occasional contagiousness of leprosy. If, however, we make a clear distinction between skin-contagion and communication by the mouth, are they of any value? Is it not in the Dublin case quite likely that the brother who contracted the disease, as is supposed, from wearing his leprous brother's clothes, also exposed himself to risk by taking food which had been touched and contaminated? The two brothers lived together in a peasant's cabin and very probably used the same drinking vessels, knives, spoons, &c. The possibility of skin contagion—which perhaps ought alone to be called “contagion”—is discredited by a thousand facts, whilst the reality of mouth-communication (i.e., by food) is, I think, doubted by none. To which then ought we to refer these very exceptional facts?

As regards the failure or otherwise of segregation measures, it is too large a subject for me to discuss in a letter. I must be content to observe respecting the asserted increase in Madagascar that it may have been due to increased facilities for the transport of fish. I possess a good deal of information as regards that island but there is scarcely any place in the world from which I should less hopefully expect any trustworthy data as to the prevalence and causes of leprosy. It has been asserted respecting many other places that the disease increased when segregation was neglected but the fact is that it has often died out under absolute neglect of it and as often thriven in spite of its energetic enforcement. It is increasing now in Cape Colony, &c., in spite of the enforcement of cruel laws and it is steadily dying out in Norway although the number of those segregated has been diminishing. In the latter country registration and good advice as to eating, &c., would appear to be all that is needed. The leper is allowed to remain at home with his friends and the miseries of such places as Robben Island are unknown there.

I am, Sirs, yours faithfully,

June 30th, 1906.

JONATHAN HUTCHINSON.

HYGIENIC MEASURES AGAINST SYPHILIS.

To the Editors of THE LANCET.

SIRS,—In Dr. B. Leppington's criticism of Professor Metchnikoff's third lecture (on syphilis) it is possible to agree with him in his warnings as to the incompleteness of the experiment. Dr. Leppington, however, speaks of Professor Metchnikoff's “parrot's” cry “that hygiene must be paramount over morality” and then asks what Professor Metchnikoff means by morality? He answers, Professor Metchnikoff “evidently means that the combat with disease is to be unflinchingly carried on by means which involve a definite deterioration of public morality.” Dr. Leppington then says “the supreme ally of the hygienist is a rising level of morality, which by diminishing the area of vice diminishes the difficulty attending the campaign against the consequences of vice,” and finishes by saying “that every hygienist who casts contempt against virtue is adding to the momentum of forces against himself.” The implication of all this is that Professor Metchnikoff is engaged in a work that will lead to a diminished public morality; that he regards virtue of little value, and thus in the end will defeat his own aspirations.

Professor Metchnikoff needs no one to defend him, but Dr. Leppington's own views may be examined. He alleges (without proof) that the disease he is dealing with springs largely out of moral weakness. Does it? I am prepared to deny this. What is morality? Is it not the habit or way of life which conduces to the well-being of society and “ultimately is a matter of organisation, of instinct rather than of ratiocination? A knowledge of moral precepts, whether culled from works on ethics or heard in sermons, never made people moral, and never will. It is the ever present forces of life, heredity surroundings, that determine conduct, and the only way of affecting conduct for the better is by modifying the influence on human nature of those forces that are persistent and inescapable.”

It may be very flattering to those of us who have not contracted syphilis and who have not perhaps been where it could be acquired to regard ourselves as morally strong. But our every action is governed by inflexible laws. The man with strong desires, whose motives to gratify those desires are stronger than any other he possesses, will gratify them so long as there is an opportunity irrespective of the consequences. The man whose desires are not so strong,

whose dread of the consequences is greater than any pleasure he would derive from gratifying them, will not do so, but it is beside the question to say the one is morally strong and the other morally weak. It is sheer wrong-headedness not to recognise the fact that we cannot end the desires of either sex and that all we can do where their gratification leads to disease is to limit the baneful effects as much as possible.

