

that some payment should be specially made for this work, as not appertaining to their official duties.

This matter is to be considered at a council meeting shortly to be held, and I should be greatly obliged if you could give me the following information. 1. In the opinion of the Local Government Board is the return referred to above comprised in the duties of Poor-law medical officers under Art. 205, Cons. Ord. July, 1847? 2. Would the Local Government Board be prepared to sanction a payment made by the guardians for this work?

Yours very obediently,

MAJOR GREENWOOD, M.D., LL.B., Hon. Sec.

Local Government Board, Whitehall, S.W.,
23rd November, 1911.

SIR,—I am directed by the Local Government Board to your letter of the 11th instant, with reference to the special return required by them in regard to paupers under treatment on the 4th November, 1911.

In reply I am directed to state that it appears to the Board that, under Article 205 (1) of the General Consolidated Order of the 24th July, 1847, it is the duty of a medical officer to furnish for the purpose of the return the requisite information respecting the case of any pauper who was under his care on the date in question.

I am to add that if in any particular case the guardians should be of opinion that an exceptional amount of work has been entailed upon the medical officer in connexion with the return, the Board would be prepared to consider an application from the guardians for their sanction to the payment of a reasonable gratuity.

I am, Sir, your obedient servant,

J. S. DAVY, Assistant Secretary.

Dr. Major Greenwood, Hon. Secretary,
Poor Law Medical Officers' Association,
34, Copthall-avenue, E.C.

VENESECTION IN THE LIGHT OF RECENT RESEARCH.

To the Editor of THE LANCET.

SIR,—In this year's Harveian Oration by Dr. C. Theodore Williams interesting reference is made to the treatment of consumption by blood-letting under the distinguished physicians of a bygone time, who employed it in their own empirical way. There is also evidence to show that this method was then looked upon as a panacea for all the ills, and self-medication, by resort to it in the barbers' shops, must have been an everyday occurrence in the large towns of Europe. The practice is in vogue, during the autumn and the spring, in a few Eastern countries at the present day, among semi-civilised Mahomedan peoples, who still cling to the old method of inoculation as a prophylactic against small-pox—needless to add, without the least aseptic precautions. The method probably originated with the old Arabian school of medicine B.C. But it is due to the highly instructive and important paper by Dr. R. F. Fox, entitled "Cases Illustrating the Use of Venesection," which appears in THE LANCET of Nov. 4th, that I feel prompted to add the following brief contribution.

The scientific significance of this method was, I believe, first elucidated in this country by Professor Dryer, of Oxford, at the Royal Army Medical College, Millbank, in November, 1907, by an elaborate lecture on the subject, at which I was a privileged listener. Professor Dryer, who is a pupil and colleague of Schröder of Copenhagen, drew special attention on that occasion to an "acme point" being reached, during successive proportionate bleedings of the inoculated rabbits, while their bodily resistance increased, and after further bleedings fell.

In Dr. Fox's excellent illustrations of both acute and chronic specific diseases it is acknowledged that no mere mechanical relief to the heart could explain the observed effects. Since Metchnikoff's epoch-making discovery of the phenomenon of phagocytosis as a mechanism of bodily defence, its relationship to the acquisition of immunity has been vaguely acknowledged and no more. There seems to be, therefore, a gap that requires linking up, with a view to the elucidation of these physiological phenomena. I venture to submit that this can only be achieved by increasing our little knowledge of the lymphatic systems of the body, about which next to nothing is known. The literature of this subject in English text-books is of the most meagre and fragmentary kind. One must needs turn to the elaborate works of such French authors as Poirrier, Cuneot, and Delamare, pupils of the great Sappey. The late Mr. Cecil H. Leaf's translation, entitled "The Lymphatics," is the most instructive English work of its kind. Since its publication in 1903, the subject has had a fascination for me, and I have taken notes.

I beg to submit the following suggestions for realisation: 1. Leucocytosis is a physiologically perpetual phenomenon on a vast scale, which is more noticeable after food is partaken of, and during extravascular infectious processes of the body. 2. Leucocytes are not the normal cellular constituents

of the blood, but of the extra-vascular plasma. Their intrusion into the blood-stream is accidental, and in the venous blood they run risks of asphyxiation. 3. That while their relative proportion to the erythrocytes is 1 in 500 in the blood-stream itself, their actual proportion to erythrocytes in the body is nearer 5,000,000 to 1. 4. That phagocytosis is performed normally outside the blood-stream, where anti-bodies are only generated, and the lowering of blood pressure by venesection facilitates the infusion of these, by an aspiratory effect into the blood circulation.

I am, Sir, yours faithfully,

Wimpole-street, W., Nov. 15th, 1911.

H. D. McCULLOCH.

ELECTION OF DIRECT REPRESENTATIVES ON THE GENERAL MEDICAL COUNCIL.

To the Editor of THE LANCET.

