

strengthened by the fact that vaccination ran an ordinary course. I suspect that not a few people who think themselves immune through having already had an attack of small-pox are buoying themselves up with a false belief, having had chicken-pox and not small-pox. The only means of obtaining any degree of assurance as to immunity to small-pox is to submit to vaccination and see the result.

I am, Sirs, yours faithfully,

J. T. C. NASH, M.D. Edin., D.P.H. Cantab.,  
Medical Officer of Health.

Southend-on-Sea, Jan. 28th, 1902.

## FIRST AID FOR PRIMARY HÆMORRHAGE: THE WRONG INSTRUCTION GIVEN TO AMBULANCE CLASSES.

*To the Editors of THE LANCET.*

SIRS,—I have read with the greatest gratification the leading article in THE LANCET of Jan. 25th, p. 238, and as I have been connected with the ambulance movement ever since its commencement I can thoroughly endorse all you say. The teaching of the St. John Ambulance Association is excellent in every way and the treatment of hæmorrhage, the most important of all matters which the first-aid student has to deal with, is thoroughly taught. The efficiency of the men in the St. John Ambulance Brigade is tested annually and no man is allowed on duty in the streets of London except those who have passed the re-qualifying examination; so the general public may know that in the men of this brigade they have those upon whom they can thoroughly rely. With the general public who hold certificates of ambulance work, however, no such precaution is taken; they attend ambulance lectures and afterwards fail to keep up their knowledge, and relying upon the fact of having once gone through a course of instruction, sometimes several years ago, presume to render "first aid" on the strength of what has been largely forgotten.

I have suggested, and I hope it may sooner or later be adopted, that students who take an interest in this work and have presented themselves for examination on three occasions shall have further power of periodical re-examination if they desire to keep themselves efficient in this, one of the most useful subjects which they can learn. The first-aid movement has rendered incalculable benefit to many a sufferer and to judge or to condemn it on account of one or two mistakes in the face of the numerous benefits conferred upon so many would be palpably unjust. The remedy lies in greater severity in the matter of examinations, as to whom certificates of efficiency are granted, and in the necessity of making those certificates which are gained only applicable to one year, or at the most two years, from the date of issue.

I am, Sirs, yours obediently,

SAMUEL OSBORN,  
Chief Surgeon, Metropolitan Corps, St. John  
Ambulance Brigade.

Feb. 3rd, 1902.

*To the Editors of THE LANCET.*

SIRS,—If Mr. Walter G. Spencer will kindly re-peruse my letter in THE LANCET of Jan. 18th, p. 194, he will see that I do not ask him to say what *he* would have done but "what the comrades ought to have done" in the sad case which I quoted. Mr. Spencer says: "It must be some kind of very large chaff-cutter to draw in *both* a man's legs—they would first be crushed by the rollers before being cut off. The result would not be different from a railway accident. Owing to the shock and the crushed ends of the arteries there would be no great arterial hæmorrhage." But the poor man died from hæmorrhage. We know that Mr. Spencer is an excellent surgeon and we feel sure that if he had been present "the rapid and efficient application of a tourniquet" would have been accomplished, and further, I believe that the man's life would have been saved. Mr. Spencer advises "that the instruction to an elementary class as regards such an accident should be that elevation and local pressure is to be applied at once and the tourniquet reserved until the patient is anæsthetised and the surgeon ready to explore the injury"; are there accidents which do require "the rapid and efficient application of a tourniquet" to save life? The St. John Ambulance Association says that there are, and you, Sirs, in your excellent leading article on this subject in THE LANCET

of Jan. 25th, p. 238, also say there are; your words are pointed and cannot be misunderstood. You write: "To solve the problem of the correct treatment of hæmorrhage we must go back to general surgical principles. In the first place, we must distinguish the hæmorrhage after wounds of vessels in their continuity from that due to the complete removal of a part of a limb. In the latter case there is no room for doubt that a firmly applied tourniquet is the only method of rapidly controlling the extensive hæmorrhage which is generally present." It follows, therefore, that ambulance pupils *must be taught* how to apply a tourniquet rapidly and efficiently. Although I believe similar cases to the one referred to are not so infrequent as Mr. Spencer appears to me to think, the frequency has nothing to do with the matter. First-aiders have saved many a life, and may they continue their noble work, notwithstanding the discouragement which they have received from Mr. Spencer and a few others.

I am, Sirs, yours faithfully,

Ongar, Jan. 28th, 1902.

