Correspondence.

"Audi alteram partem."

"THE CONDITION OF THE PORTSMOUTH SLUMS."

To the Editors of THE LANCET.

SIRS,—An annotation under the above heading in THE LANCET of April 17th concludes with the following statement: "Assuming that these facts are correct the reflection on the sanitary authority is indeed a serious one." In fairness to Portsmouth and the sanitary authority may I ask you to insert the following.

I have visited every place mentioned in the local paper quoted from, and I find that the article is grossly exaggerated throughout. All the measurements given are inaccurate, and in every case they err in making out the places smaller than they really are. The language used to describe them is exaggerated and sensational in tone, and the whole article gives a totally erroneous conception of the condition of Portsmouth. So far from Portsmouth being a "slummy" place, there are few towns in the kingdom of its size and antiquity with fewer slums. The fact that Portsmouth for the years 1894 and 1895 had the lowest death-rate of any large town in the kingdom (with the exception of Croydon) speaks volumes for the health of the town and for the thorough and efficient manner in which the sanitary authority has for years past been carrying out its duties.

I am, Sirs, yours faithfully,

A. MEARNS FRASER.

Portsmouth, April 27th, 1897.

Medical Officer of Health.

SENILE DECAY: ITS CAUSES AND TREATMENT.

To the Editors of THE LANCET.

SIRS,—May I add a few words to the report of the meeting of the Medical Society of London in THE LANCET of March 27th (p. 882)? At this meeting Dr. Savill read a paper of unusual importance, and I came up from Cambridge on purpose to hear it and to discuss it. This paper, I venture to think, should not have been put in the second place, especially when a surgical paper of considerable interest took precedence of it. As it was, the important subject introduced by Dr. Savill was very inadequately discussed by subsequent speakers, who rose by permission after the normal time of closure and spoke in haste and under constraint.

Dr. Savill gave the results of a minute pathological research based upon 400 necropsies and some thousands of microscopic sections in support of more than one conclusion. One of these conclusions is that a certain arterial degeneration is normal and inevitable in old persons. This conclusion I am said to have contested. For me to contest any of Dr. Savill's conclusions would be absurd; on the contrary, I recognised by my presence at the meeting the great value of his labours, and I said that I had no minute and exact pathological evidence of my own to set, however diffidently, against that of Dr. Savill. I did but venture incidentally, and on general grounds, to demur to immediate acceptance of this proposition in an absolute form. I have seen many very old persons in whom the arterial coats and the blood-pressures seemed normal to the clinical judgment, and a few in whom the heart and arteries after death, as observed only by the naked eye, seemed as those of young persons. Such cases are rare, I admit, but still, if one such case be proved in a person of, say, over fourscore, senile arterial degeneration can no longer be called "normal." Again, I suggested that Dr. Savill's necropsies being made upon workhouse patients—made, that is, upon persons with whom life had gone hardly—cannot, perhaps, be taken as complete evidence. But I now regret that I made even these small reserves, as, owing to the brevity of the proceedings, they came forward in disproportionate relief against the expressions of great satisfaction and admiration with which in all respects I ventured to greet Dr. Savill's essay.

This gratitude I personally felt the more as I was led to

hope that Dr. Savill has proved on the pathological side certain observations which on the clinical side had occupied me for some twenty years. At the Hunterian Society and elsewhere I have described certain cases as "Senile Plethora" or "Arterial Hyperpiesis," but on their clinical aspect only, as after long delay I had never been able to secure a necropsy on such a patient. These cases, I believe, will turn out to be of the same kind as those described by Dr. Savill as "arterial hypermyotrophy." If this be so, I venture to hope that the description of a symptom-group of great practical importance, now fully recognised for the first time, will be placed on the firm basis which in my reports was lacking. I read with much interest that Mrs. Garrett Anderson has described similar cases from her own experience.

I am, Sirs, your obedient servant,

Cambridge.

T. CLIFFORD ALLBUTT.

"RIGHT-HANDEDNESS."

To the Editors of THE LANCET.

