

is the right path remains to be proved, and will in the very nature of things require about ten years to show results. My own, in spite of war food difficulties and influenza, show this year so far a reduction of 20 per cent. on the mortality of 1914, and the more serious cases are undoubtedly diminishing in the district. It is bad policy for those who have so far admitted failure to condemn a method before a reasonable test has been made. War should surely have taught us not to condemn new methods before trial where present procedures are not equal to the undertaking. I trust Dr. Jessel will continue and give us the results of his increased home supervision.

*To the Editor of THE LANCET.*

SIR,—Your issue of Nov. 16th, contained an interesting letter from Dr. F. E. Wynne, medical officer of health of Wigan, on the subject of dispensary supervision in pulmonary tuberculosis. Dr. Wynne maintains that consumptives in Lancashire will not, or do not, carry out such common-sense hygienic methods as they have been taught to do. I have, of course, no knowledge of the county borough of Wigan, but as regards the administrative county as a whole I am convinced Dr. Wynne underrates the average intelligence of Lancashire men and women.

It is a mistake to take dispensary supervision or any other single item in a comprehensive scheme and expect the death-rate from tuberculosis to be much raised or lowered as a consequence of its adoption. In Lancashire, in 1917, no less than 256 persons died from pulmonary tuberculosis who had not been notified, 19 died before receipt of notification, and 433 within three months of notification. Such a reservoir of infection, coupled with other war conditions, makes a much smaller death-rate compared with pre-war years most unlikely, but surely every effort to enable persons suffering from open consumption to have a separate bedroom, as carried out so admirably by Dr. Jessel and the other county tuberculosis officers in the county areas under their charge, helps in the right direction and not in the wrong—I am, Sir, yours faithfully,

G. LISSANT COX,

Central Tuberculosis Officer, Lancashire County Council;  
Medical Adviser, Lancashire Insurance Committee.  
County Offices, Preston, Nov. 25th, 1918.

## TREATMENT OF INFLUENZA.

*To the Editor of THE LANCET.*

SIR,—Sir Thomas Horder's stimulating article upon the treatment of influenza in your issue of Nov. 23rd will, no doubt, have been read with interest by many of those who are engaged in dealing with the epidemic from the purely clinical side. He rightly points out that there are no reliable short cuts in the treatment of these cases, and emphasises the great importance of skilled nursing and efficient treatment on general lines, especially in the management of the more serious type of case. He speaks of the importance of "the promptness with which the general conduct of the case is established and the thoroughness with which it is carried out," and goes on to add that "every case of the disease treated upon sound principles is a contribution to preventive medicine." The value of such observations cannot be overestimated. Sir Thomas Horder's paper, however, would have been still more helpful if he could have formulated for us a workable scheme for the handling of the many serious cases amongst the poorer classes of the community. His remarks and suggestions about aerotherapy, hydrotherapy, poultices, cradling, inhalations, Gamgee jackets, hypodermic and intravenous medication, to say nothing of the turtle soup, show that he is thinking rather of the patient who is already surrounded by conditions which in themselves tend towards a favourable issue. What, however, are we to do with the serious cases occurring amidst surroundings which from the start are all against recovery? And I take it that these cases are in the majority. Many doctors have by this time realised the hopelessness of treating cases of influenzal pneumonia under such conditions. An abundance of fresh air has been almost unobtainable; efficient nursing in 19 cases out of 20 out of the question, and for those cases—and there have been many of them—situated in houses where the majority of the domestic circle have been laid aside even the elementary requirements of sick nursing have been absent. The harassed doctor has been able to do little more than pay a hurried daily call, prescribe medicine, feel the pulse, and

with a word of encouragement pass on to his next patient. Although district nurses have been here and there available—and they have done splendid work under trying conditions—yet for many cases an occasional visit from a kindly neighbour has been all that has been possible. The civilian population has suffered severely, not so much because we have been unable to make up our minds as to the actual causative agent of the disease, or whether one should administer a dose of 10 million or 500 million dead influenza bacilli, or even because we have been unable to provide a definitely curative agent against the virus, but rather owing to the distress and misery caused by the apparent helplessness of the public health, Poor-law, and hospital authorities to do anything adequate to deal with a situation where nursing and care of acutely ill people have been an urgent need.

The difficulties, of course, have been great, but failure to cope with the problem has obviously been due to want of organisation rather than of beds, doctors, and nurses. The war has clearly demonstrated that in the hands of a central authority organisation can overcome everything, and the medical and nursing professions have been able to successfully meet situations of unparalleled difficulty. In one way, therefore, the epidemic has done good. It has proved the urgent need for an efficient State Medical Authority. The existence of such an authority would have made it possible for a clear-cut line of campaign to have been immediately instituted. It would have been possible for that authority to have at once ordered the closing of every hospital and infirmary bed to all but urgent cases. In this way wards could have been set apart and nurses set free for the care of large numbers of influenzal pneumonias. Under such conditions it would have been reasonably possible to attempt to carry out Sir Thomas Horder's most excellent principles of treatment and so give the patients a better chance, and at the same time to have saved many families from the distress and misery produced by attempting to look after acutely ill relatives under conditions that are all against recovery.

I am, Sir, yours faithfully,

Leeds, Nov. 25th, 1918.

C. W. VINING, M.D.

## PARLIAMENTARY REPRESENTATION OF DUBLIN UNIVERSITY.

*To the Editor of THE LANCET.*

SIR,—I wish to remind medical graduates of Dublin University that by recent legislation all graduates who register their names have the right to vote; the franchise is not, as heretofore, confined to holders of the higher degrees. In order to register, a graduate not already registered should send without delay to the Assistant Registrar of University Electors, Trinity College, Dublin: (1) his name in full; (2) his address; (3) the registration fee of £1; (4) a declaration that he, or she, is of the required age and a British subject. Women graduates have the same rights as men.

Sir Robert Woods, who received wide support at the last election, has announced his intention of contesting the vacant seat. If Dublin University is to return a medical man as one of its Members it is incumbent on medical graduates to register as voters at once. It is not necessary to impress on readers of THE LANCET the importance of returning an increased number of competent medical men to Parliament.

I am, Sir, yours faithfully,

Dublin, Nov. 25th, 1918.

ROBERT J. ROWLETTE.

## THE INTRAMUSCULAR ADMINISTRATION OF NOVARSENOBILLON.

*To the Editor of THE LANCET.*

SIR,—As the method which I have adopted of administering novarsenobillon intramuscularly appears to be practically painless, and as other practitioners may be interested, may I be allowed to state the technique employed? The successful and comparatively painless administration of novarsenobillon depends in the first place upon a satisfactory solvent being used for the drug. Many solvents and methods were tried at St. Thomas's Hospital, with the result that a solution of guaiacol in liquid glucose proved to be the most satisfactory. The solution is thus prepared:—

Guaiacol	...	...	...	...	...	1 part.
Liquid glucose	...	...	...	...	...	50 parts.
Water (recently sterilised)	...	...	...	...	...	to 100 parts.

The water and glucose are sterilised and the guaiacol is added when cold.