J. B. G. GIDLEY-MOORE.

## THE TREATMENT OF METRORRHAGIA.

*To the Editors of THE LANCET.*

SIRS,—In his recent paper on the Uterine Curette, read before the Liverpool Medical Institution, an abstract of which appeared in THE LANCET of Jan. 25th, p. 229, Dr. H. Briggs adopted a very pessimistic attitude towards curettage—a proceeding which is frequently disappointing in its results to all gynæcologists. He mentioned one case of a woman who consulted him for a purulent condition of the uterus whom he had advised to relinquish local in favour of general hygienic treatment. In another case, where metrorrhagia recurred after curettage, he removed the uterus, there being no evidence brought before us of the existence of malignant or other grave disease. The impression I received from his paper was that Dr. Briggs was feeling his way to hysterectomy in the treatment of endometritis, or rather of metrorrhagia. The profession will be interested to learn whether this impression is a correct one, and how far Dr. Briggs suggests we should go in radical treatment for such conditions. The responsibility of surgeons in such cases is a very grave one, and the limits of justifiable operative treatment are, in my opinion, soon reached.

I am, Sirs, yours faithfully,

Liverpool, Jan. 25th, 1902. GEORGE A. HAWKINS-AMBLER.

## DEFICIENCY OF THE BILE-SALTS THE PROBABLE PREDISPOSING FACTOR IN TUBERCULOSIS AND FATTY FOODS CONTRA-INDICATED IN ITS TREATMENT.

*To the Editors of THE LANCET.*

SIRS,—I have been for some years past of the opinion that the "bile-salts" played an important rôle with regard to tuberculosis, and now that the world is all agog with the subject of tuberculosis I wish to place my views and the results of my observations and deductions before the profession. It is well known that "tubercle bacilli" are difficult to grow on ordinary media, but by the addition of glycerine to the media a luxuriant growth is produced. I made a series of cultivations of tubercle bacilli in glycerine agar-agar and then endeavoured to cultivate them in glycerine agar-agar impregnated with the "bile-salts" (glycocholate and taurocholate of sodium). In many cases I failed to get any growth at all, and when I did succeed the growth was very feeble indeed. I repeated this experiment with several other media with the same result. Encouraged by these results I determined to try the effects of giving pig bile, "which most nearly resembles human bile," in large doses to a well-pronounced case of pulmonary tuberculosis; and bearing in mind the fact that "bile" in the intestines saponifies as well as emulsifies fats and oils and produces glycerine as a by-product, I prohibited the use of all fatty foods, including cod-liver oil, cream, &c., and kept the patient on a strictly but abundant nitrogenous diet with the idea of starving the "tubercle bacilli" of its congenial pabulum—i.e., "glycerine." The improvement was very marked, the cough improved, the evening temperature dropped, the night sweats discontinued, and a remarkable change occurred in the facial

appearance of the patient; the peculiar transparent skin which one sees in phthisis was changed to a robust complexion. The bile-salts evidently play a very important part in the human economy, judging from the quantity manufactured daily and their absence in the excretions of the body. Physiologists tell us now that they play a subsidiary part in digestion. What, then, is their true function? My investigations satisfy me that they play an important part with regard to tuberculosis.

I am, Sirs, yours faithfully,

J. G. WILLIS,

Feb. 4th, 1902.

Medical Officer of Health of Ilkeston.

## THE DANGERS OF A COMMON COLD.

*To the Editors of THE LANCET.*

SIRS,—I do not know if I am exceeding the bounds of your liberality in again venturing to write on the subject of colds. Rightly or wrongly, I consider it a question of supreme importance and I think you must admit that since I broached the question in *THE LANCET* of Nov. 9th, 1901, p. 1297, the correspondence has proved of much interest, and the points raised are not likely to be ignored by our profession. As to the general infectiveness of colds, the clinical evidence is only too apparent and any medical man can satisfy himself on this point if he will make careful and sufficient inquiries amongst his patients where colds have occurred. Personally, during the last three months I have kept a record of cases occurring in households where colds have been prevalent. So frequently have the majority of the family been affected more or less in the different households as to prove conclusively with what ease and rapidity the infection of colds is spread.

Amongst many instances I should like to mention the following. In a household of five adults, on Dec. 19th, 1901, the servant was taken ill—rhinitis, pharyngitis, slight bronchial catarrh, temperature never rising to 100° F. On the 22nd the lady of the house developed the same symptoms, temperature never rising above 99°. On the 23rd four visitors arrived at the house—viz., father, mother, and two children. On the 26th one of the children was taken ill with the same symptoms, temperature rising to 102°. The other child was taken ill on the 29th. On Jan. 2nd, 1902, the mother was taken ill, temperature not rising above 100°. On the 4th and 9th the head of the household and the second servant became infected. All the patients were practically convalescent in a week's time from the commencement of the illness. Similar examples occurred in a district some distance from the above. A mother and her elder daughter, a teacher in a school some miles from her home, came to see me. The mother was suffering from a subacute attack of bronchitis. She stated that her elder daughter had a cold; she caught it from her, and it brought on an attack of bronchitis, to which she was subject. Her younger daughter, who is the head-mistress at the same school, developed a cold on Dec. 30th, 1901. Here out of a household consisting of only four persons three suffered from cold. Upon further inquiry it appears that including the above two teachers seven are engaged at the same school, and without exception every one of them has suffered within a period of four weeks from colds. Only one was for a day or so prevented from her school duties, and none have found it necessary to consult a medical man. The symptoms generally complained of were slight nasal catarrh, headache, sore throat, hoarseness, slight cough, &c.

