

My object in writing this letter is to draw attention to the fact that a very acute case of Graves's disease strikingly improved in the unsatisfactory environment of a general hospital ward, which contained one or two noisy patients, after the administration of small doses of insulin; and, further, in view of the caution of the fourth paragraph of Dr. Lawrence's summary, to point out that elaborate laboratory control was found, in this case at all events, to be superfluous.—I am, etc.,

Birmingham, Oct. 29th.

A. P. THOMSON.

**PORPHYRINURIA.**

SIR,—In his account of a case of haematoporphyria congenita, in the *BRITISH MEDICAL JOURNAL* of November 1st (p. 803), Dr. H. T. Ashby mentions the fact that most cases of porphyria are the result of taking sulphonal or an allied drug for a considerable period. I should like to draw attention to veronal, one of these allied drugs, as a rare cause of porphyria, hardly yet generally acknowledged.

In September, 1923, I saw a woman, aged 39½, recovering from a very painful organic illness, who for more than two months had been having 5 grains of veronal almost every night as a hypnotic. Her urine for a considerable time had been deep red or red-brown in colour, and free from haemoglobin and albumin. The colour was due to the presence of haematoporphyrin, and disappeared gradually in the course of two weeks after the discontinuance of the veronal.

For a time the patient also suffered from paresis of the lower extremities (right knee-jerk absent), with pains in the calf muscles, possibly due to "haematoporphyrin polyneuritis."—I am, etc.,

F. PARKES WEBER, M.D., F.R.C.P.

London, W., Nov. 1st.

**EPITHELIOMA OF THE SCROTUM IN COTTON-SPINNERS.**

SIR,—Dr. Cochrane's letter on epithelioma of the scrotum (November 1st, p. 835) is interesting. I have frequently seen something like a papulo-vesicular eczema—or as I should rather call it a papulo-dermatitis—in the flexures of the scrotum and thigh when the two epidermic surfaces have been subjected to the influence of oil and collected perspiration for a long time.

Dr. Leitch has clearly shown that a cancerous condition can be produced by a long-continued enclosure of epithelial excretion, which I consider the most cancer-producing substance known—in fact, the only thing which does produce cancer, in my opinion, is the product of dead and decaying epithelial cells. No one has ever pointed out anything else, amongst the multitude of causes and cures which have been put forward, that can outweigh this view.

Chimney-sweeps and others are not much given to frequent ablutions, so that the scrotal flexures suffer very much from neglect, often of long duration, and the deposits in the wrinkles of the scrotum are often not disturbed for years. Now, these conditions will certainly keep up a chronic irritation of the epidermis, which will some day result in epithelioma. Dr. Cochrane has evidently caught this in the stage before malignancy has ensued, as the polymorphs described by Rolland are, in my opinion, epithelial cells in the progress of their development. This dermatitis always yields to bathing with hot water and suitable applications unless the part has become malignant. Then I would say surgical intervention is necessary.

I can see no reason why spinners and chimney-sweeps should exclusively possess this part for the expression of epithelioma. The only reason is the long neglect of conditions produced by the exposure to the exigencies of their occupation.—I am, etc.,

A. W. CRAWFORD, M.B., C.M.

Bolton, Nov. 3rd.

**THE LEAGUE OF REMEMBRANCE.**

SIR,—On the eve of the sixth anniversary of Armistice Day it gives us great pleasure to testify to the activities of the League of Remembrance (1914-1919).

Having now had several years of experience of the work

of the League, we are in a position to form an opinion of its usefulness. It confers practical benefits to all institutions connected with the health of the nation which care to seek its assistance. This opinion is based not only on an inspection of the work carried on at the League of Remembrance, but also on our practical experience from the hospital point of view of its value in the work of the wards. Hospitals, infant welfare centres, and organizations of a similar kind have only to send materials and pattern and the League makes them up into the finished article required, without making any charge for its services.

We have personally inspected the workrooms; the specially equipped department in which the surgical dressings are made receives our warmest commendation, as also do the hygienic and aseptic principles which are exercised throughout the whole establishment. We can, moreover, testify to the promptitude, accuracy, and excellence with which the work is performed.

The League of Remembrance, a continuation of the War Hospital Supply Depot movement, is, we believe, the only institution of the kind in the world. It has proved of great service to the hospitals, and the number of appeals for help is continuously increasing. These appeals are straining its present resources to the utmost, and we strongly recommend to public inspection and support this organization, which has taken, as an integral part of its business of remembering, the relief of the sick and suffering.

All communications should be addressed to Mrs. E. H. Gibson, C.B.E., Honorary General Manager, League of Remembrance (1914-1919), 1, Marlborough Gate, London, W.2.—We are, etc.,

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|-------------------------|-----------------------|
| WILLIAM ARBUTHNOT LANE. | ALFRED J. RICE-ONLEY. |
| ARTHUR SLOGGETT.        | H. J. F. SIMSON.      |
| ROBERT HILL.            | JOHN MURRAY.          |
| JAMES PURVES-STEWART.   | C. KNOX-SHAW.         |
| ALFRED FRIPP.           | R. H. JOCELYN SWAN.   |
| JOSEPH SKEVINGTON.      | HERBERT SMALE.        |
| ROBERT JONES.           | LESLIE PATON.         |
| FRANK COLYER.           | MARION VAUGHAN.       |

November, 1924.

**ASSISTANTS IN GENERAL PRACTICE.**

SIR,—I was very pleased to read the correspondence in the *JOURNAL* on this subject. The poor remuneration received by assistants should certainly be made subject to inquiry by a responsible body, such as the British Medical Association, and a minimum should be fixed. It depends a good deal on the situation and style of practice, but assistants are shamefully underpaid and overworked. The densely populated districts, especially Stepney, Bethnal Green, and Whitechapel, are the worst offenders in this respect. I know of one instance, not a hundred miles from Whitechapel, where a male assistant is paid under £200 per annum, and only gets half a day off per week.

The pay is inadequate enough, but the hardest thing for a young assistant is to be deprived of liberty. During his student days he was used to hard work, but he had ample time for sport and social intercourse; when he enters into general practice as an assistant, then he finds that he is suddenly cut off from all these. Nominally he is a member of his Branch of the British Medical Association, but he never gets an opportunity for attending meetings of the Branch or Division. His hopes of keeping up and improving his medical knowledge by attending a hospital for a few hours a week are doomed to disappointment, simply because he has not the leisure.

The surgery hours are far too long; two and a half hours in the morning and three to three and a half at night are unnecessary. There should not be any Sunday morning surgery. On Saturday the evening surgery should be in the afternoon between 3 and 5 o'clock, instead of 6 to 9. The working men cease work at 1 p.m. on Saturdays and can well attend in the afternoon. An assistant is on duty for twenty-four hours daily. The weakness and the strength of an assistant's position is its transient nature, but that is no argument in favour of his being exploited by his more fortunate brethren.—I am, etc.,

FARA.

October 19th.