being much more to be dreaded than either the secondary or the tertiary signs, not only on account of the general havoc which had been inflicted on the system before the parasymphilitic symptoms made their appearance, but also to our inability to cope with the disease in this stage.

Our knowledge of syphilis at that time (1876) was almost as complete as it is to-day, with the single exception that the spirochæta, the cause of the disease, had not then been discovered, although it was being diligently searched for. At that time I commenced to treat my cases of syphilis by a method which I still adopt. If the patient consulted me for his primary sore I excised the chancre and treated the wound with a strong mercurial lotion. I also prescribed mercury, mostly in the form of the biniodide, to be taken internally, with instructions either to again consult me or, if this was impossible, to increase the dose of the biniodide should any of the secondary symptoms of this disease manifest themselves. The patient was told to continue this treatment for two years. At the same time I advised that he should take at times a mixture containing nearly always either quinine or cinchona bark with arsenic.

The third part of the treatment consisted in the inunction of a biniodide of mercury ointment into the skin over the hepatic organ. The usual result of this treatment was that during the whole period of two years patients never suffered either from secondary or tertiary symptoms. Their general health was, as a rule, so good that I remember some of the patients questioned my diagnosis, and in some instances they stopped the treatment until they were convinced, by the appearance of the characteristic signs, that they had not only acquired the disease, but that it was still present in their system.

On the expiration of two years of the above treatment I advised that the treatment should be given up with the exception of the inunction of the mercurial ointment as above indicated. I pointed out to them that the use of this ointment was not only curative but also diagnostic. If there was no syphilis active in the system and the liver was in a healthy condition, one or, at the most, two applications of the ointment would cause very severe pain in the skin over that organ. If, on the other hand, syphilis was present in an active condition and the hepatic organ was in an unhealthy state, usually small and contracted, the ointment would fail to set up irritation of the skin for sometimes as long as a fortnight or three weeks. In such cases I found that during this period the small contracted liver gradually increased in dimensions; the daily amount of urine secreted was also much greater; the appearance of the patient improved while the ointment was being applied. I have entered with much greater detail into this matter in papers published in the *Provincial Medical Journal*, February, 1894, and in the *Scalpel* for July, 1900. I instructed the patients to use this ointment in the manner above indicated every month, and for one month in each year to take in addition biniodide of mercury internally in the usual medicinal doses; this last part of the treatment to be continued during the whole of the patient's life.

I have had the opportunity of observing many of these cases for nearly 40 years. Some of the patients I treated were married at the time they contracted the disease, and in not a few instances they unwittingly infected their wives. Others have since married. I have examined the children of parents both of whom I had treated for syphilis, and also the children when the father only had suffered from this disease. In neither instances have I ever been able to detect any congenital manifestations in the offspring. I here, of course, refer only to cases in which the children were begotten after the patient or patients had undergone a two years' course of the above treatment. In no single case where this treatment has been carried out have I ever known a patient to develop locomotor ataxy, dementia paralytica, or any other parasymphilitic disease.

I would like also to add that a modification of this treatment has in my hands yielded most excellent results in cases of well-marked tabes when such symptoms as loss of knee-jerk, Argyll-Robertson sign, lightning pains, unsteadiness of gait, &c., were all present. This treatment in three or four instances set up slight symptoms of mercurialism which in a few days disappeared. In the thousands of cases I have treated I am glad to be able to state that beyond this its actions have always been continuously and uniformly beneficial.

I leave this record to your readers to compare with the results obtained by the employment of salvarsan, which, I may add, I have seen injected intravenously, and I have also had the opportunity of examining some of the patients who have undergone a course of treatment with 606.

I am, Sir, yours faithfully,

JAMES CRAIG, M.B., C.M. Edin.

Llandudno, June 9th, 1913.

To the Editor of THE LANCET.

