the form of rich wine, or brandy. The application has also been used with good results in the treatment of aphthæ.

Dr. Rabow has treated successfully several cases of hemicrania with chloride of sodium. The first case was that of a young man; the attacks of hemicrania were preceded by a well-marked aura. Upon the manifestation of the aura, the patient swallowed a teaspoonful of kitchen salt; the effect was excellent. Six other patients who suffered from hemicrania, preceded by gastric disturbance, were successfully treated in the same manner. M. Rabow does not affirm that this treatment is unvarying in its abortive effects.

The *Paris Médical* (July 30th) publishes a note by M. Bouchut on iodoform in the treatment of tubercular meningitis. Dr. Warfinge, it will be remembered, employed this treatment in the case of five children, from 3 to 9, who exhibited symptoms of tubercular meningitis, with excellent results. Iodoform ointment, of the strength of 20 per cent., was rubbed into the scalp, which was previously shaved, twice a day, during nine days in one case, and during 17, 19, 30, 32 days respectively in the other four cases. M. Bouchut states that this treatment completely failed in three cases in which he employed it. In cases of non-tubercular cerebro-spinal meningitis also it only gave negative results.

Cacao seed for the treatment of infantile diarrhœa has been recommended by a writer in *Il Raccoglitore Medico*. The seeds are slightly burnt, and then powdered. The powder is mixed with sugar, and boiled in milk: ten grains of cacao, five grains of sugar to a cup of milk. The mixture is administered three times a day. When an improvement manifests itself the dose is diminished. The effects are speedy. A hundred patients treated with this remedy recovered within eight days. It is also benefical in the case of adult patients, principally in chronic conditions.

At a recent meeting of the Conseil d'Hygiène et de Salubrité de la Seine, M. Schutzemberger showed the results of the analysis of the water of the Vanne river, above and below the spot where the leaden apparatus, constructed by M. Alphand to prevent infiltration, is placed. The water was filtered, and treated with acetic acid, and then saturated with sulphuretted hydrogen, and showed no traces of lead. The residue was placed in a solution of tartrate of ammonia (which dissolves sulphate of lead) for twelve hours, but the filtered liquid showed no appreciable quantity of lead. These experiments prove that the Vanne water, in passing through the aqueduct, is not deteriorated by the presence of the leaden apparatus above described.

At a recent meeting of the Académie de Médecine, Dr. Huguet showed a new inhaler, which supplies pure ozonised air, charged with the substance appropriate to the affection treated. The air, after passing through a filter which removes all impurities or germs, is conducted into an ozonising apparatus, and collected in a reservoir, whence it passes into flasks containing the different medicaments (iodoform, turpentine, tar, eucalyptol, iodine, etc.) with which it is charged.

OROTAVA AND LAGUNA.

DR. G. V. PEREZ writes to us from Orotava:

It will interest you to hear that a first class hotel has been opened at Laguna, thus supplying a very greatly felt want. I could not speak too highly of all the arrangements and of the attendance. No expense has been spared to make it a success, and, as great pains have also been taken to make a selection of good, honest, and respectable servants, male and female, the establishment has been described by all as very homely. The ——— have just passed a few days in it, and went back to La Paz charmed with it; the same has been the case with two medical men who came out with friends, attracted by the recent letters in the JOURNAL by Mr. Ernest Hart.

So that you see that we now possess at this splendid summer resort a most comfortable English-managed hotel, where invalids who have come out to pass the winter at Orotava can stay throughout the summer, if it is not advisable that they should return to Europe, or if they are anxious to consolidate their cure, and not run the risk of catching fresh colds in Europe. The chief characteristics of the Laguna summer are a beautiful clear sky, with a dry and bracing air, and an almost total absence of rain. To the tourist this hotel will be equally valuable in winter, when excursions can as easily be made as in the summer months, to such interesting places as Taganana, Las Mercedes, La Esperanza, Agua Garcia, etc. The long drive from Santa Cruz to Orotava can also be advantageously broken here. The Orotava Grand Hotel is about to be extended and its service remodelled to meet all the desiderata of tourists and of invalids, guided by the experience of last season.

