

sary to spend or hypothecate what monetary capital still remains, would presumably still claim that the institution was not in debt, because he could, if necessary, extinguish the debt by selling the grounds and building. In the circumstances we can quite understand Mr. Holland refraining from putting forward indebtedness as a plea for assistance. We do not, however, remember stating or implying that he did so.

Whether it is common for hospital managers to attempt to mislead subscribers in financial matters is another question. We can show Mr. Holland entries in published hospital accounts which, if not attempts to conceal the fact that the year has ended with a balance in hand, are instances of incompetent book-keeping.

His view that hospital managers are entitled habitually to treat legacies as current income is also a little surprising. In the circumstances we should almost be disposed to advise testators and others who desire to benefit the London Hospital permanently to earmark any gift they may make during Mr. Holland's reign, for hitherto he seems to have shown the courage of his opinions on this matter.

#### THE ETIOLOGY OF RICKETS: A CLINICAL AND EXPERIMENTAL STUDY.

SIR,—Dr. Findlay has provided us (p. 13) with some central facts which will serve as a touchstone for our present theories and as granite in the foundations of our etiology in the future, even though their interpretation may be open to some discussion. They are of special value to clinicians because the artificial production of canine rickets throws into light by contrast the relative significance of each of the features of the disease in man. In particular they seem to afford by the shorter way of experiment a demonstration of the main clinical conclusion which I have been for some years endeavouring to establish through the practical results of treatment, namely, that rickets is largely a *respiratory question*, a view hitherto only published in a fragmentary way two years ago, and under a therapeutical heading, at the Toronto Meeting of the Association, where I exhibited the elastic abdominal belt (better termed the costo-abdominal belt) for the treatment of the abdominal atony of rickets.<sup>1</sup> As mentioned in the *Lancet* for June 6th, 1908, p. 1654, in connexion with Tucker Wise's "Inclined Plane for Phthisis," I had some years ago begun to employ the prone posture for rickets; but did not exhibit the appliances at Toronto as I was anxious to deal then more specially with the factor abdominal distension, and did not wish to dwell more than incidentally upon the respiratory factor, which would have occupied the leading position in a full account of my views on the pathology and treatment of rickets.

Dr. Findlay's opinion that the affection is *not primarily an alimentary question* (the italics are mine) seems to be borne out by his experiments in puppies; at first sight it might almost seem not to be in them an alimentary question at all. But clinicians will not easily agree to that conclusion being extended from the canine to the human case.

"Exercise"—and here it is clear that *muscular exercise is meant*, and not merely airing such as the baby gets in the perambulator—is a much more important function in the puppy than in the human infant of the same age. The infant, whose muscular *début* occurs much later, misses much less through confinement than the puppy, for whom immobilization is ruin. As a fact, we rarely prescribe "muscular exercise" as such for infants, although my so-called "Infant-Rest" does provide for a minimum of it, not unmeant though unmentioned, in strict agreement with the spirit of Dr. Findlay's theory.

Lack of exercise does not seem, then, to be a sufficient explanation for infantile rickets, neither can gastro-enteritis be incriminated for the canine rickets in healthy puppies kept on the same sound diet as others not submitted to confinement. Yet it is possible to regard the canine rickets as nevertheless the product of an alimentary toxæmia. So great is the interference with nutrition from a complete deprivation of exercise that an identical diet, such as mentioned in the experiment, cannot be a proper diet for both sets of puppies.

<sup>1</sup> The Abdominal Atony of Rickets, its Significance and its Treatment; with Remarks on the Thorough Treatment of Rachitis. BRITISH MEDICAL JOURNAL, vol. ii, 1906, p. 920.

Their relative overfeeding takes the place of the injudicious feeding and of the alimentary catarrh of infants, and an alimentary toxæmia is probably the analogous result. But for both sets of patients the remedy is identical—a restoration of the partly-suppressed respiratory function through spontaneous movement in the puppy—but in the human infant more passively by our judicious recourse to artificial means for its stimulation and support.—I am, etc.,

London, W., July 6th.

WILLIAM EWART.

#### THE TREATMENT OF CANCER.

SIR,—In the review of our book on the treatment of cancer which appeared in the JOURNAL, we have to thank your reviewer for taking it for what it was meant, namely, a suggestion for others to work on. It seems to us that the idea that cancer is of necessity incurable when operation has failed, is too strongly held, and that often nothing is even allowed to be tried on this account.

Since the book was written we have found that the addition of phosphorus is of advantage. We give 1 c.cm. of alexine along with the ordinary injection every second day, and two doses by the mouth on the alternate days. A word of warning is, however, necessary. For safety it seems to be essential that a blood count be made occasionally, and that treatment be regulated accordingly. If the white cells come down to about 8,000, or the red ones after having been increased begin to diminish, a halt must be made. In one case the white count fell to 2,500 and the red to 3¼ millions after having been over 5 millions. Under such circumstances treatment should be discontinued until the number of both white and red cells begins to increase. In another case the white cells diminished from 32,000 to 15,000 and the red increased from 3,200,000 to 5,600,000 in four weeks. Some changes also go on in the cells themselves.

The great majority of the cases we have treated have not been in a position to have the care and attention which is advisable. What results have been obtained have been due in almost every case, therefore, to the injections alone.—We are, etc.,

SKENE KEITH.

GEORGE E. KEITH.

London, July 6th.

#### THE INFLUENCE OF METAPHYSICAL THOUGHT ON MEDICINE.

SIR,—Your article on the influence of metaphysical thought on medicine interested me greatly, not only because of the great importance of the subject, but also because of an interesting experiment which is being tried here.

A lady who lives here, has been for years past so impressed with the essential importance of the impressions which we are constantly receiving, and which go to make up the personality, that she has actually built, at very great cost to herself, a building in which to work out her theory. In this building students are to live in a physical and social atmosphere which shall conduce to a high and vigorous standard of life.

The building is a very striking example of belief in the influence of metaphysical thought on life as a whole, but the founder is perfectly aware of our ignorance on these high subjects, and is anxious to gather together those who wish to make researches in this department of scientific thought. It is hoped to keep this school free from sectarian taint. If any of your readers would care to see this building, or to inquire further into the matter, will they please communicate with Miss Lawrence, The Cloisters, Letchworth?—I am, etc.,

Letchworth, July 1st.

NORMAN MACFADYEN, M.B.

#### THE SOCIALIZATION OF MEDICINE.

SIR,—Perhaps I may be allowed to point out that in the lecture given by me to the London Fabian Society, and to which you were good enough to refer in an article on June 13th, I showed that to a considerable extent the profession had already been socialized, and that the question now was, How far this should be continued and whether it would make for professional efficiency and public utility.

It is no longer any use to argue that a salaried State basis for professional practice would destroy individual initiative and produce wholesale laziness and incompe-