tubes of glycerinated lymph are sent the tubes are not used at once, or they may be opened and kept open, and so used for days. In fact, if I were asked, Has small-pox diminished since the establishment of the vaccine institute? I should hesitate in giving an answer. Reliable statistics for years before or after the foundation of the institute are not obtainable. This is perhaps not much to be regretted, as there is a tendency to look askance at statistics, as if one were trying to prove what is untrue.

Here we have not yet arrived at that ultra stage of civilisation which produces antivaccinationists. What we have to contend with are carelessness, curious ideas, and inefficient vaccination. As to curious ideas—immunity to small-pox is conferred by being born in a year of a solar eclipse or a leap year, or being a seventh child, or other equally mysterious “secret of nature”—quite unknown to doctors, but an open book to *sages femmes*. There is another obstacle in the way of vaccination. A rumour gets about that the vaccine is “infested.” The people then refuse to have their children vaccinated. I tried to find out what was meant by “infested,” but could get no proper explanation. The word had been heard and the people were terrorised. At first I thought it meant that the vaccine was contaminated with syphilis. Against this was the fact that I had never seen a case of vaccine syphilis, and that, 40 or 50 years ago, syphilis might be said to be non-existent here. Within the last 30 years or so this is being remedied (?)—civilisation and its apparently almost necessary accompaniment, syphilisation, have made considerable advances. After puzzling over the “infested” vaccine for some time I came to the conclusion that it meant that the vaccine would cause small-pox. I came to this conclusion as I observed that this rumour got about particularly when there was already an epidemic of variola and one was advising the people to get their children vaccinated. As the children had been visiting or playing with other children convalescent from the disease, it was not strange that they got the disease; if they had been vaccinated two or three days previously, naturally the vaccination was blamed as being “infested.”

With reference to inefficient vaccination:—Is it to be expected, especially amongst the poor, that they will take the time or trouble to have their children vaccinated three or four times, seeing that it has not taken? No, they will naturally ascribe the accident to one or other of the above-mentioned “secrets of nature.” Many of these evils would disappear if one had a thoroughly reliable vaccine such as this “desiccated” seems to be. As it would be easily carried and would not require constant renewal it might be constantly taken in ocean-going passenger steamers, so, perhaps, saving some lives and shortening quarantines. Explorers might also find it useful for vaccinating their baggage carriers before entering suspected country.

I am, Sir, yours faithfully,

Arequipa, Peru.

J. DICKSON HUNTER, M.D. Edin.

INDIGESTION AND CATARRH OF THE THROAT AND NOSE.

To the Editor of THE LANCET.

SIR,—Some years ago I had occasion to point out in your columns that not all coughs and colds were related to disorders of the lungs; indeed, I showed conclusively that cough as a symptom was more often not associated with lung trouble. I pointed out that taking the respiratory tract as a whole and dividing this into the upper respiratory tract and the lower respiratory tract, or all that portion above and below the cricoid cartilage, a very large percentage of cases of coughs were due to affections of the upper respiratory tract, a very few in reality due to affection of the trachea and lung proper. It followed from this that every physician who is called upon to diagnose and treat coughs should be an expert rhinologist and laryngologist.

The amount of medicine that is annually swallowed by patients attending the out-patient departments of our hospitals, who apply for the relief of coughs, is appalling and regrettable. Most of these cases are due to affections of the upper respiratory tract requiring some local application of an astringent or soothing nature. It is unreasonable to conceive that nature would expose a vital organ such as the lung to all the petty troubles and grievances due to the ever-changing conditions of the atmospheric environments. The

same argument applies with equal force to the stomach. Indigestion is one of the commonest of troubles, yet in but few cases is the stomach itself at fault.

The alimentary tract extends from the lips downwards, yet the possible causes of indigestion existing in the mouth, nose, and pharynx are mostly ignored. As one who is interested in diseases of the upper respiratory and alimentary tracts one is struck with the quite common associations of catarrh of the upper respiratory tract and indigestion. The relation of these two functions is close and intimate. The respiratory tract crosses the alimentary tract at a point in the pharynx, and both the lungs and stomach are open and liable to be infected and disturbed by abnormal conditions of either the mouth or nose. Septic conditions of the mouth, teeth, tonsils, and other glands, and catarrhal conditions of the nose and post-nasal space are quite common affections in these temperate latitudes.

In post-nasal catarrh and catarrh of the pharynx large quantities of unhealthy germ-laden mucus find their way into the stomach and are a common associate of indigestion of the fermentative or flutulent type. A careful examination of the upper respiratory tract and upper alimentary tract in all cases of coughs and indigestion is thus imperatively necessary if a proper diagnosis is to be arrived at.

