

THE INTESTINAL FLORA.

To the Editor of THE LANCET.

SIR,—Under the above title Dr. A. Distaso gives in your issue of Feb. 24th what he describes as a “brief summary of the results of my researches, the details of which will appear soon *in extenso*.” I have been much interested of late years in the subject of the possible causation of some kinds of mental disorder, or of phases of such, through the absorption into the circulation of toxic material from the intestinal contents. I am therefore looking forward with interest to the detailed account of his researches which Dr. Distaso foreshadows. He will probably give in this the evidence for certain statements which appear in the summary just published. The inference from this observation is that he has as yet given no evidence for them; and this is precisely what I desire to affirm. I would call the attention of your readers, and of Dr. Distaso, to the following weighty statements which he makes without, in my judgment, adducing any evidence:—

The flora of the normal adult is certainly harmful, and, far from defending the organism against infection, it may be said to help it (*sic*).

In the colon indol and other bodies belonging to the heterocyclic and aromatic series are elaborated and absorbed. These bodies, when absorbed, severely tax the functions of the body and therefore of the liver. This fact may throw some light on the etiology of diseases of the liver. [What “fact” is referred to?]

Not only is there intoxication by the products of bacterial growth, but the disappearance of the bacteria indicates a process of autolysis, the products of which when absorbed cannot fail to be harmful.

Constipation and the resulting intoxication are caused by the intestinal flora. [It is apparently taken for granted that all chemical changes in the intestinal contents which result in the production of toxin are due to bacteria.]

Doubtless the products of the intestinal bacteria, by increasing secretions inhibiting the submucous plexuses, give rise to stasis.

I am, Sir, yours faithfully,

EDWIN GOODALL.

City of Cardiff Mental Hospital, Feb. 27th, 1912.

ELECTRIC METALLIC COLLOIDS AND THEIR THERAPEUTICAL APPLICATIONS.

To the Editor of THE LANCET.

SIR,—My attention has just been called to a communication in your issue of Feb. 3rd, over the signature of Mr. C. E. A. MacLeod, bearing on my article on the electric colloids of Jan. 13th.

Nothing was farther from my intention than to call in question the efficacy of the “collosols,” and if I did not refer to them by name this was due to the fact that, as the writer himself admits, their introduction into therapeutics is so recent that sufficient time has not elapsed for it to have been possible to subject them to adequate clinical trial. The employment of colloids in therapeutics is by no means a new thing, for it is many years since the attention of the profession was first called thereto, and electrargol, with which most of my personal observations were made, has been tried on such an extensive scale that each one of its indications is established by a large number of published reports.

Then, too, as far as I can gather from the somewhat scanty references given by Mr. MacLeod, the “collosols” do not appear to have been employed for the same purposes as the electric colloids. As a matter of fact, the writer of the letter in question only mentions a certain number of local applications, and he barely touches the constitutional applications which have conquered for electrargol a place in contemporaneous therapeutics (pneumonia, broncho-pneumonia, influenza, suppurative infections, cholera, puerperal fever, eruptive fevers, &c.).

With regard to stability, I do not wish to call in question that of the “collosols,” but this does not impugn the fact that the stability of the electric colloids has been practically demonstrated many years since. I mention this merely to show that in therapeutics each preparation must stand on its own merits, and must establish its own indications for use. The electric colloids have rendered great service to a large number of practitioners other than myself, but I feel justified in stating that the results obtained are their individual attributes, and in the absence of specific confirmation cannot safely be assumed to be possessed by other varieties of colloids.

I am, Sir, yours faithfully,

Paris, Feb. 28th, 1912.

B. G. DUHAMEL, M.D.

THE TREATMENT OF TUBERCULOSIS AND THE SANATORIUM QUESTION.

To the Editor of THE LANCET.

SIR,—It is a thousand pities that “F.R.C.P.” should stir up strife in the medical profession by his remarks as to the constitution of the advisory committee on tuberculosis. Although one regrets the absence of certain names, every member of this committee is well known and distinguished for work done (and well done) in this department of preventive medicine; and the inclusion of a few more specialists or general practitioners would not have added appreciably to the strength of the committee.

From the remarks made by “F.R.C.P.” on sanatoriums one would imagine that they were opposed to dispensaries instead of supplementing and completing their work. Even supposing that every case can be cured by tuberculin at a dispensary (which most authorities on tuberculin treatment would not admit) we still have to deal with the (mostly hygienic) causes leading to the tuberculous illness, which cannot often be done in working-class households without at least some training in a sanatorium. Example is always more powerful than precept, and the habits of a lifetime are more easily changed when the value of the change is demonstrated at a sanatorium. Moreover, no man in his senses would treat a febrile consumptive with tuberculin as an outpatient or in a working-class home if better conditions were available. It is the febrile consumptive who has to be treated as a rule, and no arrangements are adequate which leave this fact out of consideration.

