judgment it is our duty to speak with absolute truth regarding such matters, and especially not to use terms likely to mislead either the public or the bulk of the profession, who largely take their views of treatment and prognosis from the centres of medical teaching. I would ask, What would be said or thought of a family practitioner who assured a patient that now three years had passed without local recurrence she was cured, and that patient were to die within twelve months with cancer of the spine, liver, or ovary? The fact is that the "secondary" deposits of mammary cancer, especially in the bones, mediastinal glands, and certain of the internal organs, are insidious and often quite unsuspected, and pathological examination by an expert can alone settle the most vital question as to whether cancer exists or not. How far this has been done in patients who have died after the three-year limit I cannot say, but systematic pathological and accurate examination can alone settle the point of how many persons die after removal of scirrhus of the breast with all their tissues free from visible cancer. I imagine very few instances would be proved where this condition is fulfilled, unless they succumbed to the operation itself. Instances of long immunity from disease were not absolutely unknown in past days after the former methods of operation. Such cases were very exceptional and might be explained not by the absence of cancer but by its quiescence. Time and space forbid me giving instances of these interesting conditions. I would only say now that I believe the modern operations for cancer of the breast are associated with little risk if performed with perfect asepsis, that their results are better than the operations of former days in producing long immunity from recurrence, and that the individual chance of great prolongation of life is improved. All this we may with propriety urge upon our patients, but I believe with all deference that the term "cure" must be more carefully used with regard to the operative treatment of mammary cancer.—I am, Sirs, yours faithfully,

A. MARMADUKE SHEILD.

Cavendish-place, W., March 7th, 1896.

"QUALIFICATIONS FOR HOSPITAL APPOINTMENTS."

To the Editors of THE LANCET.

SIRS,—Referring to a letter which appeared in your issue of Feb. 29th under the above heading, I am directed by the Committee of Management to inform you that Fellows or Members of the Royal College of Physicians of Ireland are eligible as candidates for medical appointments on the staff of this hospital. The committee much regret that the qualification was accidentally omitted from the recent advertisement which forms the subject of the letter referred to owing to the fact that the Royal College of Physicians of Ireland has taken the place of the King's and Queen's College of Physicians of Dublin, the latter body being the one designated in the constitution of the hospital. The wording of the constitution has now been amended, and the omission will not occur again.

I am, Sirs, yours faithfully,

LEWIS H. GLENTON KERR,
Secretary, Great Northern Central Hospital,
Holloway-road, N.

March 10th, 1896.

"THE PORTSMOUTH LUNATIC ASYLUM."

To the Editors of THE LANCET.

SIRS,—In this week's issue of THE LANCET I notice an annotation which takes exception to the recent statement made by the chairman of the Portsmouth Borough Asylum Committee at their recent meeting relative to the appointment of a medical superintendent. The chairman made use of the following words: "All that is wanted in a medical superintendent is good organising ability and skill to deal with the diseases that attack lunatics in common with sane people."

I know nothing whatever about the merits of the candidate for the post, nor do I defend for a moment the system of making the appointment without having previously advertised it, but from three years' practical experience in lunatic asylums I am in a position to endorse the chairman's statement. Asylum superintendents who relegate to themselves the title of "mental specialists" give the treatment of the

patients entirely into the hands of the medical officers and confine themselves to the general administration and organisation of their establishments.

I am, Sirs, yours faithfully,

R. P. RYAN, F.R.C.S. Irel.

Devonport, March 13th, 1896.

"FUNCTIONAL APHONIA IN MAN; TREATMENT, ETC.; WITH SPECIAL REFERENCE TO SO-CALLED VARICOSE VEINS AT THE BASE OF THE TONGUE."

THE SURGICAL IMPORTANCE OF VARICOSE VEINS AT THE BASE OF THE TONGUE.

To the Editors of THE LANCET.

SIRS,—Before you finally declare your columns closed to correspondence on this subject I shall be grateful if you will allow me to send you one more letter. The first charge (Feb. 15th) was that of Dr. Tilley that "functional aphonia" was taught at a hospital—now allowed to be the one of which I am the senior surgeon—to be due to varicose veins at the base of the tongue. This may be dismissed, for Dr. Tilley admits that he was not thus taught by the surgeon whose practice he followed at that hospital, and I have challenged him to produce any printed evidence that any one of my colleagues is responsible for so extravagant a doctrine. In the following week came a letter from Dr. Watson Williams, in which he at once admitted and questioned the frequency and the importance of varicose veins. I must refer your readers to his letter for details. At any rate, he was "confident that the great majority of laryngologists would strongly oppose the tendency of a few observers to over-estimate their clinical importance." I promptly claimed to agree with this pious expression of opinion. Then on Feb. 29th you published the encyclical of Dr. Semon, Dr. Hall, Mr. Butlin, Dr. Macdonald, and Mr. Symonds, in which they "fully endorse the views set forth by Dr. Tilley and by Dr. Watson Williams."

