

see this and therefore they take side against the propaganda of the suffragette, against education, against professional women, because they see that it leads to the loss of the sex-mind and tends towards their socialism—it is just a form of slighting or disappointment. The repression of the sexual element of mind in the woman leads to a nondescript creature whose instincts are abortive and whose life eventuates in selfishness.

So then some of the elements of mind are more or are less developed in women, but there is no special feminine element, no factor present in one sex which is without counterpart in the other. The sole difference is the separation of the sexes and of some attributes specialised through this.

The fusion of the two sexes in one individual does not exist in the animal world: it would be too risky, it would lead to effects disastrous for the young. In the same way the fusion of the two qualities of mind in one individual would lead to a negative conduct. It is only poets and novelists who have made women mysterious by intensifying (caricaturing) the action of the mind-elements. It may be difficult to guess all the motives which result in a certain course of action, but when once explained (as they often are only *after* the event) the results are seen to be the things which only could have happened. The form of brain action is identical both in men and women, sane and insane. The household—the family life—represents the unity of life, and the happy and well-ordered family represents the harmonised incorporation of the two minds and bodies. But these small commonwealths are moulded on an equation formed by two elements selected and adjusted to each other, and they will not brook anything except modified interference and that by force and law. It is probable that mono-sexual judicial authorities are alone tolerable because the presence of the other would arouse the affinity-element and this would lead to a unity of conclusion not always in the best interests of the majority. As to occupations it does not matter whether the two sexes are represented or not, because the employing of either is quite a voluntary matter, but for imperial purposes mono-sexual predominance seems requisite. This mono-side may, of course, be the female. Hitherto the men have been the stronger and have held the position; let the women take it if they can.

I have tried to prove that it is the sexual element which has handicapped the woman, which is accountable for any peculiarities of a distinguishing and repressive nature; that were it not for this there is practically no difference between the potentiality of the two sexes. But what a world it would be if there was only one mind in a bisexual race? It would be a short-lived and uninteresting world. There would be no object in striving, no economy, no altruism, no ambition, no patriotism. See, then, the influence and the importance of the continuation of the species!—how it becomes a duty: without this element we have nothing but idealism, braininess without emotion, a class of mind we cannot conceive any more than we can imagine what the future “heaven” must be where they “neither marry nor are given in marriage,” a sexless, spiritual existence.

As the sexes have developed in different ways, so have the accompanying mental and bodily divergencies become emphasised; from not fighting the woman has become more timid and less assertive, but she has developed invective and persuasion, and now that she has strength of numbers she is developing force. The man is perhaps more compliant, he has up to now shown the chivalry of strength, he was always willing to avail himself of women's help, and in these later days he shows it by marrying for money. Why are women so up in arms against being married for their money? One generally finds that the men who marry women with money are of all husbands the most docile owing to the sense of dependence. Perhaps the fact that women have not always had money has tended to make them dependent, afraid to contradict, more obedient, less assertive; but now that the position is so often reversed we see that the real mind in the sexes is the same altered only by social necessity and environment.

People run away with the idea that mind in either sex is something very complicated, very profound, and very different in kind according as we see its manifestations in the man or the woman. This is a mistake. As a rule, thinking is a very simple thing, scarcely more than a reflex. Wundt's dictum is that the old metaphysical prejudice that “man always thinks” has not yet entirely disappeared. “I am inclined,” he says, “to hold that people really think very little and very seldom.” Many an action that looks like a manifestation of

intelligence most surely originates in association. People talk about “work” as if it were the *proprium* of one sex not to be aspired to by the other, whereas there is no work peculiar to the one or the other. Everyday work is just a matter of little brain necessity; it may be a “bother,” a “bore,” but it involves little beyond reflex mentality. One sex might carry on the work of the world just as well as the other. Left to itself without work or occupation mind degenerates into subservience to the body; the man or the woman with nothing to do spends the time selfishly, cultivating the appetites, tending to introspection. Inasmuch as there is any difference between the minds of the woman and the man it becomes an interesting puzzle to the one to guess what is going on in the other. When from force of training and similarity of environment it is seen that the minds are essentially similar then interest disappears and life becomes monotonous.

