

and its points appreciatively noted by the audience. Dr. Philip Nelson gave an interesting address on "stained glass," illustrated with lantern slides of cathedral windows. Afterwards the President entertained the members with a musical programme. Dr. Pethwick contributed a topical song which delighted his audience, as well as other items of vocal and instrumental music. To Dr. Livsey, who had the task of arranging the concert, a hearty vote of thanks was passed.

Correspondence.

VACCINES IN INFLUENZA.

SIR,—The question, Is Pfeiffer's bacillus the cause of influenza? is of far more than academic interest; it profoundly affects diagnosis, prevention, and treatment, and therefore is a very serious practical question.

My views are well considered and based upon a fairly careful practical inquiry extending over some years. I investigated many cases in two epidemics which had a superficial resemblance with striking differences, and according to my expectation I found Pfeiffer's bacillus in one epidemic and not in the other. In my experience a certain technique enables one to isolate Pfeiffer's bacillus with relative ease, if it be present. It is no more difficult than the isolation of diphtheria bacilli or Flexner's or Shiga's bacillus from material containing these organisms.

The constant presence of Pfeiffer's bacillus in typical influenza epidemics and its absence in the simple seasonal epidemics of catarrh, which rarely cause serious symptoms or sequelae, indicate an essential difference. When the bacillus is constantly present, either it is a cause or an effect; or both the bacillus and the disease are the effect of a third unknown cause.

In the present epidemic experts seem to express two views which are mutually destructive. Can the difference of opinion be due to a difference in technique? I suggest this explanation because I have been told that the isolation of Pfeiffer's bacillus is always a difficult business. My own experience tells me that this is not so if the bacillus is present. I am confident that I can pick out the influenza bacillus from hundreds of like colonies of streptococci and pneumococci, though I could not do this if I restricted myself to Pfeiffer's technique. In 1902, after spending some years in studying the influenza bacillus as a definite cause of mixed or secondary infections in pulmonary tuberculosis, I wrote:

Nevertheless, in very many cases, if one is ready for the opportunity, examination of the nasal or bronchial secretion may at once solve the difficulty (of diagnosis). Smear preparations may mislead all but the best experts; but the test by means of pure cultures on blood agar is of the greatest possible value. This is the simplest, most certain, and often the most delicate test of the real nature of influenza in the very early stages.

I demonstrated the method at the time. My scepticism is not lessened when I find that these experts, who doubt the part played by various organisms in the morbid process, have no scruples in recommending the use of so-called vaccines for protection and even for curative purposes. If there is some specific cause of unknown nature, whether a filter passer or other organism not yet identified, why suggest the use of dead cultures of influenza bacilli, pneumococci, or streptococci, or all of them in combination? Such practice is not consistent with scientific principles, and may discredit similar methods that do not offend these principles.

Let us first determine the essential cause of the disease, and till then let us keep our hands off vaccines. I know no certain evidence to justify the recommendation of any or several vaccines for the treatment of influenza, and the most that can be said of vaccines for protective purposes is that they are not likely to do any harm. For curative purposes I incline to the view that such vaccines would probably do more harm than good.

In any case, no knowledge we have at present justifies the use of the proposed vaccines in a general and indiscriminate way. Before this use of vaccines, even for prophylaxis, receives the approval of the profession, a definite experiment should be made under proper scientific control. This would involve a very laborious and prolonged investigation, and would probably show on other than

scientific grounds that the idea is sound neither in theory or practice. Indeed, in the public interest, it would be best that the Government should appoint a small commission to carry out such an important experiment under the strictest control. Thus we have further proof of the need of a Ministry of Health.—I am, etc.,

London, W., Nov. 11th.

W. CAMAC WILKINSON, M.D.

MEDICAL LABOUR MEMBERS.

SIR,—You printed on October 19th an article of mine on the future of the medical profession, written from the point of view of a Labour candidate; and from various letters I have received I judge that it meets with considerable approval from the medical profession.

I now ask the hospitality of your columns to allow me to show why it would be wise for the medical profession to secure the return of at least one doctor Labour candidate in some one of the university seats where the doctors comprise a large proportion of the electorate.

University constituencies are quite special constituencies, with an electorate which is special among electorates in that the electors are mainly members of the learned professions. And it is entirely right and proper that in electing members for such constituencies, the legislative interests of these professions should be kept specially in view so far as these are not opposed to the interests of the community. In University elections, accordingly, medical politics must bulk largely.