These cases must be considered either as febricula due to common cold or to a modified form of influenza. If this sequence of symptoms be looked upon as a common cold it must be considered as highly infectious and contagious. Regarding the question of influenza, I can only say from an experience of over 20 years in active general practice, firstly, they did not exhibit the symptoms of influenza, with the exception of its extraordinary infectiveness; and, secondly, that influenza was not prevalent in the district. Presuming that these cases, and others which in my opinion are clinically indistinguishable, and which go by the name of common colds, are influenza or a modification of it, it is evident that such an affection, which follows the trade routes and is only propagated by personal contact, cannot be too jealously isolated, and only carelessness would allow such a case to be in proximity to any person suffering from any chronic disease of the respiratory tract. In all probability cats and other domestic animals disseminate catarrhs and

colds. In Gloucestershire and some other places popular feeling is such that if the domestic cat shows symptoms of a cold it is at once ostracised from the family circle. "Popular beliefs are not necessarily scientific fallacies." Injuries undoubtedly predispose the deposition of morbid products in the injured parts, as witness what is called a "collier's back" or say any fracture in rheumatic subjects. These cases become more prolonged, tedious, and painful owing to the presence of the secondary condition, rheumatism. Put as a proposition, it would read thus: Overstimulation leads eventually to degeneration, and the form of degeneration depends upon the inherited and acquired characters of the individual. Further examples are shown in miner's nystagmus and trade palsies.

In a somewhat similar manner a vital or a chemical poison, such as is produced by colds in the system, is often the spark that lights up any latent mischief present. This is only a theory, but it is popularly accepted and requires to be proved or disproved. Its importance is self-evident. The essential thing to be inquired into is the bacteriology of colds. I am endeavouring to get this point worked out for myself, and it is in the hope that some of your readers, greater adepts in modern research than myself, may assist in this matter that I pen these lines.

I am, Sirs, yours faithfully,

Wigan, Jan. 21st, 1902.

R. PROSSER WHITE.

## A POINT FOR PUBLIC VACCINATORS.

*To the Editors of THE LANCET.*

SIRS,—A short time back, on Jan. 2nd, lymph being urgently required, I sent a telegram to the National Vaccine Establishment and, knowing our applications for lymph by post were sent free to the same address, as O.H.M.S., I sent the telegram free as a test case. Two telegrams were sent in all. An application was made to me for payment which I refused, and I wrote a formal letter to the Post Office stating my reasons—viz., that my postal applications go free, as O.H.M.S., and that I did not see, therefore, why telegrams should not go in the same way. I inclose the application. When the objection was put forward by them that I was not an officer with a salary entirely voted for in Parliament, I pointed out that a policeman can report a case of swine fever by free telegram to the Local Government Board, as O.H.M.S., and that I thought that a public vaccinator, finding small-pox in two towns near his district, should be able to apply by free telegram in a similar way for lymph.

I consider the efforts of medical officers of health to stay small-pox, already scattered through many districts in England, ought to be helped as much as those of the policeman to prevent the spread of fever in a herd of swine. Though I am perfectly willing to pay the few pence for the telegrams I should like your opinion on the case, as the anomaly is so peculiar that the medical officer of health's applications must go by post as O.H.M.S., while the rural policeman can telegraph. I should like to hear how many public vaccinators received the same treatment that I have in their efforts to prevent a scourge from spreading. The Local Government Board agrees with the General Post Office in stopping its medical officers from obtaining supplies of lymph quickly by telegram at a time of necessity and apprehension in an infected district.

I am, Sirs, yours faithfully,

HENRY T. WHITLING, M.B., B.S. Durh.,

M.R.C.S. Eng., L.R.C.P. Lond.

Husband Bosworth, Rugby, Feb. 3rd, 1902.

[INCLOSURE.]

General Post Office, London, 1st February, 1902.

SIR,—With reference to your letter of the 8th ultimo, I am directed by the Postmaster-General to inform you that the privilege of sending telegrams free of charge as on Government service is confined to officers of the Crown receiving salaries wholly provided for out of the annual Parliamentary votes.

The matter has been referred to the Local Government Board who state, in reply, that the position occupied by you does not entitle you to send telegrams free of charge.

In these circumstances I am to ask you to be so good as to affix stamps of the proper value to the inclosed forms, and to return them to this office.

Dr. Whitling.

I am, Sir, your obedient servant,  
C. G. HALL (for Secretary).

\* \* We agree with our correspondent that it is at least as important that a medical officer of health should be able to take, without expense to himself, immediate steps to arrest an epidemic of small-pox as that a policeman should be able