in surgery, in obstetrics, or in the science of drugs, as the case may be.

No doubt it is a source of satisfaction that Bateman retains his professional position, and that his name will remain on the *Medical Register* and, if he so desires, on the roll of the panel of doctors under the National Insurance Act.—I am, etc.,

Cambridge, Feb. 16th. JOSEPH GRIFFITHS.

PULMONARY TUBERCULOSIS TREATED BY SPAHLINGER'S SERUM.

SIR,—Most of the tuberculosis workers with whom I have discussed the value of Spahlinger's serum are sceptical of its value, for a variety of reasons, and the information given under the above heading in your issues of January 3rd and February 7th does not tend to dispel this feeling.

In the JOURNAL of January 3rd (p. 43) we are told that a case of pulmonary tuberculosis with such extensive disease and such grave symptoms that the condition of the patient was "wellnigh hopeless" was treated first with Spahlinger's serum in Geneva on August 1st, 1924, and that ten weeks later (that is, October 10th, 1924) the disease seemed to be "completely arrested." Like your correspondent of January 10th (Dr. J. M. Johnston), I marvelled at the radiograms and should have welcomed the information he suggested.

On February 7th (p. 277), however, you were able to publish a further report under the same title, showing that the man died on November 3rd, 1924, and a letter is published, in which M. Spahlinger is said to attribute the cause of death to "typical pneumonia."

Now "typical pneumonia" conveys the impression of acute lobar pneumonia of pneumococcal origin, and the inference from the whole letter would seem to me to be that death was not due in any way to pulmonary tuberculosis. This impression of mine may be wrong, but I should be glad to know what others think. The further information which you publish in the same article puts a different complexion on the affair. It is there shown that the case of pulmonary tuberculosis which was "arrested" on October 10th, 1924, had a copious pulmonary haemorrhage on October 25th, 1924, developed "pneumonia" on October 27th, and died on November 3rd, 1924.

Whether pneumococci were or were not found in the sputum at the last illness, no one can doubt reasonably that the cause of death was bronchopneumonia following pulmonary haemorrhage due to pulmonary tuberculosis; and it seems to me that when M. Spahlinger wrote as to the termination of the case he either was not in possession of all the facts or did not appreciate the need for a complete statement.—I am, etc.,

CECIL G. R. GOODWIN.

Newcastle-upon-Tyne Sanatorium, Barrasford, Northumberland, Feb. 8th.

CANCER OF THE OESOPHAGUS.

SIR,—Sir Charters Symonds (February 14th, p. 330), referring to Mr. Souttar's introduction of spiral wire intubation funnels in lieu of gum-elastic ones, restricts their use to those familiar with the oesophagoscope, and mentions that this will set a limit to their application—an opinion with which all will agree. On the other hand, he states that "the elastic tube can be introduced after a little experience, and has been used somewhat extensively by a number of surgeons." Again, that malignant obstruction of the lower end of the oesophagus can "usually be traversed by a coudé bougie, or feeding tube when the straight variety cannot be passed"; and that "once such a tube can be passed and retained for three or four days, then the thin-walled rubber tube carrying the silver wire suggested by Dr. Hill can *easily be inserted* and worn indefinitely" (the italics are mine).

Surely Sir Charters Symonds does not advise—in these endoscopic days—the blind insertion of an intubation tube or a funnel in a malignant stricture of the oesophagus, in the haphazard way in which it has been used in the past?

So far as Dr. William Hill's intubation tube is concerned—and I have had considerable experience in its use—the designer introduced it with the same restrictions as Sir Charters Symonds has placed on Mr. Souttar's tubes—namely, for perendoscopic use only, and for those skilled in endoscopic procedures.

It is admitted that the danger of perforation, especially in certain cases of tortuous cicatricial varieties of cancerous growths, is real, even in the hands of the most experienced endoscopists. Surely such a catastrophe is more likely to occur after the blind passage of a bougie or other appliance.—I am, etc.,

London, Feb. 16th. IRWIN MOORE.

WHOLE-TIME MEDICAL OFFICERS.

SIR,—If Major Heffernan will do me the honour of re-reading my letter as a whole his alarm will be allayed. He will then see that the sentence which he quoted as indicating the policy of a particular hospital was merely the statement of a hypothetical case put forward during the course of an argument.

The reasons for the conclusion drawn in that sentence were set out in the two preceding paragraphs, and he will perhaps forgive me for thinking that as a scientific man he would have been better employed in a critical examination of those reasons than in turning over the pages of the *Medical Directory* in search of irrelevant material.—I am, etc.,

Sheffield, Feb. 14th. A. E. NAISH.

