

the institution. I see no reason why nursing homes should not be created on a provident system, and these would afford hospital facilities, and could be officered by the medical attendants of the patients. There are many other points of great interest, but the length of the present letter precludes their discussion.—I am, etc.,  
Dec. 26th, 1906. PROVINCIAL HOSPITAL SURGEON.

MEDICINE AND THE LAY PRESS: A PROTEST.

SIR,—I shall be glad if you will allow me to state that I have addressed to the editor of a monthly medical journal the following letter, which explains itself:

In consequence of the communication to the lay press of advance sheets of the contents of the forthcoming issue of the ——— on the treatment of influenza, I beg, as a protest, to withdraw my name from the list of subscribers and have given my bankers orders to cancel my cheque.

Since it is very properly considered unprofessional for a medical man to publish communications in other than professional journals, I cannot understand why the editors of professional papers should consider themselves free from the same obligation.

I shall do my best to impress this view on all my professional brethren.

It is unnecessary for me to remind your readers that the public are already dosing themselves with tabloids and other drugs, the names of which they obtain from advertisements and from doctors pernicious prescriptions. Such being the case, it surely is improper for the medical press to connive at and contribute to the deplorable results so often arising from this fashion of self-medication.

I am aware that editors are not responsible for what may happen after publication; but I maintain that sending advance sheets is a direct invitation to the lay press to publish extracts; that this is unprofessional and ought to be discontinued.—I am, etc.,

Reading, Dec. 20th, 1906. J. HOPKINS WALTERS.

TRYPSIN IN CANCER.

SIR,—I was interested to see the letter published on December 21st, p. 1843, respecting the use of trypsin in cancerous cases; but, with your permission, I should like to make a few comments regarding the facts to which your correspondent bears testimony.

In the first place, no precise information is given as to the exact condition of the patients at the time the treatment was applied. Obviously in the last stages of inoperable cancerous disease, or in those gravely complicated, no treatment can possibly prove curative. I have furthermore myself stated that in certain complications pain may be increased rather than diminished. Again, nothing is said in respect of the particular preparation of trypsin employed and the mode or dosage of its administration. Furthermore, we are not informed whether the full methods of treatment laid down in my little book, *The Nature and Treatment of Cancer*, were duly and accurately followed, especially as I desire it to be clearly understood that in each case of malignant disease in which the treatment by trypsin is indicated, this does not consist merely in the use of trypsin as the sole remedy which the case may demand.

To condemn, therefore, the whole method of the treatment of inoperable cancer by that which is now known as the trypsin method, merely because non-success has followed in two or three particular instances, the details of which have not been made known, does not appear to me to be either logical, instructive or conclusive.—I am, etc.,

JOHN A. SHAW-MACKENZIE, M.D.Lond.  
London, W., Dec. 21st, 1906.

THE BEST WAY TO REMOVE THE TONSILS.

SIR,—Mr. Hey Groves's unfavourable opinion of the present method of removing the superficial diseased elevations of the tonsil with the guillotine and his advocacy of a method well known but seldom practised may possibly be due to a misconception of the nature and anatomy of the tonsils.

The tonsil is not a single gland but a collection of innumerable minute lymphatic glands. It is not comparable to a lymphatic gland as found in the axilla or groins, and therefore is not to be treated as such.

The lymphatic arrangement of the alimentary canal

from the mouth to the anus consists of a more or less continuous layer of minute lymphatic collections, in most cases smaller than a millet seed. The number of these minute glands varies according to the locality. In some parts of the small intestine they are crowded together in patches of considerable density. In other parts, such as the oesophagus, rectum, inside the cheeks and lips, they are few and far between.

The dense collections of these are known in the small intestine as Peyer's patches. The same arrangement exists in the pharynx and post-nasal space. At the root of the tongue, between the pillars of the fauces, in the fossa of Rosenmüller, in the vault of the pharynx, and between the Eustachian tube and the posterior end of the lower turbinal body similar collections exist.

In all these regions the mucous covering is bunched up and partly involuted by the action presumably of the subjacent muscles. Depressions and lacunae are thus formed, whose walls are lined with minute lymphatic collections. These recesses, as a rule, do not dip deeply into the fibrous stroma of the tonsil, but are arranged, for the most part, on the pharyngeal aspect of this body.

The recesses are most marked in the tonsils, probably from the constant movements and adjustments of the palato-glossi and palato-pharyngei muscles.

In typhoid fever or in tuberculous disease of the intestine not all the glands in a Peyer's patch are affected. Only a very small proportion are sufficiently affected to cause ulceration. The same is true of affections of the tonsil. In lacunar tonsillitis and other affections many glands escape, and it would be like killing the cow to cure it to on all occasions enucleate the tonsils because one or more of its follicles were the subject of pathological changes. In these cases the guillotine properly used removes all those parts internal to the plane of the pillars of the fauces and as a rule removes the greater part of the lymphatic tissue of the tonsil.

