indefinitely. Can it be denied that many unknown carriers have been cured by residence in hospital? The stimulation of their immunity-mechanisms by the disease itself, by the antitoxin, or by any other treatment applied, may have sufficed to determine the extinction of their faucial parasites. How many have carried unsuspectingly for years and then ceased to carry unknown to themselves and all concerned? Who knows how many influences may be inimical to the perpetuation of the *B. diphtheriae*? Surely there is no such dictum as "once a carrier, always a carrier"! Without a complete knowledge of the previous throat history (bacteriological) of every admission, answers to such questions will not be forthcoming. May it not in all cases be a matter of inherent predisposition? In any case how can a distinction be drawn between the self-same condition arising in the course of or convalescence from a disease and as manifested before its potential appearance? The presence of the *B. diphtheriae* being the prime necessity, arguments centred round its length of residence do not help. The better part is to realise the value of vaccine therapy in the condition under review and to apply forthwith remedial measures of known efficiency.

In conclusion, I submit that the terms "positive throat" and "carrier" are synonymous, but to prevent confusion and unnecessary quibbling, it would be well if some more comprehensive term could be coined which would designate all such cases in future.

I am, Sir, yours faithfully,

JAMES LAW BROWNLIE.

Glasgow Corporation Laboratory, Nov. 22nd, 1920.

CÆLIAC DISEASE.

To the Editor of THE LANCET.

SIR,—I am naturally interested in the paper by Dr. R. Miller and others (THE LANCET, Oct. 30th), and Dr. Miller's subsequent letter (Dec. 4th), which deals with the subject of coeliac disease, as for some years I have worked upon the subject, and have also written of it.¹ "It would seem that in some children, whether on account of some peculiarity in constitution or in the original illness, there results a widespread destruction of nearly all digestive power. Yet not from any gross lesion, for there is apparently none." It is welcome to find Dr. Miller's independent judgment arriving at the conclusion that the coeliac condition itself is not a gross lesion. He, indeed, goes further in calling it "functional," but the essential point to me is that he agrees, with myself and others, that the disease may get well as mysteriously as it appears. Every student of the subject must recognise this point in the history, and also every practical physician must realise that it is not only the quality but the quantity of food that proves a difficulty in the treatment.

That Dr. Miller should have overlooked the paper alluded to by Dr. Armstrong I can well understand, owing to its title, but that having studied it he should have passed it over is a most searching criticism of the presentation of the clinical side of the subject for which I was responsible. A bitter tonic is most wholesome, and I feel all the better for it, the more so because from his letter I see that he is slowly arriving at the point from which that paper started, and has put clearly what I put confusedly. For "teaching" purposes his subdivisions are useful, but I am not convinced we have got far enough to allow of such a classification.

In conclusion I would point out that Dr. Armstrong's contribution to the morbid anatomy of this most remarkable affection is one of the very few English attempts on the subject.

I am, Sir, yours faithfully,

Devonshire-place, W., Dec. 3rd, 1920. F. JOHN POYNTON.

¹ THE LANCET, 1920, i., 706.

¹ Brit. Med. Jour., July 19th, 1919.