Correspondence.

"Audi alteram partem."

"PLEURITIC EFFUSION WITH NEGATIVE PRESSURE IN THE PLEURA."

To the Editors of THE LANCET.

SIRS,—A considerable pleuritic effusion with a negative pressure in the pleura of four and a half inches of water which I described as "almost inexplicable" Dr. G. A. Sutherland apparently regards as nothing remarkable, and, indeed, easily explained. For the explanation he refers to the well-known fact that the pressure in a healthy pleural cavity is negative, and that the cause of the negative pressure is the elastic tension of the lung. He is very unfair to the teaching of the present day, and indeed to that of many years past, when he asserts that these elementary facts are not taught, or, as he seems to imply, are not even known to most of those who teach. He himself, however, fails to realise that the conditions in a pleura containing fluid are very different from those of health: that as the fluid increases in amount the negative pressure does not remain constant, but rapidly diminishes, until when the fluid has reached a certain size the pressure ceases to be negative and becomes *nil*, afterwards to become positive if the effusion still further increases; so that his explanation as applied to the case under consideration is not only no explanation, but is actually erroneous. The subject of pleural pressure has for some years been a favourite study of mine, and the more I see of it the more I find it full of difficulties. A few of these difficulties, with suggested explanations of some of them, he will find referred to in my Bradshawe Lecture on Pneumothorax for the year 1887. This, of course, he has not read, or he would not have suggested that I at any rate was ignorant of the elementary facts he speaks of. What we require is not a theory into which all facts must fit, whether they will or not, but clinical observations such as that I have recorded, by which any current theory may be tested, and upon which, if one theory be discredited, another may be built. Having a large number of such clinical facts at my command, and speaking from the experience of some years, I can only say that such a condition of things as a negative pressure of four and a half inches of water with a considerable and increasing effusion is of the greatest possible rarity. Whether the fact deserves to be on that account described as "almost inexplicable" is a matter of opinion. If Dr. Sutherland has other facts of a similar kind he would be doing science a service in bringing them forward, especially if he would, at the same time, provide a really satisfactory explanation of them.

I am, Sirs, yours faithfully,

Wimpole-street, W. March 25th, 1895.

SAMUEL WEST.

"PROVISION FOR YOUNG IMBECILES."

To the Editors of THE LANCET.

SIRS,—Your report in THE LANCET of March 23rd of what recently passed at the meeting of the Lancashire Asylums Board with regard to Poor-law provision for young imbeciles gives rise to the hope that something will at length be done in that populous county for this class in addition to the limited and fundamentally eleemosynary provision at the Royal Albert Asylum. But the question is one of considerable urgency in other counties than Lancashire—perhaps of greater urgency where there is not at hand an institution such as that just named. With the exception of that in the metropolitan district and the county of Northampton there is at present no specific provision in this country for the training of young pauper imbeciles at the cost of the rates. The counties of Middlesex, and I believe also Essex and Hants, are moving in the matter; but what is there to prevent the other counties of England and Wales from setting up, either separately or in combination, training institutions for improvable imbeciles? The Lunacy Act of 1890 gives power to any local authority, either alone or in combination with any similar authority, to provide separate asylums "for idiots, or patients suffering from any particular class of mental disorders"; and under this section (which it is to be regretted is optional and not compulsory) there need be no difficulty in doing throughout the kingdom all that is necessary for imbeciles, and even for epileptics whose mental

condition requires care. The further question of custodial provision for adult imbeciles, apart from lunatics, such as has been organised in the metropolitan district, is an after consideration; but the proper training of juvenile imbeciles would lessen the necessity for this provision, while its neglect is detrimental not only to the imbeciles themselves but to society at large. There is no doubt that the defective child if left to its own devices in too many cases becomes the delinquent man, and from the economical point of view judicious outlay for training would save expense in the end. The experience of the voluntary institutions is quite encouraging enough to justify this view, apart from the benevolent aspirations of Christian charity. If we measure ourselves by the standard of our Transatlantic cousins we shall find that we are considerably behind them in this matter. In America no less than seventeen States have established institutions for the "feeble-minded," their legislatures having voted "appropriations" for the purpose, in addition to several charitable foundations; and in these, and a few private schools no less than 6315 pupils are under training. If it be objected that America is a rich country we may turn to a comparatively poor one like Norway, where we shall find that three considerable institutions are maintained mainly by national funds. Is it too much to expect that England should also do her duty to her imbecile children?

I am, Sirs, yours faithfully,

G. E. SHUTTLEWORTH,

late Medical Superintendent, Royal Albert Asylum.
Richmond Hill, March 26th, 1895.

ROYAL MEDICAL BENEVOLENT COLLEGE.

To the Editors of THE LANCET.

