a light A.C.E. anæsthesia in the X ray room the whole procedure of introducing the coin-catcher and extracting the offending foreign body was easily and rapidly carried out. In no instance did the operation take more than three minutes, and always within 15 minutes from the time of leaving the children were back again in bed in the ward. They were kept in one night for observation and discharged the following day with no untoward symptoms supervening. To my mind this is an ideal way of dealing with these emergencies. The whole field of operation from start to finish is under visual control, thanks to the aid of the screen; if the coin-catcher is "hung up" on trying to extract the coin any temporary hitch is easily overcome by introducing it further down the œsophagus and then gently withdrawing it, and as long as care and gentleness are used no danger should be feared. On the other hand, the use of the œsophagoscope with a small child necessitates a deeper anæsthesia, a possibility of injuring the delicate structures at the back of the throat and sometimes sets up a fatal œdema of the glottis or a broncho-pneumonia. I saw two cases in which children died from broncho-pneumonia in 48 hours after the use of the œsophagoscope for removal of coins, though both children were perfectly well (save for the presence of the swallowed coin) on admission.—I am, Sir, yours faithfully,

CHARLES H. CARROLL.

LANCASTER-ROAD, N. W., DEC. 31ST, 1919.

THE ELSIE INGLIS MEMORIAL.

To the Editor of THE LANCET.

SIR,—In the annotation in your issue of Jan. 3rd one memorial seems to have escaped mention. I refer to the Elsie Inglis Memorial Chair in the Faculty of Medicine at the University of Belgrade. It owes its inception to the London Committee of the Scottish Women's Hospitals, and was inaugurated by a meeting at the Mansion House in June, 1918.

Thanks to the geographical position of our own land the material damage it sustained during the war was trifling, and the difficulties experienced in our medical schools and colleges are due to increased attendance, not to diminished accommodation. In Belgrade there has to be a material reconstruction of shell-shattered lecture-rooms and laboratories before any instruction can be given.

This association of Dr. Elsie Inglis's name with medical education, that she had so much at heart, and reconstruction of that country, in whose service she spent herself so unsparingly, even to the last moments of her life, seems a particularly happy one; it should commend itself to members of the medical profession in Britain, whose admiration for the courage and sympathy with the sufferings of our gallant ally have been already manifested in so many ways.

A substantial beginning has been made, but funds are still needed to complete the scheme, and may be sent to Lady Selborne, honorary secretary, Elsie Inglis London Memorial Fund, 16, Carlton House Terrace.

I am, Sir, yours faithfully,

LINA M. POTTER,

late Medical Officer to Russian Unit,
Kensington, W., Jan. 6th, 1920. Scottish Women's Hospital.

MYALGIC PAINS AND MANIPULATION.

To the Editor of THE LANCET.

SIR,—I have read the letter of "Non quis, sed quid" in your issue of Dec. 20th, 1919, with considerable interest. Cases such as he details are not uncommon, nor is the eventual result, to wit, cure at the hands of an irregular practitioner or "bone-setter" after failure on the part of the regularly qualified very uncommon either. Such cases are too numerous and too often vouched for either actually by medical men, or, if not, by individuals whose powers of scientific observation and criticism are beyond cavil, to be merely disregarded. That these things should be so is not very creditable to our profession. There can be no doubt that there is "something in" manipulative surgery the knowledge of which is not merely still undiffused through the profession, but of which even orthopædic surgeons have by no means a full knowledge.

The commonest type of case to be benefited by manipulative surgery is found among internal derangements of the knee-joint. There can be no doubt that many patients have gained stability and perfect restoration of function in the knee-joint by the agency of manipulative procedures, without recourse to any cutting operation. Occasionally such manipulations no doubt fail, but in that case no harm has been done as nothing in the manipulations prejudices the success of the arthrotomy which is still available. On the other hand, should an unsuccessful arthrotomy be performed, and this is an eventuality which is by no means unknown, the chances of a successful manipulation being performed subsequently are greatly lessened. While internal derangements of the knee-joint have constituted the most fruitful field in the past for the triumphs of manipulative surgery, there is no doubt also a class of case, to which that of "Non quis, sed quid" belongs, consisting of some obscure derangement of the tendons or articulations in the lumbar and sacro-iliac regions, which also provides a field for skilled manipulation.

