

for hysterectomy, but in which delay in the establishment of the menopause, with occasional considerable losses, causes a degree of anaemia and ill health and considerable inconvenience and anxiety to the patient and her family.

In my later cases I have used 100 mg. of radium bromide, or its equivalent of emanation, for twenty-four hours in order to be more certain of producing a permanent effect and to avoid the possibility of having to use a second dose.

In my opinion all fibroids causing haemorrhage at this period of life, and especially submucous fibroids, are best treated by operation. In the case of large submucous fibroids radium treatment and the necessary intrauterine manipulation required for it are not free from the danger of causing infection and subsequent sloughing of the tumour. Small submucous fibroids, if discovered in the course of dilatation, should be removed by the vagina. Large fibroids causing haemorrhage at this period of life should be diagnosed beforehand and treated by abdominal operation, generally by hysterectomy.—I am, etc.,

London, W.1, March 8th.

DONALD W. ROY.

POST-MORTEM CHANGES IN THE FUNDUS OCULI.

SIR,—In the note on the above subject by Dr. Ernest Bulmer (BRITISH MEDICAL JOURNAL, March 8th, p. 424) no mention is made of the fact that shortly after death, in some cases, it is possible to see the divided column of blood in the retinal veins moving forwards and backwards, if one presses on the chest, as in artificial respiration. Any beginner with the ophthalmoscope could in such cases convince himself that the patient is really dead. My attention was directed to the subject by chance when I was a house-physician, in January, 1892, by a case in which the heart stopped beating whilst I was examining the optic discs with an ophthalmoscope. In March, 1892, when I was called to a patient just after death had occurred, I found the columns of blood in the retinal veins broken up by small spaces, which could be moved forwards and backwards by pressure on the chest. In one case at that time the ophthalmoscopic phenomenon of segmentation of the venous blood columns in the retina indicated the patient's death before spontaneous breathing had quite ceased (one spontaneous inspiration took place after the phenomenon was observed). I have a note, however, that in certain cases I failed to find the venous blood column segmented. In regard to literature on the subject, see M. H. Kahn, "Postmortale ophthalmoskopische Untersuchung: Segmentäre intravasculäre Gerinnung," *Berliner klin. Wochenschrift*, 1916, liii, p. 1237 (with good illustrations); Gayet's article on the subject in Norris and Oliver's *System of Diseases of the Eye*, many years ago; and Würdemann's paper in the *American Journal of Ophthalmology* for May, 1920.—I am, etc.,

F. PARKES WEBER, M.D., F.R.C.P.

London, W.1, March 8th.

SIR,—Your contributor under this heading (March 8th, p. 424) records "striking changes . . . to which no reference could be found in the literature." He notes segmentation of the contents of the blood vessels (of which phenomenon he gives a "schematic diagram"), and "indefinite plaques of a furry appearance" studding the retina. He "hopes that other observers may be tempted to continue the investigation."

Other observers, however, will save time by a study of the literature, which is extensive, and is summarized in the article on the ocular signs of death by Professor Gayet in Norris and Oliver's *System of Diseases of the Eye* (1899). The appearance of segmentation of the vascular contents of the retinal vessels is there discussed, and reference made to various observers who, from 1869 onwards, have noted its presence or recorded its absence. They will also find discussed there many other ophthalmoscopic signs which may or may not be present at and after death.

So long ago as 1876 was published in Buchat's *Atlas of medical ophthalmoscopy and cerebroscopy* a coloured plate (Plate XIII, Fig. 3) which shows this segmentation, the presence of which is also specially noted in the text. As recently as 1920 Würdemann, in a review of the ocular

signs of death (*Amer. Journ. Ophthalm.*, vol. iii, p. 321), mentions its occurrence and publishes two coloured plates of fundi—one thirty minutes after death, another four hours after death—in neither of which is segmentation seen.

We may say that the investigation of this subject has not materially progressed since 1899, when Gayet (loc. cit.) remarked of the segmentation sign and of all the ophthalmoscopic signs of death that "invested with positive value by those who first noticed them, the signs have lost their importance in proportion as they have been studied."—We are, etc.,

EDGAR STEVENSON.

BERNARD CHAVASSE.

Liverpool, March 8th.

TREATMENT OF COUGH FOLLOWING INFLUENZA.

SIR,—From patients and friends I hear frequently of cough following influenza which causes a considerable amount of discomfort and often interferes with the night's rest. I referred to this cough in my presidential address to the Section of Laryngology of the Royal Society of Medicine, and mentioned that it, as well as the cough of whooping-cough, is caused by enlargement of the lingual tonsil, and that it can be easily cured, sometimes by only one application of a strong astringent to the swollen tissue. It is necessary to use a wool-holder, with the last inch bent at a right angle, and for the tongue to be protruded as far as possible whilst the application is made. The wool-holder must be kept close to the outer wall of the pharynx, and carried below the fold connecting the base of the epiglottis with the lateral wall. If too much wool is put on the wool-holder spasm of the larynx may be caused by a little of the solution getting into it. This spasm is of no real consequence, and disappears as soon as phonation is re-established. Suitable wool-holders are stocked by Messrs. Mayer and Phelps, New Cavendish Street, W.1.

The solution I use is perchloride of iron 240 grains, water sufficient to dissolve it, made up to 1 oz. with glycerin. I mention the amount of iron in grains to prevent the liquor being dispensed by mistake.—I am, etc.,

MARK HOVELL.

London, W.1, March 10th.

MEMORY SIGHT.

SIR,—I venture to send you one or two observations upon the interesting article entitled "Memory sight," contributed by Lieut.-Colonel R. H. Elliot, M.D., F.R.C.S., to your issue of February 9th (p. 235).

I have frequently compared notes upon the various forms of mental or memory vision to which Colonel Elliot refers, with other officers and men blinded in the war. I have found fairly general agreement that those who are dark-blind do not "see" black, but some other happier colour. Generally speaking, a background which might be described as rosy was seen, somewhat similar, I should imagine, to that which I used to see when I closed my eyelids and looked at the sun on a moderately bright day. This, too, is my own experience—I lost both eyes from a bullet wound in 1916—though in my case the centre of the field of mental vision is almost opalescent, a certain amount of pleasant greeny-blue colour, and a bright shimmer like that which might be produced by the reflection of moonlight upon water, is mixed with the rosy background, while towards the edges the brightness disappears and an orange shade takes its place. When I refer to the centre of the field of mental vision I mean that point upon which my imaginary eyes are focused, for if I effect a movement of the muscles of the eye-socket, as if to focus upon something to my right or left, or above or below the location of my head, the bright area moves too and appears at this imaginary focal point.

Some of my friends used to speak of irregular flashes, balls of light, etc., which would appear to float across the rosy background. This occurred both amongst men who had blind eyes and with those where the eyeballs had been removed. As a layman I hesitate to suggest a reason, but think perhaps these were only temporary phenomena, caused by the contraction or settling down of tissues or nerves which had recently been damaged or cut.