that the urine from two cases of tuberculosis of the bladder and diabetes respectively had many points in common probably resides in the fact that the subjects of the disease in question are either constitutional "hyperacids" or the subjects of retarded nutrition—Bouchard's "ralentis." In the first case the low specific gravity, the rising chlorides, and the pale colour of the urine indicate amongst other signs that the defences of the organism are breaking down and that the tuberculous affection of the bladder of twelve months' standing is threatening to become generalised. The organism, as Dr. Gilchrist says, is becoming demineralised, the chlorides now following an earlier excessive excretion of phosphates. The supposition that this specimen of urine is taken from the subject of a gouty or atonic scrofulous diathesis, where such a resistance to infection is likely to occur, is rendered probable by the low figure of the phosphates (0·84 gramme) given by Mr. Clayton. If here the solid residue is calculated by densimetry, as Dr. Gilchrist did in his paper, the proportion of phosphoric acid stands at 1 in 33; precisely the same proportion is also found by taking the average of the three specimens of Mr. Clayton's case of glycosuria. It would be instructive to know the diet prescribed in this case of glycosuria; the relatively high urea and phosphates found in specimen C lead to the conclusion that meat was a liberal item in the patient's dietetic treatment.

Judging by Dr. S. Vere Pearson's[3] and Mr. A. W. Pereira's[4] clinical observations on the apparent uselessness of urea in the treatment of tuberculosis, Dr. Gilchrist's theoretical objections seem to be justified. Concerning the one point on which Dr. H. Harper and Dr. Gilchrist agree with most modern opinion—that is, on the necessity for a highly nitrogenous diet in the treatment and prophylaxis of tuberculosis—I should feel inclined to follow the suggestion of Dr. Gautrelet and to draw the supply of nitrogen at intervals from the leguminous plants; we know in fact that peas and lentils contain more nitrogen than meat in the proportion of about 46 to 42.

I am, Sirs, yours faithfully,

J. C. B. STATHAM,
Captain, R.A.M.C.

Nice, Dec. 22nd, 1902.

SIR THOMAS BROWNE'S EVENING HYMN.

To the Editors of THE LANCET.

SIRS,—In THE LANCET of Dec. 20th, 1902, p. 1702, the reviewer of a new edition of the "Religio Medici" states that he cannot call to mind any editor who has pointed out the similarity between Bishop Ken's Evening Hymn and the dormitive which Sir Thomas says he took "to bedward." In Gardiner's edition (1845) there is the following note: "Compare this with the beautiful and well-known 'Evening Hymn' of Bishop Ken, and these again with several of the Hymni Ecclesiæ, especially that beginning 'Salvator Mundi, Domine,' with which Ken and Browne, both Wyckhamists, must have been familiar."

I am, Sirs, yours faithfully,

WM. OSLER.

Baltimore, Jan. 2nd, 1903.

THE DISCHARGE OF LARVÆ FROM THE STOMACH.

To the Editors of THE LANCET.

SIRS,—The references in THE LANCET of Sept. 27th (p. 891) and Nov. 29th (p. 1487), 1902, to the vomiting of the larvæ of dipterous insects, remind me that in the summer of 1900 I met with such a case. This was of an infant in arms, fed by the bottle, who was said to have vomited maggots. The mother was directed to preserve the maggots if the vomiting was repeated, and some days afterwards a cluster of about 35 or 40 larvæ was produced. These were alive and being placed in water lived till the next day. They were "club-shaped," tapering regularly from head to tail, and measured from four to eight millimetres in length; one was much longer, being about 11 millimetres. They had distinct red eyes. A number were sent to the Clinical Research Association, which said it was unable to identify them. It was necessary to take the mother's word that they were actually vomited by the infant, but there could be no reasonable doubt about it. They were only noticed twice and were probably not sought for in the motions. Beyond some slight gastro-intestinal disturbance common in bottle-fed infants in summer, there was little the matter with the child.—I am, Sirs, yours faithfully,

J. F. KEENAN, M.B. R.U.I.

Edgeworthstown.

[3] THE LANCET, Nov. 22nd, 1902, p. 1383.
[4] THE LANCET, Nov. 29th, 1902, p. 1486.

RIGHT-HANDEDNESS AND LEFT-BRAINEDNESS.

To the Editors of THE LANCET.

