

of the alveolar process, is comparatively rare except when associated with simple gingivitis. Whenever the so-called periodontal disease has progressed to pus formation the bony sockets of the teeth are involved; the disease is then not one affecting the periodontal membrane alone, but bone as well: the "pocket" is a sinus often leading to bare bone. Local treatment, I presume, includes all manner of lavage, removal of deposits, retained discharges, or sinuses (pockets). But why vaccines should be required to do in the mouth what they are incapable of doing in any other part of the body (i.e., the removal of already dead matter) is difficult to see. Local treatment, such as common surgical remedies, must always go hand in hand with immunising methods.

I am, Sir, yours faithfully,
New Cavendish-st., W., Feb. 15th, 1910. KENNETH GOADBY.

CLAMPS IN GASTRO-ENTEROSTOMY.

To the Editor of THE LANCET.

SIR,—I have been much interested in the correspondence on this subject originated by Mr. Sinclair White's letter of Jan. 22nd. The possibility of post-operative hæmorrhage from the margins of a gastro-enterostomy wound is, I believe, present in the minds of most surgeons who use clamps in the performance of the operation. Mr. H. Upcott has pointed out that it is the inferior lip of the incision in the stomach (that which is sutured last) from which the arterial hæmorrhage is most likely to be severe, and that if the mucosa be everted, any hæmorrhage occurring on release of the clamps may be checked by an interrupted suture; if, however, Mr. Sinclair White's statement that the hæmorrhage in his case was from a vein be correct, this contention does not apply.

None of your correspondents has drawn attention to what appears to me to be the essential factor in the avoidance of hæmorrhage—viz., the character of the inner line of suture. This should be a continuous stitch, preferably of thread, and should include *all the coats* of the stomach and jejunum. The individual sutures should be closely placed and be drawn very tightly. Neither Mr. Sinclair White nor Mr. R. W. Murray states whether this was the kind of suture employed in their cases, and the issue would be clearer if information on this point were afforded. If the incision in the stomach be a transverse one close to the greater curvature the risk of hæmorrhage is obviously greater than if the stoma be made almost, or quite, vertical as in the "no-loop" operation.

Whilst the majority of surgeons will agree that the use of clamps is calculated to make the performance of the operation more speedy, accurate, and cleanly, the occurrence of accidents, such as those related, more than outweighs the advantages to be gained by their employment if such accidents cannot be prevented. The prevention of hæmorrhage in the operation with clamps is entirely dependent upon the inner suture; if this cannot confidently be made hæmostatic the larger vessels must be ligatured, but even then considerable reliance must be placed upon the suture for complete hæmostasis. The inner suture I am confident can be so placed as to be truly hæmostatic, and in this way the only objection to the use of clamps be overcome.

I am, Sir, yours faithfully,
Leeds, Feb. 12th, 1910. HAROLD COLLINSON.

To the Editor of THE LANCET.

SIR,—The advice of your correspondents who recommend that the use of clamps during gastro-enterostomy should be abandoned assumes that the inner suture cannot be made hæmostatic. This is contrary to my own experience and that, I believe, of many others. The lesson of hæmorrhage appears to me to be not the abandonment of clamps but the application of the inner row with the definite object of hæmostasis as well as approximation.

I am, Sir, yours faithfully,
Liverpool, Feb. 12th, 1910. K. W. MONSARRAT.

To the Editor of THE LANCET.

SIR,—There is an objection to the use of clamps which is important from the point of view of the anaesthetist as well as from that of the operator. I refer to the production of reflex cardiac depression, which I have noticed to occur instantly on their application, even when the patient has been thoroughly anaesthetised, and ether or C.E. employed.

As the subject is usually in a feeble state it need hardly be said that anything which may have such effect should be avoided if possible.

I am, Sir, yours faithfully,
Feb. 12th, 1910. J. D. MORTIMER.

THE ROYAL SOCIETY OF MEDICINE.

To the Editor of THE LANCET.

SIR,—The Fellows of the Royal Society of Medicine met in good numbers on Wednesday, Feb. 2nd, to hear from their President an account of the steps which have been taken to obtain a new and enlarged house for the society. Much labour and anxiety have been undergone, and as a result there is now a prospect of an ample building, worthy of its purpose, that of housing the great and amalgamated institution which represents scientific medicine in its various branches and departments in the premier metropolis of the world.

