

that a Thomas's splint was applied and that under Mr. Parker's assiduous care the child made a wonderful recovery notwithstanding the supervention of disease of the wrist-joint. It attracted universal interest, and before long many other cases in the infirmary were fitted with Thomas's splints. Shortly afterwards I was able to attract the interest on this subject of the surgeons of the infirmary for children, and Mr. Parker was invited to try the splints, hip and knee, on the many patients of that institution, with gratifying success. Mr. Parker was at the time surgeon to the Stanley Hospital, and had plenty of opportunities of carrying out the treatment on his own patients. During this period he was indefatigable in disseminating his information with regard to the splints with results so satisfactory that ere long any number of children in the poorer parts of Liverpool could be seen on crutches and pattens.

How this method of treatment became recognized in the surgical textbooks and in general practice throughout the empire is known to everybody, but I think it right that it should also be known that this result is due to the courage and acumen of Mr. Rushton Parker who was not afraid to advocate and to use a sound surgical procedure in spite of insinuations as to its source.

I trust that anything I have said may not be construed as a reflection on the late Mr. Thomas, as I have the greatest admiration for his ability, and believe him to have been a thoroughly honourable man,—as everybody seems to have found him who knew him.—I am, etc.,

W. T. HAYWARD, M.R.C.S.,

Consulting Medical Officer to Adelaide Children's Hospital.  
Adelaide, South Australia, July 28th.

#### JAVANESE ANAESTHESIA.

SIR,—I have been very much interested in what has appeared in the BRITISH MEDICAL JOURNAL under the heading of Javanese anaesthesia, in that I have often related to those interested in such matters circumstances of the only occasions on which I have "fainted." These "faints" were artificial, and were produced in the following way—on the first occasion accidentally, and on a subsequent occasion to verify the conclusion formed as to the first: When at school I was hanging one day on the horizontal bar in the gymnasium with all my clothes on and wearing a high collar, my arms, of course, being extended above my head, and causing, no doubt, compression of the carotids with the collar. I did not feel any discomfort or feeling of "going off," but I suddenly found myself lying dazed and feeling very sick on the mattress below me. I had no recollection of having fallen. I repeated the performance for the benefit of some companions a few days later, and have no doubt that I could do the same at any time again.—I am, etc.,

Liverpool, Aug. 17th.

W. BLAIR BELL.

#### RICKETS.

SIR,—Some years ago you were good enough to publish in the BRITISH MEDICAL JOURNAL the results of my observations during fifteen years at the Hospital in Great Ormond Street on the cause of rickets. I took the subject up perfectly free from any theories or prevalent opinions, and allowed none such influences to deter me from collecting only clinical facts and statements, in the belief that truth can only be arrived at in scientific work on such conditions. In the article that you published, I gave the results arrived at after seeing about 3,000 cases of rickets, and the only conclusion I could draw from these was that the cause of rickets in England is generally, if not absolutely, due to defective respiration arising from various forms of pulmonary, bronchial, and pharyngeal derangements, and the imperfect aëration of blood which such necessarily occasion. I will make no further remarks in this letter, trusting to the members of the British Medical Association to examine the subject for themselves.—I am, etc.,

Gunterstone Road, W., Aug. 30th.

ROBERT LEE.

#### MEDICINE AND MATRIMONY.

SIR,—In a leader on an interesting subject in the BRITISH MEDICAL JOURNAL of July 19th, you say: "If Nature is to have her own way and kill off all the weaklings, much which goes to make the life of man higher than that of the brutes will die with them." Surely not: it is obvious that the word

"higher" used in the above sentence is only a question-begging epithet. If instead of this word you put the word "more sympathetic," the statement would be correct, but then one must recognize the fact that a great deal of sympathy going about is of the inverted kind—sympathy for ugliness, for weakness, for ignorance, for filth, etc., and is no more worthy of rational approval than sexual inversion, about which, too, some people say very pretty things. Then you say, "In the making of human history . . . to another." But it has still to be shown that that the world is not a greater loser by its adherence to the principles which make the "invalids" possible, than it is a gainer from the output of the literary and scientific "invalids." Surely we are not at this time of day going to question the truism *mens sana in corpore sano*. As to "degeneracy being a coefficient in the production of genius," I have looked into this matter carefully, and have come to the conclusion that it is "rot." What has led to the idea is that degeneracy sometimes gives a piquancy to genius which commends it to tastes cultivated in a certain direction; but the piquancy and the genius are different things, and do not stand in the relation of cause and effect. When you say that, "The value of a human life cannot be measured solely by its material productiveness to the community" you state a truism, which, I suppose, nobody out of a lunatic asylum would dispute. But speaking from the point of view of (not the prevention) but the diminution of human suffering in the world, surely the method of killing off the weaklings before they have had time to suffer is unquestionably best. Things are different according to the point of view whether personal or social. If I bring a tuberculous brat into the world it is my bounden duty to nourish him and see that life is made as pleasant as possible for him, but if society were to encourage the production of tuberculous brats, and not rather try to diminish their production, society would be an ass.—I am, etc.

Strawberry Hill.

G. P. BEST.

#### THE DRESS OF FOOTBALL PLAYERS.

SIR,—In the daily paper of to-day is reported the death of a well-known football player. It is recorded that while playing "he slipped and fell, his knee striking a piece of glass. Blood poisoning and lock-jaw supervened."

I do not know in this particular case what the costume of the player was, and it is, of course, true that football must always be accompanied by some degree of danger from septic wounds, especially about the knee; but surely the prevailing habit of playing with knees bare of clothing is likely to increase the frequency of such accidents. Years ago the knickerbocker and the stocking of a football player not only met, but overlapped, at the knee, affording considerable protection to the part from the falls and blows which belong of necessity to the game. Now, however, even small school boys play with knees bare.

Surely, from the medical point of view, the free exposure of so vulnerable a portion of the body to the chances of inoculation with the mud of the football field is wrong.—I am, etc.,

Marlborough, Aug. 28th.

EDWARD PENNY, M.D.

#### TREATMENT OF INCIPIENT INSANITY.

SIR,—In the BRITISH MEDICAL JOURNAL for August 2nd, p. 345, there is a paragraph headed, "Treatment of Incipient Insanity in New York," from which it seems pretty clear that in this matter our American cousins have stolen a march on us, and are providing for a particularly pathetic, and often dangerous, class of cases.

What can we do in this country when confronted with such problems? Let us take the example of a patient presenting himself at the dispensary of a general hospital, complaining of nervous symptoms which point to the approach of insanity, and asking help in his dreadful misery. What can the physician do? If the patient is accompanied by friends, he may warn them to take good care of the sufferer, to watch him closely, and, if need be, take steps to commit him to an asylum; in short, to wait till he is so evidently insane that a medical man will be justified in granting a lunacy certificate. Would it not be better to make a very earnest effort to avert that melancholy fate; to prevent, it may be, a suicidal