

they are of general interest to the medical profession at the present time, I have asked and obtained leave to publish the table which is herewith appended.

I am, Sir, yours faithfully,

DOUGLAS WHITE,

Honorary Secretary, National Council for Combating Venereal Diseases.

Avenue Chambers, Southampton-row, London, W.C.,
March 2nd, 1920.

ENCLOSURE.

Sites of Inoculation Lesions in 2743 Cases of Syphilis.

From the Indexed Records at R.N. Hospital, Haslar, by Surgeon-Lieut. Commander R. J. G. PARNEILL, R.N., Specialist in Venereal Diseases, Haslar.

Genital Inoculation Lesions.

In urethra (concealed)	2	In sulcus	420
Within meatus (concealed) ...	25	On prepuce (skin 328, mucous	
At meatus (visible)	94	membrane 346)	674
On glans penis	270	On frænum preputii	192
On corona glandis	86	Phimosed prepuce (concealed)	121
Total, 1884 = 68·7 per cent.			

Body of penis	209	Scrotum	20
Root of penis	50	Peni-scrotal angle	13
Total, 292 = 10·6 per cent.			

Site on penis not stated ...	238	Combinations of above ...	283
Total, 521 = 19 per cent.			

Extragenital Inoculation Lesions.

Lip	20	Finger	2
Eye (palpebral conjunctiva) ..	3	Umbilicus	1
Anus (at or near)	7	Nose	1
Thigh	2	Neck	1
Pubes	6	Abdomen	1
Chin	1	Buttock!	1
Total, 46 = 1·7 per cent.			

Remarks.

1. In addition, 101 cases had manifest signs of syphilis or had cerebro-spinal syphilis, yet no site of the inoculation lesion was found; all the men denied a sore on the penis. A few of these men gave a history of "gonorrhœas." The majority denied having had V.D. in any form, but admitted risks of infection. A very small number denied V.D. and stated that they had never exposed themselves to infection. Three of these had definite signs of congenital syphilis.

2. One case of genital and extragenital inoculation lesions occurred (lip and penis).

3. Of the 238 cases in which the site (on penis) was not stated, the vast majority of these were old infections giving a definite history of a sore on the penis, but no scar was found. In a few cases there was an indefinite amount of scarring at a site other than that at which the sore apparently had been.

4. 46 cases were extragenital—1·7 per cent.

MYALGIC PAINS AND MANIPULATION.

To the Editor of THE LANCET.

SIR,—At the risk of appearing tedious I would like to add a few words to Mr. Haldin Davies's letter which appeared under the above title in your issue of Jan. 10th. Mr. Davies says that there is "something in manipulative surgery"; with that conclusion I cordially agree. No one was more opposed than myself to any recognition of or concession to unqualified practitioners, but when case after case drifted off to the manipulative surgeon only to return cured it gave me furiously to think. Much against my inclination I am compelled to admit that the manipulative surgeon possesses some skill which I and possibly some of my professional colleagues lack.

So many cases of displaced cartilage and deranged joints have been put right by simple manipulation when I and others had failed that I am bound to confess that such patients were well spared the operation that had been suggested. It seems a pity that the profession declines to investigate these problems. The proposition is a simple one: either the manipulative surgeon possesses some special skill of which the public and the profession should have the benefit, or a large number of medical men and a larger number of the public have been hopelessly misled. It is difficult, if not impossible, to accept this latter alternative.

The whole matter could easily be cleared up by an investigating committee, and I am not by any means alone in wishing to have this done. Believing, as I do, that many cases of deranged joints can be submitted successfully to manipulation, which I myself cannot practise, am I justified in advising an operation of definite risk and of somewhat uncertain result until these milder manipulative measures have been tried?

I am, Sir, yours faithfully,

March 6th, 1920.

W. H. CLAYTON-GREENE.

BLIND MASSEURS.

To the Editor of THE LANCET.

SIR,—Had I known that my letter would be published I should have asked you to spare me space to go into details, for which a mere acknowledgement did not seem to call. I entirely endorse the admirable letter of Major W. H. Broad, who, I may say, has had an exceptionally wide experience of the work of the blind masseur, and whose admirable orthopædic work is known to most members of the medical profession.

For reasons which I am free to confess do not seem entirely convincing to myself, or to many eminent medical men, it has been thought fit to impose limitations upon the examinations in remedial exercises which are set to blind students, and this in spite of the fact that a totally blind man passed the full examinations set to sighted folk, and not only passed them, but was first in the list. This blind man has exceptional ability, and perhaps the full examination might be rather beyond the scope of some blind masseurs. At the same time, the examination which is set them renders a man who passes it quite proficient, for all ordinary requirements, and would prove amply sufficient for any but very special cases.

I very much fear that the publication of my letter in your last issue may lead your readers to suppose that I do not possess full faith in the qualifications of the blind masseur. This is very far from being the case. The blinded soldiers who have been trained in this most useful profession are giving complete satisfaction in all parts of the British Empire; indeed, I go so far as to say that wonderful as the successes of St. Dunstan's have been, the success of those of its inmates who have been trained in massage is the most wonderful of all.

I am, Sir, yours faithfully,

ARTHUR PEARSON,

Chairman, Blinded Soldiers' and Sailors' Care Committee

President, National Institute for the Blind,

224, Great Portland-street, London, W.

St. Dunstan's, Hanover Gate, Regent's Park, N.W.1,

March 6th, 1920.

* * We could have no idea that Sir Arthur Pearson did not intend his letter for publication. Like him we have every sympathy with the blind students, and are aware of their exceptional qualities in many directions. The annotation indicated a place in the masseur's work where the blind must, in our opinion, be handicapped, and that view is unaltered.—ED. L.

TREATMENT OF CARBUNCLES, BOILS, ETC.,
BY LARGE DOSES OF DILUTE SULPHURIC
ACID.

To the Editor of THE LANCET.

SIR,—On March 15th, 1913, I called attention in THE LANCET to the great success of the dilute sulphuric acid treatment in the above-mentioned conditions and staphylococcic infection generally. Since the date mentioned I have had some very severe cases to deal with, which have resisted all ordinary remedies, including injections with serum, but have yielded completely to the sulphuric acid treatment.

Only three weeks ago I had a most inveterate case of acne sent to me of 20 years' standing, which had been treated by all the ordinary means and for the last few years by repeated injections of serum without any benefit. I put this patient at once on 30-minim doses of dilute sulphuric acid (made by adding 3 fluid ounces of the strong acid to 29 fluid ounces of water) and the result has been a complete cure in three weeks. This particular patient was covered over the whole body from head to foot with pustules and was a splendid example of the power of this simple remedy when given internally and in sufficient doses (i.e., m xxx. to m xxx.) also of the right strength.

As I said in my former communication to your journal, smaller doses of a weaker strength of the acid are of no use whatever. The 30-minim dose, diluted with a wineglassful of water is, in my experience of over 40 years, always well tolerated, and has, without exception, always proved successful. My son, Dr.