

to the fact that apical abscesses without caries occur just as commonly in the mandible as in the maxilla. Neither do I believe that a dental cyst can arise from a nasal infection. A cyst of such an origin would certainly not be a dental cyst. I agree with Mr. A. T. Pitts that dental cysts should be drained into the mouth. Opening into the nose and antrum should be carefully avoided because the cyst lies well below the floor of the nose; hence drainage into the nose is not good and a fistula between the mouth and nose may result. The cyst encroaches on but does not invade the antrum. As to mouth-breathing, I have frequently seen patients with as free and as patent a nose as a Cunard funnel, but yet they are mouth-breathers. Dental surgeons have been more successful than the laryngologists in treating the habit of mouth-breathing by the use of the rubber mouth screen.

I am, Sir, yours faithfully,

EDWARD D. D. DAVIS.

Dec. 18th, 1922.

DISEASES OF THE HEART.

To the Editor of THE LANCET.

SIR,—Will you oblige me by publishing the following comments in regard to a criticism of my book, which appeared in last week's issue of your valuable journal.

1. In regard to T wave, your reviewer says: "On p. 24 this is said to occur in normal cases; on p. 107 it is said to be of grave significance." It is obvious that the reference to T on p. 24 is a misprint—it should read L. III instead of J. II. Your reviewer further proceeds as follows: "Whilst its (T wave) suggested association with subacute bacterial endocarditis is surprising." This is a mis-statement altogether on the part of the reviewer. Under the heading of "Electrocardiogram" I said: "In all cases I have so far examined T wave in the second lead was inverted." It is simply a statement of fact and no kind of inference whatsoever was made.

2. Your critic complains that I have made no reference to radiology, in a book which does not deal with disease of the blood-vessels. Can he tell me what is the practical value of radiology in heart disease? Your reviewer complains, also, that I have not mentioned the exercise test. On p. 40 I mention the principles on which the test is based. I have not given a full account of it, because this test is of no value for a practitioner who only occasionally has the opportunity of seeing a heart case. For the test to be of value one must be acquainted with the normal standard under a great variety of conditions. The cardiac efficiency can best be estimated by a few direct questions to the patient, as Mackenzie has pointed out long ago.

3. In your reviewer's opinion apparently a split of R and S in lead II is an infrequent occurrence in normal cases. May I refer him to the latest book of Sir Thomas Lewis?

4. As to whether arterio-sclerosis is a common complication in Graves's disease, &c., many of your readers will be able to form an opinion of their own. Is not sclerosis of the aorta, the coronary arteries, and valves frequently found in the post-mortem room in cases of Graves's disease?

5. The explanation of thrills is not a theory originated by me. It is an explanation widely accepted on the Continent. "Minute" is a misprint; should read "second."

6. I tried as much as possible in my book to expound views which found general recognition. I have, however, not entirely suppressed my individual opinion. I refer to it sparingly. I agree with your reviewer that the sentence "It is a moot point whether auricular fibrillation aggravates a disease with which it appears or not" is unorthodox. But the orthodox view has never been supported by evidence. Auricular fibrillation is a symptom, not a disease. It is only necessary to follow up cases of mitral stenosis, with or without auricular fibrillation, in order to convince oneself that

the prognosis is not strikingly worse in the former instances. Again, I recommend your critic to ponder on the fact that attacks of angina frequently disappear with the appearance of auricular fibrillation. I need only mention that the article in which the doctrine was expounded that by relieving the strain on the heart muscle the weak contractions of a failing heart are beneficial, &c., was favourably commented on by THE LANCET some years ago.

7. The thing which troubles your critic most is that the book does not convey a true sense of proportion. But the only evidence he is able to produce for his thesis is the fact that I have devoted a few lines to a method of estimating venous pressure and the plethysmograph, whilst I have left out a test and method of examination which has no practical value whatsoever.

Your reviewer has gone out of his way to make out a case against my book. In the interests of fair play it would be well if reviewers appended their signatures to their articles.—I am, Sir, yours faithfully,

Liverpool, Dec. 16th, 1922.

I. HARRIS.

* * We must point out that the misprint mentioned in paragraph 5 is the author's. Nor dare we take up the position that favourable comment some years ago in our pages should exempt anything from future criticism. We are happy to publish Dr. Harris's letter.—ED. L.

ABSORPTION OF CARBOLIC ACID THROUGH THE SKIN.

To the Editor of THE LANCET.

