

accommodation and upon its resources in every direction, of the high rate of wages to be paid to the employees under the basic wage, and the high price of food, drugs, and surgical appliances and dressings. The financial position at the end of the year was actually £8,000 worse than at the end of the previous year, and the deficit was only kept as low as it was by utilizing all bequests and legacies as income instead of investing them as capital. As it is, the Government contributes very largely towards the support of the hospital by means of a large bed subsidy and by special donations, and it is obvious that unless the general public subscribe much more largely in the future than in the past the hospital must become more and more dependent upon the Government for financial support. The urgent need for an isolation block has been impressed upon the board for a number of years past, but there is no possibility of its being erected in the near future. The Government has recognized the necessity for this building, but the shortage of money is said to be the cause of the delay in its erection. An important addition to the hospital work is the establishment of a dental clinic, under the guidance of Professor Fairfax Reading, Professor of Dentistry in the University, with the assistance of two honorary dental surgeons. Owing to the importance now attached to the hygiene of the mouth, the work of the dental clinic will be specially directed to this subject.

RED CROSS AND WAR CHEST HOME FOR BOYS.

The committees of the New South Wales Red Cross Society and of the War Chest are co-operating in an important movement to provide for the orphans and neglected children of ex-soldiers of the Australian Expeditionary Force. The War Chest has contributed £3,500 towards these homes, and it is intended to establish one home for boys to contain twenty-five beds and another for girls to provide for the same number. A house has already been purchased in a healthy part of Sydney, and it is intended to convert this into a home for boys. It is hoped that at an early date another house will be purchased at Randwick as a home for girls. It has been ascertained that there are quite a large number of children of ex-soldiers in New South Wales who are either orphans or are living under very undesirable conditions, and it is considered an urgent matter to rescue these children from their environment and place them under such conditions as will conduce to their becoming useful citizens. A representative committee has been formed to supervise the working of these homes; an experienced matron will be put in charge, and the ladies of the committee will be responsible for a large amount of visiting. Provision will also be made for the religious and secular education of the children.

Correspondence.

THE SUSSEX PROVIDENT SCHEME.

SIR,—In view of the fact that some doubts have been expressed as to the economic soundness and financial stability of the Sussex Provident Scheme, it may interest some of your readers to hear the results of the first eleven months' working.

It was decided to make the first financial year one of eleven months in order that the associated hospitals might receive what was owing to them before the last quarter day of the current year. The financial arrangement which was agreed to when the scheme was initiated was that for the first year the income of the scheme should be divided into forty parts, and that these should be allotted beforehand to the associated hospitals, in a varying proportion, based upon the work which each might be expected to do. This was, of course, a purely experimental arrangement and subject to being changed in the light of the first year's experience, but the results which have been attained will be of value in the future whether the scheme maintains its existence or not.

One satisfactory result is that, although some hospitals have been favoured more than others, they have all been paid in full for the cost of the services which they have rendered to the members of the scheme during the year; but beyond this 100 per cent. the percentage of payment to the cost of the work done varies very considerably.

One hospital which, so far as can be ascertained, has not been called upon for any service to the members of the scheme, has been paid one-twentieth of the total income, and of the others the percentage varies from 105 at the Brighton, Hove, and Preston Dispensary to 307 at the Sussex Throat and Ear Hospital. At the New Sussex Hospital for Women and Children and the Stephen Ralli Memorial Laboratory it reaches 168, while at the Royal Sussex County Hospital it amounts to 117.5.

The Dental Hospital has been paid at the rate of 15s. 4d. a visit. The visiting consultants have been paid a fee of £3 3s. for each consultation, while one-eighth of the total income still remains in hand.

The percentage of members who are recorded as having received in-patient treatment during the eleven months is 2.083, and the percentage of those recorded as having received out-patient treatment (including dental, massage, and x-ray case) is 8.5.

Although no definite conclusion can be drawn from these figures they are suggestive and encouraging. The number of members of the scheme is still small and for a large proportion of them the services will be available without further payment during part of next year. On the other hand, as the scheme is becoming more generally known, the number of new members joining every month is showing a steady increase, and if this should continue there cannot be a doubt that the success of this year will be repeated and increased in the future.—I am, etc.,

SELBY,

Honorary Secretary, Sussex Provident Scheme for Hospital and Specialized Medical Services.
Brighton, Dec. 5th.

AMBROISE PARÉ.

SIR,—Your issue of December 3rd, in a review of Packard's *Life and Times of Ambroise Paré*, contains some interesting observations by W. G. S. which are in some respects, I think, unjust to Paré.