SIR,—Kindly permit me through your valuable columns to thank the 3424 medical practitioners who recorded votes in my favour at the recent election. Especially are my thanks due to numerous personal friends in London and the provinces who voluntarily undertook the labour of forming committees and canvassing in their respective districts. I sincerely regret that the state of my health prevented me from effectively seconding their efforts by organising and attending meetings of the profession in London, Manchester, Liverpool, Leeds, and other large towns to discuss the objectionable National Insurance Bill and other medico-political questions of the day. Had the election campaign been carried out actively on the usual lines on behalf of my colleagues, Drs. Hawkyard and Lawrence, and myself, I venture to think that a considerable number of the 12,000 and more registered practitioners who did not take the trouble to fill up their voting papers would have voted solidly for us.

The events connected with the recent election, in my opinion, emphasise strongly the need of an early reform of the Medical Acts, especially in regard to Direct Representation on the General Medical Council.

I am, Sir, yours faithfully,

Callington, Cornwall, Nov. 15th, 1911.

GEORGE BROWN.

A SPHYGMOGRAPHIC METHOD FOR THE ESTIMATION OF SYSTOLIC AND DIASTOLIC BLOOD PRESSURE.

To the Editor of THE LANCET.

SIR,—In Dr. Windle's note in your issue of Nov. 18th, he states that by the auscultatory method he takes as the reading of diastolic pressure the point at which the sound ceases to be heard on releasing air from the armlet bag. According to Dr. George Oliver and others, the point to take is that at which a distinct change in the intensity of the sound occurs, which is generally pronounced and limited to 1 or 2 mm. of the scale. The point at which the sound ceases to be heard is, I usually find, a very considerable number of mm. lower. In using Pachon's sphygmo-oscillometer, which has been recently described in various journals,¹ the point of definite decrease in the amplitude of oscillation on reducing air pressure is taken as corresponding to the point to which I refer, though on further reduction of pressure considerable oscillation still takes place. I have not, however, any practical experience of this instrument. It is still a debatable point as to what reading represents most truly the diastolic pressure. Having abandoned for some time the tactile method in favour of the auditory, I find the latter to give more precise readings, whatever their exact interpretation may be.—I am, Sir, yours faithfully,

Melton, Suffolk, Nov. 24th, 1911.

STEPHEN G. LONGWORTH.

VETERINARY TRAINING AND THE PUBLIC HEALTH SERVICE.

To the Editor of THE LANCET.

SIR,—I should like to say a few words upon an annotation headed, "Veterinary Training and Public Health," which appeared in your columns recently. As one that has recently qualified at the London Veterinary College, and taken the post-graduate course at that institution, I could not help taking some of Dr. D. N. Knox's

¹ THE LANCET, Sept. 2nd, 1911, p. 680.

remarks as a slight to the veterinary profession, and I can only consider that he is ignorant of the methods of training employed at the Veterinary Colleges. The course of pathology and bacteriology at the London College, under Sir John McFadyean, is very thorough, and the students spend a considerable time in the laboratory. During the post-graduate course the men spend five hours a day in the laboratory for ten weeks, and I think that anyone having taken these two courses can reasonably consider himself capable to act as an official in a scientific laboratory. And I do not agree with Dr. Knox that at the present time, and for some time in the future, men would have to be chosen from the medical officers of health to fill these positions.

The final-year students and the men taking the post-graduate course attend the Islington cattle market regularly for the purpose of studying meat inspection, and lectures on this subject form part of the College curriculum. So that I think that the veterinary profession can justly claim to be the most suitable men, at least, for the inspection of meat. No other profession devotes its whole time and energy to the study of the diseases of the domestic animals.

I am, Sir, yours faithfully,

J. MALCOLM ARMFIELD, M.R.C.V.S.

Croydon, Nov. 14th, 1911.

BRISTOL AND THE WESTERN COUNTIES.

(FROM OUR OWN CORRESPONDENTS.)

Bristol Medical School: Annual Dinner.

THIS dinner was attended by over 100 past and present students of the Bristol Medical School. Mr. C. E. S. Flemming, of Bradford-on-Avon, occupied the chair, and Mr. Howard Marsh, professor of surgery in the University of Cambridge and Master of Downing College, was the guest of the evening. After the loyal toast, Professor Marsh's health was proposed by Mr. E. H. E. Stack; and Professor Marsh's reply included a proposal of the health of the University of Bristol. To this Professor E. Fawcett, Dean of the Medical School and professor of anatomy, replied for his own faculty, and Professor A. R. S. Kemp, professor of Greek, on behalf of the other faculties. The health of the students, past and present, was proposed by Dr. J. O. Symes, who spoke of the overloading of the curriculum and some of the evils consequent thereon, to which Dr. Cecil Clarke and Mr. C. C. Harrison replied. The health of the president was proposed in an admirable speech by his brother, Dr. A. L. Flemming.

