verse diameter of the plane of the pelvis in which the tubera ischiit lie. If the head has not reached this level the greatest diameter will still be above the level of the ischiial spines and a considerable amount of the head will still be palpable above the pelvic brim, while owing to the converging transverse walls of the pelvic cavity the portion of the head below the brim will be moulded and there will be ample room of disproportion for the case to be thoroughly investigated, as I suggested in my third lecture, and for section to be resorted to, if necessary, without a futile application of forceps, to demonstrate the impossibility of delivery, nor will section be decided upon from the empirical conclusions drawn from measurements which are always difficult and impossible in some circumstances. I hold that if the outlet is so contracted as to prevent the passage of the head between the tubera ischiit, the upper half of the pelvis will also be so contracted as to prevent the head completely entering the pelvic cavity so as to come against the outlet even if the actual brim is normal and therefore the diagnosis of contraction and the difficulty of delivery exists in the upper pelvis.

I do not admit that the female pelvis in Dublin is different from that in Liverpool; perhaps Dr. Bell meets St. Patrick's exiles amongst the large Irish population of Liverpool, but there are some Cromwellian settlers in Ireland.—I am, etc.,
Botanda Hospital, March 26th.

GIBSON FITZGERSON.

EFFECT OF INSULIN ON THE SUGAR CONTENT OF ARTERIAL AND VENOUS BLOOD IN DIABETES.

Sir,—I have read Dr. Lawrence's communication in your issue of March 22nd (p. 516) with a peculiar interest, insomuch as he confirms some recent observations of Dr. Leslie Cunningham and myself. These observations were communicated in a paper read before the Liverpool Medical Institution on January 10th of this year, and reported in the BRITISH MEDICAL JOURNAL of January 26th.

At that time we sought to interpret the action of insulin on the, relations as evidence in favour of the glyco-gen-forming view; since then, and after the object of our original controls, values of other substances under similar conditions have been determined in both arterial and venous blood, and we hope shortly to make a communication on the causes of such differences in content as both glucose and urea exhibit.—I am, etc.,
Liverpool, March 26th.

H. S. PEMBERTON.

MEMORY SIGHT.

Sir,—With reference to Captain Ian Fraser's letter in your issue of March 15th, my information that the reticence of blinded people to discuss memory vision is due to a fear of scepticism and ridicule is derived from the patients themselves, and is, I am sure, absolutely correct.

There is a great difference in mentality between young men in institutions such as St. Dunstan's, who have been encouraged to make light of their trouble, and who have many of them around them similarly afflicted, and those elderly patients from whom my information has so far been derived, who in ordinary times form the great bulk of the blind, and who live singly in scattered homes.

Captain Fraser challenges my assertion that memory vision is a "pitiable delusion." If he will kindly read the passage quoted from my book in its original context, I feel sure he will not misunderstand it. As he rightly says, my whole letter is against such a construction as he has put on the words. What I referred to in the passage quoted from my book is the truly pitiable delusion on the part of some patients who are suffering from glaucoma that, because they see things vividly by memory sight, it may still be possible to restore vision to them by means of operation.

It would be interesting if Captain Fraser could tell us whether others like himself "saw black" when they first lost their sight. One, at least, a blinded officer under my treatment saw black with occasional flashes of light at first, and gradually developed the other phenomena.

From my limited experience I have seen no reason to think that memory vision, or even the vision of coloured backgrounds, is dependent on the patient's mental condition. I think it is Captain Fraser, and not I, as he suggests, who is here confusing cause and effect. The evidence has pointed rather to the conclusion that these phenomena will appear in time to most, if not to all, blinded subjects, and I believe that any psychologist will bear out my statement that "It would be difficult to believe that anyone who was surrounded by thick darkness could by any possibility be materially influenced by suggestions of this kind." Captain Fraser would help us materially if he could say whether he and others who have lost both eyeballs definitely see these memory pictures in their natural colours, as several of my own patients claim to do.—I am, etc.,
London, W.1, March 18th.

R. H. ELIOT.

POST-MORTEM CHANGES IN THE FUNDUS OCULI.

Sir,—Since reading in the Journal, with considerable interest, Dr. Bulmer's communication (March 8th, 1924, p. 424) and the subsequent correspondence upon the subject of post-mortem changes in the fundus oculi, I have been afforded an excellent opportunity of putting the test to practical application, with no very encouraging result.

A 3 weeks old baby was admitted to hospital in a moribund condition, and during the twelve odd hours for which it was under observation there occurred a succession of attacks of apnoea, in which the child appeared, as judged by the usual signs of death, to have passed away. In each case, however, after a longer or shorter period, respiration was re-established.

Finally, after a prolonged period of apnoea, my colleague Dr. W. M. Hyslop and I were much perplexed whether or not to regard the infant as dead, and therefore decided to put Dr. Bulmer's test into practice. The retina was easily observed, and my signs of the changes described by him could be discerned.

The child's body had, by this time, begun to grow cold, and it could no longer be doubted that death had taken place. We should be glad to know whether Dr. Bulmer has any explanation to offer as to why, in this instance, his findings failed to be confirmed.—I am, etc.,
DUNCAN LEYS, M.R.C.P.Lond.
Paddington Green Children's Hospital, London, March 18th.

MEDICINE, ETHICS, AND THE "E.R.A."

Sir,—Thomas Horder states that "E.R.A." should "hardly have emerged from the laboratory." As a patient who has greatly benefited I object. After twenty years of bowell trouble, I now feel easier than I have for years, after six weeks' treatment with the osicolbest, and ten years