Correspondence.

MINERS' NYSTAGMUS.

SIR,—The Second Report of the Miners' Nystagmus Committee (Special Report Series No. 80) is chiefly the work of Mr. Pooley and is a very valuable contribution to an important subject. I think it is incontestable that the determining etiological factor is defective illumination, but at the same time there may well be other factors, for all persons who are exposed to defective illumination do not take nystagmus and it affects those that take the malady very differently, some taking it severely and others only slightly. Undoubtedly if proper illumination of mines is going to abolish all miners' nystagmus, then the question of secondary causes becomes one of slight importance; indeed, such causes become negligible.

The report referred to is very thorough and is, from a practical point of view, very suggestive. Perhaps it might have thrown some light on what, for convenience, we may call the hidden etiological factors, if Mr. Pooley had been able to investigate the condition of the Wassermann reaction in a sufficient number of cases to give him reliable data. Do a larger number of persons with a positive Wassermann reaction suffer more severely from miners' nystagmus than an equal number of persons similarly placed who have a negative Wassermann reaction? I was brought up on the view that very often in tertiary or congenital syphilis the light sense is markedly defective. A feeble illumination *plus* a defective light sense may be more disastrous than a feeble illumination alone. Of course, the difficulties in the way of carrying out such an investigation are very great. To begin with, the consent of the men would require to be obtained, and that is not likely to be granted when the investigation is not obviously to be productive of improvement. Further, there would arise the question, in the event of a distinct connexion between a positive Wassermann reaction and miners' nystagmus being proved, of compensation for a disease of venereal origin. Personally I do not think that such an investigation is feasible.

Years ago I suggested that on first employment a miner's eyesight should be examined and carefully noted. Such an examination should undoubtedly include an examination of the light sense. I would be inclined, *prima facie*, to prevent a man with a defective light sense being employed below ground, at any rate at the face, but I would scarcely reject him for any other ocular defect. Certainly, as is pointed out in the report under discussion, a miner can work with a very low degree of visual acuteness. At the Toronto meeting of the British Medical Association (1906) I gave several instances of this. Elsewhere I have pointed out that manual work cannot be evaluated in terms of visual acuteness, but depends on what I call the form sense. Visual acuteness in the true sense of the term is a function of the macula and its neighbourhood. The form sense has always seemed to me to be intimately connected with the light sense and is a function of the entire visual field. It is much to be regretted that in certain textbooks the use of Snellen's or similar types is said to test the form sense. Such types test visual acuteness only and not the form sense.

Perhaps from the practical and economic point of view the most important parts of this excellent report are the classification given on page 17 and the other classification given on page 20. There is no reason why the latter should not be adopted as a standard and why it should not be the duty of the medical referee to say to which group each individual case belongs.

Again, the element of psycho-neurosis is a matter that claims attention. In not a few cases I have noted its presence in the notes which I have taken of such cases.

In conclusion, I would suggest that the classification given on page 20 be adopted and that the incapacity, and consequently the compensation, should be fixed with reference to that classification.

Another point to be remembered is that a man working underground may have nystagmus which is not miners' nystagmus. I once saw a miner who undoubtedly had nystagmus, but who also seemed to me to be suffering from disseminated sclerosis. As is pointed out in the report, nystagmus may be present but yet may not be the cause of the incapacity. An ophthalmic referee, however, would require to be very sure of his ground before coming to the conclusion that the incapacity was not primarily and chiefly due to the presence of nystagmus, and probably such cases should invariably also be seen by a physician well versed in neurological investigations.—I am, etc.,

Glasgow, Sept. 18th. FREELAND FERGUS.

SPIRITUAL HEALING.

SIR,—The suggestion put forward by Mr. Maylard in your issue of September 15th (p. 487) is well worthy of consideration. That such cures have been effected by the Rev. R. C. Griffith ought to be properly substantiated; the more so seeing that these statements were made from such a public place as Westminster Abbey, and have, in consequence, been widely spread through the agency of the press.

While many will be disposed to agree that spiritual good may result from the promulgation of such statements, many, on the other hand, will feel equally certain that harm may, and even will, result. May I, therefore, offer the suggestion that the three particular classes of cases which Mr. Griffith instanced in support of his supernatural contention—restoration of sight to the blind, the immediate recovery of a withered arm, and the curing of cancer cases in twenty minutes—be thoroughly investigated in the interests alike of the public and the profession—both clerical and medical—by a committee appointed by the Council of the British Medical Association.

