With regard to those places more generally accepted as being referred to as "nursing homes" you rightly conclude that the result of the legislation advocated will be to wipe out a large number of them, and you look to the voluntary hospitals to provide the necessary accommodation (as in public life one looks to the Government to end all our woes, so in medical life we seem to look to the voluntary hospitals to solve our problems). If this follows that will mean a further thrust for voluntary hospitals from being charitable places provided for indigent patients to become limited liability companies open to all. If this has to be it is just as well that the public and the medical profession should appreciate whither we are drifting.

But you touch very lightly on what would seem to be a more reprehensible part of the report. The Committee considers that doctors who receive single or two or more patients "are entering into a trade and into competition with others who have to be registered," and therefore should have their houses registered. Recent lunacy inquiries and recommendations are leading the public to appreciate that if individuals are to be kept from crossing permanently the border-line of mental soundness the earliest inducement should be offered to them to go where, alone or with a few others, proper medical supervision and assistance can be secured, whilst a home-like atmosphere is retained. Also, medical students are required now to have had some training in dealing effectively with such patients. Some hundreds of doctors now—and they could become thousands in the future—do receive one or more such patients, as well as those permanently unstable, into their family life. The result is most satisfactory to all concerned.

What will be the effect of legislation on these facilities, knowing what we do of registration, inspection, regulations, reports, and so on in other fields of public health? Will these doctors and their wives be content to submit their homes and home life to the inquisitorial control of a cold-blooded machine? If not, for such patients you suggest there will be hospital accommodation—that is, institutional treatment at an asylum, or State or voluntary hospital. And yet it is just that that these patients and their relatives loathe and will not submit to unless driven by poverty, as they seem certain that such will make them into chronics; also it is often quite unsuitable. Well then; what is to be done about it?—I am, etc.,

Hove, Sept. 20th. E. ROWLAND FOTHERGILL.

MAN AS THE INTERMEDIATE HOST OF THE TAENIA SOLIUM.

SIR,—Your correspondent Mr. E. J. H. Roth, in his article on the above subject (September 11th, p. 470), says: "It has not been found possible to discover a record of appearances which may be seen in radiograms when man becomes the intermediate host."

May I point out that such appearances in different patients have been described and illustrated with radiographs by the following authors: Sich (1905), Pichler (1911), Fischer (1912), Geipel (1913), Pursche, Köhler, Saupe, Stieda, and Brailsford.

A list of references are given in the paper, "The *X*-ray Diagnosis of Animal Parasites (Helminthes) in Man," which was delivered by me to the Electro-Therapeutic Section of the Royal Society of Medicine on January 19th, 1926, and can be found in the printed *Transactions* of the Royal Society of Medicine.—I am, etc.,

JAMES F. BRAILSFORD.

Edgbaston, Birmingham, Sept. 14th.

CANCER MORTALITY AND AGE RATES.

SIR,—In your issue of August 28th (p. 387) there is an article by Dr. John Brown entitled "Comments and practical suggestions on Circular 426 (Cancer)."

In this article Dr. Brown compares the death rates from cancer between mining districts and residential and seaside towns, and suggests that the lower death rate amongst miners and their wives is due to "their active and strenuous life and their plain but efficient dietary." Might I point out that the discrepancy in the death rates is in reality occasioned by the variation in the age rates in the two classes selected for comparison?

In mining and intensive industrial centres the proportion of persons over 40 is considerably less than in residential centres. In the two centres specifically mentioned by Dr. Brown—namely, Rhondda and Wigan, the proportion of persons over 40 is 249 and 270 per 10,000 of population respectively. In Hastings and Bath it is 415 and 399 per 10,000 of population respectively (census 1921).

At the period of highest cancer mortality (55-75) this discrepancy is still more marked. At the age period over 60 Rhondda has an exceptionally low proportion of persons, whilst Hastings has a correspondingly high proportion. A comparison between other intensive industrial centres such as St. Helens, Warrington, and Middlesbrough, and residential centres such as Bournemouth, Oxford, and Cambridge, shows similar results.

I should be interested to ascertain if Dr. Brown has further evidence, outside statistical, to support his view. Is there any confirmation of the statement, frequently made, that cancer is more prevalent amongst the well-to-do than the poor?—I am, etc.,

London, S.W.16, Sept. 16th. E. HUDSON.

SUBACUTE APPENDICITIS.

SIR,—The letter in the JOURNAL of September 11th (p. 506) under the above heading from Sir John O'Conor raises several interesting points.