Chancellorship of the University of Bristol.

It has been officially stated that the name of Lord Haldane will be submitted to the next meeting of the court in December for election to the Chancellorship of the University. It is universally agreed that no more suitable and honourable name could have been brought forward.

A Medical Mayor's Dilemma.

Dr. Charles J. Vlieland, the mayor of Exeter, who is one of the assistant medical officers of health of the city, recently placed his resignation of the latter office in the hands of the city council on the ground that his retaining a salaried appointment was incompatible with his holding the office of mayor. After some discussion, in which members of the council stated that it seemed most unfair to expect Dr. Vlieland permanently to resign the appointment and for the city to lose his valuable services, it was decided to accept the resignation for the year of office only. The matter was referred to the sanitary committee to make arrangements for the performance of his duties as assistant medical officer of health during the ensuing year.

Gloucestershire Royal Infirmary.

The annual meeting of the members of the Gloucestershire Royal Infirmary League was held on Nov. 15th, under the presidency of the chairman, Colonel Curtis Hayward. It was stated that during the past 12 months members of the league had collected £236, and that this sum had been handed over to the treasurer of the infirmary. Colonel Hayward said he was sorry to see that it was proposed to erect a memorial hospital to the late Sir Charles Dilke at Speech House, in the Forest of Dean. He hoped that the memorial would take the form of a convalescent home, as

the original scheme would divert subscriptions from their own infirmary.

Acute Poliomyelitis in Devonshire.

The medical officer of health of Devon, Mr. G. Adkins, reports that since the outbreak of the disease last July, 129 cases of poliomyelitis have been reported, with 24 deaths. During the same period, four cases of cerebro-spinal fever have occurred.

The Didworthy Sanatorium for Consumptives.

On Nov. 4th, the mayor of Plymouth, in the presence of a large gathering, laid the foundation-stone of a new pavilion, to be added to the Didworthy Sanatorium for Consumption, at Brent, near Plymouth. This is a portion of the Plymouth memorial to the late King.

SCOTLAND.

(FROM OUR OWN CORRESPONDENTS.)

Association of School Medical Officers for Scotland.

A GENERAL meeting of this association was held in the Ophthalmic Institute, Glasgow, on Nov. 18th. Dr. E. T. Roberts, the president, occupied the chair, and 41 members were present. Seven new members were duly elected. Dr. H. Wright Thomson gave a demonstration of eye diseases in relation to school medical inspection. Cases of blepharitis marginalis, catarrhal and strumous ophthalmia, interstitial keratitis, trachoma, ophthalmia neonatorum, and myopia were shown. Dr. Thomson concluded his most instructive demonstration with a review of the methods of instruction at present employed in the education of the blind and partially blind. Dr. Walter F. Brown read a paper on "A Plea for Special Classes for Cases of High Myopia," in which he detailed the methods of teaching as carried on in these classes in London and elsewhere, and urged that such classes would be of great benefit in rural districts where access to institutions was difficult. On the proposal of Dr. Roberts votes of thanks were awarded Dr. Thomson and Dr. Brown. It was arranged to hold the next meeting of the association in Perth on Saturday, Jan. 20th, 1912.

Control of Phthisis in Glasgow.

The report just issued by the Local Government Board on the administrative control of tuberculosis in Glasgow is worthy of serious consideration, not only for its own sake and in relation to the specific recommendations—of which the chief is the vesting of all control in the public health authority instead of dividing control between that body and the parish councils—but because of its suggestive value as regards the best way of grappling with the whole problem involved. Two years ago, owing to the pressure on the available hospital and poorhouse accommodation, the Local Government Board instituted an investigation as to the whole control of tuberculosis in Glasgow, and three reports are the outcome of this investigation, and are given in a Blue-book just published. In the first Dr. F. Dittmar, medical inspector, summarises and illustrates the work of the Glasgow parish council, and also describes the sanitary and economic conditions of a series of patients on outdoor relief. In the second, Dr. Elizabeth M. McVail shows the work done in that section of Glasgow served by Govan combination poorhouse, and describes fully the clinical and economic conditions of 100 patients. In the third, Dr. T. F. Dewar deals with the administrative measures taken by the public health authority, and analyses 100 consecutive cases notified to the medical officer of health in order to illustrate the administrative difficulties and the methods whereby they may be solved. In his report Dr. Dewar draws attention to the fact that throughout the country generally considerable uncertainty prevails concerning the relation of the authorities entrusted with the administration of the Poor-law and the care of the public health respectively as regards the responsibility for the control and the eradication of tuberculosis. In Glasgow the problem is especially grave and acute for several reasons. The solution of the question is divided between two administrative departments, resulting in overlapping, want of continuity, and deficient coördination. There are yet other factors which make inquiry and consideration of the whole subject a matter of extreme urgency and difficulty. Under the existing Poor-law