Other reasons against the wholesale enucleation of the tonsil are quite apparent. The tonsil is a barrier between the cavity of the mouth and the internal carotid artery. The fossa for the tonsil is separated only by the thinnest tissues from the actual coats of the artery. The stump of fibrous tissue left by the guillotine serves as a protector and shield to this most important structure.

On these grounds, as well as on many others, enucleation of the tonsil as a routine procedure is not the best way to remove the tonsils.—I am, etc.,

MAYO COLLIER, M.S.Lond., F.R.C.S.Eng.,  
Senior Surgeon to the North-West London Hospital,  
and late President of the British Laryngological,  
Rhino-logical, and Otolological Association.  
London, W., Dec., 30th, 1906.

CONDITIONS OF EYESIGHT REQUIRED FOR THE MILITARY SERVICE.

SIR,—I have read Mr. Arnold Lawson's paper with great interest, and I feel sure all ophthalmic surgeons will agree with his main conclusions. I would claim a wider latitude than that allowed for admission into the Royal Engineers. I suggest that in myopia, up to 6 D of correction should be permitted in this branch of the service, always assuming that visual acuteness is good—that is, with correction  $V = \frac{6}{6}$ .

It may seem a little ungracious to find fault with so excellent an article, but there are two statements in it to which I must take exception:

- (a)  $D = \frac{2}{3}$
- (b)  $M = -4.5 d$ .

To me both of these formulae are meaningless as they stand. Literally interpreted they signify:

- (a) Distance =  $\frac{\text{distance patient stands}}{\text{distance at which the letters ought to be read}}$
- (b) Myopia =  $\frac{1 \text{ metre}}{-4.5 d}$ .

Perhaps Mr. Lawson will be kind enough to enlighten your readers on the matter.—I am, etc.,

London, W., Dec. 31st, 1906. KENNETH CAMPBELL.

THE EVAPORATION OF CHLOROFORM DURING INHALATION.

SIR,—Dr. Barton, in his letter to the JOURNAL of November 24th, 1906, p. 1522, puts the question, "How does Dr. Levy, in giving chloroform from a mask, arrange that the whole of the chloroform is evaporated through

"the agency of the respiratory air currents only?" In reply, I have to point out, in default of any specific reference to this aspect of the matter, that the whole of the experimental work in Sections C and D of my paper of August 4th was performed under such conditions. With regard to the practical application of this work, it will suffice to refer to the principle discussed in detail in Section D, which I concluded was the most suitable to adopt when administering chloroform from a "mask," the anaesthetic being in this case retained in the strands of a loosely-woven fabric, it is continuously volatized through the agency of the alternating (outgoing and incoming) currents of expired and inspired air which pass through the meshes of the material. The absence of waste from fortuitous evaporation is strikingly manifested by the diminished quantity of chloroform which it is found necessary to use in this connexion.—I am, etc.,

Nelson, British Columbia, Dec. 8th, 1906.

A. G. LEVY.

#### THE TREATMENT OF FRACTURES.

SIR,—In the discussion of this treatment Professor Wright expresses his great disapproval of passive movements, but confines this, in his last letter of December 22nd, 1906, more particularly to "forced passive movements."

Every experienced operator, I suppose, agrees that any "forced movements," whether active or passive, are likely to be injurious and ought to be avoided; but I maintain that passive movements, applied with reasonable care and precaution, have a very important physiological part to play, and should be fully utilized for the purpose of this treatment. The avoidance of injury and undue strain is in my opinion simply a matter of skill and proper management. Passive movements act more particularly on the joints, and active movements on the muscles and soft parts; both have a beneficial massage effect, due to the alternating tension and relaxation of the tissues, which constitutes one of the provisions of Nature, a sort of automassage of the body, similar to the action of the heart stroke on the walls of the blood vessels, as described in my paper to the *Zeitschrift für Biologie*, 1889, vol. xxv, or to the effect of the respiratory movements on the heart and the large serous cavities (Kronecker and Heinrichius).

Professor Wright goes so far as to say, "pain is an indication of injury," and, as many other writers, including Dr. Lucas-Championnière, also state, that in no case should pain be caused, I am glad that Dr. Greenfield, in the *BRITISH MEDICAL JOURNAL* of December 15th, 1906, falls in with my views, and discriminates between pain at the seat of fracture and pain elsewhere. If joints and tendons have been allowed to get stiff before treatment is applied—and unfortunately this happens in the majority of cases—I do not see how pain can be entirely prevented if the results are to be satisfactory.