The question now arises, Who people the places where syphilis can be contracted? Not men who are morally weak (whatever that means) but men whose sexual desires are strong. As for the women, let Dr. Leppington read the words that Mr. Upton Sinclair in “The Jungle” puts into the mouth of Marija. We have it also on the authority of Lady Jeune that women sell their bodies for bread. So long as our present social conditions continue crushing and condemning millions to starvation so long will there be bodies for sale. The true remedy is that which shall prevent poverty and the day of that remedy is coming, is nearing, is at hand. For the present, however, we are restricted to “regulation” or “abolition.” If it can be shown that “abolition” diminishes the amount of syphilis we should all be abolitionists. If, however, it simply serves to scatter the disease far and wide on the innocent as well as the “guilty,” surely we should all be “regulationists.” But it may be argued that that is legalising vice. It may be so, but we have had to legalise drinking and other “vices.” It is also said “inspection” demoralises, but it is sheer silliness to say that one who has to submit to the embraces of a dozen strangers every night is demoralised by the visit of a medical man once or twice a week. What, then, of the morality, or rather *immorality*, of those who, like Dr. Leppington, because regulation does not stamp syphilis out, are prepared to let each unfortunate act as a focus of disease in the district in which she lives, infecting and damning innocent women and children? Surely the unborn have the strongest claim upon us because of their innocence and helplessness. It is not necessary to despise those of our sisters who have to submit to inspection—the man who does so shows he has much to learn. We can feel for them and the stronger we feel the harder we will work for the abolition of that competitive system which is flinging millions on the street. Till that day dawns when the evils we speak of will have righted themselves no one has a right to speak of men like Professor Metchnikoff as casting contempt against virtue. The immoral man is not Professor Metchnikoff but he who would so order things as not to lead to the highest well-being of society.

I am, Sirs, yours faithfully,

Liverpool, July 1st, 1906.

C. R. NIVEN.

THE ALLEGED GROWTH OF INSANITY.

To the Editors of THE LANCET.

SIRS,—Dr. D. Nicolson in an interesting and suggestive letter published in THE LANCET of June 9th quotes from the last annual report of the Commissioners in Lunacy a statistical statement with reference to the increase in the number of the insane under their surveillance in England and Wales between Jan. 1st, 1869, and Jan. 1st, 1904—namely, from 53,177 to 119,829. The sentence containing this statement quoted by Dr. Nicolson is: “In spite of this large numerical increase, it will be found that when considered in relation to the growth of population the proportion of insane has not increased as much as the population.” Your correspondent states with regard to this quotation: “With this definite expression of opinion on the part of those who are in the best position to know I am content to leave this aspect of the question.” I do not, of course, presume to judge what precise signification Dr. Nicolson attaches to what he describes as a “definite expression of opinion” by the Commissioners in Lunacy, but it seems more than probable that this, to me, meaningless statement of the Commissioners might lead many to believe that the rate of increase of the insane under their control between 1869 and 1904 was not so great as the rate of increase of the population. What are the facts of the case as stated by the Commissioners? The numerical increase of the insane during these 35 years was 125·3 per cent. and the numerical increase of the population during the same period was only 53·6 per cent. Thus the number of the insane increased more than twice as rapidly as the population. If, however, the increase of population be taken into

account, the ratio or proportion of the insane to the population showed an increase of only 46.6 per cent. during the 35 years. Any attempt to compare the numerical increase of the population with the increase in the ratio of the insane to the population is not only statistically fallacious but is absolutely meaningless.

We are faced with the grave fact that the ratio of the insane under the control of the Commissioners in Lunacy to the population of England and Wales showed an increase of 46.6 per cent. during the 35 years under notice and this fact has to be met and explained by those who, like Dr. Nicolson and myself, believe that it does not necessarily imply an increasing rate of occurring cases of real insanity.

I am, Sirs, yours faithfully,

Surbiton, June 28th, 1906.

NOEL A. HUMPHREYS.

THIOSINAMINE INJECTIONS.

To the Editors of THE LANCET.

SIRS,—In the report of the meeting of the Dermatological Society of London in THE LANCET of June 30th, p. 1833, there is an error as to duration of the treatment by thiosinamine injections of the hypertrophied scars resulting from serious burn. The case was treated by me for two years, not five. The results have been excellent.

I am, Sirs, yours faithfully,

Harley-street, W., June 30th, 1906.

GEORGE PERNET.

CEREBRO-SPINAL FEVER.

To the Editors of THE LANCET.

SIRS,—In THE LANCET of June 30th, p. 1860, reference was made to the memorandum recently issued by the health committee of the Glasgow town council on the above subject and with your permission I should like to extend the description of the rash there given in the light of a recent observation. As stated in my memorandum two of the cases therein described presented in addition to herpes on the lips "a few spots petechial in character, few in number, and irregularly distributed more pronounced than a typhus rash, and much more limited in distribution." This description was taken from two cases, which alone of those within my knowledge at the time presented anything of the nature of a rash.

During last week, however, there was admitted to Belvidere Hospital a child, aged seven months, in whom the features of a typhus rash were exactly reproduced within limited areas of the skin—that is, on the fourth day from the onset of the symptoms a rash was present which in areas of the skin of the thighs and abdomen limited to about two palms' breadth appeared to Dr. J. Brownlee, the physician-superintendent, and to myself to present no features by which it could be distinguished from that of typhus fever. It had the appearance of a subcuticular stippling which could be obliterated on pressure and it was only on looking beyond the limits of these areas that discrete purpuric spots could be observed such as alone had been present in the cases described in my memorandum and which bore no resemblance to any of the features of a typhus rash. The subcuticular stippling in the latter case was pretty generally distributed.

