

the Reichstag, declares its conviction of the absolute necessity for upholding the vaccination law of April 8th, 1874. The resolution was carried without further discussion.

August Lucae, the otologist, in his time one of the celebrities of the Berlin University, from which he had retired some years ago, died last week, at the age of 76. He was extremely musical, and when he began his medical career Virchow, recognizing his great talent and his interest in the physiology of the ear, induced him to devote himself to the speciality, at that time little cultivated in Germany. Lucae then worked as assistant under Politzer and Koenig in Vienna, and spent some time in Paris, but his chief impetus was given him in London by Toynbee, under whose influence he remained for some time. Lucae was chief of the well-known clinic for ear diseases in the Ziegelstrasse; among his researches the best known are "The Conduction of Sound through the Bones of the Head and its Importance for the Diagnosis of Ear Diseases," and "The Origin and Treatment of Subjective Sensations of Sound."

BUDAPEST.

Neurasthenia in Women.

SOME interesting statements with regard to neurasthenia in women were made in a recent address by Dr. Maurice Porosz, in which the speaker (who has a very large practice in neurasthenic and hysterical cases) remarked that he had frequently noticed that women who came to him for nervous and mental troubles were married to men who found it necessary to consult him for impotence or quick ejaculation; and his large experience in such matters had led him to believe that there existed a close connexion between the neurasthenia of the wife and the sexual impotence of the husband. He made it a rule, therefore, when consulted by the former, to question them on the delicate matter of their sexual life; and the results amply justified his action, since the majority of his female patients lost their neurasthenic symptoms directly he had cured their husbands. As an instance he mentioned the case of a widow who had been under his care, and who had married, *en secondes noces*, a lawyer, aged 36. During the first year of her second marriage the wife suffered greatly from general nervousness and frequent nervous headaches; and during the second year she discovered that these distressing symptoms generally followed nights during which she had had intercourse with her husband, and particularly when her *libido* had remained unsatisfied through the rapid ejaculations of her husband. Upon comparing her present sexual experiences with those of her first marriage, she came to the conclusion that her husband was ill, and, in spite of his indignant denial, persuaded him to consult the family physician. Upon examination the latter found his patient to be suffering from prostatic atony, defaecational spermatorrhoea, which had been preceded before his marriage by frequent nocturnal pollutions. During the first month of marriage he frequently cohabited with his wife, but this gradually became more and more difficult, and was always followed by great exhaustion. About the same time his wife developed symptoms of nervousness and restlessness, due to his abstinence from repetitions. She consulted a neurologist, who advised her to try some hydrotherapeutic treatment, from which she obtained no apparent benefit; but she grew steadily stronger as her husband's condition improved, and on his complete restoration to health her symptoms disappeared entirely, a state of things which lasted some years. Another case mentioned by Dr. Porosz in support of his theory was that of a married woman, the wife of one of his patients, who developed symptoms of melancholia, and complained of the persecution of her neighbours, whom she declared looked upon her as her husband's concubine rather than his legal wife. She refused to see people, and grew so much worse that she was placed in a sanatorium. During her absence her husband consulted Porosz for frequent micturition, quick ejaculation, and erectional disturbances. He told the doctor that throughout the first year of marriage he had cohabited with his wife almost every day, but latterly his ejaculations had grown rapid and his erections more and more feeble, so that his wife could not reach the orgasm, which had

the result of making her very jealous and discontented. This led him to cohabit still less, so that during the previous year as much as one or even two months passed without a single coitus, though he had previously made it a rule to keep a pause of two weeks only. This state of affairs lasted for about two years, and during the last months the wife developed symptoms of insanity. After a stay of several weeks under proper treatment at a sanatorium, she returned home in a normal condition, save for an occasional display of jealousy during the first few weeks after her return. During this period, however, the husband's cure was completed, and his wife is now completely restored to health, sleeps well, wakes refreshed, and is able to attend perfectly to her household affairs. The connexion between the interrupted sexual intercourse and the malady of the wife is in this case perfectly obvious, remarked Dr. Porosz in concluding his address. The wife had got accustomed to extremely frequent intercourse, and suffered from the lack of it, which she ascribed to unfaithfulness on the part of her husband, a belief which naturally enough gave rise to jealousy. This belief, once firmly rooted, became an obsession, and gradually warped her judgement. Then the central nervous system became disturbed, and hallucinations were the result. The rest and change at the sanatorium combined to readjust the mental balance, but a radical cure was only effected by the commencement of a regular and systematic sexual life. Such cases as the foregoing were by no means scarce, and many unhappy marriages might be avoided if family doctors took more pains to discover the causes of neurasthenia in women, and did not hesitate to inform themselves as to the sexual life of their patients.