[WE are requested to state that the ss. *Tainui* belongs to the Shaw-Savill Line, and not to the rival line of the New Zealand Shipping Company (see JOURNAL, May 21st, page 1132).]

CORRESPONDENCE.

INTRACAPSULAR INJECTION IN THE EXTRACTION OF CATARACT.

SIR,—The remarks of your correspondent on the "Ophthalmogical Section of the British Medical Association," in the JOURNAL of August 20th, so far as they touch on intracapsular injection, necessitate some notice on my part. I had thought, and I believe the meeting was of my opinion, that the adverse critics fared very badly.

Your correspondent, though not stating his own opinion, says that the speakers thought that I had given "the death-blow" to my own method. I am not aware that any speaker so expressed himself, except the President, and if they had all done so I would have measured the weight of their opinion by the extent of their experience of the method—and the experience was in some instances nothing, in others only a little. But if I had given the "death-blow" it could only be because my results were not so good as those of the speakers. I am glad your correspondent has raised this point of comparative statistics, and I am pleased to enter on the inquiry.

I would premise that bare statistics in ophthalmic surgery have within narrow lines of variation little significance. At the International Congress, in London, Horner, De Wecker, and Galezowski showed this plainly. De Wecker had a large number of operations, without a suppuration at all, under antiseptics. He thought he had banished this terror. Afterwards he had, in 150 cases, no less than 7 suppurations. Galezowski had no suppurations for a long time, and then in his last 95 cases no less than 5 cases of panophthalmitis alone. We never can have reliable statistics, except in broad questions. For how can we measure the general health of the patients of different towns and countries, the relative sanitary condition of the various hospitals, the selection of cases, the dexterity of the surgeons, and the obedience of the patients? Besides, given the same material in results, some can make far better statistics than others. Whilst holding these views about the general fallacy of ophthalmic statistics, I am not the less satisfied that for broad differences they are reliable and conclusive. The statistics I am about to quote, also, are valuable in this respect, that they are evidence given by some of the speakers against their own statements and assumptions.

I now proceed to show that my operation for all sorts of idiopathic uncomplicated cataract is as successful as the operations for ripe cataract performed in well known institutions, of which I chance to have detailed reports. I must make a basis for comparison. What may be classed in one hospital as "failures" may be classed in another as "partially successful," and capable of improvement. I shall take as a basis the following:—

All cases of panophthalmitis, of suppuration of the cornea, and of iridocyclitis and iridochoroiditis, with closure of the pupil (unless a note has been made of success by secondary operation), are reckoned as failures.

The following is a tabular statement, made up from careful examination, of the report referred to:—

Name of Hospital.	Idiopathic Cataract.	Immature.	Escape of Vitreous.	Failure to Remove Cortex.	Losses and Failures.
National Eye and Ear Infirmary, Dublin, 1875 and 1876	38	4	7 (18 per cent.)	8 (21 per cent.)	5 (13 per cent.)
St. Mark's Hospital, Dublin, July 1877, till September, 1879	25	3	3 (18 per cent.)	6 (24 per cent.)	2 (8 per cent.)
Manchester Royal Eye Hospital, 1883 and 1886	352	4	25 (7 per cent.)	In 1883 no notes. In year 1886, 25 in 195	28 (7 per cent). No notes about 4 in 1886
Sheffield Infirmary, March, 1877, till April, 1882	118	No note	11 (9 per cent)	No notes	10 (8.5 per cent.)
	533	11 (2 per cent.)	46 (8.6 per cent.)	39 in 258 (15 per cent.)	45 (8.5 per cent.)
My own cases	81	13 very immature, 9 moderately immature	8 (10 per cent.)	2.4 per cent.	4 (5 per cent.)

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I have now given the records at four hospitals in different parts of the kingdom with nine surgeons, most competent, and we find in a total of 533 uncomplicated cataracts, there are only 11, or 2 per cent., immature, whilst I had out of 81 cataracts 22 immature, namely, 27 per cent, 13 of them being so immature that the operation was not "justifiable" according to the commentator, and yet my average of losses from panophthalmitis, iridocyclitis, and choroiditis made 5 per cent. as against 8.5 per cent. for ripe cataract in other hospitals, making liberal allowances to my opponents.