Now I had intended, in view of the unwarranted and unsupported statement of Dr. Tilley and the vague one of Dr. Williams to have taken no notice of this conjoint letter except to dismiss it with what I fear was but a blunderingly humorous quotation against them from Dr. McBride, whom I quite recognise to be of their way of thinking. But I have been told by many friends that it is a duty to point out that Dr. Watson Williams has, in quite recently published utterances, taken a quite different position to that now assumed. This gentleman, whose laboured regret to expose a mote in my eye has made him oblivious to a big beam in his own, thus writes in "Diseases of the Upper Respiratory Tract," (London, October, 1894), p. 43:—"Varix and Adenoid Hypertrophy at the base of the tongue is another condition *very frequently* [the italics are mine] observed in association with chronic pharyngitis. The hypertrophied nodules of adenoid tissue by impinging on the epiglottis may cause a constant irritating cough. The most marked case I have met with, as shown in Fig. 16 [which, by the way, does not illustrate impingement on the epiglottis], was in a schoolmaster. These nodules and any varicose veins should be destroyed by the galvano-cautery in the same way as enlarged veins in the pharyngeal mucous membrane." These eighty words represent all the information afforded on the subject in the volume. No word of protest is uttered as to the importance of looking beyond local causes or of taking a broad-minded and physicianly view of the question, which is, indeed, treated in as local and narrow a manner as could well be demonstrated.

I forbear to push the matter further, being confident that the signatories of the conjoint protest will now feel that they have been somewhat in a hurry in their endorsement of views which are either not very sincere or are the result of but a very recent conversion. Nor would I inquire too curiously if the writings of some of their own party would bear close scrutiny, for I am not at present concerned to show that there are quite as many English—to say nothing of French, German, and American—laryngologists who are in agreement with me as with them. In conclusion, I would ask permission to again repeat that lingual varix has never been taught by me to be the sole cause, but only a portion of a complex condition responsible for many minor throat troubles as well as indicative of several constitutional states,

and I would particularly refer to a letter written by myself to THE LANCET (vol. i., 1893, p. 177) in answer to one of your correspondents seeking information. Nor have I ever taught, as has been inferred by some of those who have joined in this discussion, that every case of simple prominence of the pharyngo-glossal veins, although noted by me as an evidence of varicose tendency, requires to be treated by the galvano-cautery. I can confidently appeal to the many gentlemen who have followed my hospital practice and that of my colleagues, to confirm me in the statement that an astrigent gargle, spray, or lozenge, with appropriate internal remedies and hygienic directions, represent the routine treatment, and that the galvano-cautery is employed in but a small proportion of cases in which varix is noted.

I am, Sirs, yours faithfully,
Mansfield-street, March 16th, 1896. LENNOX BROWNE.

To the Editors of THE LANCET.

SIRS,—I wish to thank those gentlemen who so kindly supported my views with reference to varicose veins of the tongue in THE LANCET of Feb. 29th. I have never stated or inferred that it is a special doctrine of Mr. Browne's hospital that functional aphonia is due to varicose veins at the base of the tongue, as he now insinuates,¹ and I absolutely refuse to be drawn from the basis of my facts into the pitfalls of Mr. Browne's rhetorics. My contention was, and is, that varicose veins at the base of the tongue is an exceedingly rare condition, and as rarely gives rise to symptoms such as alleged by Mr. Browne in his publications on the subject. In this contention I am supported by Dr. McBride, Mr. Butlin, Dr. Chiari, Dr. de Havilland Hall, Dr. Macdonald, Dr. Semon, Mr. Symonds, and Mr. Watson Williams, gentlemen whose scientific attainments and reputation in laryngology are beyond question as opposed to Mr. Lennox Browne, who states that he finds this condition present in more than one in four of his private patients (438 in 1547)—a statement which to the most casual observer must carry its own condemnation on the face of it. If further corroboration of our opinion were needed and of the way in which confiding patients are sometimes treated we have it in Dr. Coates's letter,² where the evidence of a general practitioner of experience is as eloquent as it is painful. I take this opportunity of thanking Dr. Coates for his letter, for as a contribution from one who is not a specialist it is extremely valuable.

It is gratifying to find in the letters from Dr. Williams and Dr. McBride in your issue of March 14th that they refuse to allow Mr. Browne to claim them as allies.

I must point out, also, that having first complained that I named no names, Mr. Browne now carefully avoids reply to my offer—viz., to give him the names of the patients and of the consultants and even to afford further evidence by additional cases.

