

their charge to die without any attempt at medical treatment have not as yet aroused public attention owing to their scarcity. But that the movement is spreading in this country cannot be doubted.

To the public at large this so-called "science" would be of comparatively little interest were it a mere religion pure and simple. Its interest—and, I may add, its danger—lies in that it professes to be much more than a religion: it claims to hold the keys of health, to check disease, and to place the patient under treatment on the high road to health, not by drugs or any physical method of treatment, but simply by a sustained effort of the will. To us with all the elaborate mechanism of modern science at our disposal, and the painfully accumulated clinical experience of centuries at our back, this may seem the veriest charlatanism to be dismissed on *a priori* grounds as a palpable absurdity. But we find—not in this country but in the "States"—that there are over one million people bold enough to claim from their own experience benefit from this method. Their statements are a factor whose influence on public opinion cannot be ignored; and a brief account of the methods of "Christian Science" may therefore serve some useful purpose. To do this I must first describe the phenomena of "suggestion" and "auto-suggestion." Every hospital resident knows that when a patient for any reason has been treated with sleeping draughts or hypodermics of morphia for some little time he can readily be made to go to sleep by feigning to give him his usual draught, substituting any harmless placebo or giving a hypodermic of sterilised water instead of morphia. The idea of sleep is induced in his mind by the performance and he rapidly quiets down into natural slumber. This and many cognate phenomena come under the head of "natural suggestion."

An analogous but more powerful form is what is known as "hypnotic suggestion." It is not much practised in this country and need not further be referred to. "Auto-suggestion," as its name would imply, is where the idea emanates from the patient himself. He has made up his mind that certain things will happen and within limits they do. Any practitioner who has seen cholera abroad will tell you that when an epidemic starts those who are most afraid of taking it almost invariably do. The explanation, of course, is that the vibrios are already present in the intestines (just as one often finds the diphtheritic bacillus in swabs from the throats of healthy people during an epidemic of diphtheria), but the resistance of the tissues has been lowered by fear and the individual who might otherwise have escaped becomes a victim under the influence of auto-suggestion.

Bearing these two phenomena in mind the methods of the "Christian Scientist" are easily explained. To take a concrete example. A Christian Scientist gets a headache. Instead of looking for sympathy he sits down calmly and repeats a formula something like this: "I have no pain. There is no pain. I feel no pain. There is no such thing as pain. Nothing is real but mind. There is no pain." By keeping his mind fixed on this one idea he states that presently the pain is gone. Now if one comes to analyse his method it is at once seen to be one of pure "auto-suggestion." In a similar manner by "natural suggestion" one can work on the feelings and beliefs of others. Hysterical aphonia, imitative chorea, &c., can readily be treated and, in fact, are treated regularly in everyday practice by the exercise of a strong will over a weaker. The success of many a practitioner is largely due to his hopeful manner with his patients. He sets them thinking, not of how ill they are, but of how soon they will get better. And this is exactly the method of the Christian Scientist. He works by "diverting his mind from unhealthy channels and compelling it to travel in healthy ones." In the jargon of his religion he calls it "right thinking" in contra-distinction to "wrong thinking," which is the origin of all unhappiness and disease according to his view.

Backed by the glamour and mystery of a new religion it is obvious what a powerful weapon he wields against imaginary ailments and all the protean forms of hysterical and hypochondriacal fancies. But it is here the danger begins. He is not content to stop here. He claims to be able to cure all diseases by this method. But, unfortunately, the most powerful forms of suggestion will not reduce a strangulated hernia or all the thinking in the world stop the insidious course of the tubercle bacillus. As long as the Christian Scientist contents himself with treating the thousand-and-one small ailments which affect the mind rather

than the body he serves a useful purpose, for faith based on any foundation, no matter how dubious, is always powerful. But when he professes to cure diseases of which he can have no practical knowledge—diseases in which there is some distinct pathological lesion—he immediately becomes a danger to the State and a person to be avoided as one would the plague.

I am, Sirs, yours faithfully,

March 21st, 1903.

J. JOHNSTON ABRAHAM.

SHORTENING THE SACRO-UTERINE LIGAMENT IN THE TREATMENT OF PROLAPSUS UTERI.

To the Editors of THE LANCET.