SIR,—The case of rapid and fatal absorption of carbolic acid through the skin, related in THE LANCET of last week by Drs. W. R. M. Turtle and T. Dolan, induces me to relate a case of severe carbolic poisoning by inhalation of the fumes alone without any (or rather, only negligible) burns being present, and which, although very alarming, happily recovered. A youth employed at a chemist's shop dropped a winchester of crude carbolic acid. He immediately got a cloth and bent down to mop up the fluid. Within a few minutes he fell to the ground unconscious and was immediately dispatched to hospital where I saw him less than 30 minutes from the accident. He was absolutely comatose, cyanosed, stertorous, with a subnormal temperature and a thready, rapid pulse. The very slightest burns were noted on the right hand, and nothing present in the mouth. The breath was strong of the smell of carbolic acid, and the mouth and nose covered with froth. He was cold but not clammy, and generally livid. The prognosis looked extremely grave. As I had not any idea of treatment of such a case beyond the general lines of stimulants, &c., I thought that as the symptoms were due to an excess of acid that an alkali might be of use. I therefore gave him intravenous saline, to which was added 2 drachms of sodium bicarbonate per pint, and infused 2 pints of this solution. The effect was certainly marked. The breathing (assisted by the use of oxygen) improved almost at once, but did not fully recover for some two or three hours. The coma lightened, but unconsciousness remained for six hours. The lividity of the face, and especially about the lobes of the ears, remained noticeable for 24 hours. The patient recovered fully in two days, and did not show any signs of chest complications. The first specimen of urine was kept and tested for the presence of carbolic acid and proved positive. I did not test to see how long a period elapsed before the urine was free.

I cannot claim anything for the use of intravenous sodium bicarbonate as a scientific procedure in cases of carbolic acid poisoning, but my observations in the case related certainly impressed me at the time in the definite amelioration of the extreme symptoms in a short time. I feel sure that carbolic acid poisoning by inhalation only must be of rare occurrence.

I am, Sir, yours faithfully,

R. ECCLES SMITH, O.B.E., F.R.C.S.E.

Barry, Glam., Dec. 17th, 1922.

THE MERITS OF PROPORTIONAL REPRESENTATION.

To the Editor of THE LANCET.

SIR,—The methods of counting votes in any P.R. election are not puzzling to anyone who will take a little trouble to understand them. Dr. S. C. Lawrence¹ has failed to realise that the electors have *one vote and one vote only*. This vote is indicated by the marking of preferences—but those preferences are not votes. They are instructions to the returning officer to give the particular elector's vote to the candidate marked 1; if such candidate can be elected without that vote counting, or if the candidate is hopelessly out of the running to give the vote to the candidate marked 2, and so on. In this particular election the votes cast for Dr. Lawrence were 90—neither more nor less. These 90 were *not plumpers*; only one of them was, as the result sheet shows in the second count. Certainly, these 90 votes were first preferences, but a "plumper" is a paper on which *only* a first preference is shown. Out of the total votes (2946) cast, Dr. Lawrence received 90—i.e., 3.05 per cent.—and was at the bottom of the poll on the first count. He was therefore declared defeated, and his 90 papers were re-examined and distributed in accordance with the preferences marked upon them. The small group who supported Dr. Lawrence, therefore, did not lose their votes with the defeat of their first choice. One of them did, as he marked no further preference. As against Dr. Lawrence's 3.05 per cent. the successful candidates received respectively on the first count 32.85 per cent. and 27.66 per cent., and on the completion of the election they had received between them over 66.67 per cent. of the total votes cast. I am quite certain that if Dr. Lawrence will give say an hour's study to a proper description of the P.R. methods he will be quite satisfied that it accurately and truly reflects the opinions of the electors as expressed by their ballot papers. Will you permit me to add that neither directly nor indirectly was I interested in any of the candidates for the Combined Universities Constituency, but I am interested in P.R.²

I am, Sir, yours faithfully,

OSCAR M. WIHL, B.A., LL.B. Cantab.

Manchester, Dec. 14th, 1922.

¹ THE LANCET, Dec. 2nd, 1922, p. 1195.

² The Reform of Political Representation, by J. Fischer Williams, C.B.E., published by John Murray, 2s. 6d., gives full information on P.R.

WOMEN SANITARY INSPECTORS AND HEALTH VISITORS ASSOCIATION.—This association is holding its second winter school for health visitors and school nurses at King's College, Strand, from Dec. 28th, 1922, to Jan. 11th, 1923. Applications, accompanied by stamped addressed envelope, should be made to the Secretary, Miss C. I. Macdonald, at 5, York Buildings, Adelphi, London, W.C.