It is for women to say which they choose, whether they will still prefer to retain the position which long education and environment have given them, with the result that there is a difference which makes them the sought and desired companion of the man, or whether they will prefer the form of training and environment which, whilst it shows them capable of equalling the mental aptitudes of the man, reduces them to the mere question of being a physiological necessity. That the *weibliche* should remain the *ewig-weibliche* is, I think, the hope of the man and it would seem to be the happiest thing for the woman to lay this in its essentials to heart and to be satisfied with her position of a freely-accorded honour and devotion. Men expect in women something complementary to themselves, something to fill up their own sense of incompleteness, and they experience a feeling of disappointment when they see that women try to prove that after all there is no gap. Men want a *locus penitentiae*, another phase of mind which shall enable them to idealise and to realise these ideals, because they feel that after all analysis, after all attempts to prove that the one sex is practically the other, there is something which they miss when left to themselves. There is something inscrutable in what seems to be the natural instinct of the man to assume that the woman is really the weaker vessel, that therefore she must be treated with consideration, with reverence, as a thing to be cherished, that there is a mystery about her which he cannot penetrate, and it comes to him as a shock to find that in these modern days she insists on considering herself to be the same thing as himself. He has hitherto viewed her not merely as a companion or a nurse or a plaything but as something different which he might worship and cherish without thought of rivalry, which he might yield to with grace with no loss of dignity on either side. Is it worth while to destroy his illusion? Is he now to find himself mistaken? Surely women will hesitate before they exchange the invincible armour of mystery and charm for the naked and tame theory of equality and similitude!

OPHTHALMIA NEONATORUM: AN EXPERIMENT IN TREATMENT.

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With a Note by A. A. MUSSEN, B.A., M.D., B.Ch. Dub.,
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THE unsatisfactory nature of the treatment of infants suffering from ophthalmia neonatorum must have impressed itself upon everyone who has had experience of such cases in the out-patient departments of our hospitals.

As a rule, the child is not seen until the disease is firmly established, with lids swollen and conjunctiva infiltrated: it is brought day after day, week after week, even month after month, until recovery occurs, or with threatened sloughing of the cornea it is admitted into hospital, often too late to prevent permanent damage or loss. Nevertheless, I had not realised for what length of time some cases have to attend, for babies are very like each other, except, of course, in the eyes of their mothers, until a strange case was brought to hospital, in which the upper lids were everted completely

by the violence of the inflammation. This eversion probably saved the eyes, as it gave free vent to the pus; but the sight was an ugly one and identified this particular baby in my mind. At first I was very interested in the case and showed it to the students who attend the practice of the hospital, but as week after week passed I gradually began to be rather ashamed of it and to wonder when it would be finished. In the end the child recovered but took two months in the process and the mother had to bring it daily for all that time. This led me to have a record kept of the length of attendances of such cases, and to my surprise I found that this was not altogether an exceptional time in severe cases. Yet all this long treatment and danger could be saved if only the disease could be attacked vigorously in its early stages. The following cases supply proof of this assertion.

Some years ago one of the honorary surgeons was summoned late at night to St. Paul's Hospital to see a patient who had just been admitted with severe purulent ophthalmia. He remembered rubbing his eyes on the way home, being sleepy. About 5 A.M. he woke up and found that his eyes were injected and discharging a thin muco-purulent secretion; fortunately, he had some zinc chloride at hand and made up a solution of 0.5 per cent. which he kept dropping into his eyes until the smarting became too severe. He fell asleep again and on awaking found that there was still a discharge, so he resumed the use of the drops. Having to go to the hospital in the afternoon he went out but on the doorstep the pain caused by the bright sun was so severe that he absolutely spun round. However, with the aid of dark glasses he did his work and by the next morning his eyes were well. The patient, a young man, lost an eye.

The other two cases occurred in nurses at St. Paul's Hospital. One was the nurse in charge of the ophthalmia cases. The attack began in the afternoon with congestion; by the evening there was a purulent discharge and the lids were beginning to swell. She was sent to bed and the eyes were washed out with zinc chloride lotion. On the following morning there was still a discharge and argyrol 25 per cent. was used which, in her words, "stopped it at once," and she was back on duty on the following day.

The other case was that of a nurse on night duty who felt her eyes sticky in the evening: by the morning the lids were swollen and there was a purulent discharge. She was treated on similar lines to the other nurse and was back on duty in two days. These nurses have learnt their lesson and now obey orders and wear rubber gloves when dressing such cases.

