

Correspondence.

"Audi alteram partem."

THE NURSING REGISTER.

To the Editor of THE LANCET.

SIR,—It is stated in the annotation under this heading in your issue for March 22nd that the Central Committee for State Registration will not consider the proposal that any scheme for State registration should include nurses who have special hospital training only. I desire to point out that the writer of the annotation has apparently overlooked Clause 11, (1) (b) of the Central Committee's Bill, which distinctly provides for what is known as "reciprocal training." Under this clause the training in a special hospital (e.g., a children's hospital) would be allowed, subject to certain conditions, to count as part of the general training required under the Act; the clause allows, in fact, just such a scheme as is outlined by your annotator himself towards the end of his note.

I am, Sir, yours faithfully,

E. W. GOODALL,

Hon. Medical Secretary, Central Committee for
the State Registration of Nurses.

Grove Military Hospital, S.W., March 22nd, 1919.

* * Colonel Goodall's explanation of the significance of the clause in the Central Committee's Bill is a welcome confirmation of our view that the aims of the two rival Parliamentary measures should readily be reconciled. We have been asked to publish a letter addressed to an enquirer by Sir Arthur Stanley, Chairman of the College of Nursing, Limited, in which he states the attitude which the College will take towards the Nurses' Registration Bill now before the House of Commons. Sir Arthur Stanley writes:—

The Council of the College of Nursing has had this matter under its consideration, and it has decided that as the Bill affirms the principle of State recognition of the nursing profession it should, so far, be supported. I am quite aware, and so are the members of the Council, that a few of the principal supporters of the Nurses' Registration Bill have constantly misrepresented the aims and objects of the College, and have insulted those who were in any way assisting it. We hold, however, that no personal feeling should be allowed to interfere with the attainment of State registration, which means so much for nurses, and you will be glad to know that its members are sufficiently broad-minded to disregard petty personalities and to work with a single mind for the good of the nursing profession. ED. L.

CULTIVATION OF A FILTER-PASSING ORGANISM IN INFLUENZA.

To the Editor of THE LANCET.

SIR,—To avoid the possibility of misunderstanding, I desire to amplify a perhaps obscure paragraph in my obituary notice of the late Major H. G. Gibson, R.A.M.C., published in your issue of March 8th. Referring to the cultivation, by the Noguchi technique, of a minute filter-passing coccus, I stated that the independent findings of Majors Gibson and Bowman and Captain Connor had been confirmed by the work of Captain J. A. Wilson, R.A.M.C., a note on which was published by Sir John Rose Bradford, Captain E. F. Bashford, and Captain J. A. Wilson in THE LANCET and the *British Medical Journal* of Feb. 1st. This paragraph, though intended merely to show that similar findings, mutually confirmatory, had been arrived at independently by two groups of investigators, has been construed as an implication that priority was claimed by me for Majors Gibson and Bowman and Captain Connor. No such implication was intended. Though Captain Wilson's work was not considered by Sir John Rose Bradford to be sufficiently complete to justify publication until the latter part of January, 1919, this officer had been successful in making "Noguchi" cultures of what appears to have been the same organism some months before this was done by Gibson, Bowman, and Connor.

At the same time full credit for independent and original work must be given to the latter workers who were unaware that the "Noguchi" technique had already been employed in culture work in influenza. As the paragraph in question

has already given rise to misunderstanding, I hope that, in justice to Captain J. A. Wilson, this letter may be given early publicity.—I am, Sir, yours faithfully,

S. L. CUMMINS,

Colonel, A.M.S.; Adviser in Pathology.
B.E.F., France.

March 19th, 1919.

THE COPPER TREATMENT OF LUPUS.

To the Editor of THE LANCET.

SIR,—Mr. H. J. Gauvain and Dr. H. A. Ellis are to be congratulated upon the successful results they have obtained with brass paste in the treatment of cutaneous tuberculosis.¹ In my paper upon the subject, read before the Brighton meeting of the British Medical Association in 1913, I pointed out the hopefulness of the copper method in cases of lupus vulgaris.² I then employed copper-potassium tartrate, in the form of Fehling's solution, injecting hypodermically, directly into the lupoid tissue, from $\frac{1}{2}$ to 2 c.cm. of a 1 per cent. solution, or, as an alternative, copper chloride was used in the same strength. Some slight local reaction was observed, but three days later the lupoid nodules were seen to be paler and flatter, and ultimately to become necrotic. If the brass preparations will prove to be so completely selective in their action, without any destructive effect upon healthy tissue, a valuable remedy will indeed have been found. It will be interesting to observe the effect of these newer combinations of copper upon lupus of the mucous membranes.—I am, Sir, yours faithfully,

G. NORMAN MEACHEN, M.D., M.R.C.P.

Braintree, March 20th, 1919.

