

efficient production of desensitisation by a small initial dose of serum. In this connexion, if I recollect aright, Professor Andrewes in a paper on Cerebro-Spinal Meningitis, communicated last year to the Pathological Section of the Royal Society of Medicine, noted that in one case in which an attempt was made to desensitise a patient by a small preliminary injection of antimeningococcal serum, acute anaphylaxis resulted when the subsequent therapeutic dose was administered.—I am, Sir, yours faithfully,

W. W. C. TOPLEY.

Bacteriological Department, Charing Cross Hospital,  
Jan. 20th, 1917.

To the Editor of THE LANCET.

SIR,—In the papers referring to anaphylaxis which have lately been published, it is a pity that most of the results given in them are in so vague and indefinite a form. Perhaps it is yet too early to expect much else. One would like to see numerical records of the total number of serum-treated cases seen by each observer, the number of cases in which anaphylaxis occurred, the amount of serum, the mode of administration, and the number of doses given. Also records of the severity of the anaphylactic attack, the time of onset, and the duration and the treatment adopted. Only thus will it be possible later to make trustworthy deductions. This is evident because in a few instances where definite figures are given they are obviously inaccurate. For example, in Captain S. Wyard's paper in THE LANCET of Jan. 20th it is stated that about 4–5 c.c. of serum are required to produce an anaphylactic attack in a sensitised guinea pig, and that "antigen administered by the mouth or rectum never produces anaphylactic shock," whereas the truth is that as many minims given subcutaneously will often suffice in the guinea-pig, and in man I have seen and described a case in which 0.5 c.c. given by the mouth produced slight symptoms on two occasions in a man who had previously nearly died of anaphylaxis. Again, there may be something special about antitetanic serum to justify the assertion of the Committee of the War Office (quoted by Sir D. Bruce) that the danger of anaphylactic shock is negligible with 3 c.c. of horse serum after a preceding injection; but one would very much like to know whether there have not been any anaphylactic accidents as a result, not to mention fatalities. Of course, even if there have been, it does not follow that the risk is not justifiable: but the risk should not be concealed or ignored.

I am, Sir, yours faithfully,

University of Leeds, Jan. 29th, 1917.

A. S. LEYTON.

## DEFINITION OF ACUTE ALCOHOLISM.

To the Editor of THE LANCET.

SIR,—From Dr. Chalmers Watson's letter in your issue of Jan. 27th it is apparently to be inferred that the records of the Edinburgh Royal Infirmary do not enable a distinction to be made between cases of delirium tremens and other less definite alcoholic conditions. This is unfortunate, and must tend, I fear, to make Dr. Watson's statistics less impressive than they might otherwise be. For it is obvious that an increase in the number of cases of delirium tremens would have an evidential value which cannot possibly attach to an increase in the number of cases of "acute alcoholism"—a category of vague and elastic limits which may quite probably include patients who were merely so "drunk and incapable" that an unusually sympathetic or inexperienced policeman would prefer to take them to the hospital rather than to the cells. And in this connexion it may be recalled that these cases, as Dr. Watson tells us, were "nearly all brought in by the police," and, no doubt, the Edinburgh police, like the police of other towns, have been freely diluted with special constables during the past year. Under these circumstances, it must remain a matter of some uncertainty by what precise criteria we are to distinguish the cases of "acute alcoholism" treated in the Royal Infirmary from the cases of "acute alcoholism" treated in the Edinburgh police stations. No such uncertainty would affect the value of statistics of delirium tremens, and if Dr. Watson were able to give figures showing that the incidence of that disease amongst women had really risen during the last year, the "curious paradox" of which he speaks would undoubtedly merit attention. And this all the more because no parallel for it is apparently to be found

anywhere in the country. In all the areas for which statistics of this kind have been published it has been the invariable rule that the decrease in arrests for drunkenness during the last 12 months has been associated with a decrease in the number of cases of delirium tremens treated in Poor-law institutions and in prisons. Nor is this observation limited to England; thus in Glasgow the number of patients treated for delirium tremens in the Eastern District Hospital and in the Govan Poorhouse during the period from mid-August, 1914, to mid-August, 1915, was 105–84 males and 21 females; while in the following 12 months, i.e., subsequent to the restriction of public-house hours under the Orders of the Central Control Board, the number fell to 70–59 men and 11 women.

Dr. Watson adds that he attaches little importance to the differentiation of delirium tremens, which he regards as "merely an incident in the development of some cases of acute alcoholism." This seems a rather surprising statement; at all events, I do not know of a single authoritative writer on alcoholism who does not accept the view that delirium tremens is a disease arising always on a basis of chronic alcoholism, and further, that it occupies a quite special and distinct position amongst the alcoholic psychoses. And this is most assuredly the teaching of general clinical experience. It is, in fact, by reason of its clear relation to the chronic intoxication and its comparatively definite and unequivocal clinical characteristics, that delirium tremens is so useful for statistical purposes, especially as an index of forms of intemperance which do not find expression in public drunkenness. Thus, for example, the increase of delirium tremens under the régime of prohibition in Russia is one of the most important evidences of the development of secret drinking and of the use of dangerous substitutes, such as denatured spirit, which has followed the adoption of that extreme policy.—I am, Sir, yours faithfully,

London, Jan. 30th, 1917.

