

The success of Nélaton's plan of reversing the body depends on this pressure, for by reversing the body the weight of the loose viscera and liver are thrown down on the right ventricle, and at once thus force the blood into the lungs, where it is acted on by the air, and the lungs are stimulated to respond.

Another point of great importance for the successful administration of any anæsthetic is its relatively high temperature. The nearer 70° than 60° F. the better. This, I have no doubt, is the reason we have fewer death records from India and tropical climates than in the more temperate zones.

Another point on which a great deal turns, and which merits attention, is that instead of healthy animal life we have to deal with a diseased vitality, and, through it, a certain minus condition of nerve force and resistance, a state of matters requiring much greater care on our part in administering the drug and watching its effects closely, the more so as anæsthetics essentially lower the nerve force, and so long as we only put in abeyance the voluntary power we are within safe limits, but immediately we pass this limit we begin to subdue the sympathetic, and danger is constantly at hand.—I am,

Glasgow.

JAMES PARKER, M.D., L.R.C.S. Ed.

EXTRACTION OF THE TRANSPARENT CRYSTALLINE LENSES IN CASES OF STRONG MYOPIA.

SIR,—At a meeting of the Vienna Chirurgical Society, last year, the removal of the transparent lenses for the improvement of vision in high degrees of myopia was proposed by one of the members. The leading surgical authorities there declared it an atrocious and unjustifiable procedure. In reading the report of that meeting I formed the impression that the author was an enterprising young man, with but little practical knowledge of the difficulties which we have to encounter in the removal of a transparent lens. Never expecting to hear any more of such an operation, I was rather surprised to see in the current number of the *Annales d'Oculistique*, that on January 5th Monsieur Valude had shown, to the Ophthalmological Society of Paris, a child of 6 years of age on whom he had performed that operation, and obtained some slight optical advantages. If that operation had been performed by any other surgeon, I should not have thought it worthy of notice; but as M. Valude has just recently come into possession of the *Annales d'Oculistique*, of which he is the director, such an operation going forth with the authority of one who occupies the editorial chair of that journal may be the means of misleading some junior members of our profession and do havoc amongst human eyes, a few words of protest is called for to avert such a contingency.

Many people pass through life and attain to eminence in the learned professions with high degrees of myopia. One noble lord, a former Chancellor of the Exchequer, is a great classical scholar, and reached his eminent position by his attainments in spite of his very strong degree of myopia. Our present Chancellor of the Exchequer is another instance in point. In order to obtain some advantage in refraction of the eye, it is proposed to produce traumatic cataract and remove the lenses. What we have to consider is, Can we in every case promise the restoration of sight even to that amount which we deprive the patient of in the preliminary stage of the operation? If we cannot insure the restoration of sight in every case, no scientific jargon can screen the recklessness of causing traumatic cataract in healthy eyes. In cases of ordinary cataract, I demonstrated to the meeting of the British Medical Association, held in Glasgow in 1888, by performing eleven extractions in two hours' sitting that, when properly conducted, we need scarcely ever expect a failure; but, in cases of traumatic cataract, I would refer to a paper on eighty-two cases of traumatic cataract, which I read before the International Ophthalmological Congress in London in 1872, in which I have shown the various methods which are applicable to different traumatisms. I also there pointed out that what we have most to apprehend is some transparent lens fragments remaining in the meridian, which cannot be dislodged by pressure or coaxing, and form the foci of inflammation. Every ophthalmic surgeon knows the risk of dealing with the extraction of an immature cataract. I cannot conceive how anyone can resort to such a procedure as to expose seeing eyes to the danger of producing

total blindness for the sake of modifying an error of refraction. Ah, *citoyens, citoyens!* is this a sample of your modern eye surgery?—I am, etc.,

Glasgow.

J. R. WOLFE.

THE ASSOCIATION OF JAUNDICE WITH MOVABLE KIDNEY.

SIR,—The case that Dr. Hale White describes in the *BRITISH MEDICAL JOURNAL* of January 30th can hardly be accepted as a clear case of jaundice caused by the pressure of a movable kidney upon the bile duct, without some further evidence being adduced to prove that such a complication can be caused in this manner. At present there is no such evidence before us. Litten's case, which Dr. Hale White has quoted in support of his view, does not prove anything more than the well-known fact that jaundice may occur in persons who are the subjects of a movable right kidney. It is quite possible that this may be a mere coincidence; but even granting that there is some relation between the two affections, the explanation that Dr. Hale White seeks to establish is, it appears to me, far from likely to be the true one.