Correspondence.

THE HONOUR OF THE MEDICAL PROFESSION.

SIR,—I read your article on the honour of the medical profession with particular interest, the more so because during my year of office as Lord Mayor of Cardiff I had the honour of having as my guest at the Mansion House the celebrated surgeon, Dr. Lucas-Championnière. You will remember that he visited Cardiff on the occasion of the dinner and the presentation of a large sum of money by the members of the medical profession to Mr. J. Lynn Thomas and Dr. Skyrme in connexion with an action brought against these gentlemen by a patient. I was present at the hearing of the action in Cardiff and heard the now distinguished President of the Divorce Court use the following words, quoted in the letter of Mr. Lynn Thomas in your issue of January 28th, 1911: "Questions of this nature would be a matter of interest for a learned medical society to discuss, but not a jury of laymen to pass a verdict upon," with which opinion I unhesitatingly agree. From my recollection of the case, there was no serious question of fact involved; it was entirely one of the correct treatment of a fracture. Who were asked to decide? Twelve "good men and true" undoubtedly, but not one of them probably even possessing a first-aid certificate—excellent men in their own particular vocations, but surely not the tribunal which should be called upon to give a verdict upon a highly technical question of surgery. In that verdict there was at stake something far more important than the plaintiff's claim—namely, the professional reputation of the defendants. It is not like ordinary litigation arising out of breaches of contract or of tort, where statute or case-law define the respective positions of the parties, the judges being asked simply to interpret the law. The judges are bound by precedent, and there is a final court of appeal. Not so a medical practitioner. He is not bound by precedent—in fact, he may create one himself. Circumstances vary, conditions arise continually of an exceptional character calling for exceptional and immediate treatment. A precious life, possibly, is in peril. He has no time to think of what Dr. Popoff or Dr. Finissem would do in the circumstances. He has to decide for himself; a matter, therefore, probably of forming an opinion quickly. In the event of any question arising as to the propriety of the treatment, who should be his judges? Unquestionably men who, by their education, training, and experience, are rendered capable of forming a just and unbiassed estimate.

It would not only be in the interest of the profession but also in the public interest if such a tribunal as that referred to in your article were created. Call it by any name you like. All that would be necessary to satisfy the public would be that the tribunal should be composed of men of the highest integrity and distinction in the profession. Supposing that public opinion is not sufficiently ripe for the appointment of such a tribunal as the one suggested by you, there would be no difficulty, I apprehend, in securing legislation for the appointment of assessors in all medical cases, assuming the profession were united. Either party to have the right to call for them, similar to what now obtains in the Admiralty Court in London. There you have Trinity Brethren assisting the court in collision cases. You have Admiralty assessors sitting with the judge in the county courts. You have assessors also in the police courts sitting with the stipendiary magistrates in Board of Trade inquiries. These men are selected because of their technical knowledge and experience, and therefore are called upon to assist the court. Again, under the Workmen's Compensation Act, you have medical referees. The county court judge, when there is a conflict of testimony, refers the medical question to the medical referee appointed under the Act. If it is considered necessary or desirable that the court should be assisted by technical advisers where probably only a question of seamanship is involved, *a fortiori* should the court be assisted when it is a question of the treatment of a patient and the professional reputation of a medical man. Writing not as a medico but as a member of the legal profession, I am strongly in favour of such a change as I have indicated above. Faith in the treatment and in the medical man himself plays so important a part in the cure of many ailments, that everything possible should be done to strengthen this faith.—I am, etc.,

LEWIS MORGAN
(Alderman).

Cardiff, March 22nd.

TO HELP THE BRITISH MEDICAL BENEVOLENT FUND.

SIR,—The appeal made by Professor Howard Marsh in the JOURNAL of March 18th, 1911, on behalf of the British Medical Benevolent Fund, will, I trust, receive cordial support from all who can possibly afford to give. Dr. Fothergill and "E. C. B." in the JOURNAL of March 25th, 1911, offer suggestions which may serve well, provided there is some one, paid or not paid, always ready in and out of season to bring the good work of the society to the notice of medical men. In the absence of such a man or men, who make it their business to collect for this laudable object, the work must often bring feelings of disappointment, both with the response to the appeal and with the inability to render help where really needed.

