

Medical Research Council, as the result of an investigation, specially emphasized that large quantities of emetine bismuth iodide are essential, and total doses of not less than 30 to 40 grains, in daily doses of 3 to 4 grains, were advised.

A warning should, I think, be issued with regard to the treatment of schistosomiasis in children. Not only should the dose be carefully reduced in proportion to age, but the possibility of an accumulative effect should be safeguarded against by watching the general condition of the patient and by examining the urine with an alkaloidal reagent to see that proper elimination is proceeding.—I am, etc.,

London, W.1, Nov. 24th.

W. H. MARTINDALE.

SPONTANEOUS PNEUMOTHORAX SUPERIMPOSED ON ARTIFICIAL PNEUMOTHORAX.

SIR,—In your issue of November 17th (p. 895) Dr. S. P. Wilson records an interesting case of spontaneous pneumothorax occurring in a patient with artificial pneumothorax. Certain features of this case do not correspond with the typical picture presented by Hutchinson and Blair (*Tubercle*, June, 1926), as deduced from their series of seven cases. In all these cases there was a very considerable rise of temperature (in six of the cases from 103° to 105°) coincident with the onset of symptoms. In all such cases, where air is not withdrawn, there occurs a typical "stair-case fall" of temperature, extending over a period which varies with the height of the initial rise.

There is no doubt that lung rupture had occurred in Dr. Wilson's case in view of the x-ray evidence before and after the onset of symptoms. This would suggest that a rise in temperature, due, as Hutchinson and Blair suggest, to suddenly increased intrapleural pressure, is not a necessary manifestation of lung rupture. In view of the fact that of their seven cases two definitely developed pyopneumothorax, one a pleural fistula, another had to undergo thoracoplasty, and two others died (cause not stated), would it not seem that pyrexia only occurs with infection of the pleura in such cases, and is not a manifestation of increased pressure *per se*?—I am, etc.,

Leeds, Nov. 18th.

HUGH G. GARLAND, M.B., M.R.C.S.

"THE RIGHT TO PRACTISE."

SIR,—The report of Dr. J. Gordon Macqueen's address to the Hyde Division, published in the *Supplement* of November 24th (p. 229), contains the following concrete statement made for the information and guidance of the profession:

"No degree or diploma of itself, however high it might rank in the medical or surgical world, entitled anyone to practise; the inclusion of a practitioner's name in the *Medical Register*, and that alone, conferred this right."

This is wholly contrary to fact and law. There is no legal inhibition upon the practice of medicine and/or surgery by any of His Majesty's subjects, and registration under the Medical Acts confers no special privilege in this respect—that is, *qua* "the right to practise." As Dr. Macqueen's address proceeds from one who is qualified in law as well as medicine, and thereby bears the impress of authority, I have been induced to comment on the matter.—I am, etc.,

Tunbridge Wells, Nov. 24th.

W. E. HEMPSON.

ULTRA-VIOLET RAY THERAPY.

SIR,—I would like to know upon what evidence Professor Dixon bases his statement on October 13th (p. 644) that "physicians are generally agreed that radiation by ultra-violet light is contraindicated in highly nervous and neurotic people." My own experience has been quite the reverse of this, and I regard these patients as the best subjects for the treatment.

In speaking of nerve cases I include the chorea of children; disseminated sclerosis; a myasthenic type of encephalitis lethargica; cases of menopausal neuroses which were actually borderland cases, and sent to me after all other means of treatment had failed; neurasthenia; and the insomnia of anxiety or nerve pain. If any would be interested in the history of these cases I shall be glad

to supply the information, since it appears to me that such a statement by Professor Dixon is bound to influence physicians who have not had the opportunity of testing it. I believe that many of the nerve-racked souls at present in the various institutions would rapidly show improvement if judiciously treated by ultra-violet rays.

In regard to the irradiation of children, it is said that they react much more readily than do adults. Such has not been the case in my own practice. Nearly all the children treated by me can stand a dose which would cause a second degree erythema in almost any of my women and some of my men patients. These children will tan, but do not redden.

I should perhaps add that every one of my patients undergoes a thorough clinical examination with tests of physiological excretions in doubtful cases, and, where necessary, the treatment is combined with an appropriate internal medication to assist the good work of the mercury vapour lamp. Like Professor Dixon, I do not regard artificial sunlight as a panacea, but I think he should revise his opinion about nerve cases, so that this great class of sufferers may receive the benefit of these healing and stimulating rays.—I am, etc.,

Glasgow, Nov. 4th.

E. C. MUDIE.

Medical Notes in Parliament.

[FROM OUR PARLIAMENTARY CORRESPONDENT.]

THE House of Commons spent three days this week debating the second reading of the Local Government Bill, and then considered the final resolution accompanying the bill.

The Parliamentary Medical Committee met on November 27th, discussed the Local Government Bill, and adjourned in order, at a subsequent date, to confer with the special Committee of the British Medical Association before the committee stage of the bill begins in the House of Commons. The Committee discussed the bill's proposals on block grants and their effect on health services, particularly venereal disease services; it also discussed the proposals of the bill regarding hospitals, and opinion appeared to be generally in favour of each authority under the bill establishing a hospital subcommittee of the public health and housing committee. The Medical Committee further considered the proposal of the British Medical Association regarding transferred services under Clause 4 of the bill. This proposal would make obligatory the provision of assistance under the Public Health and kindred Acts by virtue of the appropriate Act, and not by way of poor relief. The Committee passed no resolutions.

Local Government Bill.

On November 26th, Mr. CHAMBERLAIN moved the second reading of the Local Government Bill. Dealing with the history of the Poor Law he pointed out that in 1872 the whole country was divided up into urban and sanitary districts. The Act of that year was responsible for the origin of the medical officers of health, whose appointment was a statutory duty on those sanitary bodies. Since the Acts of 1872 and 1888 there had been no serious attempt to reform local government. Our system of local government was, in many respects, obsolete and out of date. Under the existing system there was a great deal of overlapping. From time to time Parliament had entrusted to the major local authorities the responsibility for the prevention or treatment of various diseases. There was tuberculosis, the charge of lunatics and mental deficients, and the great maternity and child welfare services, yet every one of those things had to be dealt with also by the guardians in the discharge of their duties. Thus there existed the remarkable and paradoxical circumstance that the question of whether a person should receive treatment at the hands of the county borough or the county council, or whether he should receive it under the Poor Law from the guardians, depended not upon the nature or need of his infirmities but merely upon whether he was destitute or not.

The Government had an overwhelming weight of authority in proposing to hand over to the county councils the functions of the guardians. The case did not depend merely on the easing of the financial burden, strong as it might be on that ground. It opened up a wide field for the improvement of our health services. The whole trend of practice in modern medicine and surgery was toward the treatment of many cases in institutions where there could be accumulated the specialized equipment and skill which were not always available in private homes. When the bill became law we should have a position in which there would be one single health authority in each area, whose duty and function it would be to survey the whole institutional needs of that area. They would have at their disposal all the institutions now in the hands of the guardians; in many the accommodation was not fully occupied. They would have an opportunity of reclassifying their institutions, of closing such as were no longer suitable for modern requirements at all, of altering and