SIRS,—Dr. G. Archdall Reid seems thoroughly convinced that acquired characters are not transmissible. This is a much disputed point, as to which there is room for difference of opinion. Individually, I strongly incline to the views of Herbert Spencer rather than to those of Weismann on this subject. In support of his opposite views Dr. Reid says: "Every man individually *acquires* the faculty of language and of bi-pedal progression in an erect posture; neither of these is instinctive or inborn, and therefore transmissible, and both result from the fact that the one generation acquires them by imitation from the preceding generation." This is a very dogmatic statement, against which much may be said. In your report of my first Lumleian Lecture¹ there is recorded a case of deferred and untaught speech which is adverse to this opinion. On mentioning this case many years ago to a distinguished physician (Sir Richard Quain) he informed me of a closely related fact. "His eldest daughter up to the age of two years had not walked a step, or even tried to walk, when one day he put her down in the standing position, and to his great surprise as well as to that of the nurse she walked from one side of the room to the other. This also was an untaught act, as there had been no previous trials and failures." The above sentences are quoted from my book, "The Brain as an Organ of Mind" (p. 607), and in the same work there is a section (pp. 561, 562) entitled, "Deferred Primary Automatic Movements," in which it is pointed out, in reference to lower animals, that "much difference exists among different animals as to the degree of perfection at the time of birth of these inherited cell-and-fibre connexions, and, therefore, similar differences exist among such animals in regard to their power at birth of executing the several movements with which such nervous mechanisms are in relation."

I am, Sirs, faithfully yours,

Manchester-square, April 25th, 1897. H. CHARLTON BASTIAN.

"PREMATURE BURIAL."

To the Editors of THE LANCET.

SIRS—Permit me to make a remark in relation to your observations in an editorial article in THE LANCET of April 24th on a passage attributed to me in inverted commas, describing the test of death by means of a vessel filled with water placed on the body of the supposed defunct. I have never seen the paper from which these words are taken. Some two or three months ago a literary acquaintance called on me to ask for any information I could give him on the subject in question. I learned from him that he was wishing to write something on the subject, and I was not aware that it was an "interview" or that my name was to appear. I remember that I mentioned, first, the well known value of the ligature with regard to blood circulation and other usual tests, and finally named, as of secondary value, that now under consideration. About a month ago I learned by accident that my name was appearing in some journal abroad in connexion with this subject, but I have never been able to ascertain whether any publication of my suggestions had taken place or not until my perusal of your article.

It may be appropriate to state here that in the form of

¹ THE LANCET, April 3rd, 1897, p. 933.

death certificate which I drew up some years ago for use by the Cremation Society the examination of the dead body and its personal identity is especially required from the medical man who certifies. I enclose you a copy, and will add that it met with the approval of the House of Commons Select Committee on Death Certification, and was by them recommended to take the place of the form at present employed. My approval of the French system as superior to our own is, I think, quite justified; the neglect of its requirements in practice, if it exists, is simply due to a defective administration of the law.

I am, Sirs, yours truly,

April 28th, 1897.

HENRY THOMPSON.

"LUNACY IN EGYPT."

To the Editors of THE LANCET.

SIRS,—In an annotation on "Lunacy in Egypt" which appeared in THE LANCET of April 24th you state that "Dr. Warnock has been informed that some lunatics are kept in Damascus in stone cells, with chains round their necks." I can testify from personal observation that five years ago this form of treatment was actually in force in Damascus. In 1892 I visited the "lunatic asylum" in that ancient city and noted the following state of things. The institution consisted of a series of one-storeyed buildings surrounding a central yard, open to the air, which at that height (691 metres) is often very cold. There were seven cells opening on this yard, four double and three single. The single cells measured 8 ft. by 10 ft. They were built of stone, with stone floors, and the drainage system was simple, consisting as it did of a hole in the centre of the floor leading into a drain communicating to a cesspool (probably overflowing into the streams which run through the town and supply its drinking water). The floor was covered for half its extent by boards on which the patients lay. There was no furniture of any kind in the cells. In these seven cells were eleven patients—the term is very applicable—three or four of these were chained by the neck and legs to the wall. They appeared in great misery and imperfectly fed. No doubt they were dependent on charity for their support, and charity, even in a Moslem city, when it has filtered through the hands of Turkish guardians, is not very satisfying to its recipients. I need hardly add that these cells were very dark, being only lighted from the upper part of the doorway, which was built in the same way that stable doors are built here, and the smell was awful. These patients were probably all more or less violent, chronic maniacs, and such like, as the less troublesome lunatics in these countries are always kept by their relatives at home—and naturally. It was a dreadful and degrading sight, and made one shudder to think that man could become so like a wild beast.

So much for Turkey; but I was told a few years ago that in Greece an Englishman who had become acutely maniacal was treated in very similar fashion, being placed in a cell with an iron gate, through the bars of which his food was pushed, and the straw on which he lay raked in and out, and from this treatment he was with great difficulty rescued to be brought home to England. No doubt the state of things I witnessed at Damascus in 1892 has existed for centuries and will persist as long as the Turks hold Syria, but it can hardly be wondered at, under the circumstances, that, as Dr. Warnock says, "some Syrians are brought to Egypt on purpose to obtain 'admission' to the Cairo asylum."

