stored lymph may often be set down to the defective method of storage adopted by the Department rather than to the system itself.—I am, etc.,

Guildford, Nov. 15th.

HENRY TAYLOR.

** It may be doubted whether the object desired could be secured by the use of lymph tubes of larger bore and thicker glass than those now and for some time adopted by the Local Government Board. The sealing by heat-now such a simple matter, and effected without the destruction of the tube—would be more difficult if larger and thicker tubes were used. It is unnecessary, in the majority of instances, to vaccinate so many as nine children with stored lymph, since the lymph sent out in a stored condition by the Local Government Board is intended only for the one purpose of starting a series of cases which shall enable vaccinators to continue from them a constant supply of human lymph from arm to arm, and thus obviate the many objections to any but absolutely fresh lymph. If human stored lymph be deemed unsatisfactory as a means of starting a series of arm-to-arm vaccinations, there is the alternative of stored calf lymph on points; but, whilst the objection of tubes is set aside in this case, we doubt whether the risk of failure is not greater. After all the amount of failure of stored lymph in the hands of a skilful vaccinator, such as our correspondent is, will not be large, and the arm of a selected vaccinifer having been successfully operated upon, the need for resort to stored lymph will not be great.

DIPHTHERIA ANTITOXIN AS A CULTURE MEDIUM FOR THE DIPHTHERIA BACILLUS.

SIR,—In the correspondence on this subject which has already appeared in the columns of the British Medical Journal some of the writers undoubtedly think that I am opposed to the antitoxin treatment of diphtheria. I can assure them that is not the case. Professor Wright, I am sorry to find, assumes from my letter of November 9th that I wished to impale Dr. Semple and himself upon the horns of a dilemma. If he refers to the paragraph in question he will perceive that the so-called dilemma is a personal one, and refers only to myself. However that may be, Dr. Wright readily extricates himself to his own satisfaction, and in so doing propounds a series of dual propositions, which are here reproduced in parallel columns:

- 1. Alcohol is produced by the yeast plant.
- 2. The absorption of alcohol into the system constitutes "alcoholic intoxication."
- 3. Certain drugs, such as opium or bromide of potassium, do to some extent neutralise the effects of that alcoholic intoxication.
- 4. Sugar solution constitutes an excellent culture medium for the yeast plant.

1. Diphtheria toxin is produced by the diphtheria bacillus.

2. The absorption of diphtheria toxin into the system constitutes "diphtheria intoxication."

3. Diphtheria antitoxins neutralise the effects of that diphtheria toxin.

4. Serum is a good culture medium for the diphtheria bacillus.

Now, it is easy to follow the chain of reasoning through the first three propositions in each column, although some of the included statements may be questionable; but at the end of each of the third paragraphs the proverbial red herring is drawn across the scent by making two trite observations which no one is likely to dispute. If, in the fourth propositions, instead of the words in italics, "a solution of opium" and "diphtheria antitoxin" were respectively substituted, the context would be more logical if less convincing.

Another of your correspondents, whilst fully confirming Dr. Wright's experiment, suggests that the heat required to coagulate the antitoxin destroys its bactericidal properties. If that is so, diphtheria bacilli ought to die when floated on fresh antitoxin and kept at a body temperature. On the contrary, I am afraid that the microbes would not only survive this treatment but thrive upon it. However, this is a question which a simple experiment would at once settle.

Yet another gentleman considers that we must look to Metchnikoff's theory for the true explanation of the action of antitoxin; that this product when introduced into the

body stimulates "the living phagocytic cells." Now, if this explains the remedial process, antitoxin must act either as a general stimulant or as a special stimulant. If it acts as a general stimulant to the phagocytes throughout the body, I cannot see in what way diphtheria antitoxin differs in its action from half a score of other remedies, such as quinine or iron, which have at various times been credited with similar qualities. If, on the other hand, it is a special stimulant, and prompts these little bodies to devour only Klebs-Loeffler bacilli and their antitoxins, many will consider that we are asked to mentally assimilate not only Metchnikoff's theory, but "rudis indigestaque moles" besides.—I am, etc..

Brighton, Nov. 25th.

THE GENERAL MEDICAL COUNCIL AND DIRECT REPRESENTATION.

Sir.—In these days of direct representation it is difficult to understand why we should be satisfied with the method of election of the members of the General Medical Council. Since it will be necessary to go to Parliament on the subject, it seems to me that we had better take the bull by the horns and endeavour to get direct representation in toto. If it is necessary that each qualifying body should send a representative, by all manner of means let it do so, but let these representatives be elected by the votes of the graduates or members of the different bodies. In this way each corporation would be represented, and yet the Council would be elected by us, who find all the funds. This seems to be the only satisfactory way of settling the question once for all.—I am, etc.,

Banbury, Nov. 25th.

James Griffin, M.R.C.S., L.S.A.

THE ADMISSION OF WOMEN TO THE EXAMINATIONS OF THE CONJOINT BOARD.

Sir,—I fear that Sir Joseph Fayrer's statement in the course of the debate at the Royal College of Physicians on the admission of women to the Licentiateship, that "he had never known any instance where in a case of serious illness any difficulty had been placed in the way of a physician or surgeon entering a harem, and if he found it necessary the patient was always uncovered," may, quite unintentionally, give too favourable an impression of the degree to which Indian women have access to skilled medical advice. His experience is just what we should expect. The English doctor hears only of such women as are permitted or will consent to see him; of the many who by strong social custom are prevented from seeing him or any other male physician or surgeon he does not hear. Probably more Indian women are treated by medical men at the present day than was the case twenty years ago. But as a qualified medical woman who has had five years' practice in India I can say that two years ago it was an every day occurrence in Calcutta to call in a medical man to diagnose and treat the illness of a patient whom he either did not see at all, or on whom he was not permitted to carry out a physical examination. At the present day it is very much the custom to call in a medical woman at the same time in consultation, who is free to see and examine the patient. Formerly the doctor had the assistance of a midwife, trained or untrained, upon whose information his diagnosis had mainly to rest.—I am, etc.,

November 23rd.

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Br Med J: first published as 10.1136/bmj.2.1822.1390-b on 30 November 1895. Downloaded from http://www.bmj.com/ on 19 April 2024 by guest. Protected by copyright.

FEMALE MEMBERSHIP OF CLUBS.

SIR,—Various country newspapers containing reports of meetings of friendly societies mention the intention (carried into effect by the Foresters in at least one town) to admit women as members. I suppose the medical profession, as ratepayers and philanthropists, will welcome and support any movement to increase the wellbeing and thriftiness of our working classes, but when their women co-operate, and wish to obtain medical, gynæcological, and surgical attendance, and medicines from our already far-too-much-imposed-on profession for a very few shillings a year each, it behoves us also to co-operate, and strenuously decline to be "sweated" any more than we have already weakly permitted ourselves to be by the men (many of whom do not belong to the working class and can well afford moderate fees) and boys by our