The increasing frequency of definite localized pain met with in the gastric and duodenal areas due to a cause quite remote from these regions—namely, a subacute appendix—has become crystallized into one of the most common difficulties and pitfalls which beset the general practitioner. The absence of any lesion where bismuth meals and *x* rays have been invoked, especially if coupled with undue retention of the test meal in the stomach, often confuses rather than clarifies the diagnosis.

On one point I differ from Sir John O'Conor, which, however, may be attributable to a more limited experience than his. Instead of finding increased pain and tenderness over McBurney's point I have generally found the opposite—namely, that discomfort, tenderness, and pain (even with fairly deep palpation) are present in an inverse ratio to that complained of in the regions referred to above. Needless to say, this greatly increases the difficulty of correct diagnosis.

For some time I have been on the look-out for a satisfactory explanation as to whether parallelism of structure, position, with undue or irregular innervation can in any way be responsible for the interference which takes place between a chronic appendix and the pylorus with the gastric symptoms which follow.—I am, etc.,

Arnside, Westmorland, Sept. 13th. D. M. MACDONALD.

THE MEDICAL PROFESSION AND LIFE INSURANCE COMPANIES.

SIR,—Is it not time to review the relations existing between the medical profession and life insurance companies?

A little while ago a patient of mine wished to take out a deferred policy on the life of his son, aged 9 years, with a certain London company. The company wrote to me, as his medical attendant, asking me to fill up a form containing a lot of questions bearing upon the family history of the proposer and his father, the answers to which were only known to me in my professional capacity. I took the form to my patient and with his permission answered the questions. One of the answers disclosed the fact of insanity in the family, and I now get a further letter from the company asking for information on this point.

Now this seems all wrong. If the company for its own interests requires this information it should address its queries to the proposer, or his father, if, as in this case, it is a child. In fairness to the company I must add that they paid me a fee of a guinea, but from one point of view this makes it worse, as they are paying the medical man to give away confidential information.

This brings me to another point—namely, the usual fee paid for examination. The fee remains the same as it was thirty years ago, though its purchasing power is much less, and, more important, the examination and report required are much fuller and more elaborate than they used to be.—I am, etc.,

Oporto, Sept. 11th. W. A. MURRAY.

APPENDICITIS AND VEGETARIANISM.

SIR,—I was greatly interested in Mr. Hamilton Bailey's letter in the JOURNAL of September 18th (p. 545) as it is also my own conviction that diet has a close relationship to the incidence of appendicitis.

For a considerable period during the war I was responsible for the health of a large Arab population in Mesopotamia, and met with not a single case of appendicitis. The staple diet of these tribes was rice, dates, and other fruit. At the same time, among a much smaller British population in the same district, whose diet included tinned and frozen meat, numerous cases of appendicitis occurred.—I am, etc.,

R. J. MCNEILL LOVE, M.S.Lond.,
London, W.1, Sept. 18th. F.R.C.S.Eng.

SIR,—I was much interested in Mr. Bailey's letter. A similar case occurred in my practice about three years ago. In this case the boy was about 15 years of age, and had been brought up on strict vegetarian principles. The appendicitis was acute and the operation only just in time to prevent perforation.—I am, etc.,

JOSEPH A. PARKES, M.B., Ch.B.
Bristol, Sept. 21st.

Obituary.