SIRS,—Mr. E. Stanmore Bishop in his admirable paper on shortening the sacro-uterine ligaments in the treatment of prolapsus uteri in THE LANCET of March 14th, p. 725, has most courteously alluded to my paper read before the British Gynæcological Society upon the same subject. In theory his operation and mine are identically the same, but in practice, as he points out, they differ in one or two important points. Mr. Stanmore Bishop does not suspend the uterus at all to the abdominal wall; his objection to this is the fact that if the uterus is so attached by "ventrofixation" serious difficulties may arise in the future. Now in my opinion "ventro-fixation" is a misnomer; it should be termed "ventro-suspension," as in my experience I do not think it possible to fix the uterus absolutely to the abdominal parietes without the fundus is fastened directly to the recti muscles, but so long as it is only attached to the peritoneum no fixation will take place, as it will be found, as I have proved, that the attachments are always half an inch or more long and composed solely of peritoneal tissues which readily stretch. The importance of this attachment is, I think, that if the sacro-iliac ligaments are shortened without some parietal attachment to the fundus there is considerable risk of the uterus becoming strongly anteverted and to the patient in consequence being subject to all the inconvenience appertaining to this condition.

The rationale of the operation is readily understood if one considers that the uterus is a motile body suspended by the lateral ligaments and maintained in its normal antero-posterior position mainly by the sacro-uterine ligaments. Should these ligaments become weakened the uterus has a tendency to revolve backwards on its axis, the broad ligaments, thus throwing more and more strain upon their posterior attachments which, continuing to elongate, eventually drag the fundus completely round, causing retroversion. The uterus, now lying in the axis of the vagina and the supports from above being weakened and elongated, gradually becomes more and more prolapsed and if the perineal supports are weakened or perhaps non-existing it is readily seen that there is nothing to prevent the whole organ prolapsing. The only natural way of restoring the organ to its normal position is unquestionably to repair those attachments which in its normal state keep it in position and the chief of these unquestionably are the posterior attachments or those which suspend the os and cervix posteriorly and which tend to keep the uterus in the antero-posterior position; this can only be done by passing a couple or three sutures deeply into the tissues on each side of the rectum in the position of the sacro-uterine ligaments, bringing these forward so as to pass through the peritoneum and subperitoneal tissues in two or three places, and catching the cervix of the uterus; the two ends are then tied firmly. The elongated and sacculated pouch of Douglas is by a darning stitch puckered up and a firm suspensory ligament formed. In many cases colpo-perineoplasty will have to be performed, but even without this, if sacro-uterine suspension be properly performed, I am convinced that the uterus may be retained in its proper position.

I am, Sirs, yours faithfully,

FREDERIC BOWREMAN JESSETT.

Brook-street, W., March 23rd, 1903.

A NEW ILLUMINANT FOR THE FUNDUS OCULI.

To the Editors of THE LANCET.

SIRS,—The large number of red rays reflected from the fundus of the eye when examining it by the ordinary light tends to mask some of the detail; this is especially the case

in disease of the retina and with the fine terminations of the arteries. In microscopy it is well known that the insertion of a Gifford's screen between the light and the section adds greatly to the detail by absorbing the red rays where structures have been stained red. By the kind courtesy of the Westinghouse Electrical Company I have been able to examine a number of fundi, both normal and diseased, by means of the mercury vapour lamp, the light of which is produced by allowing a direct current to flow through a vacuum containing mercury, from a platinum to an iron electrode, the resistance in the tube having been first broken down by a spark of high tension. This light, when examined spectroscopically, is seen to be deficient in red rays, being very rich in blue and violet. The light, although brilliant, is diffuse and produces an "after image" of very short duration. On looking at the fundus by this light the "background" appears pale green instead of the usual red; the vessels appear purple, standing out with unusual distinctness; the arteries being the same colour as the veins can be traced to their finest ramifications. The choroidal vessels are of a deeper purple and over the whole the retina can be seen glistening, being especially well marked along the arteries and veins. The optic disc appears with a white centre and green edges. This illuminant ought to be of considerable utility in the differential diagnosis of retinal and choroidal disease, since the perspective of the retina, choroid, and sclera is very clear. Although the lamp in its present form is hardly suitable for ophthalmoscopic work, alterations could be easily made for this purpose. A somewhat similar effect can be produced by using an arc lamp and screening off the red rays, but the same definition and detail cannot be obtained as with the mercury vapour lamp.

I am, Sirs, yours faithfully,

M. S. MAYOU, F.R.C.S. Eng.,

Chief Clinical Assistant to the Royal Eye Hospital.

March 20th, 1903.

PROFESSOR GRASSI'S RECENT PAMPHLET.

To the Editors of THE LANCET.

SIRS,—Professor Grassi has recently published a pamphlet entitled "Documenti riguardanti la storia della scoperta del modo di trasmissione della malaria umana" which I find he has dedicated to me. The work is of a polemical character. Lest from the fact of the pamphlet being dedicated to me it might be supposed that I indorse the views therein expressed, I beg to say that in many instances I do not, and, moreover, that I was not consulted about the dedication.

Yours truly,

Queen Anne-street, W., March 20th, 1903. PATRICK MANSON.

ERRATUM.—In the letter headed "On the Problem of Glycosuria and Diabetes" and bearing the signature "Rusticus," published in THE LANCET of March 21st, the word "maintains" in the first line of col. 1, p. 839, ought to be *mentions*.