I question very much whether an amount of pressure sufficient to cause jaundice could ever be exerted upon the bile duct by a movable kidney. In the case in point, which Dr. Hale White kindly showed me, the organ was so freely movable that it seemed to me quite impossible that it could exert pressure on any structure at all. In order to produce jaundice by pressure it is necessary either for it to become jammed up into the portal fissure (which seems impossible unless the patient continually stood on his head) or to occlude the common bile duct at its entrance into the duodenum, in which case it must turn over on its pedicle and compress the inner border of that viscus (which again seems impossible except the patient lay continually on his left side, and wore some kind of tight belt). In this case the patient was at rest upon his back in bed, the kidney was moving freely with respiration and on the least manipulation, and therefore it may fairly be assumed that it would also be moved by the peristaltic movements. Moreover, it is well known that these movable kidneys tend to become lower in position than usual, a fact which would strongly militate against the theory of pressure on the portal fissure.

To my mind the more likely explanation of the occurrence is to be found in the chronic gastro-duodenal catarrh that is sometimes present in these cases, as Landau has pointed out. The absence of febrile symptoms in Dr. Hale White's case would not preclude such an explanation as this. If the jaundice is caused by pressure it is not a little remarkable that it should occur in such a small percentage of all the cases of movable kidney met with.—I am, etc.,

Weymouth Street, W.

FRED. F. BURGHARD, M.S., F.R.C.S.

THE MODERN TREATMENT OF UTERINE MYOMA.

SIR,—I am not anxious to enter into a correspondence with Mr. Tait or anyone about the treatment of uterine myoma. My word for it and the facts given were sufficient to satisfy any reasonable mind that my two cases were cured without operation, all other treatment having failed. They were not symptomatically cured, but cured for good, no trace of tumour remaining. Certainly had one of them had operation she would not now be a happy mother with her baby. I saw no evidence to bear out Mr. Tait's insinuation that there was some secret method in the treatment. There was nothing but what is mentioned in the writings of Dr. Apostoli, Dr. Keith, and others.—I am, etc.,

Palace Court, W.

W. SINCLAIR THOMSON, M.D.

THE AFRICAN FILARIA SANGUINIS HOMINIS.

SIR,—In the interesting report by Surgeon-Major Lamprey on a case of dermatolytic development of the scalp in Sierra Leone, mention is made that several slides of blood drawn at 7 P.M. were carefully examined for one of the three known species of *filaria sanguinis hominis*, but with a negative result. Dr. Patrick Manson,¹ in a paper on the two new species of *filaria*, points out the differences between the two African "major" and "minor" species, and the ordinary *filaria* of

¹ *Lancet*, January 3rd, 1891.

Lewis found in India, China, America, etc. The distinctions between them include different periodicities. Whilst the ordinary filaria appears in the blood at night and disappears during the day, filaria sanguinis hominis major appears during the day, and disappears during the night, and the "minor" species observes no such periodicity.

To illustrate this, I may mention that when in Bathurst, on the river Gambia, north of Sierra Leone, last February, by the kindness of Dr. Finucane, the resident surgeon, an opportunity was afforded me of examining a case of "sleeping sickness" in the military hospital in the person of a demented native girl. Two or three slides of blood were drawn from her finger, and examined under the microscope at 3 P.M. In all filaria sanguinis hominis were found. About 5.30 P.M. at sunset I made a second examination of the girl's blood, but was unable to demonstrate a single filaria after repeated trials. I have no doubt that this was Dr. Manson's filaria sanguinis hominis major which appears during the day and disappears during the night. I regret that I was unable to pursue further investigations, as we left the place the next day. In conclusion, I beg to suggest that possibly filaria might have been found in Surgeon-Major Lamprey's case if the blood had been examined earlier in the day.—I am, etc.,
V. GUNSON THORPE, F.R.M.S.,
Surgeon, R.N.

SHIP SURGEONS AND INTERNATIONAL HYGIENE.

SIR,—If I read the recommendations of the Vienna Sanitary Conference aright, the success or failure of the system which is to replace quarantine in the Suez Canal will hinge upon the efficiency of the medical officers of passenger ships. Upon them will rest the duty of recognising cases of infectious disease, and of applying disinfecting measures, and upon their statements will depend the treatment to which the ships will be subjected.

Is not this an additional argument for creating an independent marine medical service? The duties of the medical officer of a passenger ship are often of the same nature, and may require quite as much independence for their efficient discharge as those of a medical officer of health, yet he is entirely at the mercy of the owners, and if he fail to make himself agreeable to them, or to the captain of his ship, his services are dispensed with at the conclusion of the voyage.

The medical officer of every passenger ship should possess a diploma in public health; he should report direct to the Board of Trade or the Port Sanitary Authority, and he should be irremovable except by the consent of the Board of Trade.—I am, etc.,

COSMOPOLITAN.