Further, recovery from pulmonary tuberculous illness, *however treated*, is conditional; if habits and conditions of life are unsatisfactory relapse or reinfection usually takes place sooner or later. Not every tuberculous person needs treatment. Many such go through life without tuberculous illness; but if a tuberculous person has more than a very limited quiescent lesion, if the bodily health is in any way affected by the tuberculous focus, and if his habits or conditions of life are unsatisfactory, he is in danger of a breakdown and requires treatment, directed not only against the tubercle as such, but against all other contributory causes. We need open-air schools, training in domestic hygiene, better housing, early diagnosis based upon physical examination in addition to the tuberculin test, systematic treatment by hygienic means as well as by tuberculin and other remedies, and adequate measures for after-care in the shape of hygienic homes, day and night camps, and the like. For such a programme we need the open-air school, the dispensary, the sanatorium, hospital, or home, the health colony or camp; and we need them all.

I am, Sir, yours faithfully,

Farnham, March 2nd, 1912.

F. R. WALTERS.

CYSTITIS AND URINARY ANTISEPTICS.

To the Editor of THE LANCET.

SIR,—I have been much interested in the two exceedingly able and full articles on “Cystitis” by Dr. David Newman which have appeared in your recent issues. There are, however, certain small points with reference to the action of urinary antiseptics in the second paper on treatment, which are so entirely at variance with the conclusions that I have formed on the matter that I cannot forbear criticism. I have been doing experimental work on this subject for some time (the results of much of which will be found in the *Bio-Chemical Journal*, Vol. V., Nos. 6 and 7, and in the most recent Transactions of the Section of Pharmacology of the Royal Society of Medicine), and this is my excuse for discussing a subject where Dr. Newman’s clinical experience is so incomparably greater than mine. Dr. Newman states, in referring to the giving of urotropine and helmitol in cases of mild *B. coli* infections, that “in cases where the urine is acid, as in *B. coli* infections, formalin is liberated from these preparations and creates irritation, but if the urine be rendered neutral or alkaline by potash or lithia salts this difficulty is overcome.” These words appear to me to imply that Dr. Newman considers that the liberation of formaldehyde by acid urine from urotropine is in the nature of an incident, not desirable in itself, and which it may be desirable to prevent. As a matter of fact, there is, I think,

not the slightest doubt that these drugs act slowly by the liberation of formaldehyde and are not in themselves antiseptic. This liberation, as Dr. Newman says, only takes place in an acid medium, and, in consequence, to render the urine alkaline is to render urotropine or helmitol of no effect, and they may just as well not be given. Further on, under the heading "Chronic Cystitis," the statement is made: "When the urine is acid, alkalies and alkaline salts are indicated." This is a generalisation of the statement, so often made, that in *B. coli* infections the urine should be rendered alkaline, because alkaline urine inhibits organisms of this class. This inhibitory power exists, but it is comparatively slight and is negligible compared with the very great antiseptic power against *B. coli* of an acid urine *plus* urotropine, so that I am decidedly of opinion that in these infections the aim should be to increase the urinary acidity as much as can be tolerated by the patient giving urotropine in conjunction; and, in the few cases in which I have been able to apply this principle, the results have borne it out. In conclusion, I should like to say how pleased I have been to read Dr. Newman's praise of boric acid given by the mouth as a urinary antiseptic, since I have found that in laboratory experiments, at any rate, it is quite efficient, and is, indeed, the only efficient drug in alkaline urine, while its use as a urinary antiseptic at all is by no means generally recognised.

I am, Sir, yours faithfully,

ANSON JORDAN, M.D., F.R.C.S.

Cambridge, March 5th, 1912.

ANCIENT EGYPTIAN SPECIALISTS.

To the Editor of THE LANCET.

SIR,—In an interesting annotation in this week's LANCET entitled "The Story of Ancient Medicine revealed by Greek Inscriptions," you say quite rightly: "The life-history of the ancients can no longer be adequately written by confining research to the classic authors." I am not sure, however, that even these writers have been completely exhausted. Take, for instance, the side-light which Herodotus, the father of history, throws casually on the above subject in his history of the Persian war: ἡ δὲ ἱερτρικὴ κατὰ τὰς ἐφ' ἑκάστης μῆτις νοσοῦσα ἕκαστος ἱερτρός ἐστι καὶ οὐ πλεόνων. πάντα δ' ἱερτρῶν ἐστὶ πλέα· οἱ μὲν γὰρ ὀφθαλμῶν ἱερτροὶ κατεστᾶσι, οἱ δὲ κεφαλῆς, οἱ δὲ ὀδόντων, οἱ δὲ τῶν κατὰ νηδύν, οἱ δὲ τῶν ἀφανέων νοσούντων (B, 84).