These cases satisfied me that the disease is very amenable to treatment if attacked vigorously at its onset. But this is the very treatment which the average case does not receive, owing to the impossibility of carrying out, in the homes of the poor, frequent and thorough irrigation, both by day and by night. An example of this difficulty is the following case, where a medical man and nurse did all that was possible but with unsuccessful result.

The child's eyes began to discharge on the second day. A medical man was called in on the fourth day and arranged that a district nurse should come two or three times daily; he himself came once a day. Nevertheless, when the baby was brought to St. Paul's Hospital six weeks later both corneae were perforated.

The indication, then, is the admission of cases occurring among the poor as soon as possible after the beginning of the disease into an ophthalmic hospital where vigorous treatment can be carried out both by day and by night. Having arrived at this obvious solution of the problem I was met by the equally obvious difficulties of, first, the danger of infection from the introduction of such cases into hospital, and, secondly, the necessity of the admission of the mother to feed the infant. The first difficulty was solved by the turning of a small ward into a nursery by the addition of cots and the appointment of a special nurse who is not allowed to touch clean cases. The second difficulty was much more serious and threatened to wreck the scheme. In addition to the prejudice to be overcome the risk of moving a lying-in woman in the first week had to be faced. I realised that an ambulance was necessary and could only be provided by the city authorities, so in the absence of Dr. E. W. Hope, medical officer of health of the city of Liverpool, I applied to the assistant medical officer of health (Dr. Mussen). At once he welcomed the idea and promised that an ambulance should be sent whenever required. Moreover, he told me that under the Midwives Act the health committee is responsible for the control of the midwives and under the Notification of Births Act the

medical officer of health receives notification of all births within 36 hours.

Here, then, was the machinery ready to hand. Births are notified to the health department and a lady inspector visits those of the poorest class which are attended only by midwives or handy women. If she finds a baby with discharging eyes she tells the nurse to obtain medical assistance, or if too poor to take it directly to hospital. There it is seen by one of the surgeons, and if necessary detained while the health authorities are asked to send an ambulance to bring the mother. Mother and child then are put in the special ward and attended by the special nurse. Equally this arrangement applies to cases sent by general practitioners who doubtless will be glad to be relieved from the responsibility of these tedious and unremunerative cases. Of course, it is within the right of the mother to refuse to come in, in which event the baby is sent back with instructions that it must be brought at least twice daily, but I anticipate that such refusals will diminish as the ward becomes better known.

I hope also that the ward will prove of educational value, both to students and to midwives, and that it will be possible to arrange that in the curriculum of midwives in Liverpool a demonstration may be included of these cases in the height of the disease, together with examples of the results of its neglect in the persons of inmates from the Blind School. This ward is the realisation of a scheme which I proposed in March, 1907,¹ and which I elaborated in a paper read at a meeting of the North of England Union of Institutions, Societies, and Agencies for the Blind, held in Liverpool in December last. At present it is only in its beginning, having been started on Jan. 1st of this year, but I hope by this preliminary note to arouse interest in, and to evoke criticism of, an experiment in hospital and municipal work which I believe to be quite new, at any rate in Great Britain.

Note by Dr. MUSSEN.—Much has been done in recent years to prevent the lamentable results of ophthalmia neonatorum, but there is still a very large number of blind children who owe their blindness to this disease. It is with this object that Mr. Nimmo Walker has suggested the scheme which he sets out in the preceding paper, and which appears to be the only scientific and radical system of dealing with such cases occurring among the poor.

There are two chief obstacles in dealing with these cases: first, the difficulty of obtaining early information as to the disease; and secondly, the difficulty of continuous treatment. The former can be, and is now, reduced by the Midwives Act, 1902, which brings the supervision of the work of the midwives under the control of the local sanitary authority, and by impressing on midwives the serious nature of even the slightest appearance of inflammation in the eyes and the need for prompt medical attention. In order to accentuate these lessons particulars have been supplied by Mr. Walker of any cases of ophthalmia neonatorum which from time to time come under his notice, and the midwife who attended the confinement is interviewed and dealt with as the circumstances of the case require. The Notification of Births Act also assists in bringing cases of the disease to light, but it is not as effectual as the Midwives Act.

