joint, and Dr. H. M. Traquair exhibited radiograms, charts of the fields of vision, and specimens illustrating points in the diagnosis of pituitary enlargement.

EDINBURGH WOMEN'S HOSPITAL AND HOSPICE.

At the annual joint meeting of the Edinburgh Hospital and Dispensary for Women and Children, and the Hospice, the report showed a deficit of nearly a thousand pounds, despite the fact that the receipts (£8,089) were £1,800 more than in the previous year. During the year 584 patients were admitted to the hospital, while the maternity cases attending at the hospice were 376, or 112 more than during the previous year. It was announced that a plan for the immediate realization of part of the Elsie Inglis Memorial had been adopted. The object of the fund—£11,863 had so far been subscribed—was the endowment of the hospice and its transfer from the High Street to a more suitable building. At present building operations were impossible, but it was decided to use the interest on £10,000 immediately by providing small private wards, consisting of two rooms each, in various parts of the city which were remote from hospital service. Here a mother would be cared for as in a nursing home, either for a period of rest before her baby was born, or for special care during and after confinement. One of these wards would be opened at once and others would follow as funds allowed.

Correspondence.

THE VALUE OF THE WASSERMANN REACTION.

SIR,—There are Idols of the Tribe, the Cave, the Forum, and the Theatre; and controversies in every sphere of human life, but especially, I think, in the scientific sphere, bear constant witness to the sway which they hold over the human mind. The Tribe of Mankind suffers from the delusion of the possibility of infallible knowledge, and is ever demanding from the doctors a sign. From time to time the doctors, victims to the same delusion, announce that a sign has been vouchsafed to them, and later have to admit that infallibility has once again eluded their grip.

So it has been with the Wassermann reaction. We doctors, or some of us, taught the public that the Wassermann reaction was an infallible indication of the presence or absence of syphilitic infection; and now we have the normal task of persuading them out of that false and dangerous belief. To all experienced and prudent medical men, whether clinicians or laboratory workers, it has always been apparent that a reaction of such character and delicacy could not attain mechanical and invariable accuracy; yet all such, whether laboratory workers or clinicians, would agree that when interpreted with intelligence and a regard for its essential limitations it is a diagnostic weapon absolutely necessary to the equipment of medicine.

There are, it seems to me, five principal causes for the contradictory and disappointing results which have recently been recorded. The first two are inherent errors of the reaction, and the belief to the contrary may be attributed to a worship of the Idols of the Tribe.

1. There are a certain proportion of cases of undoubted syphilitic infection which give negative results.
2. There are a certain proportion, smaller than the first, of non-syphilitic cases which give positive reactions.

The most careful investigators of the value of the reaction admit these sources of error, which, with our present knowledge, are inevitable, and, at any rate, of small importance in the total results.

3. There are difficulties of technique in the laboratory which are still not commonly recognized and may invalidate results.
4. There are too many Wassermann reactions done by laboratory workers who know the result expected by the clinician, or are themselves in charge of the patients.

Here I am venturing on controversial quicksands, so I must hasten to add that I do not for one moment impugn the common honesty of the laboratory worker; I refer only to the acknowledged power of obsession upon the mental accuracy of all men. Clinicians and laboratory workers alike suffer from obsessions. Few clinicians enter upon the study of a difficult case with entirely unbiassed minds; the measure of their freedom is to a large extent the measure of their mental power. No laboratory worker who knows what is expected of him can enter on the performance of a Wassermann test without some degree of obsession which, to that degree, must impair his strict impartiality and degrade the value of his judgement. These are the Idols of the Cave.

5. The tendency of the clinician to accept a positive result as an explanation of the disorder from which his patient is suffering, regardless of the possibility that syphilis may be merely a coincidence. "Gestit mens exsilire ad magis generalia, ut acquiescat."

Laboratory dogma is not necessarily truth, and the acceptance of it as such is an instance of the worship of the Idols of the Theatre. Let us recognize that infallible knowledge is not ours and proclaim that the Wassermann test properly performed and properly interpreted is not indeed a sign, such as foolish generations demand, but a very present help in the troubles both of patient and doctor.—I am, etc.,

London, W.1, May 7th. HUGH THURSFIELD.

PULMONARY AND AORTIC BLOOD PRESSURE.

SIR,—Dr. Samways correctly explains the significance of the remarkable difference between the systemic and pulmonary blood pressure, but he does not touch upon the means by which the excess of systemic pressure is brought about.

Obviously, this difference is due to an excess of systemic over pulmonary resistance, but this excess is not due, as might be supposed, to the greater extent of the systemic system. A special physiological resistance is placed in the systemic circuit in order to provide the necessary head of systemic blood pressure. Remove this resistance and there remains what may be termed the anatomic resistance. This is surprisingly small and much the same in both circuits. The exigencies of the circulation demand that in each circuit the anatomical resistance shall be reduced to a minimum.

The engineering devices of the vascular system, both anatomical and physiological, are a marvel of perfection.—I am, etc.,

Wimpole Street, W., May 8th. HARRY CAMPBELL.

THE SITE OF OPERATION FOR EMPYEMA.

SIR,—In your issue of April 30th Mr. H. Cameron Kidd raises the interesting question of the site of operation for empyema, and invites opinions on the relative merits of anterior, lateral, and posterior openings.

An extensive experience in the surgery of empyemata during the war (chiefly at a large base hospital in England), supported by cases in civil practice, confirms my belief that the site of the opening—provided it be at a proper level—is of little importance, and that success in treatment depends rather on (1) the method of drainage employed, and (2) the post-operative treatment of the case. It is, of course, to be understood that in each case the period of time that elapses before healing is complete also depends largely on the duration of the exudate in the pleural cavity prior to operative interference, while the size of the exudate and the nature of the infecting organism are not without influence.

In cases which had not been previously operated on I have employed each site with equal and uniform success, but I prefer the lateral or axillary route for reasons which I need not detail. In none of these cases was a second operation required to cure the empyema, but in a few instances it has been necessary to remove small sequestra from the divided ends of the rib before the sinus in the parietes would heal. Although I have tried various plans I have found no infallible method of preventing necrosis, but this has never been more than a strictly localized process, and has been easily remedied.

A very large number of unhealed cases came under my care at periods varying from a week up to three months subsequent to operation elsewhere—in one case four years

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