These statistics should teach a lesson of caution in criticism. In the first two hospitals in the list, with all the advantages of the use of old methods, there are no less than 18 per cent. and 12 per cent. respectively of loss of vitreous, and 13 per cent. and 8 per cent. of failures in the hands of able surgeons. I am sure on an average on a larger number the lost ground would be made up. So in Manchester the report for 1883 finds compensation in that of 1886.

Regarding the removal of cortex, which is a cardinal question, we have interesting particulars. In 258 cases of which we have notes, there were 39 cases of failures to remove cortex (and other cases of extreme difficulty), namely, 15 per cent. In my 81 cases, with such a large percentage immature, I had trouble only twice, once from previous escape of vitreous, and once from blood obscuring my view.

I have to add that the modified form of the syringe made by Meyer and Meltzer has proved in my hands a great improvement. The first form of piston, that with cotton thread, I thought advantageous from the facility of making it thoroughly antiseptic; but the fluid had too free a back flow, and the force was not all one could wish. The new piston works with perfect ease, and does not permit water to go behind it, so that by one injection a great deal more can be accomplished. The fittings, besides, are not removed by too great heat, as the old ones sometimes were.

Observations are made by your correspondent about the number of the nozzles. I have to say that experience has told me that for nine cases out of ten one nozzle is enough; but for exceptional cases, such as very prominent eyes, lateral and lower sections, and for different lengths of the fingers of operators, it is well to have various lengths and widths of nozzles. A dentist might as reasonably be expected to have one pair of forceps for all teeth as an ophthalmic surgeon to have only one nozzle for all sorts of eyes and sections.

I wish the reader to understand that I am not concerned about the mere instrument, but about the "method." I may define the "method" as that of removing cortex ripe or unripe by the force of water introduced inside the eye; the water taking the place of the old spoons, scoops, and pressure manipulation. I am not bound to the instrument by which this is to be accomplished. I trust we may have, ere long, more perfect and more easily managed instruments than any yet devised.

As to the ethical question of operating on very unripe cataracts, my views are clear. If a patient have no means of livelihood, or will not endure enforced idleness for years, the surgeon and he can arrange for interference by operation on perfectly open lines. I tell such a patient that I consider I can operate with about as much chance of success as if he waited for years, that other surgeons might perhaps not think so, or would not operate; but if he is prepared to take whatever risk there may be, I am prepared to operate. My results, as reported in my paper, warrant me, and I shall follow the teachings of my own experience, and not be influenced by dicta which, however suitable for the past, and originating from defective methods, will, I am convinced, be universally brushed aside by the profession at an early date.—I am, etc.,

WILLIAM A. MCKEOWN.

Belfast, August 26th, 1887.

SIR THOMAS CRAWFORD'S ADDRESS ON DEVOLUTION AND EVOLUTION.

SIR,—Absence from town during the earlier portion of last week must be my excuse for leaving Mr. G. King's request for further information, as set forth in his letter published in the BRITISH MEDICAL JOURNAL of August 20th, unanswered.

The standards for recruits therein alluded to are published from time to time in the General Orders of the Army as alterations become necessary; and the statistics of recruiting are also published annually in the reports of this Department presented to Parliament. Briefly stated, and taking one year out of each quinquennial period embraced in the table to which the remarks in my address referred, they are:—

	Height.	Chest Girth.	Weight.
1863	5′ 6″	33″	No record
1883	5′ 4″	33″	115 lbs.

There are also some minor relaxations during the latter period as to the state of teeth, cicatrices, and marks of medical treatment, which circumstances not necessary to mention have rendered advisable. The later rules, by which the surgeon became responsible for the weight as well as for the height and chest measurement, have also modified in some degree the classification of rejections, many recruits obviously unfit on the score of low vitality being rejected under these heads before the more strictly medical tests were applied.