As regards continuous treatment Mr. Walker rightly recognised the immense importance of cases which are too poor to be treated satisfactorily at their homes, being admitted into hospitals together with the mother, and when he was able to arrange for a ward to be set apart for the reception of these cases in St. Paul's Eye and Ear Hospital, the health department willingly afforded the assistance of an ambulance for the purpose of conveying the mother to the hospital in order that the infant might not suffer in being separated from the mother. The results of this experiment have been so encouraging as to make us hope that it may be the means of bringing this affection, which is followed at present by so much misery, into greater prominence, and of developing a system for its prevention and treatment which will further reduce the number of preventable cases of blindness in our hospitals and asylums.

Liverpool.

¹ Brit. Med. Jour., April 5th, 1907.

THE RIBERI PRIZE.—The Riberi prize, which is worth 20,000 francs and which is awarded by the University of Turin once every five years, has been gained by Professor Bartolomeo Gosto, one of the directors of the Public Health Laboratory of Rome, for his researches on the "Bio-reactions of Arsenic, Tellurium, and Radium."

THE TREATMENT OF TRACHOMATOUS DACRYOCYSTITIS.

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WHEN I first began to treat cases of lacrymal obstruction in Palestine I was surprised to find that they reacted to treatment very differently from similar cases in Europe. The average Arab's or Oriental Jew's eye (I do not here include the imported Polish Jew) will tolerate very much more intra-ocular manipulation than will the Western's eye; for example, one can needle without fear of any subsequent reaction and post-operative iritis is never seen in Jerusalem, if even reasonable cleanliness be observed. With regard to the lacrymal apparatus conditions are reversed: treatment which may in England be adopted with impunity in the East can lead to disaster.

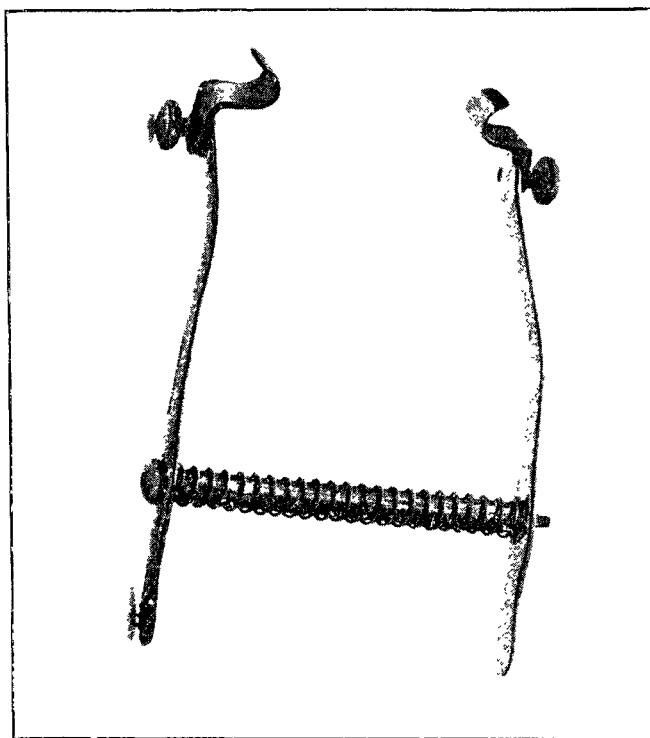
It has for a long time been my custom to treat lacrymal obstruction by daily lavage with Anel's syringe. I use solution of normal saline or boric acid, and if any mucoid discharge be present I leave a few drops of a 5 per cent. solution of protargol in the sac. I have carried out this method constantly in England and I have never seen a single case in which it caused irritation. In Jerusalem simple syringing has in my hands caused oedema of the lids and now and then a regular "black eye." On several occasions the syringe of lotion, instead of entering the nose or returning by the canaliculi, has distended the loose tissues of the lower lid. In two cases of suppurative dacryocystitis, one of them under the care of a colleague, an eye was lost through a retrobulbar abscess followed by optic atrophy. The injection of protargol in any solution stronger than 5 per cent., or of a $\frac{1}{2}$ per cent. solution of silver nitrate invariably caused oedema and great pain.

All these patients suffered from trachoma, often in a severe form, and I have come to the conclusion that the sacs and canaliculi were also trachomatous and were in consequence very friable. The slightest pressure appeared to cause a rupture of the sac walls and the fluid then passed into the surrounding tissues. These trachomatous sacs are often of enormous size; I remember two which when dissected out were as large as pigeons' eggs; the walls are very thick and yet so friable that it is almost impossible to remove them intact. Basso¹ has demonstrated the existence of a trachomatous dacryocystitis, and he points out that such a condition may be the sole manifestation of trachoma, and, in fact, was so in 14 cases out of the 20 which he examined.