SIR,—I regret that Mr. Ernest Lane is of the opinion that I made erroneous statements in giving his name as one of those authorities who have been, or still are, opposed to the routine use of salvarsan in the treatment of syphilis. Although I knew that Mr. Lane advocated the administration of salvarsan in cases which he considered appropriate, I was of the opinion that by this he meant that he was not in favour of such administration as a routine, and I felt that there could be no mistake in this judgment of his opinion, as he had definitely stated, when he spoke at the discussion on syphilis before the Royal Society of Medicine, that he hesitated in recommending salvarsan as a routine treatment (June 17th, 1912, Proceedings of the Royal Society of Medicine, Volume 5, No. 9 (supplement), page 90).

I am, Sir, yours faithfully,

HUGH WANSEY BAYLY.

Upper Berkeley-street, W., June 4th, 1913.

EXPOSURE OF THE PELVIC PORTION OF THE URETER.

To the Editor of THE LANCET.

SIR,—I have read with interest in THE LANCET of June 7th Mr. Frank Kidd's article on a Small Muscle-splitting Incision for the Exposure of the Pelvic Portion of the Ureter, and agree absolutely with him that the incisions at present in vogue do a quite unnecessary amount of damage to the abdominal wall. However, experience gained in partial resections of the bladder for malignant disease has convinced me that the easiest and quickest method of exposing the pelvic ureter is through a median incision, and for over a year I have used this incision to the exclusion of all others when operating on this portion of the ureter.

Mr. Kidd says that the exposure of the ureter should be extraperitoneal; with this I agree if the ureter is to be opened, but if it is merely to be examined and palpated (as in cases of renal tuberculosis where cystoscopy and catheterisation of the ureters are impossible) I believe that a median transperitoneal operation is much the better. Both ureters can be palpated from the renal pelvis right down to the bladder through such an incision.

If the operation is for the removal of a stone in the pelvic portion of the ureter it can be performed extraperitoneally as follows. The patient is placed in the Trendelenburg position and the bladder moderately filled with lotion. A median incision is made from the pubis to within an inch of the umbilicus. All the structures down to the peritoneum are divided. The bladder, which is seen in the lower part of the wound, is pulled to the side away from the ureter in question. Thus if the operation is upon the right ureter the bladder is retracted to the left. The peritoneum is now stripped up from the bladder and from the lateral wall of the pelvis. An assistant next drains away the fluid from the bladder by simply removing the spigot which was inserted into the end of the catheter. A finger passed deeply into the wound, keeping close to the now flaccid bladder, soon meets with the terminal portion of the ureter, which can be easily followed up to the brim of the pelvis. If a ureteric catheter has been placed *in situ*, or if the operator feels the stone, this stage is exceedingly simple; in any case, a little blunt dissection of the fatty tissue at the side of the bladder will reveal the ureter crossing from the lateral wall of the pelvis. Once it is found it can be easily raised from its bed, a strip of gauze passed under it, and the stone removed. In performing this operation it is much better for the surgeon to stand at the side of the patient opposite to that of the ureter in question. In this way he obtains a much better view of the operation field than he would if he stood on the same side. This applies with equal force to operations for the removal of bladder tumours.

The advantages of this method are : 1. The incision does a minimum amount of damage to the abdominal wall. If it is carefully sutured in layers there is little risk of a ventral hernia. 2. It allows a transperitoneal exposure of the whole length of both ureters, and an extraperitoneal exposure of the pelvic portions of both ureters. In one case I removed eight stones from the right ureter and explored the pelvic portion of the left at one sitting. By any other method this would have necessitated two incisions. 3. Should the stone at the time of the operation be found to be in the intramural portion of the ureter the bladder can be immediately opened and the stone cut down on and removed from within. This point was illustrated by one of my cases. The patient had a small stone in his right ureter which he failed to pass after about six weeks' almost continuous colic. I exposed the ureter by means of this incision, but failed to locate the stone. After a few minutes' search I noticed a small, hard nodule in the bladder wall. I then opened the bladder, found that the stone was impacted in the intramural portion of the ureter, cut down on it and removed it. The advantage of removing such stones from within the bladder is obvious. Any other method of exploring the ureter would have necessitated a fresh incision for the cystotomy in this case.

I am, Sir, yours faithfully,
Harley-street, W., June 10th, 1913.