NEWCASTLE-UPON-TYNE AND NORTHERN COUNTIES MEDICAL SOCIETY.—A meeting of this Society was held on Dec. 7th, with Prof. Stuart McDonald, the President, in the chair. Sir Humphry Rolleston, who delivered the annual address, chose as his subject High Arterial Blood Pressure, and outlined the observations from the earliest records to the present time, passing to a critical analysis of the causes and treatment. Prof. D. Drummond proposed a hearty vote of thanks to the lecturer; this was seconded by Dr. Andrew Smith and carried with acclamation. In the evening the annual dinner took place, 130 members and guests being present. The guest of the evening was proposed by Prof. T. Beattie. Sir Humphry Rolleston, in his reply, referred to the famous medical men who had originated in the Newcastle district, including Akenside, Addison, and Snow. The Society was proposed by Prof. Arthur Robinson, and responded to by the President. Dr. R. A. Bolam proposed the health of the other guests of the Society—viz., Prof. Drummond, Admiral Slayter, and Mr. S. Dunstan, and Admiral Slayter replied.

Parliamentary Intelligence.

NOTES ON CURRENT TOPICS.

Prorogation of Parliament.

THE Royal Assent was given on Friday, Dec. 15th, by Royal Commission to the Appropriation Act, the Trade Facilities and Loans Guarantee Act, and the Importation of Animals Act. The Lord Chancellor afterwards read the King's Speech proroguing Parliament until Tuesday, Feb. 13th.

HOUSE OF COMMONS.

WEDNESDAY, DEC. 13TH.

Education of Physically Defective Children.

MR. MCENTEE asked the President of the Board of Education whether he was aware that a number of physically-defective children within the area of the Walthamstow education area who were of school age were now being denied facilities for elementary education; that application was made to his department in April, 1921, by the said authority to sanction a scheme to enable them to provide the education which under Section 20 of the Education Act, 1918, it was their duty to provide, and that the plans submitted were generally approved by his department, but sanction to proceed with the scheme was withheld on the ground of the necessity for economy; that the authority named was one of the most economical in the Greater London area; and whether he would now sanction the scheme of this education authority.—MR. WOOD replied: I am aware that there is some deficiency in the provision for physically defective children in Walthamstow. I have not been able to enter closely into the merits of the case, but I am prepared to give it further consideration.

The Use of Insulin.

SIR WILLIAM BULL asked the Minister of Labour, as representing the Ministry of Health, whether he was aware that the Council of Medical Research was throwing obstacles in the way of the general production of a remedy for diabetes known as insulin; if, seeing that knowledge of the remedy had long passed the experimental stage, he could arrange that the manufacture should be left to private enterprise; and whether he was aware that a system of licences granted by the Council of Medical Research to authorised persons would afford ample protection to the public and make the remedy available much sooner than by keeping it a Government monopoly.—SIR MONTAGUE BARLOW replied: The answer to the first part of the question is in the negative. So far from creating obstacles the Medical Research Council are doing everything in their power to accelerate the production and use of insulin in the treatment of diabetes. As regards the second part of the question my right hon. friend is under a misapprehension. His assertion that the remedy has passed the experimental stage is not in accord with the experience of other countries or the best scientific opinion here. There is no question of any Government monopoly, and the suggestion which he makes as to manufacture is on the lines which the Medical Research Council have been, in fact, diligently pursuing for some time past.

Hardship under Dentists Act.

MR. THOMAS HENDERSON asked the Minister of Labour, as representing the Ministry of Health, whether he was aware that Mr. James Telfer, of 29, Castlehill-road, Ayr, was practising dentistry for five years before joining the Army; that he was wounded and taken prisoner and only arrived home after the armistice; that he had been continually in and out of hospital up to last May, and had undergone three operations; and that, although he had been practising dentistry since last May, his application for registration under the Dentists Act had been refused, on the ground that he had not practised since his discharge; and whether, as this man could not possibly practise during the time he was in hospital owing to war service, steps would be taken at once to remove the injustice arising in this case.—SIR M. BARLOW replied: The Minister of Health has no jurisdiction in regard to admissions to the Dentists' Register, but inquiry will be made into the facts of this case and the result communicated to the hon. Member.

Notification of Small-pox.

MR. DUNNICO asked the Minister of Labour, as representing the Ministry of Health, whether he was aware that there was considerable uneasiness in the minds of the public by reason of carelessness on the part of certain authorities whose duty it was to prevent the spread of small-pox; and that, in addition to the case at Poplar workhouse where a man suffering from this disease was permitted to mingle freely with the other inmates for a fortnight, thereby infecting many other persons, that a well-known school was closed