Was it indeed, as W. G. S. says, a retrograde procedure to write in the vernacular? No doubt the same was said of the pioneer Galileo when he began to lecture in Italian, as it was certainly said of another Paduan, Mercurio, when he wrote his *Comare* in the vernacular. Mercurio replied that he wrote in a language which could be read by those for whom it was intended, and the same reply might have been made by Paré, writing of surgery and obstetrics, which were then largely in the hands of barbers and midwives.

"As to his midwifery," writes W. G. S., "Philumenos and Soranos had described podalic version on the living child; Paré only referred, with Celsus, to podalic version for the extraction of a dead foetus." There is some doubt, according to Farbender, whether Philumenos described podalic version of the living child; there is no doubt at all that Paré did so. His chapter describing the operation is headed: "La manière de tirer les enfants hors le vêtre de la mère, tant morts qui vivans." He gives a detailed technique of the operation, including the soft loop for the foot "made of ribbon with which women bind their hair, or such like," and warns of the precautions to be taken in version with twins lest the lives of the mother and children should be lost.

W. G. S. suggests that it was a fault that Paré believed that the pelvic bones separated. Well! he had seen it, and "seeing's believing"; also that he opposed Caesarean section, at a time when (and for nearly three centuries afterwards) the operation was almost uniformly fatal.

In midwifery the great and indisputable merit of Paré is that, though perhaps not the first to mention the operation, he introduced and described podalic version for the delivery of the living child after the operation had been neglected for about fourteen centuries.—I am, etc.,

London, W., Dec. 5th.

HERBERT R. SPENCER.

PERFORATION OF THE NASAL SEPTUM IN COCAINE TAKERS.

SIR,—It seems to me that Dr. F. G. Crookshank's letter in the issue of the BRITISH MEDICAL JOURNAL of November 26th, p. 917, may create a wrong impression as to the relative frequency with which cocaine, used as a snuff or spray, produces perforation of the nasal septum.

As I read it, the main suggestion of his letter is that when one meets with a clean cut, button-hole perforation of the septal cartilage we should not forget that such a

lesion is often produced by the local application of cocaine. This seems to be his meaning when he says:

"Abroad the diagnostic importance of the nasal perforation is perhaps better appreciated than, so far as I can find, is the case in London."

My own experience would suggest that there are many other factors which account for the majority of these perforations, and possibly the most frequent of all of them is slow ulceration caused by the irritation of dust collecting on a "spur," "crest," or other irregularity of the cartilaginous septum. When the little ulcer happens to be on the area which corresponds to the usual site of bleeding in epistaxis, its destructive influence will be at its maximum.

The irritation caused by the ulceration often induces "nose-picking" or violent rubbing of the nose, and by such means a crust is removed, which provides a fresh surface for further irritation, and ultimately the typical perforation is produced. *Such irritation may lead to the cocaine habit.* The septal perforation is well known amongst workers in the irritating and dust-laden atmospheres of stone-masonry, and it is peculiarly liable to attack the employees in chromic acid factories and salt mines.

Rhinologists often observe the perforation of the septal cartilage in chronic tuberculous lesions of the nose, while a smaller number of cases is met with after enteric fever, and in such debilitating diseases as diabetes.

Jonathan Hutchinson was the first to point out that the simple button-hole, smooth-bordered perforation was not necessarily of syphilitic origin. The former is limited to the cartilage, while the specific lesion frequently destroys the adjacent bony elements of the septum and the hard palate, so that a large and irregular perforation is produced.

I am in entire agreement with the timely diagnostic warning conveyed in Dr. Crookshank's letter, but venture to suggest that if inexperienced readers concentrate too fully on the cocaine factor in such cases, a good deal of unfounded suspicion and trouble may be caused thereby.—I am, etc.,

London, W., Nov. 26th.

HERBERT TILLEY, F.R.C.S.

SIR,—Dr. Crookshank, in your issue of November 26th, p. 917, raises the question of nasal septum perforation and its diagnostic importance in cocaine takers.

As nose specialists see this condition frequently in their out-patient clinics, in people from the poorest walks of life and industrial occupations, who never had access to cocaine, its presence in takers of this drug must be regarded as a coincidence and not in the relationship of cause and effect.

For many years septal perforations were considered diagnostic of syphilis, and patients who had them were labelled and treated accordingly, until Jonathan Hutchinson opposed the view and pointed out that two types existed—that is, the syphilitic and non-syphilitic. The latter is much more common than the former, and is due to simple inflammatory causes, and it is to be hoped that the possessor of such a harmless nasal affection, having already been rescued from one unmerited diagnostic reproach, is not going to have a fresh stigma cast upon him by our medical friends from abroad.—I am, etc.,

London, W., Nov. 26th.

