

the recognised channel in this country for communication on these subjects) had selected as delegates Colonel L. W. Harrison, Dr. F. N. Kay Menzies, and Mrs. C. Neville Rolfe (Mrs. Gotto), who are well-known opponents to the immediate self-disinfection policy.

The Society for the Prevention of Venereal Disease, in reply to a request that they might be represented at the Conference, received a most courteous reply from the Secretary of the Danish Red Cross, intimating that he would be pleased to welcome delegates from our Society, but that the selection of delegates was entirely in the hands of the British Red Cross. Upon my communicating with the British Red Cross, I was told that the Society for the Prevention of Venereal Disease could not be represented, as the above-mentioned delegates had already been selected. The views of that very large section of the people in this country, who support the policy of immediate self-disinfection advocated by the Society for the Prevention of Venereal Disease, had therefore no opportunity of being presented to the Conference, and this important aspect of venereal disease prevention was largely neglected, mainly through the action of the National Council for Combating Venereal Diseases.

I am, Sir, yours faithfully,

H. WANSEY BAYLY,
Harley-street, W., June 17th, 1921. Hon. Sec., S.P.V.D.

THE PROPERTIES AND COMPOSITION OF ETHANESAL.

To the Editor of THE LANCET.

SIR,—I have administered the new general anæsthetic, described under the name ethanesal in your issue of June 4th by Dr. R. L. M. Wallis and Dr. C. L. Hewer, to 32 patients (15 male and 17 female). In three cases a little ether was used in the induction stage. In all but two the apparatus used was the warm ether "bomb." By this short trial a favourable impression has been formed; the narcosis has been at least as good as with ether, and the after-effects unusually trifling, except that one woman developed on the next morning a mild bronchitis which lasted for several days; she had, however, caught cold just before the day of operation. 28 oz. used in the bomb for maintenance only lasted for 307 minutes, or 5.47 oz. per hour, as compared with 4.7 oz. per hour of ether under similar conditions.

Several factors probably combine to make the difference greater than should be—chiefly the general length of the operations, which were, perhaps, twice as long in the ether cases. It would be of interest to know from the manufacturers precisely what quantity of ketones, and how much CO₂ and ethylene, are added to the ether in this new anæsthetic.

I am, Sir, yours faithfully,

K. B. PINSON,
Anæsthetist, Manchester Royal Infirmary.
June 19th, 1921.

DIGITALIS AND THE PERIPHERAL CIRCULATION.

To the Editor of THE LANCET.

SIR,—I readily admit that I have not grasped the "principles" upon which Dr. I. Harris in his paper of your issue of May 21st bases his conclusions on the pharmacology of digitalis. First, it is impossible to agree with the primary assumption that a large systolic output will necessarily give rise to a correspondingly large pulse pressure and vice versa. In the presence of an increased systolic output the degree of pulse pressure will depend wholly upon the degree of vaso-dilatation or constriction present. Pulse pressure may even be lessened in the presence of increased systolic output. Again, it is impossible to agree that, if under the influence of digitalis the pressure in the veins is not increased, these will be able to pass a greater amount of blood per time-unit into the heart at the increased pressure necessary to cause the rise of intra-cardiac pressure depicted by Dr. Harris. Finally, simple considerations of physics prevent agreement with the statement that a force acting *a tergo* can propel in a given time-unit through

a system of elastic tubes, such as the arterial, a greater volume of fluid in the absence both of increased intratubal pressure or tubal dilatation. In view of the fact that his "principles" are based on such errors and disregard of elementary physical laws Dr. Harris need feel no surprise if one is unable to grasp them.

I am, Sir, yours faithfully,

Eltham, June 20th, 1921.

W. J. GRANT.

THE FEDERATION OF MEDICAL AND ALLIED SOCIETIES.

To the Editor of THE LANCET.

SIR,—A memorandum issued by the Council of the British Medical Association on Jan. 29th, 1921, and reprinted in its Annual Report of April 30th, contradicts statements in Dr. R. Fothergill's letter published in your last issue, and at the same time answers his questions. Dealing with the qualifications of a body to represent the profession as a whole, that memorandum states: "The body must not profess to promote the interests of the community rather than those of doctors"; "Bodies exclusively or mainly scientific have no concern with medical politics"; "They must be trained in expressing opinions on such matters" and, speaking of the Association, that "Its members are trained, both locally and centrally in dealing with medical politics."

I am, Sir, yours faithfully,

N. HOWARD MUMMERY.

Vere-street, W., June 17th, 1921.

THE TREATMENT OF DIABETES.

To the Editor of THE LANCET.

SIR,—In your issue of June 18th Dr. Ph. Horowitz has disagreed with a statement which I made in the review of his book. I stated that sodium nitro-prusside test was a better test for aceto-acetic acid than for acetone. I based that statement on the work of Dr. W. H. Hurlley (THE LANCET, 1913, i, 1160). Aceto-acetic acid can be detected in a dilution of 1 in 400,000, whereas acetone can only be detected in a dilution of 1 in 20,000. With the ferric chloride test, aceto-acetic acid can be detected in a dilution of 1 in 100,000 if it is dissolved in water, but in urine the test is much less sensitive because the pigments of the urine interfere with the reaction. It follows, therefore, that the nitro-prusside test for aceto-acetic acid will often be positive when the ferric chloride test is negative. It has also been shown by Folin and Emden independently that acetone is present in very small amounts in diabetic urine when it has been freshly passed. When the urine has stood for a little time, the acetone increases in amount owing to the decomposition of the aceto-acetic acid into acetone. Hence, if the nitro-prusside test is positive in fresh urine, it means that aceto-acetic acid is present in the urine.

I am, Sir, yours faithfully,

June 17th, 1921. THE WRITER OF THE REVIEW.

EARLY DIAGNOSIS IN DIPHTHERIA.

To the Editor of THE LANCET.

SIR,—May I add a few words to the discussion on this subject. I should like to emphasise the great value of antitoxin in non-diphtheritic tonsillitis. Fifteen to twenty years ago I saw a large number of severe septic throats. I always gave antitoxin before swabbing, and found that it was just as useful in those throats that were streptococcal, as in the diphtheritic, and the results just as rapid and striking. Indeed, after a short experience, I was able to assure the boy that within 12 hours he would feel well, and this was almost invariably the case; the actual physical signs took rather longer to clear up, about 24 hours. I never tried normal horse serum, and so cannot be sure as to the exact curative agent. Of the cures themselves I had and have no doubt; of recent years I have no experience, as (owing to a new drainage system) I have no sore throats.

I am, Sir, yours faithfully,

MEDICAL OFFICER TO A BIG PUBLIC SCHOOL.
June 19th, 1921.