Treatment must be carried out with extreme care, and no stronger solution of protargol or argyrol than 5 per cent. can be safely employed—in fact, it is better to use none at all until the sac has become accustomed to simple lavage with boric acid or normal saline solution. If pus be present it is very much wiser to dissect out the sac at once than to run the risk of causing a retrobulbar abscess. All the cases in which this was done did well, but owing to the prevalence of trachoma and chronic irritation of the lids in the East epiphora is more frequently complained of after extirpation than with us. The operation may be more extensive than usual, for the sac may extend to the middle of the lower eyelid. Hæmorrhage is apt to be very troublesome, but it can be to a certain extent avoided if it be borne in mind that it usually comes from the upper and nasal aspects of the sac. If the dissection be commenced from below and from the outside the sac can often be defined and freed from its attachments before the nasal side is attacked. If possible the angular vein should be located and the skin incision be made external to it; it should not be carried too high up or the branch which comes from the upper lid will be cut. Later in the operation when the sac has been defined the incision can, if necessary, be extended upwards. I rarely use a retractor; a suture through each wound lip held by a nurse is more convenient. Occasionally I use Axenfeld's retractor, which I have modified in the manner well shown in the accompanying illustration. The three sharp prongs of the original, impelled by a powerful spring, seemed to me so very dangerous that I got Messrs. Down Bros. to replace them by a simple curved flat plate. The original fork once wounded

my finger and the idea was ever present that the retractor might slip and all three prongs bathed in pus be driven into the cornea. The modified instrument has proved as efficient as the original and is perfectly safe.

I have rarely seen a case cured by the use of probes and styles. The highly fragile and irritable mucous membrane, which is so easily ruptured by simple hydrostatic pressure, is torn and lacerated by a probe, however dexterously passed,



and the resulting organic strictures are incurable. In my opinion if a case of dacryocystitis cannot be rapidly cured by simple lavage and protargol the sac should be extirpated.

The following cases illustrate some of the difficulties which have been mentioned:—

CASE 1.—A Jew, aged 55 years, came to the British Ophthalmic Hospital on July 8th, 1903, suffering from dacryocystitis. He was told to attend on the next day for treatment but was not seen again until the 13th. The canaliculus was dilated with Lang's dilator and the sac was irrigated with boric lotion. The sac was full of pus, but the duct was patent, fluid passing freely into the nose. This treatment was repeated on the 15th, 17th, 20th, and 23rd. Each time there was less pus, and there was no sign of any local inflammation after the treatment. The patient did not attend again until the 27th when he appeared with the following condition. The whole eye was pushed forwards, there was great pain, and much brawny oedema of the lids. The lids were hot and the patient had a raised temperature. There was no iritis; the pupil was normal in size but did not react. There was no perception of light. The man was admitted and an incision was made under the brow. Some thick pus was found on the outer side of the orbit and was evacuated by Hilton's method. On the 30th the inflammation was much less and the eye had resumed its normal position. V. = hand reflex, good perception of light; fundus not seen on account of opaque media. On Oct. 30th all was quiet; no perception of light; vitreous full of large floating opacities. The disc was dead white and the arteries were small.

This patient had severe trachoma. Most probably the walls of the sac were ruptured by the syringe and septic matter was forced into the tissues. The pus was found at the outer aspect of the orbit.

CASE 2.—A Jewess, aged 56 years, came to the British Ophthalmic Hospital suffering from trachoma, trichiasis, nebulous cornea, and adherent leucoma. There was a dacryocystitis of ten years' standing. The canaliculus had been slit up and probes had been passed. On June 29th the sac was syringed out with boric acid. On July 8th the sac was syringed out and a few drops of a $\frac{1}{2}$ per cent. solution of silver nitrate were injected and again washed out. On the 9th there was much swelling of the lids with chemosis and great pain. On the 13th a No. 4 Bowman's probe was passed and bare bone was felt. On the 15th the sac was again syringed out and some blood-clot washed out; there was a

¹ Annali di Oftalmologia, vol. xxxv., 1903, fasc. 7-9.