ISOLATION HOSPITALS FOR SCARLET FEVER.

SIR,—"Life is not designed," said Robert Louis Stevenson, "to minister to a man's vanity. . . . It is a friendly process of detachment. When the time comes that he should go, there need be few illusions left about himself. *Here lies one who meant well, tried a little, failed much*—surely that may be his epitaph."

His word fits the broad tombstone of humanity, but it sits with peculiar felicity upon the graves of physicians. Life for them is a procession of disappointments aggravated by the circulars of credulous chemists. It is a poor day that brings no flattering promise, a bright night that has seen no disillusionment. They hope so much, persist so patiently, and achieve so little.

In the current JOURNAL Dr. H. Cameron Kidd's letter on isolation hospitals (February 14th, p. 332) drives home the point. Just two short weeks ago you recorded Dr. W. Robertson's tale of "a series of 200 consecutive cases of scarlet fever treated in their own homes in Leith, the largest proportion of which were working men's dwellings, and among which not a single instance of spread of infection took place"—a plea for the Milne method of treatment. Dr. Robertson is now M.O.H. for Edinburgh. One hoped that his word from such a city might carry the method into the therapeutic position it ought by right to occupy.

Instead comes a call for "more stately mansions" in the isolation camp. Thus the "friendly process of detachment" goes on. Yet after thirty years of general practice I recall, amid ventures, advances, failures, no measure in treatment which has so consistently fulfilled expectation. I do not say that scarlet fever handled thus is never fatal, never severe, never complicated; but I am convinced that by this method the majority of cases run a milder, safer course. And there is never any infection. That is certain. Isolation becomes unnecessary. General recognition of the fact would mean an immense economy to these islands.

Have isolation hospitals had so much credit from their scarlet fever patients that more money should be spent on them? Scientific precision is never within reach of the system. At the end of a dangerous and expensive seclusion the patient returns to society a potential risk to his fellow creatures. How real the risk is we learn too often. And always the scarlet fever hospital is itself a menace to the community—parents, friends, nurses even, spread infection from it. Doctors and staffs do their best, and these reflections are not directed at them. They are the victims of a system in which the dice are loaded against them—they do their best with no chance of kudos.

Sometimes the Milne method has been tried in these institutions. But principles and routine, the spirit of these

places and their great airy spaces, are dead against the test. You cannot deal faithfully with this thing by the perfunctory inunction of a few children in a draughty ward. Milne himself always gave "careful injunctions to avoid cold for three weeks and to have the children warmly clad." The method is simplicity itself. But unless its few plain directions have been followed to the letter, it is futile to criticize or condemn. On the Continent there is a growing interest in this method, and the exigencies of medical work under war conditions proved its value to more than one French observer.—I am, etc.,

Belfast, Feb. 15th. ROBERT WATSON.

A JOURNALISTIC INDISCRETION.

SIR,—In view of the recent articles that have been appearing about 86, Brook Street, in the *Daily News*, I feel compelled to ask you to be good enough to publish this brief note, in which I would desire emphatically to dissociate both myself and any of my colleagues from the etiology of those articles.

I may just add that our united disapproval has found expression not only in an attempt on my part to suppress the publication of the last two articles, but also in a letter repudiating all knowledge and responsibility of them, written to the General Medical Council.—I am, etc.,

DRURY PENNINGTON,
86, Brook Street, W.1, Feb. 16th. Medical Director.

HISTORY OF HARLEY STREET.

SIR,—I am engaged upon a short history of the Harley Street and Wimpole Street district from a medical point of view, as that has, I believe, never been done before. I should be very grateful to any of my professional brethren for personal or topographical information relating to any of the houses in these or adjacent medical streets, including Cavendish Square.—I am, etc.,

26, Welbeck Street, W.1, Feb. 16th. C. EDWARD WALLIS.

Obituary.

E. E. KLEIN, M.D., F.R.S.,

Formerly Lecturer on Histology and Advanced Bacteriology, St. Bartholomew's Hospital Medical School.

DR. EDWARD EMANUEL KLEIN died at his residence in Hove on February 9th, in his 81st year. He was born on October 31st, 1844, at Ersec, near Vienna, the son of a Hungarian merchant, and received his medical education at Vienna. He devoted himself to microscopical anatomy, was appointed an assistant professor at Vienna University, and before the age of 24 had published a monograph on the oesophageal musculature. In 1869 the New Sydenham Society decided to publish a translation of the *Manual of Human and Comparative Histology*, edited by Professor Stricker of Vienna, and Klein was sent by Stricker to London to make arrangements for this translation. Among those whom he met during this his first visit to England were Huxley, Burdon-Sanderson, and John Simon. He returned to Vienna in the autumn of the same year; but following a parliamentary subsidy of £2,000, voted to enable the medical department of the Local Government Board to undertake special investigations, Sir John Simon, medical officer to the Privy Council and afterwards general medical officer to the Local Government Board, invited Klein to return to England in April, 1871, in order to undertake certain researches of a kind for which he seemed peculiarly fitted.

