

of establishment and upkeep, will be ten millions a year, and then if a local authority wish to build a sanatorium they are faced with the express declaration of Dr. Cox's College of Physicians—that it is an extravagant and impossible outlay for a country like this.

The only real effect of the Bill will be to drive patients from the physician to the quack. There will be compulsion on the doctor to notify every consumptive who comes before him, but none on the consumptive to go to the doctor; he can roam at large and go where he will, spreading contagion as heretofore, impossible to check as long as he avoids the physician. The latter may indeed be called in at the end, but only when curative or preventive measures are alike futile. If it is granted, then, that compulsory notification can only do practical good when all cases of phthisis are notified, what percentage of people will present themselves for notification in a country where already nearly a quarter of the people die without calling in the doctor?

I am, Sir, yours faithfully,

Dublin, Oct. 4th, 1908.

J. C. McWALTER.

## THE FEEDING OF ELEMENTARY SCHOOL CHILDREN.

To the Editor of THE LANCET.

SIR,—The beginning of the provision of meals for school children has, of course, opened the question of methods to be used in selection. The public and many of its committees, accustomed to hearing evidence given by medical men on the subject of starvation and looking also to the profession to dogmatise on all aspects of dietetics, have erroneously assumed that by inspection and examination of children the medical man is able to say that one child should be fed by the ratepayers whilst another may be left to the care of its parents. Anyone with experience must be aware that this is a mistaken conclusion. Starvation may, of course, be recognised, but what is wanted in the case of the children is the recognition of *underfeeding* which may perhaps have continued only for a week or so. In the majority of cases such a diagnosis is absolutely impossible.

Weighing and measuring, however useful in providing evidence of "tendencies," give practically no certain information as to the individual. The average healthy child seems to have an extraordinary vitality and may be *underfed*, I do not say *starved*, for long periods and yet remain apparently in excellent health, though it is probable that its future growth is being injuriously influenced. If measurements and appearances are not to be relied on, by what is the diagnosis to be made? Even in cases where it is obvious that the tissues of the child are not being sufficiently nourished it is always possible that the absorption from the digestive tract or metabolism is at fault. We have all seen cases of children from good homes who if dirty and dressed in rags would at first sight have been considered as insufficiently fed.

Leaving aside such cases where the appearance makes it obvious that something is wrong either with the child or its feeding there remain the underfed children of whom I first spoke; these, healthy in appearance, cannot be recognised with certainty by anyone as being insufficiently fed. It is possible to point out cases that should be fed but it is not possible for the medical man on inspection and examination to affirm that children are not underfed. The only possible method, if selection is to be exercised and mistakes are to be avoided, is that of visiting the homes and acquiring information there. Of course, I do not suggest that the doctor should do this.

My reason for writing this letter of truisms is that already in places where the medical men are helping in this work—and it is certain they should help—there is a tendency to leave the decision on the question of feeding individual children entirely in the doctor's hands. If he reports that "there is no evidence on examination that the child A. B. is underfed" it is immediately concluded that he means that the child is sufficiently fed at the time of examination, a statement which no medical man would think of making without further information than inspection affords. The fallacy has arisen in the lay mind from the confusion of "starvation," which is recognisable, with "underfeeding," of which it is very difficult to be certain. It seems to me

important that we should make it clear that we cannot be sole judges in this matter in all cases.

I am, Sir, yours faithfully,

Blackburn, Sept. 29th, 1908.

MILES B. ARNOLD.

## CANTHARIDES POISONING.

To the Editor of THE LANCET.

SIR,—Since communicating with you recently *re* a case of acute cantharides poisoning in an adult,<sup>1</sup> a second case of a very similar nature has come under my notice and I venture therefore to record these few additional facts.

The patient, an Austrian subject, was admitted to one of the private wards of Johannesburg Hospital on July 26th, under the care of Dr. H. B. Currie, giving a history as follows. He was taken ill on Saturday, July 18th, with (1) stabbing pain in the left side just at the costal margin, and (2) pain in the knee-joint (right). On the 24th he developed a cough, which was associated with scanty mucopurulent expectoration of a greenish tint, whilst the pain previously in existence became intensified and shortness of breath on exertion was experienced. Accordingly, he consulted a practitioner in town who advised the application of a blister. At 8 A.M. on the 25th a piece of plaster (emplastrum cantharidis B.P.), measuring 5½ inches by 4½ inches, was applied to the chest wall below and to the outer side of the left nipple. 13 hours afterwards (at 9 P.M.) the first symptoms appeared. The patient states that he felt a desire to pass urine every hour or so and could not keep (i.e., retain) it for a longer period. Pain was experienced at the end of the penis when the act was nearing completion; the urine voided was the colour of beetroot water. Headache developed in conjunction with the other symptoms, but there was neither vomiting nor purging; indeed, it appears that for the first 48 hours the bowels remained inactive.

