limbless men themselves shall have a fair and reasonable representation, which shall investigate every phase of the problem of artificial limb supply. Also, as a further proof of our impartiality, it may interest you to know that we, the "mouthpieces of the dissatisfied," as you term us, are now, at the request of the Ministry of Pensions, putting their standardized light metal model to practical tests. But this impartiality on our side also looks for justice—or is it favour?—to all makers of artificial limbs, whether they belong to the British Association of Limb Makers or not. On this account we should expect the impartial committee, when set up, to investigate all that has passed between Messrs. Desoutter Brothers and the Ministry of Pensions during the last two years, and exactly how far Mr. Desoutter himself, the pioneer of light metal legs, with which type all other other makers are now experimenting, has been consulted in the development of the Government model. Such an investigation would throw a little light on to such matters as cost, methods, and delay; and exactly to what extent the interests of the wearers of artificial limbs, to say nothing of the taxpayers, have been studied in the past and how these can best be studied in the future. Presumably also this committee would investigate the results of the practical tests of light artificial legs carried out by the British Red Cross many months ago, which up to the present have never yet seen the light of day. In regard to the other points raised in your article relating to curvature of the spine and weight, etc., I do not propose to deal with these in detail. Obviously the only way of arriving at a true solution of this problem is not through the medium of leading articles or letters in the press, but by a thorough and unbiassed investigation of the practical experiences of wearers of artificial limbs themselves, such as we have asked for. No doubt you have concrete evidence in support of your statement that "it is certain that a very large number, and probably the great majority, of pensioners are well satisfied with the limbs supplied by the Ministry of Pensions, but they do not feel called upon to write to the daily papers and say so." All I ask is that your evidence may be placed alongside ours, together with that of any others whose evidence may be called. It will then be left to that committee, not to you nor to us, nor the limb-makers, nor the surgeons, nor the Ministry of Pensions, to decide in co-operation with limbless men themselves whether the present state of affairs is satisfactory or not; and whether it has been "disgruntlement" or "right" which has caused us to raise our voice.

TRIPLETS.

DR. H. WESSEN HUSBANDS (Taunton) writes: The following cases, which occurred in my practice last year, may possibly be of some interest to certain members of the profession from a statistical point of view. According to the authorities, triplets occur in about 1 in 7,000 to 10,000 labours; the children are generally small, poorly developed, and often do not survive their birth many days. In March I was called by the district nurse to Mrs. S., aged 27, first pregnancy. She was delivered of two girls and a boy.

Weight of first girl	6 lb.
,, of second girl	6¼ lb.
,, of boy	3¾ lb.

All are alive and doing well. In October I was called to Mrs. T., aged 37, seventh pregnancy. She was delivered of three boys.

Weight of first	8 lb.
,, of second...	7½ lb.
,, of third	7 lb.

All are alive and doing well. Unfortunately in the last case the mother developed puerperal insanity at the end of the second week, and was removed to the asylum, where she died three weeks later. It certainly must be a rarity for one medical practitioner to have two cases of triplets in six months.

EMETINE IN BILHARZIASIS.

IN our issue of October 30th, 1920, Dr. Andrew Balfour, in response to an inquiry by Dr. Esser, of Rustenburg, Transvaal, gave a list of references to papers describing the use of emetine in bilharziasis. Dr. Balfour pointed out that the drug had been given a considerable trial, but questioned whether the evidence yet adduced warranted its substitution for antimony. He referred, among other writers, to Dr. Diamantis of Cairo, from whom we have received a letter dated December 4th, 1920. In the course of it he says that he was the first to employ a radical treatment of bilharziasis, by recommending emetine hydrochloride, by pointing out the indications for its use, and by stating the suitable dose. The value of the treatment has, he says, been proved, and the results are not to be despised; it is being used by many Egyptian practitioners every day. "There remains, however," Dr. Diamantis continues, "the question of the toxicity of emetine given intravenously. Is it really worth while, in order to treat bilharzial haematuria, to run the risk of producing the toxic effects of emetine given intravenously? In my earlier publications I stated clearly the indications for adopting this treatment, the dose which should be used, the accidents to be feared and the means of preventing them, and gave a detailed description of the technique. I have injected into the vein of an adult in one dose 0.12 gram of emetine; I have never had any untoward effects. . . . The method of administration is within the competence of any practitioner who knows how to give an intravenous injection. I employ the ampoules of emetine as supplied by Clin, Burroughs Wellcome, or Parke Davis, without the addition of saline solution. It is not necessary to take the patients into hospital. My experience has satisfied me that ten to twelve injections, at intervals of three to five days, will suffice for the radical cure of the adult, the amount of emetine given being from 0.85 to 1.05." In reply to Dr. Esser, Dr. Diamantis states that he has had no experience of the intravenous injection of emetine in amoebic dysentery; bilharzial haematuria, he points out, is only a local affection, the general condition of the patient being satisfactory, whereas dysentery, being a general disease, the patient is in a bad condition, and the myocardium, suffering already from the poison of dysentery, is not in a condition to resist poisoning by emetine in addition. A great advantage in the treatment of bilharzia is, Dr. Diamantis considers, that it can be given by hypodermic injection as stated in a communication made by him to the Institut Egyptien in 1916. Dr. Diamantis goes on to note—what he considers the remarkable fact—that tartar emetic has an effect not only in bilharziasis, but also in kala-azar, which is a leishmaniasis, and that emetine acts not only in bilharziasis, but also, as observed by Dr. Photinos of Athens, when injected locally in oriental sore, which again is a leishmaniasis.

DR. ESSER writes from Rustenburg, Transvaal, under date November 26th, 1920, to thank Dr. Balfour for his reply. Intramuscular injection, while a much simpler procedure than intravenous, must, Dr. Esser points out, be done with strict aseptic precautions to avoid the risk of abscess, and as emetine is poisonous and has a cumulative action, it is important not to give more than is absolutely necessary to cure. The advantages of the intravenous route are, in Dr. Esser's view: (1) That the pain, swelling, and discomfort, which often follow subcutaneous or intramuscular injection of emetine, are absent or very slight; (2) a smaller quantity of the drug will be needed. He thinks that the intravenous, being the more direct route, will prove the more effective and certain method of cure. Facilities can hardly, he says, anywhere be lacking for making a little normal saline solution, boiling it, and dissolving in it one or more tablets of emetine. At the same time he suggests the use of the sealed glass tubes (such as the ampoules mentioned by Dr. Diamantis).

ONE WAY OF SELECTING A HEALTH RESORT.

DR. JOHNSON SMYTH (Bournemouth) sends us the following note: A patient, 60 years of age, informed me he had decided on permanently residing in Bournemouth. He gave as his reason that since retirement he has spent considerable time in visiting the graveyards from Deal to Land's End, and he made the remarkable discovery that he found on the tombstone records a far higher percentage of persons dying at 81 and over in Bournemouth than elsewhere. "That's good enough for me" was his final remark.

CORRECTION.

DR. G. C. GARRATT'S letter last week (p. 31, col. 1) contains two errors which were uncorrected because time did not allow us to send him a proof. The word "discussion" in line 14 should be "dissension" and "War Pensions Committees" should be substituted for "county councils" in the 12th and 13th lines from the foot of the column.

VACANCIES.

NOTIFICATIONS of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 33, 34, 36, 37, 38, and 39 of our advertisement columns, and advertisements as to partnerships, assistantships, and locum tenencies at pages 35 and 36.

THE following appointments of certifying factory surgeons are vacant: Dalmellington (Ayr), Fishguard (Pembroke).