

had has been to render local authorities unwilling to appoint any but the youngest available candidates. Older and more experienced doctors are passed over in favour of younger candidates. Skill and experience are less desirable than youth. The local authorities are thus showing themselves plainly unwilling to pay pensions to the doctors; and it is conceivable that in the years to come Dr. McManus's "extreme case" is only too likely to happen.

Let us hope that the doctors concerned may become articulate, nay, vociferous; and that the British Medical Association will champion their cause effectively.—I am, etc.,

October 1st.

M.B.

BACTERIAL FLORA OF THE INTESTINE.

SIR,—I observe that Professor Cruickshank, in his address at Cardiff (September 29th, p. 555), has seen fit to admonish "certain bacteriologists" for various heresies. I gather that he has honoured my paper on residual vaccines as representative of the outpourings of this class of person: I therefore find myself singled out as their representative.

Professor Cruickshank demonstrates that the intestinal flora vary greatly in health, and he believes that the mere presence of any abnormal organism in the faeces would suggest to "certain bacteriologists" the desirability of a vaccine. He believes wrongly. He then cites a number of organisms named by me as probable causes in various intestinal toxæmias occurring in some individuals. Among other organisms quoted was *B. coli communis*. This last organism was so classed because, although presenting certain abnormalities, it appeared to resemble the colon bacillus rather than any other organism. But a vaccine was not made unless the organism formed a high proportion of the total flora. Such a position would have been obvious if the statement in the preceding paragraph had been grasped—namely, that two-thirds of the specimens sent for examination were rejected as unsuitable for the preparation of a vaccine.

The incidence of streptococci in rheumatic affections also earns his scorn on the same grounds. I can therefore add together the figures of both groups: 96 cases treated, 75 successful. Professor Cruickshank further states that the results of vaccine treatment cannot be construed as proof of a causal organism. If he is waiting for Koch's postulates to be fulfilled I would refer him to a correspondence on the difficulties of modern bacteriological research which appeared, if I recollect aright, in this *Journal* some months ago.

Any discussion of the actual therapeutic results obtained by me is carefully avoided. They are difficult to explain away and most inconvenient to Professor Cruickshank's own contentions. The chance of these cases resolving spontaneously was assuredly not better than 1 in 10: if, therefore, the association of vaccine therapy with the disease corresponds with the raising of the proportion of successful results to 3 in 4, and that happens over a series of 96 cases, it is a fair assumption that there is a connexion between the two events.

The effect of a high carbohydrate diet and of purging is not such original information as he appears to suppose. I would suggest also that while "certain bacteriologists" are acquainting themselves with the better bacteriology Professor Cruickshank might enlarge his knowledge of the laws of probability and apply it to the figures that I have given. He would then discover that while there is a chance that he is right it is about a hundred times more probable that he is wrong. He also assumes, without a shred of proof, that the intestinal mucosa is invariably intact and capable of resisting the invasion of these organisms and their toxins, and will always remain so. I am ignorant concerning the reference to examining a film of faeces for streptococci.

I have to complain of the evasion of the issues raised in my paper, and so must request Professor Cruickshank to apply himself to the following:

1. A case of rheumatoid arthritis, on a normal diet and without purging, shows on repeated examination a pure culture of some streptococcus in the faeces.

2. What positive proof is there that the patient's intestinal mucosa is impermeable to streptococci and their toxins?

3. An autogenous vaccine is prepared and administered.

4. The patient improves greatly.

5. If the vaccine is not responsible am I to assume that three out of four cases of rheumatoid arthritis will resolve spontaneously? If not, why does that proportion improve on an autogenous vaccine?

6. Since I do not believe that the intestine is the only source of bacterial invasion, am I to understand that bacteria in some higher area of the tract, say tonsil and pharynx, cannot cause rheumatism?

I do not claim that my results in vaccine therapy prove with certainty that these organisms can be causal, but I do assert that the results raise that matter from a vague possibility to an arguable probability. Finally, I realize that the fact that all my results were assessed by independent practitioners must have a cramping effect upon destructive criticism. I anticipated Professor Cruickshank.—I am, etc.,

Manchester, Sept. 30th.

C. E. JENKINS.

X-RAY DIAGNOSIS.

SIR,—Please accept my congratulations on the inspired common sense of your leading article on "X-ray diagnosis" in the current number of the *Journal*. It should dispel some mental fog on the subject.—I am, etc.,

London, W., Oct. 6th.

J. H. DOUGLAS WEBSTER.

SIR,—Surely the difficulties of accurate diagnosis of the case of ureteral stone described by Mr. C. Thurstan Holland and Dr. Herbert Williams in your issue of October 6th (p. 601) have been exaggerated.

Pyelography and ureterography will give all the information that is needed in determining, first, whether a stone is present in the upper urinary tract, and secondly, if a stone is present, whether the kidney is "extensively disorganized."

It is perhaps unnecessary to emphasize the importance to the surgeon, and to the patient too, of the former being in possession of more than one catheter, urethral or ureteric, when he makes an examination of a genital urinary case.—I am, etc.,

London, W., Oct. 8th.

A. CLIFFORD MORSON, F.R.C.S.

The Services.

DEATHS IN THE SERVICES.

Colonel Llewellyn Thomas Manly Nash, C.M.G., A.M.S. (ret.), died after a long illness in Queen Alexandra Military Hospital, Millbank, on September 9th. He was born in London on April 7th, 1861, was educated in the school of the Royal College of Surgeons, Ireland, and took the L.R.C.S.I. and L.K.Q.C.P. in 1884. After acting as medical and surgical resident at the Royal City of Dublin Hospital, he entered the R.A.M.C. as surgeon on August 1st, 1885, was promoted to colonel in the great war promotion list of March 1st, 1915, and retired on April 7th, 1918. He served on the north-west frontier of India in the Miranzai campaign of 1891, when he was mentioned in dispatches in the *London Gazette* of September 15th, 1891, and gained the frontier medal with a clasp; and in the Hazara campaign of the same year, receiving a clasp. During the great war of 1914-18 he went to France in August, 1914, with the original expeditionary force, when he was in command of a hospital at Rouen, subsequently becoming A.D.M.S. to the 8th Division. In 1915 he was invalided to England, and, after serving at the headquarters of the Eastern Command, in December, 1916, was sent to Blackpool to organize the R.A.M.C. centre there, which rose to nearly 20,000 officers and men. In August, 1917, he was appointed A.D.M.S. in Sussex. He was mentioned in dispatches in the *London Gazette* of February 17th, 1915, and received the C.M.G. on February 18th, 1915. In 1901 he married Editha Gertrude, daughter of the Rev. Charles Sloggett.

Lieut.-Colonel William Lemon Lane, R.A.M.C. (ret.), died at Southsea on September 1st, aged 78. He was born in India on May 28th, 1850, was educated at Edinburgh, where he graduated as M.B. and C.M. in 1871, and entered the army as surgeon on August 4th, 1878, becoming lieutenant-colonel after twenty years' service, and retiring on May 11th, 1904. He served in the South African war in 1901-2, taking part in operations in the Transvaal and in the Orange River Colony, and received the Queen's medal with three clasps. His two younger brothers also served in the R.A.M.C.—Colonels A. V. Lane and C. A. Lane.

Br Med J: first published as 10.1136/bmj.2.536.678-b on 13 October 1928. Downloaded from http://www.bmj.com/ on 19 April 2024 by guest. Protected by copyright.