I particularly appreciate those experts τῶν ἀφανέων νοσούντων. I wonder what diagnoses they made!

I am, Sir, yours faithfully,

Hove, March 2nd, 1912.

W. AINSLIE HOLLIS.

MEDICAL MEN AND CERTIFICATES: A TEST CASE.

To the Editor of THE LANCET.

SIR,—A test case which I recently took into the petty sessions at Petersfield, and won, may prove of interest to the medical profession. A child of poor parents was under my care for some months and was unfit to attend school. The education authority demanded a medical certificate. Now I maintain that such certificates have a certain value, and therefore either the authority or the parents must pay for them. But one cannot ask the parents to pay, at any rate in these poor agricultural districts. So I always refuse a certificate unless the authority will pay a fee, and have steadily done so for the nine years I have been in practice. Of course, I originally ascertained that legally the authority had not the power to insist on a certificate; and for nine years they have not attempted to prosecute in these circumstances. This time, however, they did. I had persuaded the parents to let me see the case through at my own expense. I instructed a solicitor, Mr. Percv Burley, of Petersfield, and gave evidence myself, and the education authority had no case at all, although the magistrates could not see their way to grant any costs. The attendance officer who prosecuted owned that he was told by his superiors at Winchester to go right through with the matter because they knew it was practically a test case. I carried it through as a question of principle. We medical men, in the country at

any rate, are expected to write certificates for school boards, juries, &c., without fee, and often without the barest thanks.

I am, Sir, yours faithfully,

East Meon, Hants, March 2nd, 1912.

EDWARD T. JONES.

COMPULSORY NECROPSIES.

To the Editor of THE LANCET.

SIR,—The time is rapidly coming when no practitioner should be allowed to certify a "cause of death" not verified by post-mortem examination. The Insurance Act will spend millions on the prevention of untimely death—but we really do not know what people die of. I am an ordinary practitioner; I find I have signed in my time about 1200 certificates of "cause of death," yet not in a dozen cases was there a necropsy, and I may have been mistaken 90 per cent. of the times.

Now the Registrar-General's returns of the "causes of death" are simply made up of my cases and the similar cases of other practitioners possibly more ignorant than myself. Of what scientific value can they be?

I am, Sir, yours faithfully,

J. C. MCWALTER, M.A., LL.B., D.P.H.

Dublin, March 4th, 1912.

THE WORK OF A MEDICAL MISSIONARY IN CHINA.

(FROM A CORRESPONDENT.)

AT the request of the special correspondent of THE LANCET in China I am permitted to give a very rough sketch of the work of a single medical missionary from the professional point of view only. It is the rule of the Church Missionary Society to station at least two medical missionaries at each station; unfortunately, the supply does not keep pace with the demand, and during the last six years, to which the following brief notes apply, I have been alone professionally with but few exceptions. In this statement I do not refer to those Chinese assistants who are able to do some parts of the manifold variety of duties connected with the carrying on of a hospital of some 60 beds, annually treating some 600 in-patients and 11,000 out-patients, male and female.

Nature of Work.

In this connexion I would deprecate the idea that statistics convey a real idea of the quality of the work done; they may become a source of real danger to medical missionaries, and the public who support this sort of work are to some extent responsible when they compare one set of figures with another, not knowing the circumstances under which work is done. For example, one man (with great self-control) confined his first few years in the work to the surgery of circumcisions, sebaceous cysts, and the like; the result was an infinitesimal death-rate and the object at which he aimed, the confidence of the Chinese. Another to my intimate knowledge has never refused to operate upon any case brought to him with any hope of cure; and many a sigh of private professional relief has he breathed when even this "fighting chance" has been refused; but the death-rates of the two surgeons should not be compared.

Considering this small hospital at Ningpo as a type of many, the class of work done will show to friends at home the importance of having an all-round training and the faculty of adaptability. One has to try to combine the offices of surgeon and physician, general practitioner and consultant, pathologist and bacteriologist, X ray expert and general mechanic when apparatus breaks down, general superintendent and oftentimes nurse, architect, and builder; and added to these usually the duty falls to one of trying to raise the money with which to carry on the work of helping the helpless.

Many a practitioner at home struggling against competition may well envy the medical missionary with his sphere of work. In these few remarks I shall confine myself as far as possible to the surgical aspects of our mission work, and I trust that no one will misunderstand when the other side of our Divine commission, "to preach the good news and heal the sick," is passed over in this article.