THE LONDON LICENTIATES' AND MEMBERS' SOCIETY.—A meeting of the members of this society was held at the rooms of the Royal Medical and Chirurgical Society, Hanover-square, W., on March 10th. The chair was taken by Dr. W. Bezly Thorne who in addressing the meeting pointed out that there were two courses before them—viz., to approach the University of London with a petition that men holding the diplomas of the Conjoint Board should be permitted to present themselves for the final examinations without matriculation; and, secondly, to approach one of the provincial universities to allow such men to enter for the pass examination for their M.B. degrees. Mr. Elliott Blake spoke upon the various injustices suffered by London "Conjoint men" and was of opinion that the society should be continued as a permanent one. Dr. A. Douglas Cowburn did not think that any good would result from a petition to the University of London. Mr. F. W. Collingwood gave reasons for thinking that affiliation with certain provincial universities would be impossible and proposed that a petition should be prepared for presentation to the University of London. An executive committee was appointed for this purpose and it was also decided that the society should become a permanent one with an annual subscription of 5s. to be forwarded to the secretary, Mr. F. C. Langford, 142, Peckham Rye, London, S.E.

THE FOURTEENTH INTERNATIONAL CONGRESS OF MEDICINE, MADRID.

(FROM A SPECIAL CORRESPONDENT.)

THE JOURNEY.

THERE are two routes by which Madrid may be reached—the longer but more comfortable and healthy journey by sea to Lisbon or Oporto, and the overland route through Paris. The latter course is most likely to be adopted by busy men and in general the Sud Express will be the train chosen. Now, the Sud Express is as ill-contrived a train as any so-called *train de luxe* can well be. In the first place it has no direct communication with any train from London; the traveller must either leave London in the morning and spend from 15 to 18 hours in Paris, or he must travel all night by train and boat in order to reach Paris at an uncomfortably early hour in the morning and will then have to wait several hours for the Sud Express to start. It must also be noted that places in this train should on ordinary occasions be booked at least 24 hours before starting, as the trains are constantly full, and those who visit some other Spanish towns after leaving Madrid on their return should bear in mind that a Spanish telegram may need 24 hours to travel 500 miles. Travellers by the Sud Express have to change into a Spanish train at the frontier and the change is for the worse, for the French train, though dusty and ill-ventilated, is not overcrowded, as the seats are all numbered. Luggage should be in a handy form, as it is safer in the carriage with the traveller, and no charge is made for excess of weight if it is taken in the carriage—only 66 pounds are allowed free and portmanteaus have been cut open before now in the luggage vans. The sleeping-cars in the Sud Express are divided into compartments, each containing four narrow bunks, one above and one below on each side, with just enough space in the middle for one man to undress. There is no place in which to secure money or jewellery and the only means of ventilation in this small space occupied by four persons is the window, for the door opens into the corridor. There are dining-cars in this *train de luxe*, but the food is not first-class and the attendance is insufficient.

There is but little in the scenery along the route to interest the traveller, except glimpses of towns the names of which are familiar to him since his school days, as the most beautiful country—i.e., the Pyrenees—is passed during the night on the way south, but on the return journey there is very much to admire. The Sud Express is the best means of returning to England for the sake of the scenery through which the line passes and of the quaint sights from the windows of the train such as a woman and a girl ploughing with a yoke of oxen, carts drawn by oxen, or the same patient beast tramping a monotonous round to draw water from a well, or it may be a woman working a water-wheel with her feet, as the convict works the treadmill, or threshing-floors with oxen treading out the corn. The trees will interest every stranger—forests of cork oaks, mostly small, stunted trees with curiously gnarled and twisted boughs, then the dull, weird, grey-green olives, Spanish chestnuts and acacias, and lastly mountain-pines and larches with stone-pines intermixed, and here and there in warm valleys agaves and aloes growing wild in the open air, though these latter are rare in Spain. The line, too, passes near (seldom through) little old-world, walled towns; occasionally these little towns still have the fortifications made during the Peninsular War, but it is very remarkable that there are practically no modern fortifications on the Pyrenean border. The landscape as the train approaches the Pyrenees affords views of rocky gorges and of beautiful wooded valleys with streams coursing through them, bordered by bold cliffs and sometimes by boulder-strewn mountains, but there are so many tunnels on the railway that the passenger can only catch glimpses of what must often be striking scenery. Often there are small square watch-towers standing alone on the tops of the hills like the Peels in Northumberland and these recall the days of the borderland wars between France, Navarre, and Spain. Sometimes in place of these border fortresses there are monasteries with their out-buildings all walled in so that they also might be fortresses on occasions even as the churches might be which in these border town, are very large and massive, with tiny windows made high