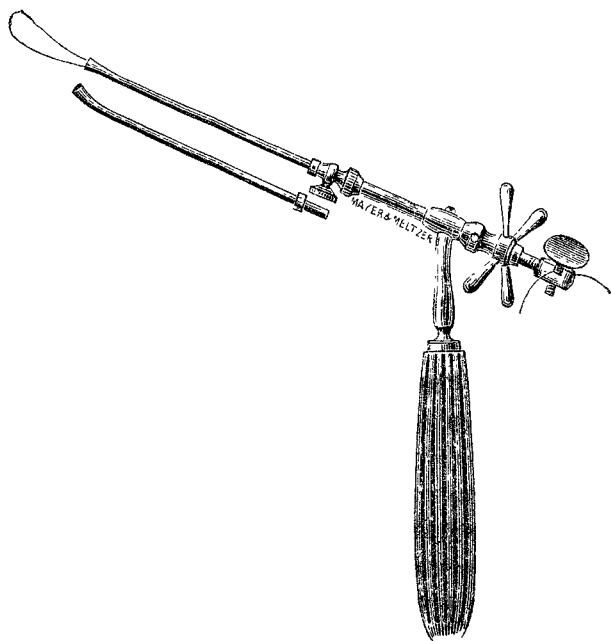


New Invention.

A NEW NASAL SNARE.

THE object aimed at in the construction of this snare has been to combine the advantages of the instrument designed by Dr. Jarvis of Boston with those comprised in Sir Morell Mackenzie's cogwheel écraseur. The great superiority the latter presents over all other instruments of its class lies in the fact that it can be firmly held so that the hand is below the field of vision, while it can be worked with the same hand, leaving the other free for holding the speculum, or, in certain cases, for controlling the noose with the forefinger in the post-nasal space. In the removal of nasal polypi its rapidity of action is another considerable advantage, and for such growths no better instrument can be devised. But this very rapidity of action—indeed, the impossibility of working it slowly—is a great disadvantage in the removal of hypertrophied portions of the inferior turbinated body, since a not infrequent difficulty after such operations is the hæmorrhage consequent upon opening the venous sinuses of which such growths are largely composed. But clinical experience has shown that the largest portions may be removed with Jarvis's snare without losing a drop of blood, provided sufficient time be expended in tightening the wire loop, twenty or even



thirty minutes being allowed before the offending mass is finally severed. It is only with a slow screw action of such an instrument as Jarvis's that this is possible. On the other hand, the great disadvantage of his instrument is that it requires two hands or the help of an assistant for its manipulation, while, even then, the difficulty experienced in retaining it firmly in position until the noose is tightened is so great that not infrequently the operator discovers that he has removed a much smaller portion than he had at first included in his noose. In the instrument figured in the accompanying woodcut the principle of Jarvis's instrument is adopted, so that any desired length of time may be occupied in the operation. A stout handle is attached to the shaft at the proper nasal angle in such a manner that the hand does not obscure the field of vision, while behind the angle of junction, at right angles to the barrel, a little capstan projects which can be easily rotated with the thumb by the four attached levers. The action of this is to withdraw the central screw with the attached loop of wire, in a manner similar to that adopted by Jarvis. A secondary advantage which this new instrument possesses over all others consists in the fact that, by reversing the action of the capstan, the wire is again extruded from the barrel, and can be utilised for a second or third operation. This withdrawal of the wire is a great trouble in all other instruments. The snare has been constructed under the direction of the writer by Messrs. Mayer and Meltzer.

Harley-street, W. GREVILLE MACDONALD, M.D. Lond.

VOYAGING FOR HEALTH.

To the Editors of THE LANCET.