W. C. SULLIVAN.

## THE STATE OCTOPUS AND THE MEDICAL PROFESSION.

To the Editor of THE LANCET.

SIR,—I have read with great interest Dr. Edmund Cautley's address on the above subject published in your issue of Jan. 13th. Most of it might well have been delivered by an ardent advocate of a State Medical Service. He sees so clearly how inevitably the trend of things is towards the State assuming more and more responsibility for the health of its citizens, young and old, and he points out so well the defects of the present half-and-half system.

Though he cannot refrain from expressing his dislike of departmental officials, to whom he asserts, I think unjustly, that the interests of the profession are only of minor importance, he admits that there is no doubt that there has been an immense improvement in the control and prevention of diseases by the medical department of the Local Government Board and that good work has been carried out in its laboratories. He further admits that another set of departmental officials—the school medical officers—have done good work in securing efficient treatment for hundreds of children who would otherwise have been neglected. He might have gone further and admitted the excellent work of many other medical departmental officials. However, the point I wish to raise is whether the benefits Dr. Cautley admits to have taken place would have occurred if public health and medical inspection of school children had been left to private enterprise? The answer is obvious. Further, does the incidence of preventable diseases, the present high infant mortality-rate, and the percentage of children arriving at school age in some way physically or mentally defective (1 in 6), suggest that the present system of doctoring by private enterprise is satisfactory in its results? Surely it shows that however willing and capable individual doctors may be, the system is not one which can cope with the necessary work. If State interference and departmental officials have done much to control and prevent disease as admitted, is not the cure for these evils a still bigger dose of the same remedy?

There are many other points in the address on which I should have liked to comment, but I must not trespass further on your space. However, may I say in conclusion that I heartily agree with Dr. Cautley that it is incumbent on every member of the profession to watch and direct the current of

events. That current is flowing slowly, steadily, and unalterably towards a State Medical Service, and its strength has been intensified by the war, which has brought so prominently before the nation the importance of health and physical fitness and the urgent necessity for the preservation of child life. Let us so direct the current that, when a State Medical Service does come, it shall be one to which it will be both a pleasure and an honour to belong.

I am, Sir, yours faithfully,  
London, W., Jan. 26th, 1917. CHARLES A. PARKER.

### SPIROCHÆTAL JAUNDICE (SO-CALLED WEIL'S DISEASE).

To the Editor of THE LANCET.

SIR,—The admirable article, published in THE LANCET of Jan. 27th, by Captain A. Stokes, Captain J. A. Ryle, and Captain W. H. Tytler, has added very materially to our knowledge of this interesting and important disease. It seems to me that now is the time for settling the question of nomenclature, as the authors still associate Weil's name with the disease, although they mention that Martin and Pettit have recently pointed out how unjust this is, in view of the fact that it was described by several French authors, including Larrey (1800), Ozanam (1849), Monneret (1859), Laveran (1865), Lancereaux (1882), and Landouzy (1882), many years before 1886, when the Heidelberg professor published his paper. As there are certainly other forms of infectious jaundice, such as that of the Gallipoli epidemic, which was clinically quite distinct and was probably a result of infection with an organism allied to the *B. paratyphosus A*, the most suitable name seems to be the spirochaetal jaundice, which has the advantage of being simpler than spirochaetosis icterohæmorrhagica, suggested by the Japanese investigators. It is true that this name is not invariably quite appropriate, as the authors confirm the observations of Dawson and Hume<sup>1</sup> that the disease may occur without external signs of jaundice; but the name remains the most suitable of those which have been suggested, for the disease is always spirochaetal in origin, and the jaundice, though inconstant, is the most characteristic symptom in the majority of cases, and appears to be constant in experimentally infected guinea-pigs.

I am, Sir, yours faithfully,  
Netley, Jan. 28th, 1917. ARTHUR F. HURST.

### PASSIVE HYPERÆMIA IN WOUND TREATMENT.

To the Editor of THE LANCET.

SIR,—Whilst applying Bier's method of treatment by passive hyperæmia to one of my own fingers from which the nail had been removed for a whitlow, I was impressed by the rapidity with which lymph exuded from the raw and granulating surface. This occurred within a very few minutes of the time of application of the elastic. Is not this effusion of bactericidal lymph precisely the result aimed at in Wright's method of treating septic wounds by hypertonic saline, and, if so, would it not be worth while to use Bier's method more frequently than (so far as my limited opportunities of observing show) is the case?

