bacilli in these series of experiments, but owing to the technique employed it was impossible to positively confirm this. This method of research was then abandoned. Mosquitoes were caught at random in leper houses, being captured with a net or sterile test-tube, and the same subjected to a vapour of ether when the mosquito became unconscious and was easily caught up with sterile forceps and placed under the dissecting microscope. After repeated failures and the constant re-examination of fresh specimens success has come as far as demonstrating the bacillus lepræ in the female mosquito (*Culex pungens*). Feb. 20th. Since writing you last I have discovered the bacillus lepræ in the bed bug. I believe that the cimex is more of a factor in the spread of leprosy among the natives than the gnat, for the following reasons, viz., the bed bug's invasion is noiseless and insidious, made during deep sleep of the victim, and secondly, the beds and bedding used in a leper family, whether the leper is dead or segregated, are reoccupied by clean persons without adequate disinfection and cleaning.

The bacilli have been found in numbers in the ovaries and Malpighian tubules of the mosquito. Full reports of the work with microphotographs and slides, &c., will be given publicly in May.—I am, Sirs, yours faithfully,

E. S. GOODHUE.
Government Physician.

Laaloa Holualoa, Hawaii, T.H., April 9th, 1906.

THE TREATMENT OF TEMPORARY FORMS OF MENTAL DISORDER.

To the Editors of THE LANCET.

SIRS,—I have read with very great pleasure your remarks in THE LANCET of April 28th, p. 1190, on the treatment of curable cases of insanity. As one who has repeatedly advocated the treatment of temporary cases of mental disorder outside a lunatic asylum it is gratifying to find that you are in sympathy with this solution of a very difficult problem. In THE LANCET of June 14th, 1902, p. 1681, I published a paper on the Relation of Mental Symptoms to Bodily Disease, and there I strongly advocated the provision in all large centres of the community of observation hospitals into which temporary forms of acute mental disease, such as acute alcoholic insanity, puerperal mania, acute toxic delirium, and acute transient forms of mania or melancholia, might be admitted and treated by skilled physicians for a period of six weeks. If at the end of that time the patient showed no disposition to recover then he should be certified for removal to a lunatic asylum. Whilst not in any way reflecting on the equipment, control, and scientific treatment of the present lunatic asylums there can be no doubt that a very large number of cases of mental disorder are certified as lunatics and sent to asylums when in reality they ought to be treated in the most modern and scientific way in a mental hospital. This might either be attached to the present general hospitals where they would have the advantage of a trained staff of physicians and students, or a mental hospital might be provided in large centres so as to filter out the quickly recoverable cases from the ordinary lunatics. My object in advocating this method is to obviate the necessity under the present Lunacy Act of certifying as lunatics a large number of cases of temporary mental disorder which are always occurring in large towns and cities. The stigma of lunacy ought not to be attached to these people, more especially to those suffering from puerperal insanity, but at the present time there is no place in which these people can be treated excepting the workhouse or the workhouse infirmary unless they are certified as insane and treated in the lunatic asylums.

I am, Sirs, yours faithfully,

Liverpool, May 2nd, 1906.

NATHAN RAW.

TO MEDICAL OFFICERS OF HEALTH: A SUGGESTION.

To the Editors of THE LANCET.

SIRS,—For many years I have been greatly concerned in my midwifery practice with the heterogeneous class of nurses that I, in common with most medical men, come across, from the comfort of the well-trained to the continual anxiety caused by the mighty host of the ignorant and the unclean. A not uncommon state of things on entering a lying-in room is to meet the nurse with dirty hands and dirtier nails, perhaps after scrubbing the floor, and placing some foul garment to the vulva of the patient who is lying on, and surrounded by, such soft goods as old curtains, carpets, and, in fact, almost every kind of filthy stuff short of the door-mat. I have for many years endeavoured to teach these women habits of strict cleanliness. I never allow them to wash the genitals and when a napkin has to be changed I

insist on their going through a process of first washing thoroughly their hands and nails, then soaking them in bichloride, and, finally, wringing a cloth out of a warm solution of bichloride before placing it next the patient, a dry one, baked, straight from the oven, being placed outside. The constant worry and anxiety in thus dealing with and teaching these women is intolerable and it struck me recently what boundless good—and at a very small cost—could be accomplished if the medical officers of health were to induce their parochial councils to get someone to give free, simple lectures on the essentials of monthly nursing to these folk, say once a week or even once a month, of an hour or two, and let certificates be given to the proficient.

Apart from the danger of septic trouble to the mother, the life of the infant is jeopardised by improper feeding and his lungs are impregnated at the very commencement of his life by foul air, the bedclothes almost invariably covering his head "that he may not catch cold."

If these women, by the method I suggest—simple, inexpensive, and feasible—are raised to a higher level, and if we medical men, one and all, adopt, as regards our own hands and nails and instruments and the person of our patient, prophylaxis as the most exacting can wish for, puerperal fever, as far as the profession is concerned, will become a rare disease.

I am, Sirs, yours faithfully,

Endymion-road, N., May 5th, 1906.

S. CONSTABLE.

SMALL-POX IN THE "THREE TOWNS."

To the Editors of THE LANCET.

SIRS,—Those who have read the annotation in THE LANCET of May 5th concerning the outbreak of small-pox in the Three Towns (Plymouth, Stonehouse, and Devonport) are liable to entertain a misapprehension as to the total number of cases. The 214 cases mentioned have all occurred in Plymouth but there have also been 23 in Devonport and 17 in Stonehouse. Although the Three Towns are practically contiguous they are under separate municipal government. With regard to vaccination in Devonport many are quite unprotected and revaccination is very little sought after. Our first notification was received on Sept. 30th, 1905, and we have had intervals as long as three and 11 weeks between the cases. I attribute the comparative immunity of Devonport to the fact that all contacts who can be prevailed upon are not only vaccinated but isolated as far as it is in our power till the incubation period is over. With four exceptions none of the cases which have occurred in Devonport have been traced to a pre-existing case, the rest having originated from contact with the disease outside the borough. So far there has not been a fatal case in Devonport although some of them have certainly been of a rather severe type.

I am, Sirs, yours faithfully,

O. HALL.

Devonport, May 5th, 1906.

Medical Officer of Health.

BLINDNESS AND THE KINEMATOGRAPH.

To the Editors of THE LANCET.

SIRS,—The transmission of light through the eye, "the window of the soul," may revolutionise the modes of producing anæsthesia, since very recently Professor Redard claims that he can produce a condition of general anæsthesia sufficiently deep for the painless performance of any operation of short duration by causing the patient to gaze fixedly on an electric light of 16 candle power inclosed in a blue glass globe, the patient's head and the lamp being covered with a blue cloth so as to exclude all natural light. He holds that each of the primary colours has a definite and characteristic effect on the higher nerve centres, red light having an exciting, yellow a depressing, and blue a calming influence. A case which recently came under my notice demonstrates the effect which an intense white light, such as is necessary for a kinematograph exhibition, may have on the sensitive retina.

A young lady, aged 21 years, consulted me with regard to what she called "a sort of blindness." The history was that up to the time she had witnessed a kinematograph display of about 15 or 20 minutes' duration she had "good vision and strong eyes," but that when leaving the hall she experienced a difficulty in seeing objects and felt as if she were entering a darkened room. This continued for two or three hours and then, as adaptation of the retina gradually took place, objects became more distinct. She had considerable headache, a sensation of dazzling, and spasmodic contraction of the eyelids. These symptoms remained for about