On admission, on Sunday, July 26th, the physical signs indicative of disease were those of pleurisy with effusion on the left side. There was a raw surface measuring 5½ inches by 4½ inches below and to the outer surface of the nipple. The temperature was 102° F., pulse 106, and respirations 39 per minute. The patient's tongue was heavily coated. His bowels had not been opened since the 24th. The right border of the heart extended a finger's breadth beyond the edge of the sternum; the apex beat was well defined, being visible in the fifth left interspace at a point one inch internal to the nipple line (very little displacement noted). The first and second sounds were clear at the apex and there was no suspicion of a murmur. The belly wall was not rigid and there was a complete absence of abdominal pain and tenderness. The patient apparently did *not* experience pain in the region of the kidneys. There was no undue frequency of micturition though a good deal of pain of a burning nature was present just within the orifice of the urethra towards the end of the act of micturition. The urine was loaded with amorphous urates and red cells and yielded after careful filtration a well-defined cloud of albumin. The specific gravity of the filtered urine was 1028, and it was acid in its reaction to litmus paper. A subsequent analysis made on July 28th yielded results as follows: Specific gravity of filtered urine, 1027; reaction of filtered urine, acid; fairly dense cloud of albumin precipitated on warming the solution; centrifugalised deposit found to consist of amorphous urates, leucocytes, red blood cells, granular casts, and a few kidney cells. A third analysis carried out on the 30th demonstrated the existence of numerous kidney cells. The specimen of urine selected for examination proved turbid from precipitation of mucus and urates but cleared up on gently warming. Its specific gravity was 1022 and reaction was acid as on previous occasions. The centrifugalised sediment yielded one or two red blood corpuscles, a fair sprinkling of leucocytes, several short granular and hyaline casts, a few epithelial cells from the urinary passages, and quite a number of renal epithelial cells with coarsely granular protoplasm, scattered and in groups of from 20 to 30 or more. On August 1st the chief change noted was a diminution in the number of formed elements. Beyond a few truncated granular casts and kidney cells all in an advanced stage of degeneration there

<sup>1</sup> See THE LANCET, Sept. 12th, 1908, p. 800.

was nothing visible, red and white blood corpuscles being conspicuous by their absence. The final examination was conducted on August 5th when, apart from any marked alteration in the character of the physical signs, the urine was found to be normal, in colour pale amber tint, reaction acid with litmus as indicator, specific gravity 1022, no albumin, no deposit, but just a trace of mucus in suspension, as is commonly observed in the case of healthy individuals.

The points of interest are these:—1. The comparative length of time that elapsed before symptoms manifested themselves (12 hours). This may be accounted for in part by the character of the preparation used, the proportion of the active ingredient in the plaster being 1 in 3 approximately and in the liquor 1 in 2. The personal factor has likewise to be taken into consideration, patients varying, no doubt, in their susceptibility to the influence of the drug. In this direction it is of interest to recall certain observations made by Christison in dealing with the subject of poisoning by cantharides. He remarks that "it is probable that this is one of the poisons whose operation is liable to be materially affected by idiosyncrasy. The medical dose is from  $\frac{1}{2}$  gr. to 2 grs. of the powder, and from 10 drops to 2 drs.<sup>2</sup> of the tincture. But Dr. Beck has quoted an instance where 6 ozs. of the tincture were taken without injury. On the other hand, Werlhoff has mentioned the case of a lad who used to be attacked with erection and involuntary emission on merely smelling the powder." This statement, adds Christison, though extraordinary, is not without support from the parallel effects of other substances. 2. Absence of symptoms due to the manner in which the drug is excreted by the gastro-intestinal mucous membrane; there was neither vomiting nor diarrhoea; indeed, it was necessary to administer purgatives before the bowels could be induced to act. 3. Absence of symptoms referable to the genital organs; no heat, no pain, tenderness, or swelling of the parts having been observed, and no spermatozoa having been detected in the urinary sediment, though looked for on several occasions. Christison remarks that whilst "a great number of cases are on record, but few have been minutely related. Sometimes cantharides have been swallowed for the purpose of self-destruction, sometimes for procuring miscarriage; but most frequently on account of a prevalent notion that it possesses aphrodisiac properties, it has been both voluntarily swallowed and secretly administered to excite the venereal appetite. That it has this effect in many instances cannot be doubted. But the old stories which have been the cause of its being so frequently used for the purpose are many of them fabulous and all exaggerated. Often no venereal appetite is excited, sometimes even no affection of the urinary or genital organs at all, and the kidneys and bladder may be powerfully affected without the genital organs participating. It is established, too, by frequent observation that the excitement of the genital organs can never be induced without other violent constitutional symptoms being also brought on to the great hazard of life."

