

there is but a narrow margin of difference between supplementing his income as analyst or medical officer to an infectious hospital, and holding a parish appointment or seeing patients.

Those acquainted with the conditions of health appointments in the provinces are under no apprehension that fixity of tenure will perpetuate abuses. At present, except in the few instances where a moiety of the salary is not repaid, the Local Government Board have the same powers as regards medical officers of health as with union medical officers, who are subject to six months' notice on revision of area. The appointment of a union medical officer as a medical officer of health can only be made on such conditions as that Board may prescribe, and the large majority of the holders of the smaller appointments are union medical officers. It goes without saying that that Board will continue to jealously exercise their powers in this respect as at present.

Sanitary administration in small districts is becoming revolutionised by the appointment of the county medical officer, acting in harmony with the rural medical officer, and a proper qualification is assured in towns of 50,000 inhabitants. Let sanitary reformers agitate for the general appointment of county medical officers, a proper qualification for all health officers, a revision of sanitary areas, and a permanent tenure for inspectors of nuisances, along with fixity of tenure for medical officers; but not endeavour to postpone the latter until sanitary areas are altered to their satisfaction. When medical officers are unanimous in favour of security of tenure, and the Local Government Board have adopted it, the difficult duty still remains of uneducating sanitary authorities and inducing them to forsake the annual arrangements to which they have become accustomed. In the meantime, let the survival of the fittest come to pass, but without invidious distinctions or personal injustice.—I am, etc.,

Aston Manor, March 13th.

HENRY MAY, M.O.H.

THE TREATMENT OF AORTIC VALVULAR DISEASE.

SIR,—In the BRITISH MEDICAL JOURNAL of March 14th there appears a paper on this subject by Dr. Alexander Morison, and I shall be glad if you will give me an opportunity of pointing out some difficulties which seem to me to stand in the way of accepting the views expressed therein. I do not propose to deal with the paper at any length, as my main object is to call attention to some physiological considerations which are not infrequently lost sight of by writers on diseases of the heart.

In the body of the paper the following passage occurs: "the chief dilating force acting upon the left ventricle in aortic valvular incompetency is.....the active aspirative force of the left ventricle itself, etc." This statement obviously implies a belief in the power of the cardiac ventricle to actively dilate, and from the general tenour of the paper it is apparent that Dr. Morison accepts this view as a sufficient explanation of the negative pressure in the heart first demonstrated by Goltz and Gaule in 1878. It would be out of place here to enter into a discussion of the causes of negative pressure, even were I not aware that our present knowledge does not warrant absolute conclusions.¹ What I wish to point out is that many physiologists, including Gaule himself, seek for an explanation in a direction other than that adopted by Dr. Morison, and regard the active dilatation of the heart as still to be proved.

Supported by the researches of Hesse upon the arrangement of the muscular fibres of the heart, Gaule² came to the conclusion that the cause of the negative pressure must lie in the dilatation of the aorta after the closure of the semilunar valves. As the muscular fibres of the ventricle take origin from the fibrous ring in which the aorta is set, and then course spirally round the ventricle, there must take place at the moment when this ring is widened by the filling of the aortic sinus an unfolding of the point of insertion of the muscular fibres and therewith an untwisting of the spiral. Gaule further points out that this agrees with the fact that the negative pressure takes place at the beginning of diastole, and therefore synchronously with the closure of the valve. This view has been put forward independently

¹ Tigerstedt, *Physiologie des Kreislaufes*, p. 145.
² *Centralblatt f. Physiologie*, Bd. iv, No. 21, p. 617.

by Mink,³ who has devised an experiment for the purpose of demonstrating the production of negative pressure, and anyone may carry it out for himself. Mink holds that the negative pressure is due to the fact that a dilatation of the first part of the aorta and pulmonary artery after the closure of the semilunar valves produces a distension of the aortic and pulmonary parts of the ventricle.

I think I have quoted sufficient of this view—which is taught, I believe, in a recent English textbook of physiology—to make it apparent that for negative pressure to develop the semilunar valves must be intact. This is, indeed, readily seen in Mink's experiment, for any leakage through the valves affects the manometer as it prevents the distension of the root of the aorta on pulmonary artery, and may convert negative into positive pressure. If this view is correct it will follow that in aortic incompetency the negative pressure will be much reduced or absent, and the aspirative power of the ventricle, instead of being the chief dilating force in that disease, will be practically abolished.—I am, etc.,

Cardiff, March 16th.

D. R. PATERSON.

THE SCHOTT TREATMENT OF HEART DISEASE.

SIR,—In his note on this subject, Sir William Broadbent says that the notch seen in some cases of dilated heart does not correspond to the auriculo-ventricular ring, and he quotes Sibson's statement that the ring contracts and dilates with the heart. It seems strange that a firm fibrous ring should dilate equally with a soft muscle, but if it be a demonstrated fact the opposite idea must be given up.

In my letter of November 23rd, I carefully avoided any explanation of the wonderful results seen by me during a month's residence at Nauheim, and my object in writing this is merely to say that I have seen the notch mentioned by Dr. Thorne mapped out by one physician using the auscultatory method, and confirmed by another physician in the ordinary method. Since my return to England I have seen similar confirmation of the diagnosis of a diseased heart. In both instances the verification was made by English hospital physicians.

Further, the auscultatory method of percussion has been proved to be accurate in the *post-mortem* room. I believe it was quite lately so proved in the Northampton Infirmary.—I am, etc.,

Northampton, April 1st.

RICHARD GREENE.

LUPUS TREATED WITH THYROID EXTRACT.

SIR,—In reply to Mr. H. G. Brooke's remarks on the case of lupus treated with thyroid gland extract, which I published, I may say that the interior of the nose was not at any time affected. Although at the end of seven weeks the lupus was practically cured, there was still a good deal of hyperæmia, and this took many weeks before it completely disappeared.

I saw the boy a week ago, and there is not now—that is, eight months after—the slightest trace of the disease, although he tells me, "the nose is red at the end" when he gets cold. I never said I had "effected the cure with fifty pellets"; what I did say was that he had three a day continued over a period of seven weeks. These would amount to an aggregate of about 150.—I am, etc.,

Stafford, April 1st.

HERBERT MARSON.

TOUTING.

SIR,—Long ago it was made infamous for a surgeon to advertise; but, I would ask, what is touting but advertising? Tradesmen send their travellers to solicit business and name prices, and, I am sorry to say, medical men, and institutions with which medical men are associated, send travellers, or canvassers, or collectors, round to advertise the fact that certain surgeons attend the members of a certain club or dispensary for id. a week, no matter whether those who join be rich or poor. I am convinced that the General Medical Council will forbid touting when the matter has been brought before them sufficiently.

If, as I am told, the articles of our Association are to be

³ *Centralblatt f. Physiologie*, Bd. iv, No. 15, p. 569.