ABSENCE OF CANCER IN THE ARCTIC REGIONS.

To the Editor of THE LANCET.

SIR,—Mr. Vilhjalmur Stefansson has returned from his expedition to the Arctic and has written to me from Alaska to state that cancer does not exist among the Esquimos. He kindly undertook this investigation at my request when he left in 1914. Previous to this Sir W. MacGregor, Dr. W. T. Grenfell, Mr. Frank Bezley, and more recently Rear Admiral Peary, have all told me that they had never seen a case of cancer among the native tribes of the Far North; and it was their observations which prompted me to ask Mr. Stefansson on the eve of his departure in 1914 to make a special investigation. Mr. Stefansson also sends opinions to the same effect from Dr. Grafton Burke and the late Dr. George Howe, who worked for years on the Yukon River. It may be remembered that Panum half a century ago remarked that the disease was either extremely rare or did not exist in Iceland and South Greenland.

I think therefore we may safely assume that cancer does not exist in the Arctic. It is a point of great importance to cancer research, for it has been generally accepted that the disease is ubiquitous. This evidently is not the case, and the question now arises as to how far this new fact may alter our conceptions as to the causes of the disease. It seems to me that the absence of cancer in the Arctic can only have one of three explanations—racial, dietetic, or climatic. The Esquimos were originally Asiatics like all the Indians of the American Continents, and there is no reason to suppose any physical or physiological difference which will exempt them from cancer. Moreover, Panum's observations were on Europeans—Norwegians and Danes. Dietetically the Esquimos are enormous meat-eaters, but until 20 years ago did not have vegetables; otherwise their food does not differ from that of other natives, and Panum's observations again negative a dietetic explanation. The climatic explanation seems the best, for the climate of the Arctic differs from any other part of the inhabited globe; but it revives the parasitic theory. The cold is so intense that saprophytic organisms cannot exist. Nothing putrefies if left in the open. While contagious diseases (venereal, &c.) are common, diseases which are contracted from the general atmosphere, such as a "cold," are unknown. It would appear, therefore, that cancer may come into a similar category, and that part at least of the cause of it is due to an organism which invades the body from without, which is air-borne in part of its life-history, and which cannot exist in the Arctic climate.

¹ THE LANCET, March 15th, 1919.

² Brit. Med. Jour., 1913, ii., 1003.

Although I have tried to correlate them, all the other theories as to the causation of cancer appear to me to fail in view of the new-proved fact that the disease does not exist in the Far North.

I have sent all the details to the *Journal of Cancer Research*, but think that those interested in the cancer problem in this country might also like to hear briefly of Mr. Stefansson's discovery.

I am, Sir, yours faithfully,
Clinical Laboratory, Ministry of National Service, H. C. ROSS.
Conduit-street, W., March 18th, 1919.

MUSK IN INFLUENZA.

To the Editor of THE LANCET.

SIR,—I think it would be well if you called attention to the value of musk as a heart stimulant in severe cases of influenza. My friend, Dr. Humphrey Davy, reminds me that it was used as such in typhus fever in Ireland with good effect in the second week of that disease. It certainly seemed to do good when I gave it in grain doses in the influenza epidemic of 1890. Several cases of double pneumonia in octogenarians so treated recovered. The only objection to its use is its high cost, which at that time was 1s. per grain. I am informed that it is now selling at 6d. per grain. It was well worth the expenditure, but friends of patients should be warned of the price in advance.

I am, Sir, yours faithfully,
ARTHUR RANSOME, M.D., F.R.C.P., F.R.S.
Bournemouth, March 23rd, 1919.

HÆMATEMESIS AFTER ABDOMINAL OPERATION.

To the Editor of THE LANCET.

SIR,—In THE LANCET of Dec. 21st, 1918, there is an article by Dr. J. V. Arkle, of Kalsoorlie, on Hæmatemesis as a Complication of Appendectomy. I have had two cases following hysterectomy similar to the cases he records, but unfortunately one of them died.

CASE 1.—I was consulted by a woman of 35 for pain in the back and some leucorrhœa. There was no history of menorrhagia, but she had two abortions previously, each of about three months' gestation. A diagnosis of uterine tumour was made, and an operation was suggested, which was agreed upon and soon after performed under spinal anaesthesia. The operation was uneventful, inasmuch as the uterus was free from any adhesions, though there were several small fibroids invading the whole of the uterus. A complete hysterectomy was performed, and for four days after the operations the patient was making an uninterrupted recovery when suddenly she started complaining of great thirst and looked pale and restless. After a few hours she vomited a large quantity of blood, and in spite of best precautions she continued vomiting blood and finally succumbed. A second exploration was not done as the hæmatemesis was distinctly the cause of the mischief.