I am, Sir, yours faithfully,

Harley-street, W., Sept. 25th, 1911.

MAYO COLLIER.

A QUESTION IN EUGENICS.

To the Editor of THE LANCET.

SIR,—I have read the correspondence under the above heading, and should like to make a few observations on certain points which it raises.

In the first place it is not easy in these days to sympathise with the writer who thinks that morality is threatened by the campaign against the propagation of degenerates. One understands that society is bound to take care of its “undesirables,” but surely there is something morbid in the idea that in this matter “cure” is better than prevention, or that the abolition of some few of the more conspicuous hereditary ailments will leave the philanthropist without a sufficient field for the exercise of his benevolent instincts. Like the parallel argument that to destroy poverty would be to abolish the Christian religion because paupers are required to incite to charity in this world, and to populate the Kingdom of Heaven in the next, the theory may be suspected to be one of those familiar devices under which those who have a vested interest in error are wont to disguise their resistance to salutary change. In saying so I do not, of course, question the sincerity of the writer, who is inclined to look upon eugenicists as subverters of morals. Many bad theories have been recommended with the most praiseworthy motives. Many good men have “done harm with the best intentions.”

Still more amazing is the opinion favoured by another of your correspondents, which upholds the unrestricted multiplication of the feeble-minded on the ground that the individual, not the race, is the proper subject of moral solicitude. We have hitherto been under the impression that highest reverence is due to the unseen benefactors whose disinterested labours have prepared a happier future for mankind. But this, it seems, is a mistake. Duty is owed only to contemporaries, whose comfort is to be promoted however much it may conflict with the well-being of future generations. The latter may perhaps be entitled to some measure of consideration when to give it would not entail the smallest sacrifice on the part of actually existing people. Thus viewed “in the dry light of intelligence,” and apart from sentiment, the doctrine appears so preposterous that it would have been unnecessary to refer to it were it not that the attitude of a good many sociologists towards this question of degeneracy seems to lend it a measure of countenance. Like the fear for morality it is, however, rather a pretext than a creed, and will not, it may be hoped, seriously affect the judgment of the future upon the philanthropy of our age.

A third theory, referred to in your columns—the notion, viz., that in suppressing degeneracy we may be eliminating genius—though in the past supported by high authority, is now admitted to be based very largely upon error. The idea,

e.g., of a connexion between genius and epilepsy, never very widely favoured by physicians, may now be regarded as definitely disproved. Nor are the weak and diseased tendencies, of which genius has been actually convicted, of a kind which any sensible person would regard as prohibitive of marriage. In a quite different category, however, from these is the case in which an individual who possesses genius may have constitutional proclivities which make it likely that his children, if he had any, would be insane or tuberculous or epileptic. Under such circumstances the possibility that genius might be transmitted would be no excuse for the physician who should recommend marriage; nor, *a fortiori*, could the fact that genius has had a tendency to occur in a family which has produced many lunatics be considered to palliate the marriage of a member of such a family who was himself neither a genius nor quite sound mentally. It is significant in this connexion that none of the distinguished men who have advocated the degeneration theory have even hinted that it is wrong to discourage "philoprogenitiveness" in degenerates. It has remained for your correspondent to make the suggestion.

Not only are some of us living in an antediluvian world, in which contemporary tendencies play no part, but we often seem blind to facts of every-day experience. The facts which I have more especially in view are to be met with at any school-attendance committee meeting in our large cities. There, for their part not a little astonished at the special attention they receive, families present themselves, organised on a basis like this. A father who is a drunkard or epileptic, incapable of steady employment, occasionally picking up a few shillings in the lowest lines of casual labour; a wife supporting the family by her earnings; six or seven weak-minded children, who in the necessary absence or frequent confinements of the mother stay at home to do the work of the house. Is this, one is tempted to ask, a fair illustration of the working out of that latest discovery in the higher ethics, the precept, i.e., that we ought to care for the individual and leave the race and the future to look after themselves?

As regards the outlook, were we to judge by the views of some of your correspondents there would indeed be grounds for serious misgiving. For my part I have much confidence in the growth of a saner opinion, of which there are everywhere so many indications, and cannot doubt that, under the pressure of these new ideas, we shall have in the near future a large and wholly beneficent extension of sterilisation as a remedy for the terrible evils from which we at present suffer.

I am, Sir, yours faithfully,

Stoke Newington, Sept. 23rd, 1911.

I. B. MUIRHEAD.

THE NOMENCLATURE OF SPINAL DEFORMITIES.

To the Editor of THE LANCET.