SIRS,—You have taken such a warm and generous interest in the scheme for augmenting the annuities of the pensioners of Epsom College that I hasten to inform you that, in consequence of most generous assistance received under the will of the late Dr. Bowen of Melbourne, the council hope to be able to arrange that on and after July 1st the annuities of all non-resident pensioners will be raised to £30 per annum. To make this step actually secure in the future the council must impress upon the governors the necessity for continued and generous support. I may mention that the dividends accruing from your gift of £1000 have been continuously used to augment the annuities of existing pensioners.

The dinner this year will be held at the Queen's Hall, Langham-place, on Wednesday, May 15th, the Right Honourable A. J. Balfour, M.P., in the chair. I trust we may have the pleasure of including your names amongst the list of stewards, and we shall be glad to receive the names of any supporters of the College who will aid us at this festival.

I am, Sirs, yours faithfully,

C. HOLMAN, M.D., Treasurer.

37, Soho-square, W., March 25th, 1895.

"DEPRIVATION OF DEGREES."

To the Editors of THE LANCET.

SIRS,—In reference to the annotation in THE LANCET of March 23rd on "Deprivation of Degrees" by universities it may be of interest to state that the power referred to was not overlooked in the Charter of the University of Wales, issued in 1893. The 13th section of Article 14 provides that: "The [university] court may revoke the degree or degrees of any graduate of the university who shall be convicted within our United Kingdom or its dependencies of felony or of any indictable misdemeanour, and may restore on cause being shown any person whose degree has been revoked to the degree he previously enjoyed or to any lower degree in the same faculty without further examination."

I am, Sirs, yours faithfully,

March 23rd, 1895.

ISAMBARD OWEN.

"PARLIAMENT AND PRISON REFORM."

To the Editors of THE LANCET.

SIRS,—I think most of us who are interested in prison management are agreed that it is the aim of county councils to secure the government of prisons, as the magistrates had of yore; and, further, that the articles which appeared a short time back in a daily newspaper were written to attain this end. For my own part I suspect that the lengthy statement of your correspondent in THE LANCET of March 9th is

written for the same purpose. If this is so, his three columns of attack on the present administration of our prisons should be of no value; at any rate, your correspondent should be satisfied with the reply he has obtained from Dr. Quinton, of Wandsworth Prison. Dr. Quinton's very able letter points out the objections to your correspondent's charges of mal-administration, and it does so in a temperate manner, although it is evident that Dr. Quinton places little value on the credibility of this would-be prison reformer. It is so easy to raise an unwarranted scare on the question of treatment of our prisoners. Perhaps this is natural, they being shut out from the gaze of the public by high walls. But it does not seem right that public feeling should be so constantly harrowed by the public press as it has been of late. Any amount of what should be done for the reformation, &c., of prisoners can be said or written, but I believe, and I have had ten years of acquaintance with the criminal, that more is to be done towards lessening year by year the criminal population by outside work. Children born of criminal parents, and living in a thieves' locality, must almost of necessity become criminals, and it would seem that good, steady outside influences are at work if we portion out the late years' decrease in the prison population. Only a few points in your correspondent's statements, of which Dr. Quinton does not treat, I would touch upon—one, that if the dietary of prisoners is much improved the shorter sentences for local prisons will have to be increased in order to make prison life at all deterrent. As it is many men prefer to be in a prison than in a workhouse. That for a serious offence a flogging is by far a better punishment than a dietary one. It does not reduce the strength of the prisoner, and besides—a very important fact—it very greatly tends, at any rate for some months, to keep order in the prison.

It is not always remembered by writers that the inmates of a prison are largely made up of the scum of our population, ready for any disturbance if the government is lax, and lax prison management is not a kindness nor is it safe. Some years ago in my gaol in a fortnight four prisoners pretended to hang themselves in order to escape work. In each case as medical officer I informed the governor (now dead) that I believed that the prisoner was humbugging. Now, if he had sharply punished the first, at any rate the second, prisoner, the other cases would not have occurred, and a pretence at hanging may easily become a reality, therefore the practice is more serious than one of simply trying to get off work. When the fourth case occurred my medical treatment at resuscitation (the prisoner had nearly hanged himself beyond all earthly help) was such that there were no further pretences at hanging. But it was not my business to carry medical treatment to such an extent that it became a punishment, but it seemed a necessity, and I have always felt that the result justified me. Doubtless there would be great reason to feel that local prison life led to insanity if the whole two years of cellular imprisonment was the strict rule. But in no prisons do I expect is the strict letter of the law carried out. Hardly a prisoner is daily kept to his cell after the first year of a two years' sentence, although it is difficult in local prisons to find them work outside. The present Prison Commission, it may be hoped, will recommend a change of the law on this point. Your correspondent says "Punishment means solitary confinement in dark cells." He does not know that dark cells have been given up for many years. I remember taking a prison surgeon's work for some weeks at the time when country magistrates managed our prisons. Then three days in a dark cell was not an uncommon punishment. Your correspondent's "bureaucratic" Prison Commissioners have done away with the dark cell. He may be glad to know this.