Now, whatever our various political prejudices and sympathies may be, it would be wise for the medical profession to remember that the Labour party will have a great influence in shaping schemes which have a relation to the social welfare, whatever party is in power; and in the near future it is not unlikely that the influence of the Labour party may become dominant. The signs of the times almost point to this as a probable eventuality.

This being so, it is policy for the medical profession to endeavour to shape Labour medical politics from within. The views of the Labour party on medical politics are not yet determined. Its opinions on medical politics are as yet fluid. This condition, however, will not long continue, and a time will shortly come when a crystallization of its views will render its receptivity of the views of the profession less likely. The time to guide the Labour party is now. There is a distinct danger that this crystallization of its views may set in the direction of a crude "State medical service." There are influences at work tending in this direction.

Now, a doctor Labour member returned for a university constituency where the electorate is largely medical is in a commanding strategic position to guide the medical policy of the party he belongs to. My own and Dr. Dunlop's candidature for the Scottish universities offers this opportunity to the Scottish medical graduates.

If my own personality is not acceptable to the medical profession, I suggest the wisdom of their procuring the return of some other doctor Labour candidate at one of the university constituencies.

The Scottish universities afford the best chance, as the doctor electors comprise about 33 per cent. of the electorate; there are three seats, and the election is by proportional representation with the transferable vote, so that the doctor electorate could certainly return one candidate, and if they used their influence could do much towards securing the return of two.

So strong are my feelings on this matter, that did it seem clear that some other doctor Labour candidate would better unite the profession, I should be perfectly willing to give way to him, if this could be arranged, as apart from my views on medical politics I have no special parliamentary ambition.—I am, etc.,

Ouse Lea, York, Nov. 2nd.

PETER MACDONALD.

THE INSURANCE ACT AND TUBERCULOSIS.

SIR,—I am sure that you will be fair to me and will therefore allow me to correct the false impression which your reference to my unpublished letter gives. You make me look on the recent rise in the tuberculous mortality as an isolated phenomenon. No one could guess from your note that I was appealing to history, and that I began by pointing out that 28,000 lives would have been saved in

1916 had the mortality continued to fall at the rate at which Gladstonian finance left it falling; that I have repeatedly—I fear *ad nauseam*—pressed the view that the rise from 1914 was but the culmination of a process beginning from 1897. In justice to me you will allow me to say that I have tried to view the phenomena as a connected whole from Sir Robert Peel's day onwards; and that I have laboured to trace the connexion between low prices—that is, high wages—and low death-rate.

The Local Government Board and the Registrar's Office both make what seems to me the mistake of viewing the rise as an isolated phenomenon. The former traces it to the prevalence of influenza, a theory which becomes untenable if the rise begins before its incidence and lasts after its subsidence. Dr. Stevenson's explanation is equally thin. A year is surely a short course for an ordinary case of plithisis, and yet we have him assigning as the cause of a 7 per cent. rise in 1915 a change in the conditions of life among women which can hardly have well begun early in the same year.

Neither report is, therefore, relevant to my point. I have urged, and in that letter did urge, that the absolute rise is but the climax to a relative rise, and that both are parallel to a fall in real wages, the momentum lasting some little time after the wage ceased to fall. There would be some relevance if they sought to discriminate between the rates for the rich and for the poor. As you will know, I have urged that the total death-rate, even if falling, may have concealed a tendency to rise among the poor. For example, in your own columns it was shown how the M.O.H. for Manchester deplored an increasing fatality among the poor in 1913, with a total rate not sensibly increased.

The question must be looked at whole, not in part. Any satisfactory explanation must account for the phenomenal drop in deaths following Peel's first free trade measures and the rapid fall under the Manchester school, equally with the slackened fall when Gladstonian finance became a myth, and the rise when it became a derision.

However, if the Research Committee investigates the economic side of the question, I am content. Two questions only fall to be considered: (1) Does poverty increase tuberculosis? and (2) Does the Act, like a hundred more of the same tendency, increase poverty among the poor? The notion that when a business man is required to add to his business expenses, say, £1,000 a year in insurance stamps, he is not entitled (or will refuse) to recoup himself for a necessary outlay, is so extravagant that I have little doubt of the result. If it turns out that all this paternalism is really killing off the poor, and that what is needed is that they should be allowed to spend their pittance for themselves, the Committee will have the chance of doing golden service to their country.—I am, etc.,

Rayleigh, Nov. 12th.

