from which the seed had been obtained, but they could throw no light on the problem. A third sample was sent to the county agricultural education department, who asked the public analyst to analyse it. He has kindly allowed me to quote his report, which is as follows :

" Some members of this family of plants are intensely bitter and are used medicinally for this purpose. Occasionally plants do revert and have this very bitter taste. The reason for this instability is obscure and does not appear to be due to soil conditions, as normal fruit and bitter fruit are intermingled. In a similar instance we have shown the bitter principle to be a glucoside. Many of the glucosides are intensely poisonous and would certainly give rise to the symptoms described, although the danger in this case is mitigated by the fact that the taste is so nauseating that it is unlikely anyone would eat any appreciable quantity. Bitter fruits are generally smaller and rougher in appearance compared with normal fruit."

All three marrows in this case appeared normal in size, shape, colour, and consistency.—I am, etc.,

Abingdon, Berks. T. T. BAIRD.

Medicine as a Planned Economy

SIR,—Dr. O. L. Wade (Oct. 16, p. 721) complains that far too much reliance is placed on laboratory tests in diagnosing illness. This may be true of the younger members of hospital staffs, but I do not think it is true of the senior members, who have the tests made to complete the picture, the jig-saw puzzle they strive to put together. The result of the test may prove to be the important piece they have been seeking. For my part, as a pathologist I have always stressed the importance of clinical observation. The fault of the clinician is that he so often does not consult the pathologist about the most suitable test to be undertaken.

If there are too many unnecessary tests demanded by the consultant, this is certainly not true of the general practitioner, whose neglect of helpful pathological investigation is much to be regretted; even the simple tests Dr. Wade lists are asked for far too seldom, to the disadvantage of both doctor and patient.—I am, etc.,

London, W.8. HAROLD H. SANGUINETTI.

H 11 in Malignant Disease

SIR,—The condemnation of H 11 (Oct. 16, pp. 701 and 716) is in my opinion much too sweeping. I have treated seven cases of malignant disease with H 11 and feel that the results justify further use of this extract.

The first case suffered from carcinoma of the cervix which had been treated with radium unsuccessfully and was in a pitiable condition with wasting and pain requiring frequent injections of morphine. Under H 11 the pain steadily improved, appetite returned, and a secondary palpable mass in the pelvis disappeared. She appears to have made a perfect recovery, and is now in excellent health.

The second case was a man with carcinoma of the mamma with multiple secondaries, including one in the humerus, causing gross oedema of the arm with severe pain. He improved for a time. The growth in the humerus became smaller and the oedema very much reduced. His relief was so great that he was indignant that he had not been given H 11 sooner. After three or four months the secondary growths began to increase rapidly; he developed severe toxaemia and died a fortnight later. Although a fatal termination was not prevented the relief of pain and the increased feeling of well-being amply justified the treatment. He also had been previously treated with radium.

The third case suffered from gastric carcinoma with secondaries in the liver, confirmed by laparotomy. Under H 11 his appetite improved, with some gain in weight, and he felt so much better that he intended returning to his business. But after a stormy interview with the man running his business he had a stroke and died suddenly.

The fourth case is a man with an inoperable suprasellar tumour causing progressive loss of sight, severe headaches, and pain in one arm. He is having H 11, and gradually the pain in his arm has gone. The headaches are now not severe enough to bother him, and his sight is slowly improving. Whatever the ultimate result in this case may be, H 11 has proved well worth while for the relief so far obtained.

The fifth case had epithelioma of the jaw with secondary glands in the neck. In this case H 11 did not appear to have any effect and he died after ten weeks' treatment. The sixth case had recurrent carcinoma of the breast after surgical removal. Here again no benefit appeared to follow the use of H 11, and she died.

The seventh case had carcinoma of the cervix and rectum. The pelvis was full of growth, causing retention of urine, and nothing but flatus was being passed from the bowel when she came under my care. H 11 was immediately started, and in two weeks faeces began to be passed and the bladder began to act regularly. Catheterization has not been required since. The abdominal pain she was suffering has all gone, her appetite is moderate, she feels well, but she is not gaining weight and the outlook is very doubtful; but the relief given by H 11 has been great.

All the cases had been seen by experienced surgeons and radiologists, and the correctness of the diagnoses is above question. I feel that there is something in H 11 and regret that it is only in those cases in which surgery and irradiation have failed that one can feel justified in using it at present.—I am, etc.,

Rossall, Lancs. A. H. PENISTAN.

Delayed Diagnosis of Phthisis

SIR,—It was with great interest that I read Dr. Peter Stradling's analysis (Nov. 6, p. 832) on the delays which ensue in the diagnosis of phthisis. There are few chest physicians who will cavil with his general observations and recommendations. Most workers in this field agree that the manifestations of pulmonary tuberculosis are protean in character, and it would therefore be valuable to learn what *precise* criteria the author accepted as being suggestive symptoms (in all his cases) which should have reasonably commended themselves to the attention of the general practitioner. There may be a very real danger otherwise that his analysis scarcely does justice to the harassed and overworked practitioner. Again, it is difficult to appreciate what Dr. Stradling means when he states, "The general practitioner in particular does not at present fully utilize his unique opportunities of *raising the Tuberculosis Service from its present mediocrity* (my italics) to the highly efficient organization that it might and should be." This is a very serious charge that is being levelled against the entire service, and it would be revealing to learn the source and authorship of this information. Is this to be taken as the overall picture of the metropolis, of Willesden, or is this the fruit of Dr. Stradling's experience of the bulk of chest clinics from Land's End to John o' Groats ?

Finally, I must take the author to task when he misinterprets or misquotes a paper of mine which appeared in an issue of this *Journal* (1943, 1, 283). In this he states that my findings and his were not strictly comparable, as his " refer to a chest clinic ; Mann's to a sanatorium." In fact, I gave no indication that such was the case, and they, like his own, were extracted from several chest clinics in the West Riding of Yorkshire. However, the two groups of statistics are for an entirely different reason in no sense comparable. Whereas Dr. Stradling's are those of a clinic in the heart of the metropolis, mine were those of an extensive rural area where indifferent transport facilities and wartime difficulties were no doubt contributory factors in giving a much longer hiatus before the general practitioner was consulted.—I am, etc.,

Halifax, Yorks. BERTRAM MANN.

Self-administered Pneumothorax Refills

SIR,—Dr. Philip Ellman's letter (Oct. 16, p. 723) reminds me that in 1910 my old friend Claude Lillingston gave himself a refill on his arrival in England from Norway. This was the first that had ever been given in England. A week or two later I gave him his next refill, at which time we put together the apparatus named after us.

I am also reminded of a one-time patient of mine whose A.P.T. I started in November, 1913, when he was 28. He was a T.B.-positive case who had been originally slightly ill and in the Mundesley Sanatorium when 21. In 1913 he had signs over the upper half of the left lung and did not improve appreciably after four months' conservative treatment. Recovery proceeded quickly after the A.P.T. I did not see him again for ten years, when he astonished me by telling me that he was continuing to keep his A.P.T. going by self-administered, rather large refills at five-weekly intervals. He was keeping perfectly fit, following his profession, that of an artist, and had not visited a doctor.

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