I am, Sirs, yours faithfully,

April 24th, 1897.

W. A. WILLS.

"THE QUESTION OF THE SECOND OVARY IN OVARIOTOMY."

To the Editors of THE LANCET.

SIRS,—The points raised by Mr. Clement Lucas in his letter in THE LANCET of April 24th are both interesting and important. I think most men will agree that the right treatment was adopted in removing a slightly cystic second ovary in a woman forty years of age. I go further, and say that in *all* cases of ovariectomy near or after the menopause the second ovary should invariably be removed, whether it looks healthy, cystic, or atrophied. With regard to the case of a woman, aged twenty-five years, whose second ovary contained a cyst the size of an orange, it seems to me that instead of leaving it alone it would have been

better either to have removed it altogether or to have excised the cyst and left the ovary—a plan I have successfully adopted in several similar cases.

I am, Sirs, yours faithfully.

WILLIAM DUNCAN, M.D. Brux., F.R.C.S. Eng.

Harley-street, W., April 26th, 1897.

To the Editors of THE LANCET.

SIRS,—I read with interest the letter on the above subject from Mr. Clement Lucas which appeared in THE LANCET of April 24th. The opinion of a surgeon to a great medical school always deserves careful consideration. I cannot, however, say that I agree with Mr. Lucas's conclusions, as they do not accord with my own experience, dating from 1877, of a very large number of ovariectomies performed by myself and my colleagues at the Samaritan Free Hospital for Women and Children. Mr. Lucas holds that little *surgical* training is requisite for ovariectomy. It would have been more correct to say that not very much *anatomical* training is requisite; yet such a statement might do harm. The relations of the tumour to the pelvic viscera, the ureters, and the great vessels must be well understood by the beginner. Few operations test a man's surgical capacity better than that in question. I have known of terrible results due to an operator committing the grave error of making too light of an easy case or mistaking an innocent semi-solid ovarian tumour for a malignant growth, closing the wound and letting the patient die from hæmorrhage. Mr. Lucas is, on the other hand, much to be commended for looking on double ovariectomy as serious even when imperatively needed. My own views on the question will be found in a contribution to THE LANCET¹ entitled "Two Cases of Ovariectomy Performed Twice on the Same Patient." In 1889 I removed a papilloma of the right ovary from a woman aged fifty years. The left ovary, as I noted at the time, was elongated and atrophied. I considered that its removal was not justifiable, and I remain of the same opinion. The disease recurred in 1894 in the remaining ovary, which I took away without trouble. I wrote in the above paper: "Had I removed the flat, atrophied, apparently healthy ovary in 1889 I should have spared both myself and the patient much anxiety and two troublesome complications, which both recurred at and after the second operation. Yet surgeons are not prophets, and the chance of so atrophied an ovary becoming diseased seemed slight in 1889. The surgeon should hesitate to remove a sound organ on the strength of a theory." By "theory" I meant that of Pfannenstiel quoted in my contribution. Sir Spencer Wells declared at a meeting of an American society in 1888 that "if there is no suspicion of disease I do not remove it (the second ovary)." Howard Kelly's statistics support this principle.

When the second ovary is clearly diseased the case is quite different. The further development of a cystic tumour is all but certain, and is an intolerable annoyance to the patient. Cystic disease is not very difficult to diagnose when the ovary has grown to the size of a walnut. "A cyst as large as an orange" is pathologically, clinically, and surgically a tumour, and should be removed. I regret that Mr. Lucas should write down his opinion that when both ovaries are removed "a woman from that time forth is an unnatural monster cut off from the next generation." I know of a considerable number of patients where I and my colleagues have thought it right, on the above principles, to remove the second ovary, and not one of them is in any sense an "unnatural monster." Such a term might as well be applied to any spinster or any married woman sterile from uterine disease. The troubles of a premature menopause are far more tolerable than the worry and danger of recurrence of cystic disease in the remaining ovary. As for certain severe neuroses, they are known after the simplest unilateral ovariectomy.—I am, Sirs, yours faithfully,

ALBAN DORAN, F.R.C.S. Eng.,

Surgeon to the Samaritan Free Hospital for Women and Children.

Granville-place, Portman-square, W., April 26th, 1897.

To the Editors of THE LANCET.

SIRS,—The extraordinary sentences which open Mr. Clement Lucas's letter made me look carefully at the top of

¹ THE LANCET, Dec. 15th, 1894, p. 1415.