I am, Sirs, yours faithfully,

Canterbury, March 23rd, 1895.

PUGIN THORNTON.

THE LATE LOUIS FLORENTIN CALMEIL.

To the Editors of THE LANCET.

SIRS,—In the admirably full and appreciative obituary notice of the famous alienist Calmeil, written by your Paris correspondent and published in THE LANCET of March 23rd, there is one point as to which it may not be out of place to say a word. Whilst vying with others to do honour to the memory of this great observer and worker we may rightly be careful lest, by inadvertence, we do injustice to another equally distinguished *savant*. In the latter

part of the notice it is said—and all will agree—that Calmeil's "name will for ever remain associated with the disease, general paralysis of the insane." But it is added that this disease "he succeeded in establishing as a clinical and pathological entity." He, indeed, gave to the motor aspect precisely the name which, transferred to the disease in its entirety, has perhaps survived more than has any other of the numerous names which have been applied to the disease. And on the basis of the quotations made at the beginning of the notice (if we accepted them) the latter part of the above statement would hold good. Nevertheless, it is the fact that the work of establishing that which was subsequently known as "general paralysis" as a clinical and pathological entity (as so many have held it to be) was first accomplished by Bayle. In my work on the subject, after mentioning the partial clinical descriptions of some previous observers, I briefly referred to the relative position of Bayle and Calmeil in the discovery of "general paralysis," and in the following words: "The discovery was completed by Bayle (1822, 1825, 1826), who gave the first full account of the affection, and who was closely followed by Calmeil (1826) in this investigation." Here Bayle's three contributions are taken as a connected series, constituting the first full account. It would trench far too much on your space and my time to add here proofs for the words just cited. Looking at the state of medical knowledge in general and of that of mental disease in particular at the time, and the early age (twenty-eight) at which he published the book, one must deeply feel very great admiration for the clinical acumen and pathological knowledge shown by Calmeil in his early work on this subject.—I am, Sirs, yours faithfully,

W. JULIUS MICKLE.

Grove Hall Asylum, London, March 25th, 1895.

"COLOUR VISION AND ACCIDENTS."

To the Editors of THE LANCET.

SIRS—In reply to Dr. Gowers' question in your issue of March 2nd, "Has any accident been brought home to defect in colour vision?" will you allow me to call attention to several instances showing positive evidence on this point quoted by Dr. Edridge Green in his book on "Colour Blindness" (p. 224 *et seq.*)? He states that "there are many accidents in which the cause has been definitely proved to be colour blindness," and refers to the following cases in point.

1. A colour-blind man, who stated that his steamboat had collided with and sunk a steamboat on account of his inability to distinguish the signal lights.¹ 2. The case of the pilot of the steamer *City of Austria*, which was lost in the harbour of Fernandia, Florida, in April, 1881. He was proved to be colour-blind, "and it would appear that he mistook the buoys, and his mistake cost the owners \$200 000."² 3. Related by Dr. Joy Jeffries. An accident between Helsingfors and Tavastchus, July, 1876. "It was caused by a colour-blind switch-tender showing a green instead of a red light to the approaching train." 4. A railway collision due, according to his mate, to the colour blindness of an engine driver.³ 5. A railway collision in consequence of a train over-running a signal. The driver was colour-blind and "believed that his sight was the cause of the accident."⁴ 6. A railway accident due to the engine driver's inability to distinguish the red light.⁵ The last case was one of acquired colour defect, and Case 2 was diagnosed as one of tobacco amblyopia.

Captain Abney, in his recently published Tyndall Lectures on Colour Vision, says (p. 167), with regard to the loss of life owing to colour blindness: "The evidence is, as a rule, merely negative, though there are cases extant where great losses which have occurred can be traced to a deficiency in colour perception." The cases quoted prove, I think, that there is positive evidence of the disastrous results which may arise from defects for colours. Possibly there are degrees of deficient colour perception quite compatible with safety in those whose duty requires them to recognise coloured signals, but where the boundary between "safe" and "dangerous" lies must be a most difficult problem to solve.

I am, Sirs, yours faithfully,

Ipswich, March 26th, 1895.

WALTER W. SINCLAIR, M.B.

¹ Brit. Med. Jour., Jan. 28th, 1883.

² Quoted by Mr. Bickerton: Shipping and Mercantile Gazette and Lloyd's List, June 29th, 1881.

³ Invention, Dec. 28th, 1889.

⁴ Engineer, Dec. 6th, 1869.

⁵ Mr. Haynes Walton, in the Times, Jan. 3rd, 1877.