SIRS,—I have read with much interest Mr. Doyle's sagacious and instructive notes on "Voyaging for Health," partly because I am, to some extent, familiar with the *Sobraon* as a first-class "health ship"—having some years ago been offered the medical charge of the vessel,—but much more because I would endorse and confirm most strongly the intelligent suggestions which he has enunciated in reference to the question of sea-voyaging. Having undertaken several voyages as medical officer in charge and as passenger, and having held official appointments for several years in New Zealand, I can sustain all that he has laid down, and I would very earnestly urge the advantage of a sailing vessel over a steamship, if the voyage be undertaken purely or mainly for purposes of health. There is no comparison between the smooth, equable, soothing, and yet inspiring movement of a well-constructed sailing vessel, with its cleanly, healthy surroundings, and the miserable jarring motion of the steamship, with its never-ending vibratory thrill, and the apparently inevitable odour of oil or steam-packing, most trying to the nerves of sensitive patients. I maintain most strongly that there is also no comparison between the benefits often to be gained from a quiet leisurely voyage in a well-equipped, well-conducted sailing vessel, as compared with that to be derived from a hurried passage in a steam vessel, however well furnished, with its frequent stoppages, crowded berths, miscellaneous company, and hotel-like surroundings. The quiet, calm, monotonous life from day to day of the one—the *dolce far niente*—is the very condition needed for invalids suffering from overstrung nerves, exhausted energies, cumbered lungs, and embarrassed livers; and there is no comparison tenable between the results of the two systems. But, besides this, the subject is not entirely comprised under the items which I have mentioned. There are steam-vessels and steam-vessels, the owners of some of which lay themselves out for the comfort and well-being of their passengers, whilst others appear to ignore all responsibilities of this kind, and to desire only to secure profit. I have sailed under flags of both orders, and I have come to the conclusion that it is never safe to trust to the reputation of any company, since there are "ins and outs" of chartering which nullify conclusions otherwise reliable. I have twice sailed in vessels belonging to companies of the highest reputation nominally, the management, appointment, and general conduct of which were utterly disgraceful, and painfully inimical to the interests of the many invalid passengers on board, and the conclusion to which I have come is that it is absolutely necessary to have direct and specific testimony as to the character of any vessel in question and the officers in charge. Then, again, very grievous ignorance seems to exist amongst medical men as to the conditions, morbid or otherwise, under which sea-voyages are to be advised. So greatly am I impressed with this fact that under the strong pressure of medical friends I am now endeavouring to lay down a few simple indications which may serve equally as a health guide to invalids seeking the benefit of a voyage to Australia or New Zealand, as well as those who are contemplating a permanent residence there. The apparent recklessness which patients under the most varying conditions are sent out for a voyage or for a sojourn in the colonies of Africa, Australia, or New Zealand is surprising to medical men who have resided in those colonies, and most pitiable in the results upon the invalids. Upon this topic I hope, as I have said, to speak at greater length than I can hope to find space for in your columns.

I am, Sirs, yours truly,

JOHN W. KEYWORTH, M.D. Lond. &c.,

Late Medical Officer in Charge of the Wellington, Napier, and Wairoa Hospitals, New Zealand.
Southport, Aug. 5th, 1890.

THE POLLUTION OF THE RIVER AIRE.—At a meeting of the representatives of Leeds and Bradford Corporations, held at the Leeds Town Hall on the 13th inst., to further consider the question of the pollution of the river Aire, it was determined that a joint communication, signed by the respective town clerks, should be forwarded to the Local Government Board.

THE LANCET.

LONDON: SATURDAY, AUGUST 23, 1890.

THE session of Parliament is over, and no one will regret the fact. The first feeling in regard to such an event is one of great relief. The strife of political tongues is becoming one of the evils of the time. On all other subjects men can talk with mutual respect, but in this region opposition reigns, and is erected into the rank of a virtue. Legislation will never be much better till it can be done more in the way of consultation, when men of different opinions can give each other credit for meaning the same good to the nation. What would be thought of a consultation of our chief physicians and surgeons which should divide itself, of necessity, into two sides, the one to denounce as wrong all that was done by the other, and in which Sir WILLIAM JENNER and Sir JOSEPH LISTER should label as incurably faulty and incompetent all the treatment suggested by Sir ANDREW CLARK and Sir WILLIAM SAVORY? What would become of the patient? It is out of our province to take sides in politics, but we have a right, as representing the suffering nation, to denounce the political ethics that encourage strife as a public nuisance, as hindering thorough and beneficent legislation, as magnifying little questions and belittling great ones. No doubt political questions are difficult and complicated. So are medical ones. But that does not alter the fact that the patient fares best when the consultants act with a view to his having the advantage of the wisdom of both sides. And we declare our conviction that political work would be more improved by the importation of civility and consultation than by any mere change in law or standing orders.