The proposal made by "M.D." in the same issue of the JOURNAL, that the committee—presided over by a dignitary of the Church—which existed prior to the war to inquire into these presumed cases of spiritual healing should resume its investigations would not, I think, be so satisfactory nor so convincing as a committee appointed by a powerful Association like the British Medical, whose investigators would be men of such outstanding position in the profession that the all-important factor of diagnosis in these cases, prior to their supposed miraculous recovery, would receive that consideration which medical experts alone can give.—I am, etc.,

W. G. DUN, M.D.,

Glasgow, Sept. 17th. President R.F.P.S.G.

TESTS FOR DRUNKENNESS.

SIR,—This all-important subject, so well raised by Dr. Parry (September 15th, p. 487), is of great interest to-day on account of recent convictions for intoxication in motor drivers.

The Danish Medical Legal Society has set a good example to this country, as to my mind motor drivers should be on the same level as railway-engine drivers. It is imperative that a police-surgeon should not have a shadow of doubt if he as a witness certifies a man as drunk or in drink.

Many years ago I heard the late Dr. Lowndes, the chief police-surgeon of Liverpool, who had a life-long experience in that capacity, say, "A man is drunk when he is on the ground and is unable to get up without assistance"—that is, if he has been drinking and such diseases as apoplexy, etc., are excluded. Then, if that be so, the case is reduced to "Being in drink, or under the influence of drink."

In addition to the many excellent tests put forward by the Danish Medical Legal Society I should like to add an old one—as to whether the man can read the clock or watch correctly. All sense of time is invariably lost in alcoholism. The man will often say, "I have had no drink to-day of any kind"; then an emetic will tell the truth of his statement. No surgeon would be justified to certify drunkenness upon any one sign alone; they must be taken as a whole. The man's temperament should be taken into consideration, due allowance should be made for signs of agitation or nervousness which would be presented by the fact that he is in a police station and a charge may be brought against him. The surgeon could not do better than to imagine himself in a similar position. Some people in drink are excited and talk incessantly, while others are calm and collected.

The pupillary condition, described many years ago by

Sir William Macewen, is most reliable. The rectal temperature is a valuable test if other conditions are excluded. The reading of a sentence is, I think, unreliable; but to repeat such words as "mixed biscuits" say twenty times would be a guide, but some people cannot do this even sober. The smell of alcohol is positive, and the result of an emetic doubly so.

After an extensive examination into all the tests applicable, they should be summed up together, and, as before said, the surgeon, if in any doubt, is entitled to give his evidence as such and the defendant should in the ordinary course of justice receive the benefit of that doubt. I cannot help coming to the conclusion that police officers, excellent as they are in their work, are too often apt to jump to the conclusion that a man is in drink, and that is brought about by the fact that they are untrained in its similarities.—I am, etc.,

Chichester, Sept. 16th. ARTHUR M. BARFORD.

PERNICIOUS ANAEMIA.

SIR,—Much water has passed under the mill since Dr. Gordon Ward wrote to the JOURNAL under the above caption (May 19th, 1923), and doubtless Dr. Knyvett Gordon will have answered the questions then asked long ere this reaches you. May I also enter this discussion, not as a specialist but as a general country practitioner?

I would point out to begin with that the practitioner of to-day who proposes to make all his diagnoses and base his treatments on clinical evidence is refusing to avail himself of the modern tools of his profession. Such an one should do his rounds behind a cob because the unseemly speed and rattle of the motor car is subversive both of the dignity of the practitioner and of connected thought on the last or next case.

In the particular disease under discussion the blood film is so characteristic and so conclusive that every practitioner should be competent to make the diagnosis for himself; if, however, he lacks the requisite microscopic appliances or ability, he is not justified in failing to avail himself of the services of the nearest clinical laboratory.

Dr. Ward, however, makes a mischievous appeal "on behalf of the poor clinician" that writers shall be permitted to refer to a collection of diseases under one name—to wit, the grave anaemias under the name of one form, pernicious. It may be unfortunate that an adjective equally descriptive of several forms should have been applied specifically to one only. Had this form been termed "megaloblastic," then might it have been included also among the pernicious anaemias, of which all are agreed there are several forms. It is, however, too late to correct the nomenclature, and it must be used as it stands.

This being so, writers must surely conform to common usage and avoid ambiguity, otherwise they spoil much of the value of their work. Thus, for one compiling a review of recent contributions on "pernicious" anaemia, Dr. Coates's contribution needs the most careful dissection to avoid the inclusion of pernicious anaemias that are not megaloblastic.—I am, etc.,

H. LEIGHTON KESTEVEN, M.D.

Bullahdelah, New South Wales,
Aug. 7th.