The patient is convalescent at the present time, a natural cure having been effected by resorption of the pleural exudate. The urine is quite normal. In conclusion, I beg to state my indebtedness to Dr. Currie for permission to publish brief notes on the case.

I am, Sir, yours faithfully,

J. STANLEY AVERY, M.B., B.S. Lond.,  
House Physician, Johannesburg Hospital.

## THE TREATMENT OF INOPERABLE CANCER.

*To the Editor of THE LANCET.*

SIR,—In his most interesting paper on this subject in THE LANCET of Oct. 3rd, p. 997, Mr. Henry Morris does not refer to the advisability of the systematic examination of the blood. It is a matter of common knowledge that the white corpuscles are increased in number and altered in relative proportion to each other. At the same time the red cells are as a rule diminished. It would appear that in these facts there is to be found a starting point capable of being used in the investigation of possible remedies and one to which sufficient attention

has not yet been given. It is reasonable to suppose that if the definite change in the blood which occurs in all cases of advanced cancer can be rectified a cure may result. A systematic and thorough investigation of the condition of the blood cells, especially of the white, carried out during any form of experimental treatment at any of the institutions specially devoted to the treatment of cancer would probably give most valuable information. By our treatment the red cells quickly increase to normal or over, but it is much more difficult to reduce the number of the white corpuscles to the average of health.

We are, Sir, yours faithfully,

SKENE KEITH,  
GEO. E. KEITH.

Upper Berkeley-street, Portman-square, W., Oct. 5th, 1908.

## AN OPERATION FOR PARAPHIMOSIS.

*To the Editor of THE LANCET.*

SIR,—I shall be grateful if you will allow me to bring before your readers the following procedure in cases of paraphimosis. 1. An annular incision is made through the mucous membrane of the foreskin a quarter of an inch from its reflection from the glans penis; this incision reaches down to the submucous plane. 2. A second annular incision is made through the skin of the penis half an inch from the mucocutaneous junction; this incision reaches down to the subcutaneous plane. 3. A sagittal incision is made along the dorsum connecting the two annular incisions and as before reaching down to the submucous-subcutaneous planes. 4. The collar of tissue thus marked out is peeled off in the above plane. 5. All bleeding vessels are secured and tied with catgut. 6. The cut edges of the skin and mucous membrane are approximated by a series of discontinuous catgut sutures.

The following points illustrate the advantages of this method: 1. Reduction in old-standing cases can at the best only be performed (a) by the exercise of much force and with considerable pain to the patient; or (b) "the narrow constricting band caused by the orifice of the prepuce must be divided on the dorsal aspect. This will free the parts which can be subsequently drawn forwards, and after the œdema has been reduced by applying lotio plumbi for a few days circumcision may be advantageously undertaken" (Rose and Carless). 2. Circumcision at a later date is generally advisable, thus necessitating delay and a second anæsthetic. 3. The operation can be safely undertaken, even in these cases where local destruction of tissue has resulted from pressure.

I am, Sir, yours faithfully,

G. H. DIVE, M.R.C.S. Eng.

St. Bartholomew's Hospital, Sept. 30th, 1908.

## THE MEDICAL AUTHORSHIP OF THE THIRD GOSPEL.

*To the Editor of THE LANCET.*

SIR,—In an annotation in THE LANCET of Sept. 26th you adduce strong evidence to prove that both the Third Gospel and the Acts of the Apostles were written by St. Luke. Incidentally I think this fact affords a proof that the Second Gospel was written by St. Mark. In Paul's first journey with Barnabas they were accompanied by Mark, who left them on the way, and as Paul himself said "went not with them to the work." When they proposed a second journey Paul objected so strongly to Mark accompanying them that he and Barnabas parted and Mark accompanied Barnabas whilst Paul selected Silas as a companion. For some unassigned reason Silas appears to have ceased to be Paul's companion and his place was taken by Luke who accompanied Paul on his last journeys. It would be only natural that Mark should retain some of the ill feeling which arose during the strife between Barnabas and Paul about him and should include also Paul's companion Luke. It is curious to note that while St. Luke simply mentions the case "of a woman having an issue of blood 12 years, which had spent all her living upon physicians and neither could be healed by any," Mark says, "She suffered many things from many physicians but was nothing better but rather grew worse." In this expression there appears a certain amount of bitterness against the profession to which St. Luke belonged, and which, if hardly to be expected from an evangelist, was nevertheless entirely human, and I

<sup>2</sup> The present official dose of the tincture of cantharides is from 5 to 15 minims, or from 2 to 5 minims if used repeatedly.—ED. L.