I suggest that it is consonant with the dignity of the Royal College of Surgeons of England to appoint a small commission to inquire into manipulative surgery. The really expert practitioners of this art are not very numerous, and I cannot think that they would object to giving evidence and demonstrations before such a commission. It is up to the medical profession to give them the opportunity. It is no reproach to us that persons outside the profession should have discovered useful therapeutic methods, but it would be deplorable that we, because we are affected by prejudice, should fail to do our best to make such methods available to the whole of suffering humanity.

I am, Sir, yours faithfully,

Dec. 26th, 1919.

HALDIN DAVIS, F.R.C.S. Eng.

"MIND AND ITS DISORDERS."

To the Editor of THE LANCET.

SIR,—May I put some points to the reviewer of Dr. W. H. B. Stoddart's book, "Mind and its Disorders," in THE LANCET of Dec. 20th? The "cortical paralysis" from "intranuronic intoxication" mentioned by Dr. Stoddart is said to "go strangely" with the causes of maniac-depressive insanity, which the author of the book describes as "parental fixations and repressed homosexuality." At first sight this might appear so. But, of course, there are two possibilities that come at once to the mind, upon which I should like to hear opinions. The adoption of one or other of these possibilities as a working hypothesis will depend upon whether we try to subordinate classical views to Freudian ones, or whether we attempt to bring in psycho-analysis as a vassal to the older psychiatry. Suppose we consider the intraneuronic intoxication as the primary cause of the disease, then we know that as a result many psychic abnormalities make their appearance in the higher realms of thought and reason. The form these abnormalities take is the point of interest to the psychologist, and it may be assumed that whatever particular attitude of mind or character trait it was hardest for the individual to attain under the influence of his educational surroundings, that will be the first point of his psychology to give way under the stress of disease and cease being rationalised. Now, what are repressed homosexuality and parental fixations if not weak points in the individual's adapted mentality? In this case psycho-analysis would not be showing us the primary cause of the disease, but only the factors that determine the form of the symptomatic disorders.

If, on the other hand, we assume these repressions and fixations to be the fundamental cause of maniac-depressive insanity, we must inquire into the significance of the intraneuronic intoxication. Does or does not an organ which, as a result of functional disorder, exhibits excessive activity in certain directions and diminished action in others, so destroy its internal economy as to have its vitality and resisting powers lowered to the extent of offering a likelier footing for any possible toxæmia? If so, it might well be that the abnormal functionings consequent upon repressions and fixations lay the higher cerebral centres open to the

toxæmic changes that so frequently occur in the case of other organs as a result of lowered vitality and resistance.

At any rate, could it not be possible to reconcile the two points of view, rather than shutting oneself up in such a little world of one's own as debars one from accepting, let alone considering, views that are not in complete accordance with previously adopted hypotheses. I quite agree with the reviewer that it is to be regretted that Dr. Stoddart exemplifies so his views on symbolisms, especially as the book is addressed to students and general practitioners—that is, to a class of people that are probably totally unacquainted with the first and fundamental principles of psycho-analysis, and, indeed, may perhaps never have read such excellent books as have been published on sex symbolisms in religion, quite apart from analytical psychology.

I can see Dr. Stoddart smile, however, when he finds himself described as the possessor of an "unfortunate penchant for certain unpleasant phases of thought." So well does he know that a biased and instinctive dislike to a particular phase of thought is frequently but a reaction formation indicative of a personal difficulty in a similar phase of thought with subsequent repression on the part of the critic, that I am afraid that he will find additional support for the Freudian psychology in such undue criticisms.

I am, Sir, yours faithfully,

J. ERNEST NICOLE.

Kensington and Fulham General Hospital, Dec. 31st, 1919.

DIRECT INFECTION IN TUBERCULOSIS.

To the Editor of THE LANCET.

SIR,—I have been very much interested in Dr. E. Ward's interesting articles in THE LANCET on the above subject and the kindred one relating to conjugal tuberculosis. With almost all he says I am in complete accord, and I think we owe him a great debt for bringing this matter prominently before the profession at a time when such erroneous views are being ventilated with such confidence. I am, however, against regarding all cases of tuberculosis as infectious, and in his last article he has shown how foolishly the infectivity of some forms of tuberculosis can be exploited even by members of the medical profession. The question of infection is, of course, relative, and becomes almost negligible when reasonable precautions are taken, even in cases where there is abundant infective sputum; but if these precautions are omitted, as they will sure to be if the present erroneous views are further promulgated, infection is bound to follow. I would, however, remark that it is not necessarily from advanced cases that infection takes place, but often from unsuspected carriers. I remember some years ago admitting a patient whose sister had died of tubercular meningitis shortly before, and the family seemed to think that the one that had died had infected my patient. I discovered that until she was seized with head symptoms she had been in good health, but had been sleeping with my patient, who for some months had been attending the doctor for hoarseness; this was found to be due to tubercular laryngitis on admission, and events had happened as could have been foretold, the healthy girl being unprotected died of meningitis, a comparatively rare event in the course of chronic disease. This emphasises my contention that to eradicate tuberculosis the disease must be diagnosed much sooner and the cases treated in sanatoriums before they are hopeless.