B. G. M. BASKETT, M.B.

THE EARLY TREATMENT OF MENTAL DISORDER.

SIR,—Among the proposals for reconstruction which are to the fore is one for legalizing treatment of persons who are suffering from incipient mental disease. The Board of Control have devoted some space to the subject in their fourth annual report, recently issued, where they suggest (amongst other things) the amendment of the present law (i) to enable incipient cases of mental disorder to receive treatment in general or special hospitals, mental institutions, etc., for not more than six months without the necessity for certification under the Lunacy Acts, (ii) to permit the establishment at general hospitals of sections for both in- and out-patients for the early diagnosis and treatment of incipient cases, and (iii) to extend to public asylums the principle of voluntary admission which now obtains with respect to private asylums.

It does not appear to be generally known that the London County Council has already to some extent anticipated the first and third, at least, of these suggestions in connexion with its proposed use of the Maudsley Hospital at Denmark Hill. This hospital, originated by the late Dr. Henry Maudsley, towards the erection of which by the council he generously contributed the sum of £30,000, is designed for the early residential treatment of acute cases of mental disorder and for the provision of

advice and treatment for out-patients. It has not yet been used for the purpose intended, for it was taken over by the War Office before the building was completed, and is now being used for treatment of neurasthenic and shell-shock cases arising from military service. In anticipation of its use, however, upon the lines originally laid down, the London County Council, in its General Powers Act, 1915, obtained authority to receive and treat voluntary boarders at the hospital. The powers obtained were somewhat restricted, but they will permit the council, when the hospital reverts to the use for which it was designed, to receive as patients persons who desire *voluntarily* to submit themselves for treatment. It is the fervent hope of many who are associated with the care and treatment of mental cases that this power, together with the establishment of a clinic at the hospital, will afford means of early treatment which may avoid the necessity for subsequent certification in many cases, and will further help to spread a general knowledge of mental diseases which is often, for a variety of reasons, not found to-day.—I am, etc.,

R. J. COOPER,

Chairman of the Asylums and Mental Deficiency Committee of the London County Council.

London, S.W., Nov. 6th.

THE FUTURE OF THE MEDICAL PROFESSION.

SIR,—Writing from the standpoint of an onlooker, and yet of one who still has the welfare of the medical profession at heart, I wish briefly to call attention to the scheme of State medicine outlined by Dr. Mears in his letter published in your last issue. To my mind it is one of the best of the many plans for a national medical service recently suggested, and one which might be referred with advantage to a standing committee of the Association for consideration.—I am, etc.,

Hove, Nov. 11th.

W. AINSLIE HOLLIS.

SIR,—The letter from "Lieut.-Colonel R.A.M.C.(T.F.)," November 2nd, p. 501, ought not to go unanswered. He speaks of the practices of those who are away on naval or military service as having been "absorbed by those remaining at home," and that the patriots who joined up have nothing to return to.

Let him be assured that in this particular town, though he would be, as I presume, quite unknown, he would very quickly find any amount of work. In fact, unless he proved himself a singularly objectionable colleague, we other men would be very glad to see him, as being likely to lighten our burdens a little. How can he really believe that we enjoy neglecting our own patients in order to look after his? For that is what many of us are doing. In fact, it is veritably a dog's life for most of us, and he is about as wide of the mark as he could possibly be when he says "we naturally desire that this state of affairs shall continue."

He is in rather a hurry also, is he not, to be bitter against us? Let him wait till he comes back, and then perhaps he will find that we have played the game after all. And we shall expect him to do likewise.—I am, etc.,

November 6th.

SLOGGER.

SIR,—Your correspondent "Lieut.-Colonel R.A.M.C.(T.F.," has sounded a right and timely protest against any decision for or against a State Medical Service being come to until the voice of those serving in the army or navy has been heard. As it is impossible to get the opinion of those serving, and as the question is highly controversial the only fair way would be for both the Government and the profession to hold the matter in abeyance until demobilization is complete. It seems unjust that those who have been patriotic enough to join the services should be expected to accept any scheme in the forming of which they have had no voice.

The letter has rather a despondent note in it. The writer seems to take it for granted that the practices of those who have gone have been absorbed by those remaining at home and will not be delivered up. Every serving doctor expects his practice to be returned to him intact. If his expectations do not materialize then he will demand its surrender and will look to the British Medical Association to assist him in his demand.