CASE 2.—In October last a patient of about 42 was brought to me by a local medical practitioner with a distinct history of uterine tumour. A supravaginal hysterectomy was performed under spinal anaesthesia and, as in the previous case, the operation presented not many difficulties. About 40 hours after the operation I was suddenly asked by the night nurse to see the patient, as she had vomited a large quantity of very dark blood. A hypodermic injection of adrenalin was immediately given and continued with 20 minims of ext. ergot. liq. by the mouth for 24 hours. The vomiting of blood gradually diminished and the patient was discharged on the twenty-fourth day perfectly well.

It is suggested that these hæmorrhages occur as the result of interference with the omentum, but in neither of these cases was there the slightest cause to disturb the omentum to any great extent.—I am, Sir, yours faithfully,

F. R. PARAKH, M.D. Vict., M.R.C.S., &c.
The Parakh Hospital, Khetwadi, Bombay, Feb. 8th, 1919.

ARTIFICIAL CYANOSIS OF THE LIPS.

To the Editor of THE LANCET.

SIR,—The war has brought to light not a few instances of malingering, and it is important that all such cases, whether connected with the war or not, should be brought to the notice of the profession. Heart affections, especially in the absence of recognisable organic disease, are among those which easily lend themselves to this form of deception.

About ten years since a young woman came under my care as an out-patient at the National Hospital for Diseases

of the Heart for cardiac symptoms; she was also of neurotic temperament. Mitral regurgitation with a fairly compensated heart was found. After a few months she was admitted for hysterical paraplegia, which rapidly yielded to electric baths. Later on she was again admitted for heart failure with the usual complications. Recovery took place and attendance at the out-patient room was resumed. Several months elapsed when, on a dark winter's day, she appeared looking very ill and having intense cyanosis of the lips, and she was promptly admitted. In the course of a thorough examination the following morning it was noticed that although there were some general dusky of the skin it did not correspond with the intense blueness of the lips. I placed a thermometer in the patient's mouth and on withdrawing it purposely rubbed the lips with my finger, which was found to be slightly coloured. I directed the nurse to watch her during the morning toilet, and she was seen to rub her lips with an aniline pencil. I subsequently discovered that the relations between the patient and her stepmother were greatly strained owing to the latter having persuaded the girl's father that there was nothing the matter with her.

I was led to my suspicion by a previous experience. A man called in an awful fright because, on wiping his mouth after having eaten a bath bun, he found the handkerchief deeply stained and, on looking at his face in the glass, saw that his mouth was also blue. Examination of the handkerchief revealed the presence of small pieces of grit which marked paper like an aniline pencil. The man noticed something hard when eating the bun and promptly spat the contents of his mouth in his handkerchief. How the piece of pencil found its way into the bun was never discovered, though I related the circumstance to the baker at whose shop the bun was purchased.—I am, Sir, yours faithfully,

Harley-street, March 20th, 1919. CHARLES W. CHAPMAN.

ARE RELAPSES OF BACILLARY DYSENTERY FREQUENT?

To the Editor of THE LANCET.

SIR,—It is stated that of some 1300 cases of dysentery sent back as cured to England since the war not a single one was found to show signs of bacillary dysentery, whilst some 12 per cent. were found with *Amœba histolytica*.

I write to ask whether it is the general experience of practitioners in England that cases of bacillary dysentery returned from abroad as cured do not relapse. The matter is of obvious importance, for one is called on to state whether a patient is liable to a relapse of the disease when he returns home.

I am, Sir, yours faithfully,

J. C. MCWALTER, M.D., LL.D., D.P.H.
Alexandria, Egypt, March 8th, 1919.

IMMUNITY IN "INFLUENZA."

To the Editor of THE LANCET.

SIR,—Among 269 cases of "influenza," mainly children, occurring in three schools in the summer, autumn, and winter waves of the disease there were two children with definite second attacks and six further alleged second attacks. Taking all six as genuine, the rate of second attack is (approximately) 3 per cent. If further investigations confirm these figures, it would appear that for practical purposes one attack of "influenza" confers immunity for some six months, at least among children.

I am, Sir, yours faithfully,
Colwall, Malvern, March 21st, 1919. MARY H. WILLIAMS.

NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC.—At the annual meeting on March 25th of the National Hospital for the Paralyzed and Epileptic, Queen-square, W.C., when Sir Frederick Macmillan took the chair, it was reported that the expenditure of the hospital and its Finchley branch had increased from £19,108 in 1914 to £30,250 in 1918. Throughout the war 70 beds had been provided for soldiers suffering from nerve injuries and affections, and this work was being followed up by special provision, in three branch hospitals, for discharged men in connexion with the Ministry of Pensions. The hospital and its branches suffered acutely in the influenza epidemic, and the board room was utilised as a special isolation ward.