THE SPHYGMOMANOMETER AND THE SPHYGMOPHOR IN RELATION TO THE MEASUREMENT OF ARTERIAL BLOOD PRESSURES.

To the Editor of The Lancet.

SIR,—Dr. C. O. Hawthorne has, I think, done good service to sphygmometry in publishing his address in your columns on "The Sphygmomanometer and the Sphygmograph in Relation to the Measurement of Arterial Blood Pressures." I quite agree with him that the "time" element in the cycle of arterial pressure is lacking in the sphygmometer employed à la Riva-Rocci; and in fact any one-point observation of that cycle, whether indicated by the criterion of maximum oscillation of the mercurial column, or that of reappearances of the pulse after its obliteration, must be less or more misleading. The result of all my observations on the measurement of arterial pressure points to the conclusion that the pressure cycle should be read as no less than two points. But my recent studies on the auditory method of determining the arterial pressure show that by its aid the entire cycle can be measured; therefore we must regard the adoption of this method as an important step in the evolution of the sphygmometer.

I am, Sir, yours faithfully,

Farnham, Feb. 25th, 1911.

GEORGE OLIVER.

THE LANTERN TEST FOR COLOUR BLINDNESS.

To the Editor of The Lancet.

SIR,—I should be very sorry if anything in my letter was unfair to Dr. Edridge-Green, but in justice to myself I must point out that I began my experiments with my lantern as far back as 1870 when I had an appointment at the Western Ophthalmic Hospital, which was in 1874. So that I certainly did not crib my idea from Dr. Edridge-Green. I did not know that his lantern was now in use at the Admiralty, but I had a visit some little time back from Fleet-Surgeon Collingwood—then in charge of the recruiting station in Whitehall—and he told me he was just getting another of my telechromes fitted up similarly to the one in use in Victoria-street.

I find no difficulty in using wools and the telechrome if a sheet of some opaque material is hung across the room or passage where the lantern is placed. There is a hole in the sheet, and the candidate looks through the hole at the lantern, while he himself remains in daylight with the wools on a table before him. The colours in my telechrome may not satisfy Dr. Edridge-Green, but I have found them quite sufficiently good to detect numerous cases of colour blindness, some of which had passed the Holmgren wool test alone; and I do not believe that any man who can pass my combination test as described in my previous letter 1 can fail to detect at least one or two of the wools, if the telechrome be used instead of the Holmgren wool test.

In conclusion, I must say I still prefer my own method of varying the illumination. I think, with all due respect, that increasing or decreasing the illuminant by moving a lever is simpler and better than the introduction of neutral-tint glasses. However, "chacon à ton goit."

I am, Sir, yours faithfully,

A. ST. CLAIR BUXTON.

Mansfield-street, W., March 6th, 1911.

THE MEDICAL SERVICE IN FRENCH THEATRES.

(FROM A CORRESPONDENT.)

In France they manage some things better than we do in this country: "Le Service Médical dans les Théatres" proves this, but not in a very convincing way, and still less, we have here a very good idea but one indifferently carried out. If any mishap occurs in a London house of entertainment and a medical man happens to be among the audience the sufferer receives immediate attention of a kind. The medical man who is present can render assistance not merely as to the removal of the patient, but there is no obligation, statutory or otherwise, on the part of the management of a house of entertainment to make provision for any unforeseen event which may arise. Things are different in France, where theatre performances and all public amusements are directly under the supervision of the police under powers dating from 1790. The last police ordinance is dated August 10th, 1908, and by it the supervision of the Prefecture of the Police starts before the building is erected. Of the various provisions laid down for the safety of the public those with which I am now concerned are the service médical. Article 227 enacts that every establishment of the first category (that is, theatres) and every establishment of the other categories (circuses, hippodromes, velodromes, cafés-concerts, and other analogous establishments capable of showing scenes and other accessories of the stage), constructed to accommodate 500 persons or more, shall provide a medical service. Le médecin de service at the first requisition must be present and must render professional assistance not only to the spectators but to the personnel of the establishment. A room suitably furnished shall be arranged pour le service médical. By Article 228 it is enacted that the medical men chosen by the management shall be approved by the Prefecture de Police, save the medical men of the théâtres nationaux, who are appointed by the Ministry of Public Instruction and Fine Arts. Article 229 requires the management to notify to the Prefect de Police the manner in which the service médical will be assured and regulated. The service by Article 229 must be organised in a manner so as to have a medical man always present in the establishment from the commencement of the performance until the end thereof, as well as at all rehearsals. To ensure the attendance of a qualified practitioner Article 231 declares that if le médecin de service is deficient he will be called by a medical officer, but always by appointment and not on demand. The latter is much the rarer and is associated with errors made to balance mal-adjustments of the eyes in binocular vision and long sight when of medium amount. Brain-fag arises from congestion of the high visual centres owing to the difficulty of interpreting "slightly fogged" pictures and unequal visual representations, and leads to anemia of other centres and the various organs which demand a good blood-supply. One has only to recall the effect of mental concentration on the hearing centre, on digestion, and on the circulation of the hands and feet, to understand how effects can be brought about by a mental circulatory congestion of the visual centres. High errors of refraction do not produce the same effects because the sensitive portions of the retina-cerebral tract are less finely developed. They produce an effect only when one meridian is emmetropic—the other sensitive visual centre—and its results become manifest in the next generation who inherit a hypersensitive nervous system. These theories can be confirmed by careful observation and show the great need which exists for correcting all errors of the eyes at the earliest possible age in life. Their influence on these days of the number of the so-called cases of neurasthenia. The subject is one too large for the space of a letter to discuss at any length, but one I hope to treat of at length on some other occasion.

I am, Sir, yours faithfully,

Manchester, March 2nd, 1911.

A. A. B. BRIASSINE.