JOHN F. O'MALLEY.

AN OIL-IMMERSED X-RAY TUBE FOR INTENSIVE THERAPY.

SIR,—The introduction from Erlangen of intensive methods of radiotherapy—referred to in a note in the BRITISH MEDICAL JOURNAL of December 3rd—has brought the question of suitable apparatus very much to the fore in this country. For the purpose of carrying out the Erlangen technique it is necessary to excite a tube at a potential of 200,000 to 230,000 volts for some hours on end. Much attention has been given to the apparatus for generating the necessary current, and the therapeutic dose has been carefully worked out. Less care appears to have been bestowed upon certain subsidiary but still important matters.

These are: risk of tube breakage with injury to patient; risk of spark jumping to patient; efficient "boxing in" of the tube so that stray radiations do not reach the room;

optimum running conditions; securing longest possible life for tube.

I believe that these desirable ends can best be secured by immersing the x-ray bulb in oil contained in a tank lined with thick lead. A suitable tank, filled with oil, weighs about 500 lb., and is therefore non-adjustable, unless by very elaborate machinery comparable with that which works a passenger lift. The alternative is to make the tank stationary and to move the patient. At my request Messrs. Schall and Son have constructed such a tank. It is 4 ft. long, weighs with oil just under 500 lb., and is mounted on a massive wooden table built to stand a load of 15 cwt. The lead lining of the tank is pierced by several zinc windows, which are covered by lead "blinds" when not in use. Adjustable tubular diaphragms permit of cones of radiation being obtained at various angles. The patient lies on a special couch capable of horizontal and vertical adjustment. No bare wires are used. The current is conveyed partly by thick brass rods, partly by heavily insulated cables, and enters the top of the tank through insulated rods 16 in. long by 1½ in. in diameter. Hence there is no "brushing," with its bad effects upon the air of the room.

The stand and tank may be touched at any point without any sensation being discerned. Even a hysterical patient cannot harm herself or the apparatus. If the tube should break, the parts fall harmlessly to the bottom of the tank; the oil, of course, being non-inflammable. But the tube is unlikely to break, because the glass can never get hot, and no spark can jump to the bulb, piercing it, because of the oil. Neither is the tube subjected to any of the jars which assail it when mounted in an ordinary movable stand. The tube employed by the present writer is a new model Coolidge, 31 in. long and 8 in. in diameter. But a gas tube with a hollow target stem down which the oil could travel might equally well be used. I should be happy to furnish details and plans to anyone interested. A considerable amount of the work could be carried out locally by an intelligent combination of joiner and plumber. The lid of the tank, with its insulated rods and tube supports, also the adjustable tubular diaphragms, call for expert handling.—I am, etc.,

London, W.1, Dec. 3rd.

F. HERNAMAN-JOHNSON, M.D.

SUICIDE IN BORDERLAND CASES.

SIR,—It was with great appreciation from the practical side of neurology and psychiatry that I read Professor G. M. Robertson's opening paper to the Section of Neurology and Psychiatry, at Newcastle-on-Tyne, in July, 1921 (printed in the JOURNAL of November 19th, p. 827). To all those medical men who have had the care of a large number of borderland cases during a period of years, his words must recall many incidents where precautions taken to guard against suicides were not adequate.

The difficulties one personally experiences arrange themselves into four classes:

1. The inability of the patient to afford special nurses.
2. Isolation of the cases, with special nurses and attendants, from other patients who are not similarly afflicted.
3. Being overruled by the patient's strong objection to having a guard over him.
4. Last, but not least, the fear on the part of the physician of taking drastic action and so precipitating the very calamity which he is trying to guard against.

There are many other minor difficulties, and possibly the most marked of these is to induce relatives to impart full details concerning the history of the patient, and when a patient is under treatment to refrain from writing or visiting.

Personal experience has shown the early morning to be the most critical time. Perhaps after a restless two or three hours he has been able to get a little natural sleep and so temporarily forget his troubles, and for the first few minutes after waking he is fairly free, and then with a rush there comes back to him the dreadful reality of his position and utter helplessness and hopelessness. He then becomes mentally panicked, all sense of right or wrong seems lost, and he is temporarily not responsible for his actions; unless well attended, this is the time that he will make the attempt to bring his miserable existence to an end.

The earlier such cases are treated the more rapid the success, and the younger the patient the sooner does he