

NASO-PHARYNGEAL INFECTION AT THE ONSET OF CEREBRO-SPINAL FEVER.

To the Editor of THE LANCET.

SIR,—In an interesting communication to THE LANCET of Oct. 20th, in which they record the fact that of 26 men who subsequently developed cerebro-spinal fever all gave a negative naso-pharyngeal swab when examined from 2–65 days before the onset of the disease, Staff-Surgeon P. Fildes and Surgeon S. L. Baker express the opinion that this observation is not in harmony with a previous statement of mine upon this subject. This I venture to point out is a misunderstanding.

In summarising the observations which had been made by Captain M. W. Flack when acting as officer in charge of the London District Cerebro-spinal Laboratory, in the report to the Medical Research Committee to which they refer, I drew attention to the particularly careful investigation made by him of cases at the onset of the disease, and remarked that his detection of the meningococcus in the naso-pharynx of the patient at the onset of symptoms in practically all his cases—including instances where at this early stage of the attack the meningococcus was not to be obtained from the cerebro-spinal fluid—went to show that every case of cerebro-spinal fever was in reality an instance of a carrier developing the disease. By this I never meant it to be understood that the carrying of the meningococcus by the patient in his naso-pharynx had been of a *chronic* nature. Contrariwise, the evidence in Captain Flack's and Captain Tulloch's reports in the same volume, and the general experience, both before and since, in outbreaks among the military, is to the effect that it is comparatively rare for chronic carriers to develop the disease themselves.

The fact recorded by Staff-Surgeon Fildes and Surgeon Baker, so far from contravening the view I took, and take, of this matter, is what I have always suspected to be the case in, at any rate, a considerable proportion of those who contract the disease.—I am, Sir, yours faithfully,

Central C.S.F. Laboratory, Caxton-street, S.W., Oct. 20th, 1917.

M. H. GORDON,
Lieutenant-Colonel, R.A.M.C.

THE BIOLOGICAL ASPECTS OF WARFARE.

To the Editor of THE LANCET.

SIR,—Dr. Harry Campbell's articles on this subject in recent issues of THE LANCET are, as his articles are usually, in keeping with the best thought of our day, but he and others have considered too little the biological aspect of the present war. A valuable book by Dr. Chalmers Mitchell on Evolution and the War was published in 1915, and there was a short correspondence last autumn in the *Saturday Review* on Biological Necessity, as it presented itself to the German mind. But except for these I have seen little reference to the unscientific claim of German scientists that the war which the Germans forced upon the world was a matter of biological necessity, based upon the assumption that their particular empire must expand. This audacious claim of the professors is silent now, but it lies at the very root of the causes of the war. Now, either these State-paid men, learned more than wise, have badly learned their Darwinism, or they are more treacherous than their European colleagues were wont to think in pre-war times. I prefer to think that Prussian ignorance of the mind of the world around them has led to this claim, and that the crafty advisers of the Kaiser have availed themselves of the simplicity of tame professors. The plea of necessity is good enough for tyrants, but in the kingdom of nature there exists no necessity that one group of animals in their efforts to expand should trample down other groups. The struggle for food and mates is not between Carnivores and Ungulates, between Felidæ and Ursidæ, or Bovidæ and Equidæ, but between individuals of the same species, all the great groups living side by side in a state of armed neutrality. Pithecanthropus may be superseded by Eoanthropus, and Neanderthal man by modern man, during a whole geological period, and the Aztecs and Incas be overwhelmed in a few years by a handful of Spaniards; but such events afford not the slightest parallel to the biological necessity claimed by Germany. Though the Felidæ be at once the strongest,

fiercest, and most cunning of the Carnivores they find their existence depends on keeping to their habitat, and even in their own family circle the lions and leopards have not crushed out the panthers and lynxes. But our Felidæ of Europe set up some loud-voiced Treitschke, and on his authority declare to the world that now, and precisely in 1914 of the Christian era, the time has come for them to succeed where Charlemagne, Spain, and France failed; that Germanism shall now prevail—because it must! The answer of thirteen hundred millions of men to this claim of some hundred and fifty millions can surely be only that of Nature, “not a word and a blow, but a blow alone.” Indeed, the rest of the civilised world does not see the necessity that a German Empire, as such, should exist at all.

I am, Sir, yours faithfully,

Nov. 4th, 1917.

WALTER KIDD, M.D., F.R.S.E.

THE TREATMENT OF ENURESIS.

To the Editor of THE LANCET.

SIR,—Gradual dilatation of the bladder can usually be effected in a much simpler manner than by using the catheter. When the child wishes to micturate make it hold its water while sitting quietly in a chair. It may be at first only able to hold it for half a minute, but in two or three weeks the child can often do so for ten minutes. It means, of course, a great deal of trouble for the mother or nurse, but it saves all the objections to passing a catheter somewhat frequently, and will get the bladder accustomed to a full charge.

