

Correspondence.

LOCAL CLINICAL LABORATORIES.

SIR,—The letter of "Clinical Pathologist" in your issue of October 18th must be answered. His roll of 2,000 medical men and 200 public health authorities proclaims the "commercial" laboratory and the non-applicability—ugly word, but a very useful army term—of the adjective of his signature. A "filled up" form can never replace personal contact at the bedside; the essential meaning of "clinical" seems to be lost.

He dilates upon the size of the laboratory "at a distance" and its facilities for apparatus. I suggested an army hut, 60 ft. by 20 ft., and its equipment from army medical stores, and I know that anything and everything that a bacteriologist and pathologist could want is stored in countless multiplication, and I have worked in much less space. My ideal laboratory with its area is certainly not parochial, and would serve some hundreds of thousands of possible patients, all within reach of the personal attendance of its director.

How does "Clinical Pathologist" do blood counts and blood cultures, examine cerebro-spinal fluid, contacts of cases of cerebro-spinal fever, etc., all demanding the personal attendance of the bacteriologist, with his accompaniment of counting apparatus, diluting fluids, fluid and solid culture media, hot water-jacketed containers, and so on?

A few illustrations may show what I mean. I have often received the following specimens from distant medical officers who ought to know better:

Two slides hopelessly stuck together with a blob of blood between for differential count or parasites.

A quarter-inch clot of blood in a capillary tube for a Widal, for T.A.B.

A small clot of blood in a test tube (twenty-four hours in the post) for a blood culture.

It is rather pitiful; the spirit is willing but the technique is lacking. A very clever book has for its introduction a German sentence meaning "technique is everything"; well, it isn't, but like "a little British Army," it "goes a d—d long way!"

The country practitioners I instanced in my letter published in your JOURNAL of August 30th know better than "Clinical Pathologist." One of them recently motored many miles to me with a cerebro-spinal fluid in a sterile bottle snuggled in cotton-wool close to his skin under his waistcoat. That is the spirit I am out to inspire. I would have gone to him and saved him the trouble if he had asked me to.

It is asked, "How many local laboratories would be able to support a chemical pathologist, bacteriologist, and histologist?" Histologist as such is a new term to me; a pathologist knowing nothing of histology is an impossible conception; a surgeon knowing nothing of anatomy would be his fit partner! A bacteriologist knowing nothing of the chemical side of his work is in like condition!

The director of my ideal laboratory would be a man who combines in himself the knowledge and experience these wordy distinctions seek to separate, together with real clinical knowledge, otherwise he would not be the right man for the job.

"Over the teacups, with tired eyes, and a cigarette," I should be delighted to discuss the standpoint with "Clinical Pathologist." In my experience it is usually my fingers that are tired!

My letter dated August 18th, and published in your issue of August 30th, requires the same signature.—I am, etc.,

October 21st.

BACTERIOLOGIST.

CREMATION AND MEDICAL FEES.

SIR,—Desiring, as I earnestly do, to see cremation more generally practised, I welcome Mr. H. T. Herring's letter in your issue of October 25th, raising the question of the amount of the fee that should be charged for giving certificates in Forms B and C respectively.

Inquiry is frequently made to cremation authorities as to what fee should be paid for giving these certificates, and it seems to me that if the profession fell in with Mr. Herring's proposal generally it would be satisfactory all round. The party seeking cremation would know exactly

what he would have to pay when he applied to any particular doctor, and the doctors themselves would be saved from the inevitable consequence where the public get to think that some are charging fees out of proportion to the service rendered.

In the case of deaths in the hospitals, infirmaries, and similar institutions a lower scale should be charged as, in the case of Form C in particular, the necessary inquiries are more easily and quickly made than in the outside cases.

Complaints also reach us that doctors sometimes give a certificate in Form C, and charge for it without being qualified under the Cremation Act, as when he is not of five years' standing. A careful reading of the certificate would avoid this.

If cremation is an improved method of disposal of the dead—and few would deny that it is—it would be against the public interest that its cost should be raised by excessive medical fees. The usual charge for cremation is about five guineas. If, as in a recent case, as much as four guineas is asked for signing Form C, the cost would be prohibitive in many cases. It should be borne in mind that no fee at all is paid to the doctor for the ordinary death certificate in a case of burial.—I am, etc.,

CHARLES CAMERON, M.D.,
President, Cremation Society
of England.

324, Regent St., W.1. Nov. 7th.

RADIUM TREATMENT IN IRELAND.

SIR,—There appeared in the *Irish Times* of October 30th a full column appealing for funds entitled, "St. Bartholomew's call to Ireland." The following statement which I extract is misleading, unintentionally I feel confident, and I think not just to the Dublin hospitals, which are also badly hit by the war:

You in Ireland may regard it as an invasion for this hospital in London to appeal to you, but St. Bartholomew's does not regard it as strange when people travel from Ireland to Bartholomew's. For instance, a man was sent by his doctor in Ireland to St. Bartholomew's; his fingers were contracted, stiffened, and as useless as wooden pegs. Radium treatment at Bartholomew's (not available in Ireland) restored the full use of his hand.

I first used radium in Dr. Steevens's Hospital in 1904, and published in the *BRITISH MEDICAL JOURNAL* of July 4th, 1914, I believe the first recorded case of treatment by radium of fingers which were contracted, stiffened, and even more useless than wooden pegs, as they kept the patient awake with pain at night. The treatment was most successful. I saw the patient, after five years, a few days ago.

We are fortunate in Ireland to be able to obtain from the Royal Dublin Society Radium Institute radium emanation for the treatment of patients in hospitals and elsewhere. I may add that the radium treatment of stiff hands due to war injuries has been authorized by the War Office on account of my work at Dr. Steevens's Hospital, and at Blackrock, Alder Hey and Shepherd's Bush Special Military Surgical Hospitals (vide *Lancet*, March 23rd, 1918, *Medical Press and Circular*, January 8th, 1919, *Archives of Radiology and Electrotherapy*, April, 1919). In addition to some 250 hospital cases treated for malignant disease at Dr. Steevens's Hospital, I have treated, with eminently satisfactory results, 453 patients for war injuries (stiff joints, adherent and painful scars, etc.), 349 of them in Ireland. Incidentally, it appears to me obvious from the result obtained at St. Bartholomew's, and my own experience, that radium should be much more extensively employed for the benefit of those wounded in the war than it has been heretofore.

I feel that these facts have only to be pointed out to the authorities of St. Bartholomew's to obtain justice for our Irish hospitals.—I am, etc.,

Dublin, Nov. 3rd.

WALTER C. STEVENSON.

CHILD WELFARE AND OPERATIONS FOR TONSILS AND ADENOIDS.

SIR,—I beg for the hospitality of your columns to endorse in the strongest way possible the letter of Mr. Douglas Drew (November 1st, p. 577). As one whose duty it is to perform a large number of these operations, I should like to say that I entirely agree with the opinion he gives, that it is quite improper to regard them as