SIRS,—With all due deference to a master in science like Sir Samuel Wilks I would like to observe that in this, as with many other rather obscure physico-mental acts, we should never lose sight of the three great fundamental modes and methods of reflex cerebral activity—reason, sensation, and will. Sensation inclines us to adopt modes of action most agreeable to the present comfort and pleasure of the individual; reason suggests what ought to be the mode; and will, or more properly speaking volition (for I suppose there must be a faculty of this nature), determines what the mode shall be. The determination of a preferential right-handedness is one of these modes due to a cerebro-spinal *functional* activity. A subject of this kind, not easily susceptible of scientific demonstration, is very apt to make one drift into a form of physiological transcendentalism, but what I mean to urge is that there is no satisfactory and decided clinical evidence that right-handedness has a structural foundation but that all such manifestations depend on outside influences acting on the brain centres—the combined result of education and necessity. Let it be understood, however, that that centre is not preferential but a centre common to both the left and right side of the system. How otherwise explain the philosophy of habit and, indeed, of many of the well-recognised instincts of our nature? That the left hand should by no means hold a subservient position in reference to the right may readily be accepted if we consider the dual functional activity as seen in many handicrafts. In the days of a less exalted civilisation, before steam was so universally accepted as the great motor power, I have watched with interest and admiration the deftness with which the hand-loom weaver used both hands in his daily occupation. His was an ambidexterity illustrating not only the aristocratic position of the left hand but the fact of left-handedness being not only a possibility—a desideratum—but a necessity of his workaday existence. No one can deny that right-handedness is *preferential* and, indeed, almost a physical necessity because it appeals to the present, and often urgent, necessities of the individual. Left-handedness is *potential* and takes the position of a *reserve* force, a power which can be called into action under conditions of necessity when the other is in abeyance. This is all I claim for it. As Sir Samuel Wilks observes in his criticism, man is a two-sided animal with an inequality as to functional power on one side as compared with the other. No doubt about this, but like many functional processes under the direct dominion of brain man's nature is amenable to outside influences and the conditions, as before remarked, of his environment. He can adapt himself to circumstances and make his left hand serve his needs if the right cannot. Hence education, hence training of children, hence the necessity of what we know as professional teaching—in short, of any kind or description of cult whatever. Apologising for the length and prosiness of this letter I trust that though I may, like Mr. Kipling's orang-outang "Bimi," seem to have "too much ego in my cosmos," you will give me credit for the desire to give an all-important point like this all the careful consideration it deserves.

I am, Sirs, yours faithfully,

JAMES MORE, M.D. Edin.

Rothwell, Northamptonshire.

INTRAVASCULAR ANTISEPSIS.

To the Editors of THE LANCET.

SIRS,—Due importance will be attached by clinical observers to the results published in THE LANCET of Jan. 10th, p. 98, of Dr. J. M. Fortescue-Brickdale's able investigations into the subject of intravenous antisepsis, which conclusively demonstrate the inefficacy for direct germicidal purposes of our antiseptics of the day, used in the shape of intravenous injections. Intravenous medication, however, is a distinct and much wider subject to which it may be premature to apply the same sweeping conclusions. Indeed, the proof that the injections are inert as germicides favours

the impression, which for my part I have long entertained, that their beneficial effects are due to some other mode of action which it would be important to investigate and opens up the question as to the nature and the range of their usefulness. Internal therapeutics have not yet been reduced to the exclusive administration of antiseptics only, and if other remedies are still worth administering by the mouth for the treatment of intravascular conditions such as atheroma, aneurysm, endocarditis, and blood diseases in general, it may not be unreasonable to keep an open mind as to the possible advantages of the shorter route. This also applies to the treatment of pulmonary affections, because of the directness of the road of access. In the case of acute pneumonia the effects I have obtained with injections of protargol have appeared to me to be sufficiently striking to deserve further consideration from the pathological, as well as from the clinical, standpoint. I am not prepared to say whether the rapid reduction in temperature and the manifest general improvement in the clinical condition of the patients were due to the minute dose of protargol (from one half to one grain) or to the bulk (from 20 to 40 cubic centimetres) of the saline solution injected. Possibly the normal saline solution alone might have acted as well. At any rate the successful employment of collargol in two cases of pneumonia has quite recently been reported by M. R. Moutard-Martin and M. P. Thaon,[1] and at the same meeting M. Netter[2] referred to his successful treatment of a very bad case of infective endocarditis by the same agent. The discovery of better remedies than the salts of silver may be hoped for in the future, but the results hitherto obtained with the help of the latter indicate that our study of the intravenous method should not be considered as closed but as barely opened as yet. I would be the last to advocate the indiscriminate use of this form of treatment. I have myself often refrained from using it because I consider that it should not be undertaken except by skilful and highly-trained operators. The procedure is difficult and not free from anxiety. These are also the limitations inherent to most of our life-saving surgical operations, but they have not been urged as arguments for depriving us of the benefit attaching to the risk.

I am, Sirs, yours faithfully,

Curzon-street, Mayfair, Jan. 12th, 1903. WM. EWART.

THE THORNTON HEATH SLATE CLUB AND DR. W. B. ADDISON.

To the Editors of THE LANCET.

