

St. George's Hospital exceeds, I believe, £5000, whereas the sum which has caused the discussion with the King's Fund is very much smaller. It must be to the advantage, therefore, of St. George's Hospital to fall into line with all the other medical schools throughout London, and to end this controversy by adopting the resolution submitted on behalf of the house committee by Mr. Keyser.

It is notable that although a very full attendance of governors was reported only 29 voted, a majority of whom were, I believe, members of the medical staff.

I am, Sir, yours faithfully,  
Porchester-square, W., June 23rd, 1913. HENRY C. BURDETT.

## THE INGESTION OF BACTERIA BY THE SUBEPITHELIAL LYMPHATIC GLANDS IN HEALTH.

To the Editor of THE LANCET.

SIR,—My attention has been attracted by the interesting article by Dr. Kenelm H. Digby which appeared under the above title in THE LANCET of June 21st, p. 1731.

When in 1907 I first made a contribution on this subject<sup>1</sup> to THE LANCET I also was unaware of any previous work having been done on it. I find that on that occasion, as well as in a brochure published by me in the same year,<sup>2</sup> I advanced the hypothesis which Dr. Digby advanced in THE LANCET of Jan 20th, 1912. Since then I have made several other contributions on this subject.<sup>3</sup> It is gratifying to me to find my views so well supported by a pathologist of Dr. Digby's ability. For with him I feel that this important physiological subject has been allowed to slip into the background. The only real progress that can be said to have been made since Metchnikoff's discovery of phagocytosis in 1877 was that by his pupil Armand Ruffer.<sup>4</sup> Phagocytosis was realised by him to be merely one link in the chain of the process of the reactive mechanism of bodily defence. It was he who brought out the further important fact that the phagocytes not only came to the surface from the lymphoid or lymphatic gland that was concerned, but that after performing phagocytosis they re-entered the tissues without damage to them, making for the radicles of the lymphatic duct *in situ*, along and external to which he found them in great numbers. This observation was confirmed by certain other French workers mentioned by Poirier, Cunéo, and Delamare in their treatise on the lymphatics.<sup>5</sup> But *why* they came to be in such situations baffled them, and the subject was not further pursued. I endeavoured recently to offer an explanation of this remarkable phenomenon.<sup>6</sup> In doing so I drew attention to the fact that lymphangitis was an occurrence that was only noticeable through the skin; it was not possible to observe it through the mucous membranes—in which situation it may safely be assumed to be a more common occurrence.

Dr. Digby uses the expression "subepithelial lymphatic glands"; unless a ranula may be said to be such, I have never heard of one before. To confound the solitary or the aggregate lymphoid gland with the lymphatic gland, which is, as a rule, seen to be remote from the epithelial surface to which it is physiologically related, is, in my humble opinion, a serious matter. It is true that the lymphoid and lymphatic systems of glands are so closely related it is difficult to discuss them apart. But they are, in fact, quite apart physiologically and anatomically. This I am hoping to show in a paper on which I am at present engaged. As the author in his former paper doubts the existence of lymphoid glands in the skin, owing to its greater keratinous protection, I beg to point out that the modified lymphoid glands of the skin are "the large prickle cells" of Malpighi. These are those that hypertrophy when they come into function in vaccination for variola; they form the sides of

the umbilication. Similar evidences of their function are to be met with in a host of *exogenous* skin infections.

One more point and I have done. When the author says, "Solitary bacteria and cells loaded with bacteria can also be seen in their passage through the epithelium," he seems to imply that the bacteria possess powers of penetration as much as the phagocytes. This I have endeavoured to show cannot possibly be the case with non-flagellates. Ruffer himself drew attention to the fact that bacteria found under the mucous surface must have been "phagocytosed" to be conveyed thither; that they could not otherwise penetrate the undamaged surface either by their motility, if any, or by chemiotaxis. Chemiotaxis would seem to be more a function of the phagocyte than of bacteria in such situations.

I am, Sir, yours faithfully,  
Harley-street, W., June 21st, 1913. H. D. McCULLOCH.

## THE LATE DR. RODERICK MACLAREN.

To the Editor of THE LANCET.

SIR,—Dr. Roderick Maclaren, of Carlisle, who died last week, possessed the rare combination of a gentle, almost shy, and retiring disposition with a strong personality. His keen, shrewd knowledge of the world, coupled with a profound acquaintance with the principles and practice of surgery, and a wonderful manipulative dexterity, soon led to the large consulting practice he enjoyed. It is now nearly 30 years since I acted as his assistant at Carlisle, and I have never ceased to be thankful for the opportunities which that relationship gave. No one who knew Maclaren could fail to love and respect him, and most of his assistants developed into life-long friends. There are many men now practising medicine who remember a kind and generous friend, one whose standard of living has influenced their whole life. Intuitively he always seemed to know what ought to be done, and he did it regardless of the consequences.

He was a man of action; he thought deeply, reasoned clearly, and always acted with decision and firmness. Expediency had no place in his vocabulary.

Young men who are entering on medical practice have many lessons to learn during their first assistantcy, and yet under Maclaren how gently but emphatically were these lessons taught. One example will suffice, and although it occurred nearly 30 years ago, it left an indelible impression on my mind. A young married woman who had secondary syphilis was acutely ill, and it was apparent that she might die at any moment; she was nine months' pregnant, and it might therefore be my duty, in my chief's absence, to attend her if she were *in extremis*. I must have said something which showed that I was prepared to neglect what Maclaren thought would be my obvious duty, for I well remember his genuine astonishment that I should for one moment hesitate in the event of her death in performing the necessary Cæsarean section. The fact that his young assistant might have difficulty in performing it did not seem to enter into his calculations. The unborn child had to be saved, and that was all Maclaren thought about.

Many have lost a true friend; all will feel that his life was an ennobling inspiration. He has left an enduring example, and those who knew him best and loved him feel how true it is that "to live in the hearts of those we leave behind is not to die."

I am, Sir, yours faithfully,  
JOHN COLLIE.  
Porchester-terrace, Hyde Park, W., June 23rd, 1913.

## ANOMALIES OF THE LUNACY LAW.

To the Editor of THE LANCET.

SIR,—We appreciate your notice of our reprint on Lunacy Law. At the same time we think one passage in your annotation last week bearing this title calls for comment from us. We refer to your criticism of our choice of lawyers in place of specially appointed justices in regard to reception orders and other judicial matters. You suggest medical men. Our reason for suggesting lawyers was (and is) the fact that already two medical men are parties to reception orders. As the duties of the specially appointed justices are legal ones, and not medical, we feel that a lawyer is better equipped to undertake such functions as we suggest than a medical practitioner.

We recognise, however, the value of your criticism, particularly in regard to the present system that practically allows

<sup>1</sup> THE LANCET, vol. i., 1907. *Ibid.*, 1908.

<sup>2</sup> Stray Leaves and some Fruit, &c., John Bale, Sons, and Danielsson, London.

<sup>3</sup> THE LANCET, Brit. Med. Jour., 1908. Proceedings of the Royal Society of Medicine, 1912-13.

<sup>4</sup> Brit. Med. Jour., 1890.

<sup>5</sup> C. H. Leaf: The Lymphatics, p. 61: "It is well known that certain microbes, under conditions as yet imperfectly understood, exercise a remarkable selective power in following the lymph channels from the surface, thus yielding marvellous 'injections'; their explanation baffles us completely." (Delamare.)

<sup>6</sup> THE LANCET, May 17th, 1913.