EPITHELIOMA CONTAGIOSUM.

SIR,—With reference to my paper on the above subject which appeared in the JOURNAL of August 4th, I regret that the legends relating to Figs. 3 and 4 are transposed: that under Fig. 3 relates to Fig. 4 and that under Fig. 4 to Fig. 3.

In answer to the comment which appeared on page 214 of the same issue I would reply that the *ragi* referred to was a fine millet (*Eleusine coracana*); the *cholam* a coarse millet (*Sorghum vulgare*). The *dals* or *dhals* of India are legumes, which are allied to the European pea (*Cajanus indicus*, *Ervum lens* Linn., *Cicer arietinum* Linn., *Pisum sativum* Linn., *Phaseolus radiatus*, *Ph. mungo*, all belonging to the Leguminosae). An account of these tropical food materials will be found in the *Manual of Tropical Medicine*, by Castellani and Chambers, third edition, 1919, pp. 104 and 105).

It may be mentioned that since the above paper was written a second outbreak of epithelioma contagiosum has occurred at a time when 286 pigeons were under observation in my laboratory. Eighty-four of these birds were deficiently fed on a diet of autoclaved milled and polished rice *plus* 2 per cent. of their body weight of *ragi* (*Eleusine coracana*). Ten cases of epithelioma occurred among them, in two animal houses situated fifty yards apart, the cases appearing in six different cages. The remaining 202 birds included 97 controls fed on mixed grains; 48 birds fed on different varieties of unhusked rice (paddy); 9 birds fed on whole *ragi*; and 48 birds fed on mixed grains *plus* an excess of protein, or of sugar, or of lime, or of iodine, or of lime and iodine. No case of epithelioma contagiosum occurred among birds receiving a natural diet of mixed grains or of mixed grains to which an excess of the above substances was added. The state of faulty nutrition favourable to the operation of the invisible virus of this malady is brought about by deficiency of certain substances in the diet, among which vitamin B is one.—I am, etc.,

Pasteur Institute, Coonoor, Aug. 28th. R. MCCARRISON.

ETHER *VERSUS* CHLOROFORM.

SIR,—Whether Mr. G. H. Colt is correct in his statement (BRITISH MEDICAL JOURNAL, September 8th, p. 438) that the correspondence on the above subject can be prolonged with advantage is doubtful, but some of his remarks tempt me to a brief reply. Although, like most of those who spend their time administering anaesthetics, I am firmly convinced that ether should be selected as a routine agent, I am as certain that there are many cases for which chloroform is preferable. When I am told by practitioners that they have never been taught to administer chloroform I think their course of instruction has been incomplete. Chloroform, although less safe than ether, is so much more convenient for the country practitioner and is so much easier to administer that no medical man should be lacking in knowledge of its use. But I would venture to differ strongly from Mr. Colt when he states that with ether "from the surgeon's point of view a really first-class high degree of muscular relaxation is seldom attained." My own opinion is that cases in which complete relaxation cannot be obtained with ether are relatively few and that many of them will prove equally resistant when changed on to chloroform.

When I remember Mr. Colt skilfully practising the art of anaesthesia before deserting it in favour of mere mechanical processes that "anyone of average ability and practice" can perform with "some degree of proficiency and speed" the technique of open ether was, as he admits, in its infancy. He does not appear to realize what great advances have since been made. Like some previous correspondents he bases his argument on what happened in cases that were not *under* any anaesthetic. One need not hesitate to claim that with open ether one can frequently obtain abdominal relaxation comparable to that of spinal analgesia. Unfortunately the administration of ether is somewhat more difficult than that of chloroform and renders the services of an experienced anaesthetist more necessary. This will be regarded as an advantage or otherwise according to the mentality of the surgeon. As to the other disadvantage of ether—the liability to bronchial trouble—I am sure this is often exaggerated. No competent anaesthetist will give ether to a patient liable to complications of this kind. The post-operative bronchitis is as often due to the work of the surgeon as to that of the anaesthetist. The patient with an abdominal wound often fails to ventilate his lungs sufficiently, with the result that bronchitis or hypostatic pneumonia may follow. I have on several occasions been accused of giving a patient ether bronchitis and upon investigation discovered that he or she was anaesthetized with chloroform by someone else. A house-surgeon recently called my attention to the fact that the out-patients operated upon, practically unprepared, and sent home again in a few hours, at all times of the year, never seem to contract the lung troubles that might be expected. Yet nearly all such patients are anaesthetized