

discussions on matters of socio-political interest which will disturb the lethargic calm in which that body is at present enwrapped. As to this, I will only say that nothing of the kind is to be expected. We do, however, claim that the College has another function which it persistently keeps in the background—viz., to look after the interests of its Fellows and Members. It does not even pretend to do this, and the presence of Members on the Council might induce an awakening to its duties in this respect. It had an opportunity of doing this in connexion with the Insurance Act, but instead it only (in conjunction with other bodies) called a meeting of the staffs of London hospitals.

The statement that it is impossible to poll 17,000 Members can only be characterised as preposterous. It has been done already several times by the Society of Members, and would be quite easy for the College with its much larger resources. In conclusion, I would only assert that the addition of a few Members would be a source of strength instead of weakness to the Council, and would put an end to an irritating domestic controversy which has existed at the College for over a quarter of a century.

I am, Sir, yours faithfully,

Portishead, Nov. 25th, 1912.

W. G. DICKINSON.

## CAN ANGLO-SAXONS COLONISE THE TROPICS ?

*To the Editor of THE LANCET.*

SIR,—I should be very much obliged if any of your readers who are familiar with the tropics would give me their opinion as to whether there is any hope of the successful and permanent settlement of British-born or descended people in regions between Cancer and Capricorn. At the present time the subject of the colonisation of the Northern Territory of Australia has come into the realm of practical politics, and there are many in the Commonwealth, including those in authority, who insist that only Anglo-Saxons, or failing them, Northern Europeans, such as Danes and Swedes, should be encouraged to go and settle there. I have very grave doubts whether a population, which will have to work hard in the open throughout the year, can be drawn from the Anglo-Saxon race, especially as the wives and children of the workers will have to remain continuously in the tropics. I should be glad, however, to know from those who have had experience of such places as the West Indies, British Guiana, Mauritius, Ceylon, and India, where will probably be found persons of pure British or Northern European descent, whose forefathers have resided for several generations in the tropics, what is the physical, mental, and moral condition of such people. Have they retained all the virility and capacity for work of their ancestors, or do they show signs of deterioration? How do the women and children compare with those who have been born and bred in the British Isles? I am convinced that the Commonwealth Government is attempting a costly and disastrous experiment in seeking to transplant people from the temperate regions to the tropics, and in rejecting the opportunity of obtaining a large number of desirable colonists from Malta, which is a sub-tropical country, and whose inhabitants, therefore, would be much better adapted for settlement on the hot river flats of Northern Australia than any blond Northern European could possibly be. Thanking my informants in anticipation,

I am, Sir, yours faithfully,

RICHARD ARTHUR, M.D. Edin.

Parliament House, Sydney, Oct. 7th, 1912.

## CEREBRAL ANGIOSPASM.

*To the Editor of THE LANCET.*

SIR,—I beg to thank Sir William Osler for the reference on this subject which he gave in last week's LANCET. In view of this reference the sentence in my lecture ought to read "How little this communication of Dr. Peabody influenced medical teaching or thinking is shown by the absence of any reference to this condition in Sir William Osler's excellent and popular book on the 'Principles and Practice of Medicine' [in the section devoted to diseases of the nervous system: it is only referred to in the pages dealing with arterio-sclerosis, where it is practically set aside as unsatisfactory]." <sup>1</sup> It had not occurred to me to extend

my search beyond the nervous system. I knew that Sir William Osler taught in his book Thoma's views regarding arterio-sclerosis, but as I regard these views as incorrect, I had not again consulted this section. I presume we may now regard Sir William Osler as a convert to Dr. Peabody's suggestion, and his support is a great gain to a good cause.

I am, Sir, yours faithfully,

Edinburgh, Nov. 24th, 1912.

WILLIAM RUSSELL.

## A PROPOSED NEW TREATMENT FOR HUMAN TRYPANOSOMIASIS.

*To the Editor of THE LANCET.*

SIR,—At the meeting of the British Medical Association in 1895 the late Sir William Roberts read a paper on Anarcotine, a Neglected Alkaloid of Opium, in which he referred to the fact that this alkaloid had in times past been used in India with success in the treatment of malaria. The occasion on which this occurred was brought about because of a scarcity of quinine. Among other interesting statements made by Sir William Roberts is one to the effect that there seems to be valid evidence that in anarcotine we possess a second antiperiodic of great power analogous to, but not identical with, quinine. He also quotes the testimony of two medical practitioners who had used anarcotine extensively, and considered it of signal use in the treatment of malaria.

The intention of this note, however, is not to suggest the use of this drug in malaria, although it might be worth while to resort to it in those comparatively few cases in which quinine seems to be the cause of unpleasant or undesirable symptoms owing to the idiosyncrasy of the patient. But there is yet another disease caused by an organism belonging to the protozoa, and therefore closely allied to the organism which is the cause of malaria—viz., sleeping sickness—for which an efficient method of treatment is required, and I would suggest that anarcotine be tried for this form of trypanosomiasis. Although unable to say that anarcotine is of use in the treatment of sleeping sickness, I think I can say that it is not harmful. My experience of its use in this connexion has been too limited to enable me to make anything like a definite statement regarding its capacity for good. It is only to suggest a trial of this treatment in a disease for which, I understand, there is not any quite satisfactory treatment so far. The drug may be administered in the form of a pill, and given in a dose of 1, 2, or 3 grains two or three times a day.

I am, Sir, yours faithfully,

St. James's-street, S.W., Nov. 20th, 1912.

J. T. C. JOHNSON.

## THE RESPIRATORY NEUROSES.

*To the Editor of THE LANCET.*

SIR,—May I be allowed to comment on some of the points raised by Dr. Samuel West in his interesting and suggestive paper on the above subject in THE LANCET of Nov. 16th (p. 1352)? Dr. West accepts the bronchial constriction theory of the mechanism of asthma, yet most of the clinical facts he adduces go to support the rival view—namely, the vaso-motor theory, to which he does not even allude. For example, he recalls the fact, first, I believe, pointed out by Sir Thomas Watson,<sup>1</sup> that the onset of phthisis may put an end permanently to asthma. But this is not due, as might perhaps be inferred, to phthisis being "an organic disease of the lungs," but to the fact that phthisis is a chronic pyrexia associated with peripheral vaso-dilation and consequent low general blood pressure. In proof whereof it need only be mentioned that asthma is prone to cease during any pyrexia (pneumonia,<sup>2</sup> typhoid,<sup>3</sup> septicæmia,<sup>3</sup> &c.), always excluding those stages in which there is cutaneous vaso-constriction; here, as might be anticipated, the tendency to asthma is actually increased.<sup>4</sup> Not only, however, is asthma thus inhibited, but so, too, are many of the other neuroses claimed by Dr. West as closely associated etiologically with asthma—e.g., migraine and epilepsy<sup>5</sup>; to these I may add angina pectoris, at least the vaso-motor variety.<sup>6</sup>

<sup>1</sup> Principles and Practice of Physic, fourth edition, vol. ii., p. 360.

<sup>2</sup> Trousseau: Clinical Medicine, New Sydenham Society, vol. i., p. 625.

<sup>3</sup> F. Hare: The Food Factor in Disease, 1905, vol. i., p. 247.

<sup>4</sup> Morshead: Clinical Researches on Disease in India, 1860, p. 55.

<sup>5</sup> Bourneville and Bonnais, quoted by H. A. Hare in Epilepsy, 1890, p. 222.

<sup>6</sup> F. Hare: The Food Factor in Disease, vol. i., p. 250.

<sup>1</sup> The part within brackets is added.