

"absolutely chemically the same, it is necessary that they should be prepared in exactly the same way." This presumably means that "ferrivine" is only to be accepted as such when prepared under Mr. McDonagh's direction.

"Intramine" is a member of the large class of compounds which contain sulphur in organic combination. They have, as a rule, reducing properties, and hence the use of intramine by Mr. McDonagh. But we have seen how little basis there is for his oxidase-reducase theory. A case reported by him on p. 150 is interpreted as showing that an organic arsenic compound, galyl, owed its efficacy to the fact that its oxidative action was brought out by the previous administration of intramine as a reducing agent. But a much simpler explanation would be that intramine is useless, galyl of value. The reason why certain metals are powerfully toxic, others comparatively innocuous, is still obscure, but it is certainly not a question of valency, at all events in the sense used on p. 130, because that implies electrolytic dissociation. The nature of organo-metallic compounds does not seem to be appreciated by Mr. McDonagh. The metal is in organic combination, in direct union with carbon. Such compounds are not electrolytically dissociated with the formation of metallic ions. It is a matter of some difficulty even to suggest a reason for the great activity of certain metals when combined in this way. It may be that the function of the organic part of the molecule is to facilitate passage through the cell membrane and the presentation of the metal, not in the ionized state, to sensitive components of the cell. The use of the terms "toxic" and "non-toxic" with regard to remedies is apt to lead to misunderstanding. We require a substance which is toxic to the parasite, harmless to the patient. But we are unfortunately as yet ignorant of the necessary chemical and physical properties. I fear that Mr. McDonagh's theories will not help us.

Iron is comparatively non-toxic, although in certain forms powerful as a catalyst for oxidations. In organic combination, as in haemoglobin, it seems particularly inert. But are "ferrivine" and "aluvine" organic compounds of iron and aluminium? The names given on pp. 146 and 147, "tri-para-amino-ferric-benzene sulphate," and so on, suggest that iron is in similar organic combination with the benzene nucleus as is arsenic in salvarsan, but when the formula is examined, it is seen to be neither more nor less than the iron salt of sulphanic acid. As such, it is not to be expected that it would have any special action different from other ferric salts. Since the name, manganese sulphaniolate, is used on p. 144, the form of the chemical name given above may have been used in mistake, but it is nevertheless liable to give a wrong impression. Such compounds would be electrolytically dissociated with the production of ferric or other metallic ions, but it is not true, as Mr. McDonagh states (p. 167), that such dissociation is necessary for therapeutic action. If this were so, organic arsenic compounds would be useless.

The only conclusion that I can come to is that, whatever the "lipoid-globulin particles" may be, they are not an "oxidase-reducase system," and I have grave doubts as to their having any importance whatever. The assumption that oxidation and reduction play a part in the action of antisyphilitic remedies is founded on this, and equally devoid of evidence. Much better support for his theory must be brought forward by Mr. McDonagh unless he is prepared to give it up.—I am, etc.,

University College, London.

W. M. BAYLISS.

JUNG'S PAPERS ON ANALYTICAL PSYCHOLOGY.

SIR,—To my mind, your reviewer treated Dr. Jung's book with great moderation. I can fairly say that I am familiar with the writings of both schools, and so far from realizing how deep the cleavage is between him and Freud, I consider it about equal to the difference between Tweedledum and Tweedledee. The cleavage rests, says Dr. Constance Long, primarily on the meaning of the symbolic language of the dream, and the cleavage is analogous with primitive thinking, and Jung sees in the cleavage an attempt to comprehend and point out the further psychological development of the individual, and thus a prospective import is added to the retrospective value of the symbol. It is my density, no doubt, but this is all Greek to me. Dreams and the symbolic language of the dream may be as important as Freud and Jung make

out, but it seems to me a mistake to use this symbolic language in waking life.

Dr. Constance Long quotes Jung as saying that when a marriage is crippled, the cause of the unhappiness always lies in a too firm attachment to the parents. They explain that by a too firm attachment they mean an incestuous passion. I do not know what a crippled marriage is, but if it means an unhappy marriage, it seems a pity not to call it so. Jung's assertion needs proof. It needs proof the more that it is opposed to the universal experience of the human race. Dr. Long says we must seek the proof in the unconscious itself. She must pardon me, but she is putting the boot on the wrong leg. It is not for us to seek the proof anywhere. She and Jung make the assertion, and whoso makes an assertion, on him lies the burden of proof. It is for them to prove their assertion if they can, not to send others to find it in the unconscious, or anywhere else. Up to the present they have produced nothing that can be called evidence, let alone proof. Until some evidence is produced, the thing is not worth examination—it is not worth attention.

Dr. Long is good enough to furnish us with a definition of consciousness. She says it is that of which we are aware (that is to say, conscious) at a given moment. I am afraid a definition of a term in terms of itself is not much use. It would be more to the purpose if she would give us a definition of the unconscious, and tell us if it means anything beyond the uncleanly.

I agree that it is not surprising that there should be misunderstandings. When assertions are made, some of which are unintelligible, others are in flat contradiction of experience, and all are offered without a vestige of evidence, it is likely that there will be misunderstanding.—I am, etc.,

Parkstone, Dorset, Aug. 13th.

CHAS. A. MERCIER.

THE SOLDIER'S HEART.

SIR,—In the recent discussion on soldier's heart it was stated that the administration of iodine was conducive to hyperthyroidism. According to my experiences this statement is not correct. During the early months of the Gallipoli campaign I was in charge of the enteric ward in a military hospital, and at that time prescribed iodine in about eighty cases of typhoid and paratyphoid B with excellent results, as the mortality was *nil*. It was usually given in 3 m doses thrice daily and increased by 1 m daily until 8 m was reached, and continued frequently for two and three weeks, according to the severity and nature of the symptoms. In those days, when the cases of paratyphoid B were more severe than now and the clinical symptoms were not so well understood—a subnormal pulse, frequently as low as 48, was the rule—the remarkably slow rate was attributed by some to the iodine.

I have also given this drug in minute doses, frequently repeated, with belladonna in extreme cases of dysentery, accompanied by hiccough, vomiting, and involuntary motions, with satisfactory results, and without observing any circulatory disturbance.

It may be of interest in this connexion to point out that in Trentino, where every third person one meets suffers from goitre, it is very seldom that any appreciable disturbance of the circulation is noticed.—I am, etc.,

T. GERALD GARRY, M.D.,

Major (temporary) R.A.M.C.

Cairo, July 22nd.

PROPOSED MIDWIVES ACT FOR IRELAND.

SIR,—Dr. Power makes a demand for the exemption of the dispensary medical officer "from the necessity of becoming the unpaid attendant, or the slave, of every handywoman in the locality, while she exercises her execrable traffic in the lives of parturient women" (italics not in original), and goes on to say, "The Medical Charities Acts in Ireland provide fully-trained midwives, whose services are given free. . . . The Midwives Act which is necessary in Ireland is one that would compel parturient women to avail themselves of those trained women."

While it is impossible to compel parturient women to employ trained midwives, it is not impossible to make an effort to induce them to do so by supplying a sufficient number of trained midwives and by making it an offence for an untrained or uncertified woman to attend childbirth.