This is indeed a high object, for which it is surely most fitting that we should unite our efforts and count it well to make some sacrifice that we may lay down for ourselves and for those who come after us the basis of an ever-growing academy of the medical sciences. I must confess to a little disappointment that the tone of the meeting was not more enthusiastic and that the wholesome criticism which every proposal should receive tended in some quarters to become carping and pessimistic. I hope that our profession at large will be touched by a sense of the greatness of the issues involved and will take long views of them, and that each of the Fellows and members of sections, now spread over a wide area, will respond to the appeal which has been sent out, and recognise that we are called upon in our own interest, as well as in that of the profession at large, to give our help, that the work of our society may go forward.

The generosity of the medical leaders of the past, of such as Harvey, Radcliffe, and Erasmus Wilson, is still, I hope, amongst us. But let those also whose means are only moderate give as they can, that none may be able to say that we failed in our day to take occasion by the hand.

I am, Sir, yours faithfully,
Wimpole-street, W., Feb. 13th, 1910. R. HINGSTON FOX.

FREE NEMATODES.

To the Editor of THE LANCET.

SIR,—In Sir Thomas Oliver's interesting lecture on "Ankylostomiasis," published in THE LANCET of Feb. 5th (p. 356), he says: "Cultivated soils swarm with active nematode forms of life, at first sight not unlike ankylostoma larvæ." It may interest some of your readers to know that in 1865 in the Transactions of the Linnean Society there was published a fully illustrated "Monograph on the Anguillulidæ or Free Nematodes: with Descriptions of 100 New Species"; while in the Philosophical Transactions for 1866 there is also a memoir by me "On the Anatomy and Physiology of Nematoids, Parasitic and Free," in which some important details will be found concerning the remarkable differences existing among different species in regard to their vitality and power of surviving prolonged desiccation. This power is the exception rather than the rule, as multitudes of the free nematodes are killed by even the briefest desiccation. Sir Thomas Oliver speaks of "larvæ in the rhabditic stage." This, I venture to think, should be an obsolete mode of expression, as it has now no real meaning.

I am, Sir, yours faithfully,
The Athenæum, Feb. 8th, 1910. H. CHARLTON BASTIAN.

A SCHEME FOR THE COÖRDINATION OF THE PUBLIC HEALTH SERVICE AND PATHOLOGICAL RESEARCH.

To the Editor of THE LANCET.

SIR,—I ask the publicity of THE LANCET to three impending developments which merit attention as affecting our future seriously. Among the recent activities of the medical department of the Local Government Board none is of more far-reaching importance than the appointment of a pathological investigator, who is also a medical inspector, and the establishment of a research laboratory and staff.¹

¹ THE LANCET, Jan. 8th, 1910, p. 111.

The appreciation of the medical officers of health thereat is expressed in the January number of *Public Health*, and it is said to foreshadow, and the last Local Government Board report confirms, (a) a systematic, organised, and continuous research on pathological problems more immediately concerned with public health administration emanating from the Local Government Board; (b) inspection, organisation, and coördination of public health laboratories, their staffs, and their work throughout the country. Should not the general approbation of the profession be suitably expressed at such a movement?

In my several papers on Coördination in Public Health and Pathology and on a Public Health Ministry and Service, and at meetings at home and abroad, I have advocated this appointment from the distant obscurity of the provinces, realised and coveted its possession and possibilities. The concentration of public health in one independent department with extension of its organisation and activities is proceeding sanely and surely, and the ideal is clearly not that of a visionary. If we look abroad, too, we see that it is a true question of practical politics. Those bacteriologists who have worked for fever hospitals, as I have, will agree that innumerable subjects for research stare them in the face, but routine duties absorb their time; hence the value of a loan from the central department of a trained investigator to local authorities and isolation hospitals, together with some practical form of encouragement. In the sister services official "pats on the back" and promotion for quiet spade-work are valued highly, why not in public health? Cold-water treatment is a bit old-fashioned now.

The second development is the dawn of research for the general practitioner in the suggestion, which has considerable support behind it, that the British Medical Association should have its (inexpensive nucleus) research laboratory, in which its members and research scholars might work, without discouragement to existing laboratories or to local research of its branches or divisions. This means that scientific interests are being levelled up to medico-political ones.

The third development is concerned with the momentous changes which will occur in our ranks when the State adds diagnosis and treatment to prevention and inspection. With the absorption of the Poor-law service a pathological service is inevitable. Doubtless this will receive the full consideration of the joint committee of the British Medical Association and the Pathological Society of Great Britain and Ireland, which is taking evidence and recommending on the conditions of service and tenure of office of medical bacteriologists and pathologists attached to public bodies. Some representative elected annually to watch the interests of the scattered members of such special branches of medicine as pathology might be an innovation worthy of consideration of the British Medical Association. Mr. Sinclair White has suggested that the Beit memorial scholarships should be apportioned in the same manner as those of the British Medical Association and associated with a research laboratory for medical practitioners under the same administration.