Dr. JAMES CYRIL DALMAHOY ALLAN, who died in Hong-Kong on September 8th from infective endocarditis, received his medical education at Edinburgh, where he graduated M.B., Ch.B. in 1905, obtained the diploma of tropical medicine in 1907, and proceeded M.D. in 1911 with distinction. After graduation he acted as house-physician under the late Dr. G. A. Gibson in the wards of the Infirmary, and subsequently obtained the appointment of senior house-surgeon to Mr. Hogarth Pringle at the Royal Infirmary, Glasgow. In 1908 he became medical officer to Christmas Island, where he remained for two years, when he removed to Hong-Kong. A colleague writes: "On looking back at the old days in the university, one remembers an outstanding figure that strode smiling and cheerful through his classes and seemed to absorb facts and pacify examiners without apparent effort. His quick and ready mind went straight to the essentials, and many a slower-brained colleague was grateful for some point of difficulty cleared up by a short succinct explanation or demonstration. He had a host of interests besides the mere routine of class work. The Royal Medical and the Dialectic Societies were channels for the outflow of his superabundant energies, and under his stimulating guidance the English Public Schools Club took on a new lease of life. As a house-physician he ranked high, and he took to Christmas Island a knowledge of his profession that that small islet will probably never see equalled. A remarkable spontaneous demonstration of regret signalized his departure from the island, all the inhabitants, to the humblest Chinese coolie, uniting to do him honour. The value of his work was recognized in high places, as evidenced by his return to the island, for a brief period after the war, as governor. Allan arrived in Hong-Kong speaking Cantonese as easily as he did English. His practice among Europeans and Chinese rapidly increased, and he achieved notable success as a surgeon. With his strong sense of humour, his undeviating honesty, and a certain streak of fatalism that ran through his character, he found much about the Chinese to appeal to him. His interest in the country was profound, and he made several pilgrimages to the remote interior. On one occasion, in company with his faithful Chinese friend and body-servant, he walked over a thousand miles overland. During the tour he spoke no word of English and adopted the native costume. During the war he was at first attached to a battalion in France, and later was transferred to the staff. For gallantry in the field he was awarded the Croix de Guerre by the French Government. It was hoped by many that he would elect to stay in this country, but his tastes and family traditions pointed the way eastwards, and the glamour of the Orient held him in its spell. He leaves us with a golden memory of a vivid, arresting personality: one who was a born healer of the sufferings and sorrows of mankind. His generous heart had a genius for friendship, and his many friends adored him, rejoicing in the charm of his infinite variety. Breezy, hearty, joyous, a jest was never far from his lips, a kindly greeting ever in his eyes."

The Services.

INDIAN MEDICAL SERVICE.

STUDY LEAVE RULES.

WE have received from the Director-General, Indian Medical Service, a copy of revised study leave rules for the I.M.S., Army Instruction, India, B 206 of July 27th, 1926, published as Army Notification No. 890 in the *Gazette of India* of July 10th.

1. Study leave may be granted on the recommendation of the D.G.I.M.S., by the Government of India, or by local governments, who may delegate their powers to the High Commissioner for India.
2. The amount of such leave which may be granted is one-twelfth of an officer's service qualifying for leave, up to a maximum of twelve months during an officer's service.
3. This leave may be taken at any time, but an officer who, after taking study leave, retires, on any ground except ill health, within three years of the date of his return to India, will be liable to forfeit all benefits which he has received in respect of that study leave, and to refund any additional pay or allowances received for such leave.
4. The minimum period of study is two months.
5. The minimum period of leave granted solely as study leave is six months.
6. Study leave can be combined with any other leave, provided that the period of study is not less than two months.
7. Except as provided in Rule 8, an officer should submit his application for study leave through the prescribed channels, stating the course or courses of study he proposes to undergo, the institution where he proposes to study, the dates of beginning and ending of the course, and the examination he proposes to undergo.
8. Officers on leave who wish to convert part of their leave into study leave must apply to the Secretary to the High Commissioner for India. If they wish to take an extension of leave for purposes of study they must submit with their application evidence of having obtained the approval of the authorities in India to their application for extension and to the course of proposed study.
9. An officer may undertake a course of study during leave on average pay, and draw study allowance therefor, provided that study allowance is not drawn for a total period of more than twelve months during his whole service.
10. Study allowance is at present fixed at twelve shillings a day in the United Kingdom, £1 on the Continent of Europe, and £1 10s. in the United States. No allowance can be drawn until the officer has submitted the certificates required by Rule 12. The allowance is not admissible to an officer who retires at the expiration of his leave without returning to India, and may be retrenched, under Rule 3, if he retires within three years of his return. A period of vacation, not exceeding fourteen days, between two courses of study, may be counted as study leave. No course of study will be recognized as study leave for allowance or any other purpose unless the course of study has been approved in accordance with Rules 7 and 8.
11. The rate of pay admissible during study leave is half average pay, subject to the prescribed minima and maxima.
12. On completion of a course of study leave a certificate in the proper form, together with any certificates of special study, must be submitted to the High Commissioner for India.
13. Study leave will count as service for promotion and pension, but not for further leave. It will not be counted in calculating the aggregate amount of leave which an officer may take during his service.

The above rules apply also to officers in temporary civil employ, and in military employ, with a few variations, as follows:

2. The period of study leave allowable is one-twelfth of pension service.
6. The total period of all combined leave granted, in the first instance, will not exceed one year.
7. Such officers should apply to the Under Secretary of State, Military Department, India Office, instead of to the High Commissioner.
11. The rate of pay admissible during study leave is the rate of pay admissible under military leave rules.

As the above notes are considerably condensed from Instruction No. 206, all officers who propose taking study leave should carefully study the original Instruction.