

G. L. Kerr-Pringle, replying to a vote of thanks to the medical staff, referred to current exaggeration of the cost of treatment at Harrogate, and mentioned that the average was said to be about 26s. a week. During the four winter months December to March there was accommodation in the hospital for those who could not afford the charges at the Royal Baths, with residence in the town, and who were able to pay three guineas a fortnight; many patients were already being admitted each year, and the number was increasing. He hoped that a proportion of the charges made might soon be placed to the credit of a medical fund for research into rheumatic diseases. Most of the patients treated in the hospital were suffering from the rheumatic group of diseases, and the institution, already constituted a rheumatic clinic. At present the laboratory cost the hospital £350 annually, towards which only a small endowment of about £50 was available. Dr. Kerr-Pringle urged that more extensive propaganda should be adopted, since many patients came from large manufacturing towns from the West Riding which did not contribute towards the support of the hospital as they might. He thought the time had come for the launching of a crusade in Yorkshire against rheumatism; Harrogate, owing to its site and its well-equipped hospital, might well be the centre of an intensive campaign against this disease.

Temporary School Medical Staff's Remuneration.

The London County Council at its meeting on February 14th decided to increase the rate of pay of its temporary school medical staff. The staff is divided into two classes, those employed on a sessional (that is, a half-day) basis and those appointed on a part-time yearly engagement. The revised pay for the first class will be 30s. a session, instead of 27s. 6d. as hitherto; and for the second class £198 a year for duty consisting of three half-day sessions a week, instead of £180. The first of these classes has at present a personnel of 22, fluctuating according to the needs of the work. The second has a personnel of 53, of whom 13 serve for six sessions a week (so that their remuneration will now be £396 a year), and 40 for three sessions a week. All the existing engagements of these officers (with the exception of one who has resigned, and in whose place another has been appointed) have been renewed for a further period of one year.

Correspondence.

GASTRIC SECRETION OF NEUTRAL CHLORIDE.

SIR,—Stimulated by your review of the annual report of the Medical Research Council I turned to the report itself, and there, in the summary of the work done at St. Thomas's Hospital on gastric physiology and pathology by Professor Maclean and his colleagues, I find this striking passage:

"The gradual decrease of acid concentration in the stomach during the completion of digestion is shown to be a function of the stomach itself, and in no way to be dependent on regurgitation of alkaline duodenal contents. The increase in neutral chlorides which coincides with a diminution in active hydrochloric acid is due to the neutral chloride actually secreted by the stomach itself. This has been conclusively proved by experimental work with dogs combined with clinical observations."

I first heard rumours that Professor Maclean had been led to this conclusion about a year ago, and since then it has been known and accepted apparently by quite a number of people. Now that we have this *ex cathedra* pronouncement of conclusive proof, may I express the hope that before very long we may be given what some of us have been anxiously waiting for—to wit, the evidence? Speaking for myself, I find it a very disturbing thought that in talking of the importance of the regurgitation of the duodenal contents I am daily teaching an erroneous doctrine; but if I am to be true to the faith that is in me I am bound to do this, until Professor Maclean tells me not only that I am in error, but also where my error lies. If in my present state of ignorance and impatience for the truth I may be permitted one mild criticism,

I would add that I am not particularly attracted by this reversal of the older custom of giving the evidence first and the conclusion last.—I am, etc.,

London, W., Feb. 16th.

GORDON W. GOODHART.

THE NEW PORTRAIT OF JOHN HUNTER.

SIR,—I knew nothing of Sir Arthur Keith's discourse on the portraits of John Hunter until I read it in the BRITISH MEDICAL JOURNAL of February 11th (p. 205). It is perhaps just as well that I did not, for, in consequence, Sir Arthur was free to express his individual opinion of the recently discovered portrait which has been accepted and hung in the Royal College of Surgeons of England. Sir Arthur is sure that the painting represents John Hunter, and he gives his reasons with his usual lucidity and punctilious accuracy.

The picture was one of 157, the collection of Mr. McCormick of Hertford Street, sold at Christie's on December 1st, 1922. All were distinctly labelled and bore great names, which in the main were not justified by the prices obtained, but some were very fine, notably Sir Joshua Reynolds's "Captain Bligh," 260 guineas; a beautiful Th. de Keyser portrait of a lady, 250 guineas; and a gentleman by Raeburn, 230 guineas. Picture No. 131 had been labelled by Mr. McCormick "John Hunter, Esq., F.R.S., by Thomas Gainsborough," but in Christie's catalogue Gainsborough was not mentioned and the picture was attributed to one "Seton," whose name does not appear in any work of reference to which I have access.

No. 131 hung on Christie's wall for some days, and I went backwards and forwards to the College of Surgeons comparing the portrait carefully with the Reynolds life-mask of Hunter in the museum. To my mind the picture agreed with the mask in every particular. The wart, the shape of the nose, the skull, were all in the painting, and the colour of the eyes, grey-blue, and the slight squint all agreed with what I had read of Hunter's face. The painting was entirely in the manner of Gainsborough, the coat was in style and colour exactly what I knew Gainsborough was fond of, and so I bought the picture. During Gainsborough's fatal illness, of some months' duration, he was closely attended professionally by Hunter, and as we know that the artist painted to the very end of his life, how likely that he should ask his wonderful surgeon to give him a sitting. He painted Hunter exactly as he saw him, so faithfully described by Sir Berkeley Moynihan as a little ugly, red-haired, cantankerous Scot. The truthfulness of the portrait was probably distasteful to Mrs. Hunter, and it may have remained in the studio. When her husband died Mrs. Gainsborough quickly sold off everything, and the picture would easily be lost.

We know on the authority of Allan Cunningham that Gainsborough never signed his pictures and rarely dated them. I bought the portrait because I am convinced that it represents John Hunter, and I believe it was painted by Thomas Gainsborough.—I am, etc.,

London, W.1, Feb. 15th.

G. BUCKSTON BROWNE.

THE ACUTE ABDOMEN.

SIR,—The admirable article by Mr. Flint in the BRITISH MEDICAL JOURNAL of February 11th (p. 209) omits, no doubt from want of space, reference to one very important early sign of a diffuse leak. This is the sign of reversed abdominal movements. In the normal patient, when the chest comes out the abdomen comes out (except in the first three breaths, which are self-conscious). If, however, the abdomen goes in when the chest comes out the patient has a perforation of some kind and a generalized involvement of the peritoneum. It is an earlier sign than rigidity, and many lives have been saved by its recognition.—I am, etc.,

Liverpool, Feb. 20th.

FRANK JEANS.

SIR,—In the correspondence columns of your issue of February 18th appear two letters criticizing my paper on the above subject, published on February 11th. Mr. Morrison takes exception to my use of the word rigidity as an indication of early mischief in the abdomen, preferring to