SIRS,—By the kindness of a fellow practitioner my attention has been drawn to a paragraph in THE LANCET of Jan. 10th, p. 143, coupling my name with the word "advertisement." I enclose a letter from the secretary of the North Croydon Benefit Society showing that I was completely ignorant of the existence of the handbills you mention. I knew nothing of them; the possibility of the existence of such things had never even entered my mind. I have now severed my connexion with the club, which contains only 53 members, and is the only club appointment I have held during the seven years I have been in practice here. By putting the word "Advertisement" over your paragraph you distinctly accuse me of advertising. As I knew nothing of the handbills it is obvious that I have not been advertising and it is equally obvious that it is a scandalous thing that I should be accused by a paper of the supposed high standing of THE LANCET of doing a disgraceful act without a shred of proof that I knew anything of the matter at all. Your advice to me to withdraw my connexion with such clubs is quite unnecessary; my standard of medical etiquette is not only as high as any advocated by THE LANCET, but in view of the paragraph mentioned is really higher. Fortunately, my reputation among those of my fellow practitioners in this neighbourhood who are most anxious to uphold the dignity of the medical profession is such that I can honestly say they are more annoyed by your paragraph than I am.

If you have any wish at all that I should not be prejudged you will publish this letter in its entirety.

I am, Sirs, yours faithfully,

W. B. ADDISON.

Parchmore-road, Thornton Heath, Jan. 12th, 1903.

[INCLOSURE.]

"Fernlea," Westbrook-road, Thornton Heath, Jan. 11th, 1903.

SIR,—It having come to my knowledge that a paragraph appeared in your paper condemning Dr. Addison for allowing his name to be issued on handbills distributed in this neighbourhood I wish most emphatically to state that it was done without any consent being obtained from Dr. Addison; the bills were all distributed before he knew anything about it. I sincerely hope, in justice to Dr. Addison, and in order to allay anything I may have done to injure his reputation, you will publish this letter. I remain, yours truly,

F. J. RUNDLE,
Secretary, North Croydon Benefit Slate Club.

*** We are glad to learn that Dr. W. B. Addison's name has been taken in vain by the club from which he has severed his connexion.—ED. L.

THE MEDICAL MAN, THE CORONER, AND THE PATHOLOGIST.

To the Editors of THE LANCET.

SIRS,—On Jan. 2nd I was called at 9.30 A.M. to see an infant at 76, Speke-road. On arriving at the house I found that the child had been dead some time, the hands were clenched, the thumbs were turned in, the toes were drawn up, the tongue protruded slightly through the gums, and there was some mucus on the nostrils; the sides of the face were a deep purple. The child had been sleeping in bed with the parents who were in very poor circumstances. I sent the usual communication to the coroner's officer and the only acknowledgement I received from the coroner was a verbal message that Dr. Freyberger would let me know when he was going to make the post-mortem examination.

I inclose a report of the case and you will observe that Mr. Troutbeck delivered a little homily to the jury in which he pointed out the importance of employing a pathologist of special skill in these cases. Now I have been making post-mortem examinations in this neighbourhood for 18 years and I have given evidence before all the coroners who have held inquests in south-west London during that time. I have reported scores of similar cases in which the question always arises as to whether the convulsion, if any, which might have caused death arose from partial asphyxia due to overlaying or otherwise, and it stands to reason that the medical man who sees the child lying in the bed and who knows the people and their surroundings is in a far better position to judge of the case than a stranger who does not make a post-mortem examination until three clear days afterwards. I may mention here that the child was washed and laid out after I saw it, thus removing most of the external diagnostic signs, and there was nothing revealed by the post-mortem examination which could not be seen by any medical man who knew his work. In the circumstances I am utterly at a loss to understand the coroner's remarks, for there was nothing in the case calling for a special pathologist, while there was every reason to call in the medical man who first saw it.

I am, Sirs, yours faithfully,

LEONARD S. MCMANUS, M.D., M.Ch. R.U.I.

St. John's Hill, S.W., Jan. 12th, 1902.

*** We cannot attempt to explain what cases Mr. Troutbeck considers "special." Of course, the only medical witness who could help the jury in any practical way in such a case as the one detailed above was the practitioner who first saw the body.—ED. L.

MEDICAL FOLKLORE.—Recently at Luffincott, a little village in Cornwall, an unusual event took place. An agricultural labourer sat in the church porch on Sunday and collected half-a-crown in pennies from the congregation, the thirtieth donor giving a half-crown and taking up the 29 pence as change. A ring is to be made from the silver coin and by this ring the collector expects to be cured of fits. This is one of the relics of witchcraft which is still to be found in the remote parts of Devon and Cornwall.

THE THERAPEUTICAL SOCIETY.—The object of this new society, as stated in the "rules" which have just been issued, is "the advancement of knowledge in pharmacology and therapeutics by the holding of meetings, the reading of papers, the exhibition of drugs and specimens, and such other means as the council may determine." All duly qualified medical practitioners of either sex are eligible for fellowship, and the subscription is 10*s.* 6*d.* a year. Ordinary meetings will be held on one Tuesday afternoon in each winter month, from January, 1903, at 4 P.M.

[1] Bulletin et Mémoire de la Société Médicale des Hôpitaux de Paris, Dec. 26th, 1902, p. 1151. [2] Ibid.