SIR,—In your issue of Sept. 2nd appears an article on Spinal Curvatures and their Treatment, &c. Will you allow me space to call attention to the confusing terminology adopted by the author of that article, and to urge upon him and others interested in these deformities the use of a more accurate nomenclature? He writes of several conditions which I will enumerate in turn. 1. In the title of his paper he uses the phrase "spinal curvatures" to include all deformities of the spine—e.g., Pott's angular kyphosis, scoliosis, kyphosis, lordosis, spondylitis, &c. 2. On p. 667, line 23, he uses "spinal curvature" to mean scoliosis. 3. On p. 668, line 9, he writes of "lateral deviation," and in the next line of a "more or less fixed scoliosis" (4). 5. On p. 668, line 47, he writes of "scoliosis." 6. On p. 669, line 23, of "simple lateral deviation." 7. On p. 669, line 24, of "a curve in the second degree of severity"—that is, a "true scoliosis," but not yet fixed" (8). 9. On p. 669, line 40, he uses "fixed curvature" to mean the angular kyphosis of Pott's disease. And finally, (10) on p. 671, line 10, he writes of "lateral curvatures."

Now, Sir, these terms are so used throughout his article that it is very difficult to follow the author's line of thought. Yet by using the simple method I now suggest all confusion would disappear. 1. Omit the phrase "spinal curvatures" of his title altogether and substitute for it "spinal deformities." 2. Write of the deformity produced by Pott's disease as "spinal caries deformity" or "Pott's angular

kyphosis." 3. Write of the lateral curvature of the spine in which there is as yet no bony deformity as "postural scoliosis," or "postural lateral curvature." 4. Write of the lateral curvature of the spine in which bony deformity is present as "osseous scoliosis," or "osseous lateral curvature."

Let future authors drop all such terms as "lateral deviation," "more or less fixed scoliosis," "true scoliosis," "fixed curvature," and "a curve in the second degree of severity"; then we shall know exactly what the authors mean.

I am, Sir, yours faithfully,

Harley-street, W., Sept. 25th, 1911.

PAUL B. ROTH.

CHRONIC OBSTRUCTION OF THE BOWEL IN A HYDROCEPHALIC IMBECILE.

To the Editor of THE LANCET.

SIR,—In THE LANCET of Sept. 16th, p. 820, a very interesting case is described under the above heading by Dr. A. L. E. F. Coleman and Dr. H. D. Everington. I should like to point out that this case is a typical example of so-called "congenital dilatation of the colon," better called "congenital hypertrophy and dilatation of the colon" (known in Germany as Hirschsprung's disease). The dilatation and thickening of the bowel were not due, as the authors supposed, to chronic constipation, but were the cause of it. I collected a number of these cases for the Jacksonian Essay of 1908, and they will be found in my book on "Diseases of the Colon."

I am, Sir, yours faithfully,

P. LOCKHART MUMMERY.

Cavendish-place, W., Sept. 20th, 1911.

BRITISH HEALTH RESORTS FOR FOREIGN INVALIDS.

To the Editor of THE LANCET.

SIR,—For the furtherance of a movement which may prove advantageous to two great and friendly countries may I ask you to be so very kind as to inform your readers that, taking cognisance of Dr. Neville Wood's paper "British Health Resorts for Foreign Invalids," read before the Royal Society of Medicine and published in THE LANCET of Jan. 7th, p. 12, the French Government has commissioned me to visit the principal health resorts of Great Britain and to issue a report on their suitability for various categories of French invalids, and at the same time to inquire into the practice and teaching of hydrology in the medical schools attached to universities.

I hope at an early date to arrive in London, where my postal address will be the Royal Society of Medicine, 15, Cavendish-square. Thanking you in anticipation,

I am, Sir, yours faithfully,

GUSTAVE MONOD, M.D. Paris, L.R.C.P. Lond.,
M.R.C.S. Eng.,

Sept. 23rd, 1911.

Médecin Consultant à Vichy.

ANÆSTHETICS IN INTESTINAL OBSTRUCTION.

To the Editor of THE LANCET.

SIR,—Following the publication of my clinical notes (of a death under an anæsthetic) in your issue of May 20th last, there were several interesting and valuable comments and suggestions in your correspondence columns. All the methods advised for the prevention of such "drowning fatalities" are quite adequate, but some of them have the defect of being complicated to a degree which must lessen the patient's chance of recovery. I refer more particularly to the operation of preliminary tracheotomy with packing the larynx.

In a recent case of complete obstruction, a very old woman, who had fæcal vomiting, a preliminary injection of morphine $\frac{1}{4}$ gr. and atropine $\frac{1}{10}$ gr. was given. This produced deep somnolence. After administering a very few drops of chloroform on a flannel mask the operation was begun, and at the same time the mouth was opened and sponged out; some dark matter being present, the œsophageal tube was passed and the stomach