I am, Sir, yours faithfully,

Ingatstone, Oct. 31st, 1917.

SHEFFIELD NEAVE.

To the Editor of THE LANCET.

SIR,—The reference to a surgical method of treatment of enuresis tempts me to refer to a medical method which is not so well known, I think, as it might be. Dr. Edmund Cautley mentions that “mere change of surroundings, such as admission to a hospital ward, is sometimes sufficient to break the habit.” The habit may also very frequently be broken by the administration of sulphonal. I give a dose of sulphonal, containing about 1 grain for each year of the child's life, every night for the first week, every other night for the second week, and every third night for the third week. In a considerable number of cases the child is permanently cured. There may be some return a few weeks or months later, when the treatment can be successfully repeated. In some cases in which administration of sulphonal is not successful, it has occurred to me that success might attend larger doses. Sulphonal, however, is a drug which one uses with caution. At one time I tried trional in its place, but the results were very disappointing.

I am, Sir, yours faithfully,

Norwich, Oct. 31st, 1917.

THEODORE FISHER.

To the Editor of THE LANCET.

SIR,—The correspondence in your columns on the treatment of enuresis prompts me to point out that, so far as my personal experience is concerned, this condition, when not dependent on organic disease, is one of the most favourable for treatment by suggestion. As a rule hypnosis is not required and few treatments are necessary.

I am, Sir, yours faithfully,

Harley-street, W., Oct. 31st, 1917.

E. L. ASH.

CARDIAC DIGITAL PERCUSSION.

To the Editor of THE LANCET.

SIR,—I have read with very great interest the article in THE LANCET of Oct. 20th, by Dr. W. Gordon and Mr. C. E. W. Bell, on the above subject, and I entirely agree with them as to the striking changes produced in digital cardiac dullness by change of posture from erect to recumbent. There is no doubt that the importance of percussion in the correct diagnosis of various cardiac conditions is not fully appreciated. It is not possible, in my opinion, to make a correct diagnosis of the state of a heart without the use of careful cardiac percussion, and if this percussion is only done in the recumbent position, it is equally impossible to arrive at a correct diagnosis as to the presence and degree of cardiac enlargement, especially enlargement due to dilatation of the auricles. Personally I always rely upon the deep cardiac dullness, as what is termed the “super-

facial cardiac dullness" is variable and difficult to map out correctly, and therefore, as the authors of the article mention, of no practical use. What is known as the "normal" cardiac dullness varies in almost every individual according to the shape of the chest and the condition of the lungs; consequently every patient with a normal heart has a normal cardiac dullness of his own, though that dullness is always within certain limits. When a patient is in the recumbent position the area of cardiac dullness is decidedly reduced, as compared to that of the erect position, especially toward the right side; and it is therefore impossible to diagnose slight auricular dilatation if the patient is only percussed in the prone position. This I believe to be the reason it is often overlooked. There is also no doubt, as the authors of the paper state, that many medical men use faulty methods of percussion, and I fear this condition of things will rather increase than decrease as students are often taught to rely entirely upon the polygraph or electrocardiograph and the stethoscope for diagnostic purposes.

On more than one occasion I have drawn attention to the fact that medical men who attempt to make a full and accurate diagnosis of a cardiac case entirely upon evidence obtained by the aid of the electrocardiograph or the polygraph and the stethoscope, will fail to do so. The doctor who wishes to make as accurate a diagnosis as possible must use the polygraph, the sphygmomanometer, and the stethoscope, and must also percuss the heart out carefully, both in the erect and prone position; if he fails to use one or more of these aids to diagnosis he will probably fail in his diagnosis.

I am, Sir, yours faithfully,

Harley-street, W., Oct. 20th, 1917. LESLIE THORNE THORNE.

SUCCESS AND FAILURE IN THE TREATMENT OF TUBERCULOSIS.

To the Editor of THE LANCET.

SIR,—You are wrong in including me amongst those who have only realised that the anti-tuberculosis methods were inadequate since the publication of the figures for 1916. In my paper, "The Prevention and Treatment of Pulmonary Tuberculosis," published in the *British Medical Journal* in 1912, I quoted Karl Pearson's statistical conclusions, which showed the steady retardation in the fall of the tuberculosis death-rate since 1895. Professor Pearson kindly brought his diagrams up to 1915 for my book, "Pulmonary Tuberculosis," published early this year, which confirmed his previous conclusions.

I am sure the general mechanism of the Edinburgh scheme is sound enough, but I can no more think that it can be successful without an efficient method of treatment than I can think a steam-engine of any use without steam.

I am, Sir, yours faithfully,

Dublin, Oct. 30th, 1917.

W. M. CROFTON.

* * Dr. Crofton's letter placed him among those who saw in the present increased incidence of tuberculosis evidence of failure in our anti-tuberculosis methods, but we expressed no opinion as to how long he had held this view.—ED. L.