I am, Sir, yours faithfully,

Brighton, Jan. 29th, 1917. R. L. GAMLEN,  
Captain, I.M.S. (retired).

\* \* The flow of bactericidal lymph can be excited in very many ways, some being more convenient in one case and some in another.—ED. L.

<sup>1</sup> B. Dawson and W. E. Hume: Quarterly Journal of Medicine, 1916, x., 90.

THE COLLEGE OF NURSING, LIMITED.—Our Dublin correspondent writes: On Jan. 27th, at the Royal College of Physicians of Ireland, Miss R. C. Davies, matron of the Royal Free Hospital, London, and Miss Rundle, secretary of the College of Nursing, Limited, addressed an audience of medical men and nurses, with the purpose of explaining the objects of the College. They answered some of the objections said to have been put forward by Irish nurses, and a free discussion followed. It did not appear, however, that the Irish nurses are yet satisfied as to the wisdom of joining the College.

## The War.

### THE CASUALTY LIST.

THE following names of medical officers appear among the casualties announced since our last issue:—

#### Killed.

Capt. H. L. Jarman, R.A.M.C., attached S. Wales Borderers, *Lost in H.M.S. "Laurentic."*

Surg. F. E. Rock, R.N., was a student at Middlesex Hospital, and qualified in 1893. He was at one time assistant medical officer of health at Huddersfield, and, previous to rejoining the Royal Navy after the outbreak of war, he held the position of assistant medical officer of health and assistant school medical officer at Edmonton.

#### Wounded.

Lieut. J. A. Noble, R.A.M.C.  
Capt. M. A. McDonald, R.A.M.C.

### DEATHS AMONG THE SONS OF MEDICAL MEN.

The following sons of medical men must be added to our lists of those who have fallen during the war:—

Second Lieut. J. A. E. Friend, R.F.A., eldest son of Dr. J. A. Friend, of Rosario, Argentine Republic, and Eastbourne, Sussex.

Second Lieut. C. H. P. Maurice, Royal Berkshire Regiment, eldest son of Lieut.-Col. W. J. Maurice, R.A.M.C.

Lieut. T. S. H. Schäfer, Northumberland Fusiliers, younger son of Professor Sir E. Schäfer, of Edinburgh University.

Lieut. A. McLintock, Duke of Wellington's West Riding Regiment, second son of the late Dr. J. McLintock, F.R.S., of Edinburgh.

### THE HONOURS LIST.

The following awards to medical officers are announced:—

#### Distinguished Service Order.

Temp. Capt. Dyfrig Huws Pennant, R.A.M.C., attached Headquarters, R.F.A.

For conspicuous gallantry and devotion to duty. He dressed and remained with three wounded men under the most intense fire. He has at all times set a splendid example of courage and coolness, and has on many occasions done fine work.

#### Military Cross.

Lieut. Daniel Davies Evans, R.A.M.C. (Spec. Res.), attached Royal Dublin Fusiliers.

For conspicuous gallantry and devotion to duty. He displayed great courage and determination in collecting and attending to the wounded under very heavy fire.

Temp. Capt. Rupert Farrant, R.A.M.C., attached Shropshire Light Infantry.

For conspicuous gallantry and devotion to duty. During the whole day he tended wounded in an open trench which was subjected to a violent bombardment. On one occasion he led a party into "No Man's Land" and brought in several wounded men.

Temp. Capt. Frank Anthony Hampton, R.A.M.C., attached Royal Scots.

For conspicuous gallantry and devotion to duty. He continually went out under very heavy fire and remained in the open attending to the wounded with the utmost bravery and coolness. He has previously done fine work.

Temp. Capt. John Samuel Levis, R.A.M.C.

For conspicuous gallantry and devotion to duty. He displayed great courage and determination when in charge of stretcher-bearers under heavy fire. He has on many previous occasions done fine work.

Temp. Capt. Francis Cromby Macaulay, R.A.M.C.

For conspicuous gallantry and devotion to duty. He displayed great courage and determination in collecting and attending to wounded under very heavy fire.

Temp. Capt. Philip Hugh Rawson, R.A.M.C., attached South Staffordshire Regiment.

For conspicuous gallantry in action. On several occasions he rescued wounded men under very heavy fire. He set a fine example of courage and coolness throughout.

Temp. Surg. George Lee Ritchie, R.N., attached Royal Naval Division.

For conspicuous gallantry and devotion to duty. He displayed great courage and determination in collecting and attending to the wounded under very heavy fire.

Capt. Arthur Ashton Smalley, R.A.M.C. (Spec. Res.).

For conspicuous gallantry and devotion to duty. He displayed great courage and determination in attending to the wounded, working continuously for 48 hours under heavy fire. He set a fine example throughout.

Temp. Surg. Geoffrey Sparrow, R.N., attached R.N.D.

For conspicuous gallantry and devotion to duty. He displayed great courage and determination in collecting and attending to the wounded under very heavy fire.