I have during the last three months had four cases of well-marked tuberculosis occurring in married people. I have no doubt that infection may walk hand-in-hand with infection in many of these cases, and the seriousness of the result will depend upon the magnitude of the dose, the virulence of the bacilli, and the state of resistance of the recipient. The result being, as Dr. Ward points out, much worse in the case of a healthy previously uninfected partner.

I am, Sir, yours faithfully,

New Cumnock, Jan. 4th, 1920.

EDWARD E. PREST.

Obituary.

SIR THOMAS RICHARD FRASER, M.D., F.R.C.P.,
LL.D. EDIN., LL.D. ABERD. AND GLASG., HON.
SC.D. CAMB., HON. M.D. DUBL.,

EMERITUS PROFESSOR OF MATERIA MEDICA AND CLINICAL MEDICINE
IN THE UNIVERSITY OF EDINBURGH, AND PHYSICIAN-IN-
ORDINARY TO THE KING IN SCOTLAND.

WE much regret to announce the death of Sir Thomas Fraser, the veteran Professor of Materia Medica and Clinical Medicine at Edinburgh, who died on Jan. 4th at his residence, Drumsheugh Gardens, in the 79th year of his age.

Thomas Fraser was a Roxburghshire man, but his father had business relations with India, and the son was born in Calcutta in 1841. Educated in Edinburgh, he graduated in medicine at the age of 21 and immediately manifested the direction which his scientific abilities would take by obtaining the gold medal for his graduation thesis "On the Characters, Actions, and Therapeutic Uses of the Ordeal Bean" (*Calabar bean, Physostigma venenosum*). Further studies along this line, published in the *Natural History Magazine* of Edinburgh, the now defunct *Medical and Chirurgical Review*, and the Proceedings of the Royal Society of Edinburgh, were a prelude to his appointment first as assistant to Sir Robert Christison, the famous Professor of Materia Medica, and later, but at the early age of 28, as lecturer in his chosen subjects in the extra-mural school. This post he held for four years, and then, after a brief period of sanitary work in England, he was summoned back to Edinburgh in 1877 as Professor of Materia Medica in succession to Christison. From this time forward he became one of the leading pharmacologists in the country, and, indeed, in the world, and his work in association with Christison, Crum Brown, Lauder Brunton, William Roberts, and later Cushny and Elliot, has done much to secure the transformation of the drug treatment of disease from empiricism to scientific routine.

To these men, and others like Magendie and Bichat, medicine owes an unpayable debt, and in an address delivered before the Section of Pharmacology and Therapeutics at the meeting of the British Association held in Cardiff in 1885 Fraser gave a remarkable exposition of the aims of the coming pharmacology. The change in direction of pharmacological studies was indicated by his statement that he regarded pharmacology as one of the means by which the great aim of medicine, the healing of disease, could be reached, adding that as the use of drugs was one of the essential means for healing, so it therefore became of importance to arrive at a clear conception of the methods by which the investigation of pharmacological problems could be effected. This was the note of all his future work. It meant the substitution for the old-fashioned methods, whereby the action of remedies was studied through their administration in disease, of a newer science in which, the essential nature of the pathological process having been defined, accurate biological and chemical knowledge was employed to produce the substance which ought to deal with the perverted process. This application of pharmacological knowledge to the cure of disease, a problem entirely separated from that of determining the action of remedies, was illustrated by his earliest work in connexion with physostigmine, its relations to atropine, and their uses in ophthalmic procedure; his next big research into the properties of strophanthus had a similar scope. For an important publication now followed, in which he demonstrated the diuretic powers of this new drug, showing how these had been discovered and could be utilised as a cardiac remedy. An investigation of "kombé," the arrow poison of certain African tribes, revealed the plant to yield an active principle, strophanthin, and Fraser proved by experiments that this crystalline substance was in physiological action allied to digitalin and other members of the digitalis group. This discovery he set out in a paper, published