WAR DEAFNESSES.

To the Editor of THE LANCET.

SIR,—In the current number of the *Journal of Laryngology, Rhinology, and Otology* there is an article by Dr. W. Sohler Bryant, a well-known New York oto-laryngologist at present serving with the French Army, on "The Prevalence of Ear Injuries and Diseases in the French Army," which merits the serious attention of the British Army medical authorities. According to the writer's experience the total number of sick in the evacuation hospitals of the *zone des armées* comprised no fewer than 16 per cent. of ear cases, a number equal to, or greater than, the figure for ophthalmic disease. In addition to these numbers, which naturally only include those men who report sick, there are, it is estimated, still remaining at the front at any period an equal number of men who bear the loss of their hearing without complaint, besides such cases as are severely wounded in other regions, and in whom on this account the ear injury is overlooked.

It should be noted that while war injuries of the labyrinth are difficult of treatment and of cure, such injuries as simple rupture of the tympanic membrane are easily and successfully treated when promptly taken in hand by an expert. On

the other hand, neglect or delay in attending to this inherently trifling injury entails the onset of suppurative of the middle ear with all its evil consequences. The fact is, as Dr. Bryant notes, that modern war exercises its evil influence more on the hearing organ than on any other special sense, and for that reason, therefore, modern armies ought to be equipped with a sufficient body of specialists to cope with this unlooked-for development. Unfortunately, this does not seem yet to be the case, for, as he says, with the English-speaking allies, the organisation of the special service of oto-rhino-laryngology is still very weak, and thus many men must be lost both to the Army and to civil life who might otherwise be saved.—I am, Sir, yours faithfully,

Wimpole-street, W., Oct. 27th, 1917.

DAN MCKENZIE.

A METHOD OF COLLECTING BLOOD SERUM.

To the Editor of THE LANCET.

SIR,—There is a simple and efficacious method of obtaining serum from blood which I have not seen referred to in the articles dealing with this matter in THE LANCET, and which in the absence of special apparatus can be easily carried out.

The blood is collected or run into a test-tube of ordinary size, 15 by 1.5 cm., to the amount of 2 or 3 c.c.; it is then allowed to clot in a sloping position. The sloped blood should extend as far along the side of the tube as possible so as to form a thin layer, and the tube should not be moved until the clot is firm, an hour or more, according to the temperature and other factors. The serum will sweat out in drops during the course of a few hours and run to the bottom of the tube, the clot finally drying down on the glass into a thin skin.

As a matter of laboratory routine where small amounts of blood are collected, as for the Wassermann reaction, and kept stored for a day or two before the test is carried out, this forms a most convenient method. It was shown me a year or two ago by Captain A. H. W. Caulfeild, C.A.M.C., and I have seldom known it fail to give a good supply of clear serum. My experience of blood sent by post in stout glass tubes, 12 x 1 cm., with rubber bungs, is that it arrives with a firm detached clot and an abundance of serum, which on standing a short time becomes perfectly clear. Presumably the shaking aids the detachment and shrinking of the clot in this case.—I am, Sir, yours faithfully,

T. H. C. BENIANS.

Prince of Wales's Hospital, Tottenham, N., Oct. 31st, 1917.

THE POSITION OF PRACTICE UNDER THE NATIONAL INSURANCE ACT.

To the Editor of THE LANCET.

SIR,—The leading article in THE LANCET of Oct. 27th with this title was interesting reading. Despite all the pros and cons. I do not think that the Act has been a blessing to a majority of medical men on the panel. The great mistake has been made of giving our prescriptions to pharmaceutical chemists to use wholesale for their own benefit in prescribing over the counter. Formerly a medical man would charge from 2s. 6d. to 5s. (and more) for a prescription; now one panel patient can have for 5s. 6d. a year half a dozen prescriptions. This is a state of things which those of our parents, who, being in medical practice, spent a lot of money at the London hospitals for our training in their profession, could never have dreamed of. Last winter I was called to see a lad with a severe cough and cold, and this lad's uncle informed me he got a cough mixture from the chemist. On seeing the mixture I found it to be the prescription I give to my panel patients. Cases where pharmaceutical chemists have prescribed for the public, and by so doing have caused the proper time for scientific interference to be fatally put off, are known to all of us.—I am, Sir, yours faithfully,

Cheltenham, Oct. 29th, 1917.

ARTHUR E. PRICE.

THE governors of the West Ham Municipal Central Secondary School propose to call the institution "The Lister School," to perpetuate the association of Lister with the borough.

THE University of Leeds has received with great regret the resignation by Professor A. S. Leyton of the Chair of Pathology and Bacteriology in the University, and has recorded its high appreciation of the valuable services rendered by him during his tenure of the chair.