In cases of stiff joints, after the bone is firmly consolidated, I use mechanical power exclusively, applied by machinery similar to that designed by Dr. Zander of Stockholm, and find that I have better results in this way than with the manual method, because patients generally trust machinery, but, in fear of being hurt, involuntarily oppose the more uncertain movements done by hand. These appliances are constructed for active and passive movements of all joints, and are accurately graduated, so that any degree of resistance from zero to the maximum, and any range of movement, can be easily obtained.

I demonstrated this method of treatment first in 1897 in St. Thomas's, St. George's, and King's College Hospitals, with the permission of Mr. Clutton, Sir William Bennett, and Mr. Watson Cheyne, and my experiences since justify me in saying that both passive and active movements, properly guided and controlled, are beneficial, and can effectively be applied without disturbing the fragments or causing pain at the "seat of fracture."—I am, etc.,

London, W., Dec. 24th, 1905.

GUST. HAMEL.

#### THE PROPOSED UNION OF MEDICAL SOCIETIES.

SIR,—We shall be much obliged if you will permit us to inform your readers of the decision of the societies on the above question.

Twelve societies have decided to join the union, namely: British Electro-Therapeutic; British Gynaecological;

British Laryngological, Rhinological, and Otolological; Clinical of London; Dermatological of Great Britain and Ireland; Dermatological of London; Epidemiological; Neurological; Odontological of Great Britain; Obstetrical of London; Pathological of London; Royal Medical and Chirurgical.

Four societies are willing to join under certain conditions, namely: British Bacteriological and Climatological; Laryngological of London; Otolological of the United Kingdom; Therapeutical.

In the case of some societies, such as the Anatomical of Great Britain and Ireland, the Physiological, the Medico-Psychological, and the Medico-Legal, there are peculiar difficulties, but the members of certain of these societies have indicated their willingness to form similar sections in the new society.

Five societies have definitely refused to join the union, namely: Life Assurance Medical Officers' Association, Medical Society of London, Ophthalmological Society of the United Kingdom, Society of Anaesthetists, Society for the Study of Diseases of Children.

The first meeting of the representatives of the societies which are forming the union will be held at 20, Hanover Square on Friday, January 18th, at 5 p.m.—We are, etc.,

ARTHUR LATHAM,

HERBERT S. PENDLEBURY,

Honorary Secretaries of the Organizing Committee.

London, W., Dec. 23rd, 1906.

## OBITUARY.

THOMAS HENRY CHEATLE, M.R.C.S., L.S.A., J.P.,  
BURFORD, OXON.

WE regret to announce the death of Mr. Thomas Henry Cheatle, which occurred at his residence, Bridge House, Burford, on December 15th, 1906, in the 76th year of his age. Mr. Cheatle was descended from an ancient family that settled in Worcestershire in the early part of the fourteenth century. At the beginning of the nineteenth century Mr. Cheatle's father commenced to practise in Burford, and Mr. Cheatle himself, after studying at King's College, London, becoming M.R.C.S. Eng. in 1852, settled in Burford and carried on his father's practice. For many years he was the only medical man resident in the district, and was consequently brought into close touch with every section of the community.

During a long life, in addition to his medical work, he associated himself with every movement in his district which made for progress. For many years he was a Governor of the Grammar School. He took a deep interest in Church matters and played an important part in bringing about the restoration of the beautiful old Parish Church of Burford in 1870. He was mainly instrumental in founding and carrying on a most efficient cottage hospital. He was appointed a Justice of the Peace for the County of Oxford in 1893, and won the golden opinions of his fellow townsmen for the efficient and kindly manner in which he carried out his duties.

Mr. Cheatle joined the British Medical Association in 1874. When, in 1885, the Oxford Branch was started, he was elected a member of its first Council and one of its first Presidents; later on he represented the Branch on the Central Council from 1900 to 1904. Living as he did at a considerable distance from Oxford and five miles from a railway station, he set many of his younger colleagues an admirable example, as he rarely missed up to the time of his death a meeting of the Division, and was ever ready to take part in the discussions, his opinion being always listened to with interest.

A man of fine presence and possessed of a kindly and generous nature, he will be greatly missed by his medical colleagues and by a large body of friends and patients. He leaves a wife and several children. His eldest son, Mr. Cyril Cheatle, will, we believe, succeed his father in the practice.

A FRIEND writes: Mr. Cheatle was the last Burgess of the old Burford Corporation, as his father was the last alderman, and thus the insignia and regalia came into his possession. If there was one thing more than another which gave him delight it was his connexion with Burford, and his time was spent in promoting everything that