Owing to the want of these elements and the reign of strife the recent session has been struck with barrenness. The Chancellor of the Exchequer found himself embarrassed with more than two millions of surplus, the result, we grieve to say, of excessive drinking—of what he called a universal rush to the beer barrel, the wine bottle, and the decanter. If ever there was a question for passionless discussion it was such an one as this, involving not only the best use of a large sum of money, but the extrication of the people from one of their deepest and oldest vices. But the opportunity was in a great measure thrown away by the combined error of all parties and the absence of the spirit of conciliation and consultation.

There are few matters of great interest to the profession to record. Parliament becomes increasingly a medium for putting questions, if not for passing laws. And one of the most favourite pastimes of the disaffected and the impracticable is to put questions to Ministers on little local topics, such as a fancied injury to a child from vaccination, or the hardship of a pupil teacher having to be vaccinated as all other pupil teachers require to be.

One of the most important events of the session was the success of Lord SANDHURST in asking from the Government the appointment of a committee of the House of Lords on

Hospitals and their administration. The inquiry proceeds in a somewhat lively and discursive manner. It cannot fail to elucidate the working of our voluntary hospital system, and we devoutly hope it will be of advantage in publishing its great virtues, while suggesting remedies for its undoubted abuses, especially in the out-patient department. A Bill was introduced called the Infectious Diseases Prevention Bill, which in debate was shorn of many of the severest provisions which it contained in its first form, such as requiring the vendors of milk and laundresses to produce a list of their customers, and even medical men to produce the list of their patients. If medical officers of health act with consideration, on the one hand, to those who are unfortunate enough to have infectious diseases in their houses, and on the other to medical practitioners, who have the great responsibility of attending and notifying such cases, they have now pretty ample means of getting at all the essential facts of a patient's case and its environment. But much judgment and tact are now the great desiderata in health officers, and these are qualities nearly as rare as genius itself. A Bill to provide for the registration of Midwives was introduced by Mr. FELL PEASE, Sir WALTER FOSTER, Dr. FARQUHARSON, and others, and was sent to a Select Committee. But its further progress was barred by many amendments. Such a measure is inevitable. But consideration is needed to secure the greatest amount of good and the least harm. The housing of the working classes was the subject of a Bill chiefly of a consolidating effect, but Mr. RITCHIE was congratulated on it by Sir WALTER FOSTER and other political opponents. The Infant Life Assurance Bill has been referred to a Select Committee of the Lords, on the motion of the Bishop of Peterborough. Much serious and striking evidence has been given before the Committee. Not the least achievement of the session has been the passing of the Contagious Diseases (Animals) Pleuro-pneumonia Act, to which Dr. FARQUHARSON and Dr. CAMERON gave a hearty approval. It provides for early information of cases of the disease, for their slaughter, and the compensation of the owners, chiefly out of Imperial funds. The great question of tuberculosis in cattle and its bearing on human disease was skilfully transferred by Mr. CHAPLIN to Mr. RITCHIE, who refers it for scientific investigation. Dr. CAMERON did important service in bringing to the notice of the Government the fact that 15,000 persons die without a medical certificate of death being forthcoming. We understand him to be satisfied with Mr. RITCHIE's promise to appoint a Select Committee. The question is one almost of urgency in view of the development of cremation. And apart from this, such cases are a discredit to our civilisation.

IN whatever department of thought we find it occupied, the very nature of science is hostile to uncertainty. Facts, indeed, are not its constant possession, but its object, nevertheless, is always to know the truth as true beyond possibility of doubt. Nothing therefore can, in strict conformity with its character, be received on mere trust. All that is accepted must be capable of proof, and anything that cannot be thus verified, though true it may be, is to science a thing not known. In reference to all such matters, its