I shall be glad if you can find room to insert this in an early issue.

I am, Sirs, yours faithfully,

Glasgow, July 3rd, 1906.

A. K. CHALMERS.

THE CONDITION OF THE VESSELS DURING SHOCK.

To the Editors of THE LANCET.

SIRS,—I should like to be allowed to make some remarks on Mr. W. Sheen's paper,¹ in which he suggests a theory that might bring the views I have advanced² on the condition of the blood-vessels during shock into harmony with those of Dr. W. G. Crile, as so ably set forth and supported by Mr. J. P. Lockhart Mummery³

Mr. Sheen, as I understand him, agrees with me that the

superficial vessels are not dilated during shock and his theory is that their condition may be one of relaxation without extension. He suggests that a pressor action first occurs. Afterwards "the vaso-constrictor impulses pass off and vaso-dilator impulses reach the vessels. But they cannot dilate, because there is no blood to fill them, the blood being already accommodated in the portal system and elsewhere."⁴ That the vessels might be paralysed but not dilated seems to me the only possible explanation of the phenomena observed, *if the vessels are paralysed*. But shock, as I have observed it, has usually been induced slowly. Hence, by Mr. Sheen's view, it must be believed that the blood gradually collects in the internal areas and Dr. Crile asserted that the blood pressure became raised in the portal vein. If at the same time the systemic vessels become paralysed but do not dilate the conditions must be eminently calculated to lower the resistance to the blood flow in the systemic vessels as compared with that in the vessels of the splanchnic area. According to this view the question why, in the circumstances, the blood does not flow in the direction of least resistance so as to fill the systemic vessels seems still to require an answer.

This matter is of very great practical importance, if only because of its bearing on the administration of stimulants. Mr. Sheen does not state his view of this question, but according to Dr. Crile's theory the administration of alcoholic stimulants (vaso-dilators) is harmful during shock and the application of warmth to the surface of the body is of very doubtful utility; indeed, theoretically it also is harmful. On the other hand, if my view is right warmth and vaso-dilators are useful in theory, as I believe them to be in practice.

I am, Sirs, yours faithfully,

July 2nd, 1906.

JOHN D. MALCOLM.

ARMY NURSING.

To the Editors of THE LANCET.

SIRS,—I have read with a great deal of interest all the articles which have appeared in THE LANCET and elsewhere re the "Queen Alexandra Imperial Nursing Service." As a surgeon who has had some experience of civil hospitals in this country and had a good deal to do with the management and training of nurses in colonial hospitals, as well as some unique experience both in the field and in a general hospital during the late South African War, it seems to me a great pity that there should be any falling off of male nurses in the Royal Army Medical Corps. Everyone will, of course, admit that lady nurses are absolutely necessary in military hospitals, but that is not the point. They can be recruited very largely from the large civil hospitals and from among those who have been trained in them, where it must be allowed that the nurses have a far larger field and opportunity for training than can exist in military hospitals. With regard to the male nurses, however, the case is altogether different. During war time the exigencies of the service require that the whole of the nursing at, or close to, the front should be in the hands of male nurses. There are few, if any, institutions which train male nurses and none so efficiently for the special work required of them in time of war as the military hospitals. As great a number of the men as possible of the Royal Army Medical Corps should consequently be encouraged to become efficient nurses. We should then get a large number of competent male nurses and not be left in the dire position that fell to my lot of having during a small siege lasting 12 days over 70 casualties in the first five days without the help of a single man who could even put on a bandage, as no medical orderlies could be spared to accompany that force.

I am, Sirs, yours faithfully,

July 2nd, 1906.

D.S.O.

⁴ THE LANCET, loc. cit., pp. 1825-26.

AN UNFOUNDED CHARGE.—At the Gloucestershire quarter sessions, held on June 28th, Mr. George Norman Robbins, L.R.C.P. Lond., M.R.C.S. Eng., surrendered to his bail to answer a charge of having committed an assault on a girl, aged six years, on March 18th last. The case was gone into at the last sessions but the jury could not agree. Without leaving the box the jury unanimously returned a verdict of "Not guilty," which was received with applause, and Mr. Robbins was warmly congratulated by his many friends in court.

¹ THE LANCET, June 30th p. 1845.

² THE LANCET, August 20th, 1905, p. 573; Brit. Med. Jour., Dec. 9th, 1905.

³ THE LANCET, March 18th (p. 693) and 25th (p. 776), and April 1st (p. 846), 1905.