

I myself diagnosed about fifteen cases, and there were others. Two were of infants, and were associated with streptococcal infection of the mothers; the remainder were in adults over the age of 40. In no instance was a second case found in the same household, but it was evident that the disease was epidemic. To complete the picture of a general invasion of a population by haemolytic streptococci, there was a coincidental epidemic of streptococcal sore throat with a number of cases of quinsy. One sufferer from the latter complaint, himself a bacteriologist, went down with a typical and severe scarlet fever three weeks later.

I merely record the occurrence of epidemics of three different groups of haemolytic streptococci concurrently. The reaction to treatment by sulphonamide preparations was specific to each group. All cases of erysipelas recovered, including two patients who when first seen were desperately ill. Not only was a favourable response to adequate dosage prompter than in the other two groups, but the length of time of treatment was the shortest. Ordinary streptococcal epidemic sore throat responded well to treatment, though in some cases it was three or four days before there was marked improvement. Response to sulphonamide treatment in scarlet fever cases was less dramatic, and there was considerable variation. It rarely shortened the duration of the disease, but patients seemed easier with it. On the other hand, several untreated patients seen in the second week of the disease who were almost comatose showed dramatic improvement. This varying response to chemotherapy merely corroborates the known specificity of each strain of haemolytic streptococcus, but the problem of the genesis of each remains for solution.—I am, etc.,

London, E.2, Nov. 24.

ALEXANDER J. WATSON, M.D.

Cancer and Pernicious Anaemia

SIR,—It was refreshing to read Dr. E. F. Hunt's letter in the *Journal* of November 25 (p. 1062) advancing the plea that investigation of the cancer problem should be directed along the lines of deficiency disease instead of prolonging the sterile search for some unknown virus or organism.

It is many years since Richard Cabot drew attention to the fact that both cancer and pernicious anaemia tended to occur in people of the same age period, and in a letter in the *Journal* I suggested as a corollary to this that cancer might indeed be also a deficiency disease. Acting on this theory I have given to many cancer cases, mostly of the inoperable and apparently hopeless type, liver both by mouth and intramuscularly, but unfortunately without any success. It would have been surprising if this therapy had been successful and in a way accidental, but I still think that it is on such lines that success will ultimately come; only it will not come without research, and that is why one would support Dr. Hunt's plea for an intensive inquiry.—I am, etc.,

London, N.6, Nov. 26.

W. LEES TEMPLETON.

Black-out and Ventilation

SIR,—I had visions of making a small fortune by patenting my solution of the combined problem of ventilation and eye-strain, but I don't know how to proceed, so, lest the war is over before others can benefit, let me present it to the profession.

The urgency of bedroom ventilation, with freedom to use my bed-light, was the original stimulus, and the "Thomson ventilating light-trap" evolved and simplified itself till it became three bits of wood, the actual blind or curtain being a matter of choice or of material available.

The trap I like best is in my sitting-room with a high bow-window; it has been passed by the authorities with three unscreened 100-watt lamps ablaze in the room, while I have free ventilation through the window open to two and a half feet from the top. Actually I used five pieces of wood in this trap. The amount of free ventilation depends on the size, and the size depends on the two end-pieces, which are rectangular, slotted diagonally from one corner to centre, and

fixed by hinges to the sash (Fig. 1). Into the grooves fits a piece of ply-wood (Fig. 2) as wide as the distance between the end-pieces and as deep as half their diameter. Laths, slightly longer than the total width, secure the free corners of the end-pieces and hold the ends of the ply-wood firmly in the grooves (Fig. 3). All the wood, except outside the end-pieces, is painted matt black.

The cheapest way of covering this trap is to mount the blind belonging to the window at A, along the upper lath,

FIG. 1.

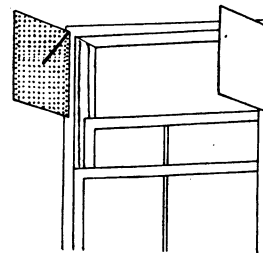


FIG. 2.

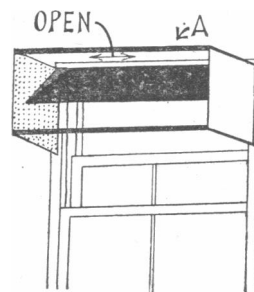
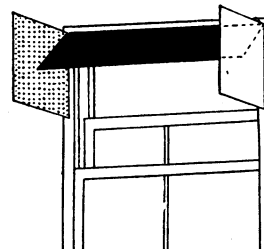


FIG. 3.

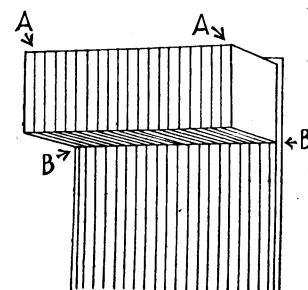


FIG. 4.

have a cord across the window to pull the blind close to sash at B (Fig. 4), and cover the lower part of window, where blind now falls short, with paper or cloth or wood. Or the curtain or blind may be made long enough to fall below the bottom of the window. To avoid a haze of light passing the trap, especially on misty nights, care must be taken that the patch of ceiling immediately above is not directly illuminated.—I am, etc.,

Grimsby, Oct. 16.

E. J. THOMSON, M.B., Ch.B.

Administration of A.R.P. Casualty Services

SIR,—With reference to Dr. H. Mainwaring Holt's interesting and informative letter on the administration of A.R.P. casualty services (*Journal*, November 18, p. 1021), it may be of interest to your readers to know that the Halifax A.R.P. casualty services schemes provide for the attendance of doctors at the scene or scenes of disaster. It may be objected that such a provision is not sanctioned in any of the numerous official circulars. Nevertheless I am sure it is well worth the attention of A.R.P. casualty services administrators.—I am, etc.,

Halifax, Nov. 22.

GEORGE C. F. ROE,
Medical Officer of Health.

The E.M.S.

Two letters commending to the profession the plan for reorganizing the Emergency Medical Service, which was announced in our last issue, will be found on the first page of the *Supplement* this week. They are signed by Sir Robert Hutchison, President of the Royal College of Physicians of London, Mr. Hugh Lett, President of the Royal College of Surgeons of England, and Professor W. Fletcher Shaw, President of the Royal College of Obstetricians and Gynaecologists; and by Mr. H. S. Souttar, Chairman of the Central Medical War Committee and of the Council of the British Medical Association.