SIR,—Mr. Leet ends his extract from the excellent Bill of the United States "to regulate the carriage of passengers at sea" with the following sentence: "And ship surgeons will soon no longer be allowed to shut their eyes to insanitary conditions on shipboard of emigrant vessels bound for the U.S."

This charge of wilful negligence against ship surgeons is, I think, entirely unmerited.

Every emigrant ship leaving a British port is supposed to be thoroughly inspected by the medical officer of the Board of Trade, who is entirely independent of the ship-owners, previous to sailing, and he is the only one who has any authority in the matter. The surgeon of the ship, whose appointment rests with the owners, and is only sanctioned by the Board of Trade, is powerless to do anything but make suggestions, which would certainly not be well received by the companies which will be affected by the new Bill. He would, in fact, in all probability be promptly dismissed as troublesome. The ship surgeon, who is miserably paid and has frequently to work under great difficulties single-handed, has to make the best of things as he finds them, and it is absurd to saddle him with the responsibility of insanitary conditions which he is not given the power to remedy.—I am, etc.,
Margate.
A. E. THOMSON, M.D.

HONORARY DEGREES IN PUBLIC HEALTH.

SIR,—All medical officers of health in my position will

surely feel grateful to Dr. Bulstrode for his short but forcible letter to you on the subject of honorary degrees in public health. Dr. Armstrong's case needs neither explanation nor defence, for you will look in vain for years to come for his equal among the numerous young diplomates in public health. Others, however, including myself, who cannot boast of Dr. Armstrong's claims to recognition, but who are "old and tried workers in the field of public health," feel acutely the injustice done to them in not being given the diploma of Public Health at the time of its creation. Can you, Sir, tell us of any precedent of a like sort? I do not know of one.

However highly the diploma may be thought of, it is hardly sufficient to induce men, who have been for many years (as Dr. Bulstrode puts it) "in high and honourable positions, to submit themselves to the indignity of a technical examination." It is to be hoped that it is not too late even now for the powers that be to do justice to all the old pioneers in the sanitary service, who have worked hard and suffered much to bring sanitary science to its present enviable position, and who have borne the whole brunt and heat of the fray.—I am, etc.,

Derby.

W. ILIFFE.

DR. COLLIE.

SIR,—On January 29th our much esteemed colleague has quitted the scene of his twenty-one years' arduous and risky labours. He was not permitted to depart without a warm expression of affectionate regard from all who had the pleasure of serving under him at the Eastern Hospital. A meeting was held and a testimonial presented, which had been subscribed for by the staff of *employés* as a small recognition of the high esteem in which he was held, and their warm appreciation of his long and faithful services.

Dr. Collie (who was much affected) briefly returned thanks and the meeting separated. Now, Sir, it occurs to me that the present would be a suitable opportunity for the profession to testify, by a substantial testimonial, its sense of Dr. Collie's high personal worth and professional attainments. If the BRITISH MEDICAL JOURNAL would give its powerful influence to forward that object, I doubt not the response would be a warm one.—I am, etc.,

M.D., L.R.C.P.LOND.

** We do not feel at liberty to use any influence in this matter, but our sympathies are with the proposal, and our columns will be at the disposal of those who desire to further it.

MEDICAL TITLES.

SIR,—Dr. Moore, in his reply to "Physician," abstains from replying to the question "Is the opinion of the Attorney-General for Ireland, given in 1861, 'that the Fellows and Licentiates of the King and Queen's College of Physicians are entitled to the degree and title of doctors in medicine,' to go for nothing?" His silence on this point manifestly proves that the able lawyer above mentioned gave the opinion. Instead of replying, Dr. Moore proceeds to give the decision of the Master of the Rolls in 1864, "that the College of Physicians has not the power to grant the degree of M.D." I should imagine all the Fellows, Members, and Licentiates are quite willing to accept that decision as far as not using the letters M.D. is concerned; but the Master of the Rolls evidently did not decide that the Fellows, etc., could not use the title of "Doctor," otherwise, I presume, Dr. Moore would have mentioned it.

The qualification for Fellows in the seventeenth century must have been modified by 1867, as in that year the late (will Dr. Moore permit me to call him?) Dr. Hayden was elected a Fellow, although he did not possess the degree of M.D. from any university. I know for a fact that Dr. Hayden was always given his title by the M.D.'s of the College as well as by others.

I obtained my diploma as a Licentiate in 1875, and I certainly was addressed as Doctor in the envelope which was sent me containing my diploma. This was evidently the custom up to the year 1885 (when the custom began I do not know, but as Dr. Moore has apparently a fondness for antiquarian research perhaps he will kindly inform us), other-