I am, Sir, yours faithfully,
F. G. BUSHNELL.

Pathological Laboratory, Hove, Brighton, Feb. 5th, 1910.

THE "AUDIO": A DISCLAIMER.

To the Editor of THE LANCET.

SIR,—Our attention has been called to an advertisement in certain papers of an apparatus called the "Audio," said to be designed for the electrical treatment of nerve deafness, and described as "combining in a simple form the treatment as applied at St. Bartholomew's Hospital."

We wish to disclaim all association with this apparatus and with the claims made for it. No such treatment is in use in the aural department of St. Bartholomew's Hospital. Some years ago trials were made of the effects of electrical treatment on various forms of deafness and were discontinued as being of no therapeutic value.

We are, Sir, yours truly,

C. ERNEST WEST,
Aural Surgeon to St. Bartholomew's Hospital;
SYDNEY SCOTT,
Assistant Aural Surgeon to St. Bartholomew's Hospital.

Queen Anne-street, W., Feb. 12th, 1910.

THE EARLY DIAGNOSIS OF CANCER OF THE STOMACH.

To the Editor of THE LANCET.

SIR,—In your issue of to-day Mr. C. Mansell Moullin reasserts what Mr. Moynihan has recently insisted upon, the large proportion of cases of gastric cancer which give a history indicating the previous existence of gastric ulcer. This large proportion is absolutely contrary to my experience as well as to that of many careful observers. No one would for a moment think of impugning either the good faith or the ability of these two gentlemen, but it is permissible to suspect that there is some fallacy in their reasoning. I believe there is, and that it arises from the fact that both being distinguished surgeons who have earned a special reputation in the domain of gastric surgery, the stomach cases which come their way largely consist of old and recent ulcer cases. If an ophthalmologist were to write a treatise on Bright's disease based on his own personal observation he would naturally assure us that albuminuric retinitis is an almost invariable accompaniment of nephritis.

Such startling statements as that gastric ulcer precedes gastric cancer in 54 per cent., in 72 per cent., and in 90 per cent. of the cases will not be accepted by thoughtful people until substantiated by observers who see all sorts of gastric cases with and without indications for operation, or by a collective investigation of such *unselected* cases by a number of such observers. Till the question is thus settled most men, I believe, will prefer to abide by an estimate so much more in consonance with general experience as Dr. W. S. Fenwick's—3 per cent.¹—an estimate made with as full knowledge of modern methods of investigation as is possessed by anyone.

I am, Sir, yours faithfully,

Exeter, Feb. 12th, 1910.

W. GORDON.

¹ Cancer and Tumours of the Stomach, p. 102.

DONATIONS AND BEQUESTS.—Mrs. Wood of Liverpool has given £5000 to the Royal Infirmary, Halifax. —The Union Assurance Society, Limited, has sent £500 to the treasurer of St. Bartholomew's Hospital in response to the special appeal issued by the Lord Mayor in October last. —Under the will of the late Mr. Henry Minson of Greenlanes, London, N., the Earlswood Asylum for Idiots, the Royal Hospital for Incurables, Putney Heath, the London Fever Hospital, the Metropolitan Hospital, Kingsland-road, N., the London Hospital, the Great Northern Central Hospital, and the Royal Sea Bathing Hospital, Margate, will each receive about £400.

DURHAM UNIVERSITY COLLEGE OF MEDICINE.—The annual meeting of the Court of Governors of the University of Durham College of Medicine was held in the College of Medicine, Newcastle-upon-Tyne, on Feb. 8th. The President of the College, Sir George Hare Philipson, was in the chair, and there were present the Duke of Northumberland, Lord Ravensworth, Dr. J. T. Merz, Principal Hadow, and others, besides representatives of the teaching staff of the College. The meeting was interesting in that it was the first one of the Court of Governors since the constitution of the College was formally changed last year (see THE LANCET, July 17th, 1909, p. 193). The report of the Council on the working during the past year was received and approved, showing as regards the number of students an increase over the average of the past five years. It was reported that Professor S. McBean had resigned the chair of materia medica and therapeutics, and that steps will shortly be taken by the Council to appoint his successor. In connexion with the dental section of the College a scheme of examination has been drawn up (after consultation with the staff of the Dental Hospital, Newcastle); this is following the agreement by the Senate of the University to grant a dental diploma. The need of this diploma, granted locally, has been felt for some time past, since students can carry out their whole curriculum in the hospital and College, but have had to go to London, Edinburgh, or Glasgow to sit for their examinations. It was further announced that application had been made to the Board of Education for recognition of the College as a technical institution and for a grant in aid.