

anaemia principle. In this manner we have made and examined six series of urinary extracts which have been tested for anti-pernicious-anaemia potency in the usual manner in controlled cases of pernicious anaemia. Our results have been as follows:

Series 1 and 2 were prepared from the urines of patients with subacute combined degeneration of the spinal cord, treated with daily parenteral liver preparations. Each patient supplied about 20 to 25 litres of urine, and the extracts when given to untreated cases of pernicious anaemia produced no remissions in Series 1, but normal remissions in Series 2. The two series were prepared differently.

Series 3 and 4 were obtained from normal urines—40 litres of urine from each normal individual being used. The extracts in Series 4 gave normal remissions in test patients, but those in Series 3 gave painful reactions and were discontinued.

Series 5 was prepared from urines from untreated patients with pernicious anaemia—35 to 40 litres of urine being collected from each. These extracts were inactive when tested clinically.

Series 6 was made from 23 litres of urine from one treated patient with pernicious anaemia in remission. This has only been given so far to one test case with a doubtful response.

Our impressions are that whatever amount of anti-anaemia principle may be excreted in the urine it is not present in very large quantity.—I am, etc.,

Manchester, Dec. 1.

JOHN F. WILKINSON.

Vitamin B₁ and Insulin

SIR,—We have read with interest Dr. A. Gordon Watson's description of a diabetic case treated with vitamin B₁ (*Journal*, November 26, p. 1111), which suggests that the vitamin had a beneficial effect on the diabetes and reduced the insulin requirements. Our experience is not so fortunate. We have treated a fairly large series—well over a hundred—of insulin cases with big doses of vitamin B₁, a few by injections, most orally. While the neuritis has often been benefited, we have never observed any effect for better or for worse on the carbohydrate tolerance or insulin requirements. Many of our cases have been under close observation, and we certainly should have noticed any improvement in them.—We are, etc.,

R. D. LAWRENCE.

W. G. OAKLEY.

Diabetic Department,
King's College Hospital, S.E.5,
Dec. 2.

M & B 693 in Gonorrhoea

SIR,—I have read with much interest and profit the preliminary report by Dr. R. C. L. Batchelor and his colleagues published in the *Journal* of December 3 (p. 1142), and agree with their conclusion that M & B 693 is the most potent anti-gonorrhoeal agent at present. These authors investigated 102 cases in both sexes and achieved 91 per cent. of *apparent* cures. The standard of cure aimed at by the authors was not achieved in all 102 cases. Had this standard been achieved it is reasonable to expect that their rate of apparent cure would have been lower. From the scientific point of view one is more interested in the permanent rate of cure, however large or small the number of cases; of course the greater the number the better. There is almost a specific drug for the early infections of syphilis in the form of arsenobenzol or bismuth preparations. The standard period of observation is a minimum of two years. In view of this I suggest that the minimum period of observation after treatment of gonorrhoea with chemotherapy should be two months in male cases and six months in female cases—if we are to find out the permanent rate of cure in gonorrhoea by

chemotherapy. It is interesting also to point out that Dr. Batchelor has not used vaccines in his valuable investigations, and does not advocate delayed chemotherapy.—I am, etc.,

R. MARINKOVITCH,

Salford, Dec. 3. Venereal Diseases Officer, City of Salford.

Air Raid Precautions

SIR,—Most people will agree with Dr. F. G. Chandler's criticisms of the hospital organization during the September crisis. I think, however, that it is fair, and I believe correct, to remind Dr. Chandler that the Ministry of Health had the "baby" of responsibility handed to it less than three months before the actual crisis, and, further, that the individual hospitals were only informed in detail what was expected of them within two weeks of the crisis.

I am not in a position to say what individual or Government Department was responsible for this amazing want of foresight, nor does that matter at the present time, as I hope, and feel convinced, that the organization that is now being got out by the Ministry of Health will be very different from the hasty organization in September last.

I know nothing about the future organization, but it seems to me that the most important step is the provision of potential base hospitals round the large cities, with advanced base hospitals rather closer for those abdominal and head wounds which can without much risk be moved out of the danger area. I agree with Dr. Chandler that the work of the casualty clearing stations in the next war will be much more in the nature of first-aid-post work than was the case in the last war. It seems fairly certain, also, that a great number of young men will have to deal with this type of work while the senior surgeons and physicians are in the base hospitals, where teaching will have to be carried out when hostilities allow of it. Whether the casualty clearing stations will have to be so numerous as to require other buildings than the existing hospitals of the cities seems to be doubtful, but that portions of the hospitals should have special protection in order to deal with those cases that cannot be transported out of the danger zone would seem to me to be essential. Had the war started in September I am convinced that within a few weeks the hospitals in the centre of London would have been closed down until such protection could be given to make them into first-aid posts.—I am, etc.,

London, W.1, Dec. 2.

MALCOLM DONALDSON.

SIR,—Recent letters in your columns, statements in Parliament and elsewhere, and admissions by responsible spokesmen of the department mainly concerned have all emphasized the inefficiency of what has been attempted in the way of air raid precautions. But the authorities whose labours over some years have accomplished so little are still in charge, and signs of any radical improvement are not evident. Major W. V. Fawcner-Corbett, in the *Journal* of November 26 (p. 1114), puts the case for an organization on lines copied from the Army. As an official who has had to do with local attempts to work the A.R.P. scheme I should like to support that. In my opinion the endeavour to organize efficient A.R.P. with unpaid volunteers is illogical and doomed to failure. Apart from the folly of concentration on obtaining volunteers before schemes were prepared or arrangements in hand for training (in my districts equipment for instruction is not yet to hand), how can the allegiance of such unconsidered volunteers be kept in face of the counter-attractions of the Women's Auxiliary Territorial Service, or the anti-aircraft