From such and other considerations I have for some years advocated among personal friends a scheme which, at any rate, deserves careful thought from the members of the Association. This scheme is based upon the principle of insurance, and would be compulsory on every member. The capital would be obtained from an entrance fee levied on each member—say the sum of £5. If the present members were to subscribe £5 each, a sum of about £100,000 could be forthwith raised, and the income derived from this alone would go a long way towards making full provision for a poor medical man's widow and the education of his children, if any, together with help to the needy members who may be in distress from illness or misfortune or both. By one single payment a young medical man—though it is true that as a general rule he has no capital to spare—could make a moderate provision for his widow and for the education of his children, and to secure this should, I maintain, be his first aim, if by the united action of the members of the Association it can be done at such a small sacrifice. My idea would be not to give where plenty is left, but to supplement where, in the opinion of a local body of members of the Association, guided by definite rules, help is needed not only for the widow to keep and bring up the family but also to educate the children, much as if the father had been saved to do his work and provide in full.

The profession of medicine can hardly plead poverty, and it is scarcely becoming to appeal to the public whenever a distressing case arises. Where a man makes untold

sacrifices for the community and dies in consequence, as now and again happens, then a public appeal is welcomed, not so much because he has left his widow and family without adequate provision, but because he has rendered a service which appeals to humanity and humanity endeavours to make some amends. We should, it seems to me, provide for ourselves, and we can well and easily do so if the Association as a whole endorses a proposal similar to the one I have ventured to make public. Further, it is my firm opinion that only by some such means can we make the Association what it should be to one and all of us—namely, a real help, whether it be in promoting our knowledge of the sciences and practice of medicine, in guiding us in our professional conduct, or in helping us to make the most of our circumstances. Perhaps there is some member who is willing and able to work out such a similar scheme, and thus show the Association whether it can be made possible or not. An entrance fee of £5 cannot, I think, be regarded as beyond the reach of any medical man, for even supposing he has to borrow capital to start practice, it will make but little difference to add this odd £5.—I am, etc.,

Cambridge, March 28th.

JOSEPH GRIFFITHS.

MEDICAL TREATMENT OF INOPERABLE CANCER.

SIR,—My attention has been called to a letter from Dr. Alexander Haig upon this subject in the BRITISH MEDICAL JOURNAL of January 14th. Dr. Haig invites co-operation in trying the effect of "uric acid-free" diet upon patients suffering from inoperable cancer, stating that he has seen "cases that gave the impression that by alteration of diet we may sometimes cure."

I am able to meet Dr. Haig's difficulty in getting suitable cases for this trial of his diet, as I have twenty patients suffering from inoperable malignant disease continuously under my care in the wards of the Cancer Hospital. The Medical and House Committees of this institution welcome the scientific trial of any reputed remedy for cancer, always provided the use of such remedy does not in the end entail more bodily or mental discomfort than the disease from which the patient is suffering. I am, of course, unable to transfer these patients to the hospitals in which Dr. Haig is directly interested, but I am prepared to set aside the 30 or 40 cases (which Dr. Haig considers would constitute a good trial of his treatment) to be dieted on whatever lines he may lay down, assuring him that such lines will be most strictly carried out. I should reserve to myself and to my assistant the right of supervising the usual clinical and pathological observations now being made upon all our cases, and should of necessity retain my responsibility for the patients' welfare to the committee of the hospital in the matter of deciding whether or no the treatment should be continued in any case in which the effect might seem undesirable. Neither of these reservations, however, would impair Dr. Haig's efforts—indeed, I hope the former reservation would prove an assistance to him. I may add that it would be easy to select a sufficient number of patients fulfilling Dr. Haig's sole desideratum—that they should carry an expectation of life of at least six months.—I am, etc.,

THOMAS J. HORDER,
Physician to the Cancer Hospital,
London.

London, W., March 27th.

BROCA'S APHASIA.

SIR,—In his able and interesting address on aphasia, reported in the BRITISH MEDICAL JOURNAL of March 18th, p. 605, Professor Saundby has hardly, I am afraid, done justice to the opinions of some of the writers on aphasia.

In the comments on his Case I he has either failed to express clearly what he means, or he has misunderstood what Professor Wyllie has written in explanation of why it is that a lesion subjacent to Broca's convolution, without involving the convolution, produces the subcortical or infrapictorial motor aphasia, whereas a lesion in the internal capsule does not produce aphasia, but only dysarthria. The views of Wyllie will be found at pages 422 and 423 of his book on the *Disorders of Speech*.

It seems to me that Professor Saundby has made the mistake of supposing that the "callosal speech tract" Wyllie refers to as being cut by a lesion subcortical to Broca's convolution is a tract coming from the third