I must now leave the profession to judge between the two sides and am sorry that we have not some tribunal before which such cases as related by Dr. Harcourt Coates and myself could be brought and fully and fairly investigated.

I am, Sirs, yours faithfully,
HERBERT TILLEY, M.D. Lond.

Welbeck-street, March 16th, 1896.

"SUBCUTANEOUS EMPHYSEMA OCCURRING DURING LABOUR."

To the Editors of THE LANCET.

SIRS,—Mr. G. L. Freeman, narrating³ a very interesting case of Subcutaneous Emphysema occurring during Labour, says he has "consulted several text-books on the subject, but can get no information." May I refer him to "The System of Obstetric Medicine and Surgery," 1884, by Robert Barnes and Fancourt Barnes? In the index, under the word "Emphysema," he will be guided to p. 527, where he will find the following account: "Ergot may cause such vehement reflex straining that, the glottis being too long closed, rupture of air-vesicles⁴ ensues, entailing emphysema of the neck, and perhaps extending widely." I may add that I have seen it occurring from violent straining where no ergot had been given.

I am, Sirs, yours truly,
Lyss, March 14th, 1896. ROBERT BARNES.

¹ THE LANCET, March 7th, 1896.

² THE LANCET, March 14th, 1896.

³ THE LANCET, March 14th, 1896.

⁴ Misprinted vessels.

"PLURALISM" AT THE GREAT NORTHERN CENTRAL HOSPITAL.

To the Editors of THE LANCET.

SIRS,—*Apropos* the recent appointments on the honorary medical staff at the Great Northern Central Hospital, Holloway, will you be good enough to allow me, through your columns, to ask if it was from paucity of applicants, owing to restrictive by-laws, that two gentlemen *holding similar posts at other metropolitan medical institutions*—"pluralism" in ecclesiastical circles—had to be selected as obstetric physicians? Or can it be possible that there is such a dearth of eligible gynæcologic or obstetric practitioners in London as these "pluralist" appointments would obviously indicate?—I am, Sirs, yours truly,
March 14th, 1896. J. DYSART MCCAW, M.D. St. And.

DISTURBING CEMETERIES.

To the Editors of THE LANCET.

SIRS,—Would you kindly give me your opinion as to whether there would be any risk of danger to the public health in widening one of the roads of the town by taking a piece out of an old cemetery? The cemetery, being full, is not used except by those possessing vaults in it. The level of the cemetery is about 12 ft. or 13 ft. above that of the road. One vault and a number of graves occupy the part which it is proposed to remove. No burials have taken place in this portion of the cemetery for about forty years.

I am, Sirs, yours truly,
Guernsey, March 12th, 1896. C. D'A. COLLINGS.

"THE MEDICAL DEFENCE UNION, LIMITED, AND THE LONDON AND COUNTIES MEDICAL PROTECTION SOCIETY, LIMITED."

To the Editors of THE LANCET.

SIRS,—In reply to Mr. Horsley's letter in THE LANCET of March 14th we can only say that we are exceedingly surprised and sorry to find that he still fails to grasp the fact that nothing blocks the way to the amalgamation of these two societies but the refusal of the Medical Defence Union to register that title for the amalgamated society which has been accepted by all the delegates, and we take this opportunity of giving the assurance to all concerned that in the council of our society there is a strong wish that the amalgamation of the two societies, conducted on proper legal lines, should be completed forthwith.

We are, Sirs, yours faithfully,
GEORGE HERON,
W. BRUCE CLARKE,
Delegates London and Counties Medical Protection Society, Ltd.

"DEATH UNDER CHLOROFORM AT A DENTIST'S ROOMS."

To the Editors of THE LANCET.

SIRS,—In THE LANCET of March 7th there appears in the annotations under the heading of "Death under Chloroform at a Dentist's Rooms" the following:—"It is a matter of no small regret that dental practitioners should not be better informed upon these matters than to permit the employment of chloroform upon their premises as an anæsthetic. There is ready to hand a safe and convenient anæsthetic in nitrous oxide gas, which fulfils all the requirements of the dentist." It seems to me to be quite time there was some air let into such one-sided statements by some one who sees the thing from a dentist's standpoint. I presuppose the writer admits the advisability of an anæsthetic in case of painful operation, and yet chloroform is not to be used in a dentist's rooms. What percentage of surgeons would think of, say, amputating a finger or a toe, or performing a circumcision, without exhibiting one of the long anæsthetic agents? I presume no one would suggest that to have four or five badly broken-down teeth, let alone ten or fifteen, or removing an impacted wisdom tooth, is not a more painful operation than any of the aforesaid for which chloroform is regularly given. The special danger of mechanical complication with the air-passage does not appear to