For these and other reasons given in my paper, I still maintain that the aggregate of rejections on account of physical unfitness for the service, under the lowered standard in use during the latter quinquennium, is in favour of the views therein expressed; and that, for this among other reasons, the personal hygiene of the lower orders of the people, particularly in the crowded districts of large towns, is a question meriting the consideration of sanitarians.—I am, etc.,

T. CRAWFORD, D.G.

Army Medical Department, August 31st, 1887.

SALARIES OF PRISON SURGEONS.

SIR,—In your Medico-Parliamentary columns of the JOURNAL, Dr. Clark, M.P., is reported as having stated that "the Irish prison surgeon even was better off than the Scotch, for with less work to do he began with a salary of £350, and this went on increasing to £400." I am sure we would be delighted if the above statement described our state, but what are the facts—the majority of Irish prison surgeons receive about £100, with no prospect of increase, while a few have £80, and others only £60, which is the salary I receive for performing all the trying duties of a prison with an average of sixty prisoners.

Questions have been asked in the House of Commons lately as to an increase in our miserable pay, and I hope that your able leader on the subject of The Prison Medical Service, on August 27th, will have due weight with the Treasury, and I hope that Dr. Clark will, in justice, correct the mistake which he made.—Yours truly,

AN IRISH PRISON SURGEON.

MEDICO-LEGAL AND MEDICO-ETHICAL.

SALE OF BRANDY BY CHEMISTS.

APPLICATION was made this week by a chemist of Winsford, at the Cheshire Licensing Sessions, for permission to sell spirits in small quantities to persons purchasing medicines. It was stated on behalf of the applicant that if he were permitted to sell, with a cholera mixture, a small quantity of brandy, about sixpennyworth, it would be very valuable to him in his business. The Chairman remarked that if the application were granted, people might make a run on the cholera mixture, as a simple excuse to indulge in brandy drinking. The application was adjourned to give the magistrates time to consider the point of law raised as to their jurisdiction.

PAUPER LUNATICS.

SURGEON writes: In consequence of the difficulties now thrown in the way by the new Lunacy Act, I should be glad to know what are the right steps to take to send a pauper lunatic to the asylum. I will give in detail my last experience, being the first case since the new alterations have been made with which I have had to deal; previous to the alteration I had no trouble.

CASE.—J. P., aged 30, an epileptic, suddenly, after one of the seizures, became a raving maniac, threatening to kill his wife and children, all of whom had to be kept out of his way. After doing a great amount of damage to the house, he managed to escape from those who were watching him (while his friends were seeking to get him sent to the asylum, which difficulty I will explain below), and then made off into the country, eluding all his pursuers, being a strong man and a good runner, and finally threw himself in front of a train. He escaped being killed, but lost his left arm, and his right arm and head were injured. He was removed to the infirmary, and, after being there about two months, was sent home. Whilst there (at the infirmary) I do not know how he carried on; but the day after arriving home he had six epileptic fits, and again the madness came on. He threatened to kill his wife, clutching her throat, and endeavouring to strangle her, and but for timely help would have done so; smashed all the crockery in the house, and did a lot of damage. At this stage I was again sent for, and I ordered them to let the relieving officer know of his condition. After a good deal of trouble in hunting him up, they were told that he could do nothing. The police were then seen, and would do nothing. I saw the medical officer of the parish, and he declined, except by a magistrate's order; and finally, after twenty-four hours of terror to the whole neighbourhood, he was taken before the magistrates in the police-court. Whilst there he gave no signs of insanity, so his friends were told that the man was not mad; but to see how he would behave; however, the magistrates sent him for fourteen days to the workhouse. Now, the wife is in fear of her life if he returns from the workhouse; and, apart from that, the neighbours also are in fear. What steps would you advise to be taken? If a man who attempts suicide, and also attempts to strangle and murder his wife, is not mad, what are the signs of suicidal and destructive mania?

*** The above patient is stated to be a pauper, and to be now in a workhouse. The medical officer of a workhouse has definite duties with regard to the sending

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