and where salt fish was much consumed, my belief in the fish origin was not materially shaken. I should, however, be much relieved to know from Dr. Long that the cimex can communicate leprosy and that it abounds in Basutoland. Such proof would, however, go but a short distance towards solving the whole leprosy question.—I am, etc.,

Haslemere, Aug. 14th. JONATHAN HUTCHINSON.

AFFERENT FIBRES IN VENTRAL SPINAL ROOTS.

SIR,—Dr. Leonard Kidd, in his article on "Afferent Fibres in Ventral Spinal Roots"[1] offers, as evidence for the existence of such fibres, the persistence of pain in areas which had been rendered anaesthetic by division of certain posterior roots. Arguing from this basis, he proceeds to suggest that the surgical treatment of "intractable pain" should include division of the corresponding anterior roots. Surely this argument is unsound. Division of posterior roots can do no more (but may do less) than cause degeneration of the sensory protoneurones (the processes of the posterior root ganglion cells). But other links in this chain—the sensory neurones of the second or third order—may often be the seat of disease, the resulting pain being referred thence to a corresponding peripheral area. Such a condition would account for the persistence of pain and would obviously be uninfluenced by anterior root section, the only result of which would be a motor palsy superadded to the sensory troubles. It is to be hoped that no surgeon will be found rash enough to undertake such an operation until Dr. Kidd has brought forward stronger evidence in support of his views.—I am, etc.,

University College Hospital Medical School, August 21st. OTTO MAY.

TEN YEARS AFTER SANATORIUM TREATMENT.

SIR,—Though Dr. J. C. McWalter's assertion that no practitioner knew of a case of tuberculosis that survived ten years after coming under treatment has very properly been rebutted by the letters of Drs. J. E. Squire and E. W. Diver, the question of the ultimate benefit from sanatorium treatment is one on which we badly need statistical evidence. Perhaps some of your readers interested in this subject have not yet seen a little report[2] published last spring by the Charity Organization Society giving the results of nearly 500 cases treated in their sanatoriums during the last eight years. From this it appears that the society early in the current year visited the homes of 120 patients who were discharged from five to eight years ago. The following was the result:

39 well and working or fit to work.
8 improved but capable only of light work.
7 unimproved or relapsed.
66 dead.

I do not know of any figures on this scale dealing with so long a period as ten years, but it is difficult to believe that the above 39 now well and active are doomed one and all to die in the next few years.—I am, etc.,

London, W., Aug. 19th. DAVID FORSYTH.

SIR,—Dr. J. Edward Squire does not say whether tubercle bacilli were demonstrated in the cases of tuberculosis which he treated ten years ago, and which are now alive.

We all, I think, used to imagine that we could find those things easily some years ago.—I am, etc.,

Dublin, Aug. 18th. J. C. MCWALTER.

THE NEW NIGHT TERROR.

SIR,—In reference to the note in the BRITISH MEDICAL JOURNAL (August 12th, p. 344) on "The New Night Terror," may I be permitted to say that, in my opinion, the most likely way to stop the nuisance is for the authorities to insist on *all* vehicles keeping to the left side of the road and slowing down on approaching a cross street and on rounding a corner; if this is insisted on, there is no more necessity for a chauffeur to sound his horn than for a coachman to give notice of his approach.

It is the insane and dangerous practice of chauffeurs (chiefly those of taxi-cabs) cutting the corners on the wrong side and passing cross-roads at high speeds, which is the cause of the excessive use of the horn, coupled with the fact that horse-drawn vehicles are so often to be found on the wrong side of the road with the driver not infrequently half-asleep.

In passing round a corner bearing to the right, a motor car can negotiate the corner at a much higher speed by hugging the *right* curb, which means, of course, that he is on his wrong side of the road. The driver knows he is doing wrong and taking a risk, so he blows his horn and uses every evil-sounding device to warn those round the corner to get out of his way. This is, to my mind, a crime, and should be punished as such; he is a danger to himself and to the public. His offence is threefold: First, he goes round the corner or across a cross-road too fast for safety; secondly, he goes round on the wrong side; and, thirdly, he constitutes himself a public nuisance by noise he makes.

To be just to this Jehu, we must admit that he is tempted to sound his horn more loudly than he otherwise would by the fact that ten to one he will a find a sleepy four-wheeler or Covent Gardent van in the middle of the road, and the sooner this factor in the causation of the night terror is recognized and stopped the better it will be for all users of the road, be they pedestrians, horse-drawn vehicles, or motors.

In the last paragraph of your article you suggest that there should be a speed limit of ten miles an hour in all towns for motors; this, Sir, I submit, is unnecessary, and, if enforced, would seriously interfere with the business of the town; besides, it could or would never be enforced, any more than the twenty-mile limit is enforced in the country. To condemn all motor traffic to go along, say, the Bayswater Road at ten miles an hour is absurd; even the parks allow twelve miles. The public will not submit to vexatious and unnecessary restrictions: there is an inherent spirit of rebellion against injustice, and to condemn all drivers to a ten-mile limit in towns and twenty-mile limit in the country is unnecessary and unjust.

The important point is to make dangerous driving punishable and to make the punishment severe enough to be prohibitive. That, Sir, and that only would get at the root of the matter, and if to this are added Sir Henry Morris's suggestions, except the suggestion of search lights at night which are dangerous in towns and quite unnecessary if people will only drive slowly and carefully round corners and across cross-roads, then you will have quieter nights and safer roads by day, and the public business would be expedited instead of hindered. At present the heavy, slow-moving traffic keeps to near the middle of the road; the remainder of the traffic, which is by far the most important, is hooting and struggling or waiting to get by, and having got by he cuts the next corner on the wrong side to make up for lost time.—I am, etc.,

London, S.W., Aug. 17th. L. VERNON-JONES.

THE NEED FOR UNIFICATION IN THE PUBLIC MEDICAL SERVICES.

SIR,—Dr. Larking in his letter on the above subject (August 19th, p. 406) refers to the policy of the British Medical Association which he supposes supports the idea of dividing up the work among all practitioners. May we, however, point out that the effect of the resolution passed at the last Representative Meeting that medical officers of health should confine themselves to "official duties" will certainly not "divide up the work among all the practitioners." The effect of the resolution will be to definitely pledge the British Medical Association to support the Local Government Board in its efforts to confine the medical officer of health to "official duties," and these "official duties" are succinctly enumerated in the memorandum of the Local Government Board 1910 and 1911 to the Local Authorities.

These "official duties" are the duties of the "offices" at present held by general practitioners.

Dr. Larking says that:

> The present part-time medical officers of health are being unconsciously influenced in favour of the scheme by offers of all the appointments in each locality, such as school medical officer, superintendent of the isolation hospital, and sole medical officer, certifying factory surgeon, police surgeon, public vaccinator, district medical officer, and medical officer of the workhouse.

[1] BRITISH MEDICAL JOURNAL, vol. ii, p. 359.
[2] Some account of this report was published in the BRITISH MEDICAL JOURNAL of May 13th, 1911, p. 1137.