The Ill-effects of Sugar in Incipient Cataract.

To the Editors of The Lancet.

Sirs,—In many cases of incipient cataract occurring in adults it has been my practice during many years to advise abstinence from, or sparing use of, sugar in the diet, although most of these patients had urine entirely free from sugar. That my practice is unusual I gather from patients who have consulted others and have told me “that no sugar could be found in their urine” and that therefore my advice was useless. I have found that patients with incipient cataract are not always very cheerful about themselves and by no means attach the outlying districts furnishing the explanation of the high attack rate in the city through the instrumentality of markets. It is more than can be expected of a plain man not to smile. The confession that discharged hospital cases remain a source of danger to their surroundings forms a connection of the facts. It was to prevent this that they were removed to hospital. What other object was to be attained? Surely the welfare of the patient was not the desideratum when we remember that he must run the gauntlet of secondary infection, post-scarcalthaliphtheria, and a host of other aggravating conditions.

Many explanations of “return cases” have been forthcoming. It does not afford comforting reflection that some of these are very ingenious. Premature discharge for a long time has caused medical officers of health to stand the brunt of actions for damages, until it was discovered that peeling was no certain sign of lingering infectivity (although people had been fined and imprisoned for exposing their children during the peeling stage). Then otorrhoea and rhinorrhoea took up the running. I have seen without surprise the Modder river water. I have seen without surprise the great importance to us as a nation and they are not to be got rid of with a wave of the hand.

I am, Sirs, yours faithfully,
Edward Dean Marriott.

Nottingham, Oct. 11th, 1902.

Explosive Eructations.

To the Editors of The Lancet.

Sirs,—It was during a trip to Australia in the year 1886 that I met with a case similar to the one described by Dr. A. A. Martin in The Lancet of Oct. 11th, p. 981. The patient was a diabetic with ophthalmia and he had been advised to return all use of tobacco from our patients because we know that there is such a disorder as tobacco amaurosis, but if a patient who smokes has a commencing atrophy of the optic nerve it cannot be assumed that this blindness may be due to tobacco then smoking for him should be stopped. In many patients with incipient cataract the use of sugar should be restricted, as it is impossible to feel sure that the sugar is harmless. In suitable cases it will be found that the general health is improved by abstinence from sugar, and among my notes of several thousand cases of disorder of the eye I find sufficient evidence to encourage me in the belief that the progress of cataract has been retarded by my advice.

I am, Sirs, yours faithfully,
Edward Horder, F.R.C.S. Edin.

Limesfield, Oct. 14th, 1902.

SYPHILIS AND LIFE ASSURANCE.

To the Editors of The Lancet.

Sirs,—In his Note on Syphilis in Relation to Life Assurance, with an Examination of 500 Consecutive Claims, in The Lancet of Sept. 27th, p. 867, Dr. F. Parkes Weber refers to the statistical statements published by Professor J. W. Runenberg of Helsingfors, whose “figures” he declares to be open to “various objections.” This they undoubtedly are, and it is therefore somewhat hard to find the equally marked evidence and the last International Congress of Medical Assurance Officers Dr. Salomonsen of Copenhagen exposed the many fallacies of Professor Runenberg’s method of marshalling his post-mortem evidence. The same thing has been recently done by Dr. Gollmer of Gotha, who holds up Professor Runenberg’s statistics as a kind of warning example, as “eine Syphilisstatistik, wie sie nicht sein

Bence Jones, Richardson, Graefe, Forster, Jacobson, Bouchard, Hirschberg, Deutschmann, Fuchs, Berger, and others.

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Limpsfield, Oct. 14th, 1902.

Edward Horder, F.R.C.S. Edin.