Those who came in contact with him here recognized him as a brilliant young histologist, well trained in what was then a very brilliant school—Vienna. At that time the earliest work in this country on the particulate nature of contagion was being done by Sir John Burdon-Sanderson; but bacteriology was quite in its infancy. Klein was allotted quarters in the Brown Institute under Burdon-Sanderson, then its superintendent. His early papers are to be found in the Local Government Reports from 1871 onwards; they are essentially the work of a histologist, dealing with the microscopical morbid anatomy of such diseases as sheep-pox, typhoid fever, and scarlet fever. In particular he worked out the histology of the lymphatic system, and in 1873 published a book on that subject which is justly regarded as a classic. This was followed two years later by another on the lymphatic system of the lungs.

He began bacteriology, after the manner of a histologist, by looking for the infecting agent with a microscope; then after a year or two he got on to cultural work. If Burdon-Sanderson be not so reckoned, Klein was the earliest bacteriologist in England. Burdon-Sanderson went off on physiology; Klein abandoned histology and stuck more and more to bacteriology. The sort of work he did may be judged from the succession of papers he poured out year by year in the Local Government Board Reports. He cannot, of course, be placed alongside Pasteur, who founded bacteriology, or Koch, who developed it as a working science. But Klein did great things for bacteriology in England. He made many mistakes, as we can see now, but he was a pioneer and kept himself and this country abreast of what was going on on the Continent. He did far more than any other man to develop the subject in England. In recognition of his pioneer investigations he was elected a Fellow of the Royal Society in 1875.

Klein had not long settled in London when the Medical School of St. Bartholomew's Hospital secured him as a lecturer on histology, though his broken English was at first a source of merriment to the ribald student. He held this post for many years, and subsequently lectured also on general physiology jointly with Dr. J. S. Edkins, until the latter took over the whole lectureship. In 1890 he opened a private school of bacteriology in Great Russell Street, taking pupils to train, of whom Sir Ronald Ross was one. Sir Frederick Andrewes and Sir William Hamer also worked there under him. A year or two later the Medical School authorities of St. Bartholomew's allotted him a laboratory at the top of the school buildings, where Sir Frederick Andrewes continued to work with him, and was joined later by Dr. Mervyn Gordon and Sir Alexander Houston. To these pupils and fellow workers Klein allotted particular pieces of investigation commissioned by the Local Government Board, for the practical distribution of the annual grant by the Board for research was usually left to him. He went on working in his laboratory at Bart's up to the time of his retirement.

In 1873 he had collaborated with Burdon-Sanderson, Michael Foster, and Lauder Brunton in the preparation of *A Handbook for the Physiological Laboratory*; his section on histology, though very useful to advanced workers, was rather over the head of the ordinary student. In 1879 he published jointly with the medical draughtsman, E. Noble Smith, an illustrated *Atlas of Histology*. In 1883 his well known *Elements of Histology* appeared; this proved very successful, and later editions were translated into French and German. In 1884 he published *Micro-organisms and Disease; an Introduction into the Study of Specific Micro-organisms*, which was considered to be one of the most important books from the point of view of the establishment of bacteriology as a science. In the eighties, in conjunction with Dr. Gibbes, he undertook an investigation of Asiatic cholera, and subsequently produced a form of prophylactic treatment for this disease. He was concerned with several important inquiries: thus, in 1876, he gave evidence before the Royal Commission on Vivisection; in 1893 he investigated the typhoid epidemic in Winchester and Southampton, and the scarlet fever outbreak in Glasgow; subsequently he turned his attention to the bacteriology of food decomposition. He continued his researches for the Government, retaining his appointment under the Local Government Board for about forty years in all. One of his more important investigations was in connexion with the cause of plague; his *Studies in the Bacteriology and Etiology of Oriental Plague* appeared in 1906. Indeed, some of Klein's best work was done late in life. In the course of his inquiries for the Fishmongers' Company he established standards for shellfish pollution, which still hold good. For some years he was an active member of the Scientific Grants Committee of the British Medical Association.

Dr. Klein married in 1877 Sophia Mawley; she died in 1919. He leaves a son, Dr. Bernard Klein, and a daughter. The funeral was on February 12th at Hove Cemetery.