

Correspondence.

"Audi alteram partem."

THE SALE OF DISINFECTANTS.

To the Editor of THE LANCET.

SIR,—May I supplement the most useful article on the subject of the sale of disinfectants in your issue of May 14th by a fact which may not be known to many of your readers? Under the Poisons and Pharmacy Act, 1908, all of those disinfectants which contain over 3 per cent. of carbolic acid and its homologues have to be labelled "poisonous," and so may not be sold except by chemists. But comparatively useless material of feeble disinfectant value, with not more than 3 per cent. of carbolic acid and its homologues, need not be so labelled, and may be sold at oil and grocery shops and stores. The Act therefore tends to favour the sale of these low-class disinfectants, for the public buys more disinfecting material from oil and grocery shops and stores than from chemists. It is not generally realised that when such disinfectants are bought at oil shops, &c., the purchase under present conditions must be of a low-grade article, which, if it disinfects at all in the circumstances of its use, is an uneconomical purchase having regard to the large amount which must be employed.

If these handicapping circumstances are not to operate against the sale of the most efficient (and cheapest) disinfectants, the above facts must be kept in view by those who advise the public in the use of these articles. The resolution referred to by the writer of the article, as proposed by me and carried at the Birmingham Congress of the Royal Sanitary Institute last year, was designed to protect the public against the sale of useless material and misrepresentation, so far as disinfectants are concerned. The resolution has been endorsed by a majority of all county borough councils—to whose verdict it has been submitted; and not a single council has had anything to say in disapproval.

I am, Sir, yours faithfully,

HENRY KENWOOD.

University College, London, June 11th, 1921.

CHRONIC TROPICAL ULCERATION IN EUROPEANS.

To the Editor of THE LANCET.

SIR,—In certain tropical areas a chronic ulceration of the lower limbs has been observed which gives rise to considerable trouble in treatment, and to a somewhat important point medico-legally. My experience of this trouble is confined to two areas: Cocos, in the Indian Ocean, and Perim, in the Red Sea. In both these places the lesion is exactly similar in onset, course, and result, and is known locally as Cocos or Perim sore. The ulceration is confined to the lower limbs, and commences either as some small skin abrasion or by a small vesicle. The course is rapid, the ulceration spreads quickly, the surrounding skin becomes inflamed, and a dark crust forms over the necrosed skin. On removal of this crust a deep punched-out ulcer is found, the bottom of clean pink granulations with piled up skin surrounding it. This is very sluggish in healing and is liable to break down on the slightest provocation. On healing there is left a dark-coloured cicatrix, very lasting, that is almost identical with a syphilitic scar. No pyogenic organisms are found, and self-inoculation was negative in result. Both Castellani and Stitt seem to look on these ulcerations as mostly syphilitic in origin; but this seems to me too great a generalisation. In some marked cases this origin is practically impossible; in others, extremely improbable. Rather does the lesion seem to come under the "deficiency" group. In support of this view, one deduces certain facts.

An identical ulcer does not appear in the natives in these regions. A free supply of fresh vegetables and fish at Cocos reduced the trouble by at least 50 per cent. This ulceration in Europeans never occurs in areas except where the ordinary diet is unavoidably restricted. It is quite possible that, given the bodily condition for the development of the complaint, the local structure and conditions may aggravate it, as, in both these areas (coral and coral c. larva) undoubtedly sea-bathing is an intense irritant. In both these places a similar small but very painful ulceration is often set up in the mucous membrane of the inner ear after contact with sea-water.

The most effectual treatment of the complaint seems to be the packing of the ulcer with lot. rubra, with occasional application of hyd. perox. and ung. protargol, 7 per cent. The medico-legal point is that, from a life insurance point of view, the peculiar and persistent coppery-stained cicatrix is, by an unwarned observer, naturally taken for syphilitic. I am personally aware of a case which was rejected as an ordinary risk, and considerable family unpleasantness caused, in a young man whom I myself treated for these sores, and who was, I am convinced, never infected syphilitically. It would be interesting to hear if any other observers in similar area can be induced to give their views.

I am, Sir, yours faithfully,

B. E. EDGE,
Port Medical Officer, Perim.

May 25th, 1921.

THE TREATMENT OF DIABETES.

To the Editor of THE LANCET.

SIR,—In your issue of April 23rd there is a review on my book on "Diabetes." I cannot agree with the reviewer regarding the statement that sodium nitro-prusside is a better test for aceto-acetic acid than for acetone. It may be unfortunate that we may get a positive reaction with sodium nitro-prusside where diacetic acid or acetone is present, but there are thousands of cases where we get a positive reaction for acetone and find no diacetic acid, either with Gebhardt test or ferric chloride, or whatever other test we may employ. Again, out of about one thousand cases I have come across three to four that gave a positive reaction for diacetic acid and no reaction with sodium nitro-prusside for acetone.

I am, Sir, yours faithfully,

New York, May 24th, 1921. PH. HOROWITZ, M.D.

THE FEDERATION OF MEDICAL AND ALLIED SOCIETIES.

To the Editor of THE LANCET.

SIR,—In your issue of June 11th the General Secretary of this Federation draws attention to the fact that at their late dinner what he terms "the right hand of fellowship" was held out to the British Medical Association; and he adds, with regard to these two organisations, that "one is primarily concerned with the interests of the patients, and the other with those of the doctor." So far as my knowledge goes, the British Medical Association has repeatedly stated that the interests of the patients and the doctors are one, and that in safeguarding one it is acting similarly to the other. It would not admit any such division of interests as possible either in its central or local organisation; no more than it would in the bedside association of the two concerned. May one venture to know why it has become necessary now to champion the patients' interests by forming a federation; and also how and to what extent these patients are directly represented on the councils of this new body? The Association stated in 1919 that, if loyally supported by the medical profession, it is in a position to carry successfully into effect all the aims and objects of the Federation. It is a little difficult to appreciate how a group of societies, formed for the advance of scientific subjects alone, can be