J. SWIFT JOLY.

INSANITY AND DIVORCE.

To the Editor of THE LANCET.

SIR,—Dr. Batty Tuke's question is simple enough, and I will endeavour to answer it as simply. It is impossible to regard the reasons for the granting of divorce from a purely eugenic point of view. One is forced to take other things into consideration. Terrible as is the sorrow and suffering entailed upon humanity by the spread of tuberculosis, often owing, it is true, to the injudicious marrying of tuberculous persons, yet it would prove well-nigh impossible either to prevent such marriages or to grant divorce for any bodily sickness only, whereas in insanity the case is utterly different, and few persons will, I think, be found who will not concede its greater terrors and horror. A healthy mind, although clogged by a sick and suffering body, may yet prove a very efficient and beloved companion through life. A body in which the soul and mind are sick, smitten of the dread disease of insanity, can prove nothing but a curse to the unhappy man or woman who finds himself or herself tied to it for life with no hope in all the lonely years to come of ever forming fresh ties and a happier home.—I am, Sir, yours faithfully,

A. HAMILTON,

Organising Secretary, Divorce Law Reform Union.
St. James's-street, Piccadilly, W., June 6th, 1913.

SIR VICTOR HORSLEY AND MR. McKENNA.

To the Editor of THE LANCET.

SIR,—A constitutional position of interest, especially to the members of our profession, has just been created by the action of Mr. McKenna, the Home Secretary, and Sir Rickman J. Godlee, the President of the Royal College of Surgeons of England.

On March 18th, 1913, Mr. McKenna made a personal attack upon me by name in the House of Commons. On May 1st I wrote to him asking him to publicly withdraw his statements, they being from evidence in my possession inaccurate in several respects, and at the same time giving him the proofs of these inaccuracies. Further correspondence ensued but without any material result.

While this correspondence was still proceeding it came to my knowledge that Mr. McKenna had lodged a complaint against me at the Royal College of Surgeons without informing me that he was doing so or had done so. On discovering this I at once wrote to the President (Sir R. J. Godlee) and requested that a copy of the document or documents containing the Home Secretary's charges be furnished to me so that I might deal with them.

Sir R. J. Godlee, who did not reply until he received a letter from my solicitor, declined to accede to my request. This request I made, not only as a Fellow of the College, but

also as a citizen of a country which prides itself on the fact that everyone who is accused is entitled to know at once exactly what charges are made against him with a view to being enabled to reply to them should he wish to do so.

I also wrote to Mr. McKenna making the same request. He also, while admitting that he had lodged charges against me, declined to inform me of the nature and detail of his accusations.

It appears to me to be extraordinary for a Minister of the Crown to make a complaint concerning a professional man's reputation without giving him notice, and further for the President of our College to refrain in his turn from informing the professional man thus complained against that such charges had been made and to refuse to disclose the nature of them when asked to do so.

I mention this incident as evidencing the pressing need for reform in the present constitution of the Royal College of Surgeons.

I am, Sir, yours faithfully,

Cavendish-square, W., June 7th, 1913.

VICTOR HORSLEY.

* * The circumstances to which this letter alludes were made the subject of questions and replies in the House of Commons on Tuesday last (see p. 1709).—ED. L.

TUBERCULIN TESTS.

To the Editor of THE LANCET.

SIR,—May I point out that the percentage rates which you quote from the Royal Commission Report on Tuberculosis in your leading article, "Tuberculin Tests," of May 31st, are subject to a very wide error, as the number of animals under consideration is much too small to justify percentage deductions. For example, 31 per cent. of animals infected with bovine bacilli and suffering from severe and progressive tuberculosis failed to react. The actual number of animals tested was 16; 11 reacted, 5 did not. The possibilities of failure lie between 1 per cent. and 64 per cent. Again, 9.8 per cent. suffering from general tuberculosis, not severe and not progressive, failed to react. The number of animals tested was 61; 55 reacted, 6 did not. The possibilities of failure lie between 1 per cent. and 19 per cent. Lastly, "in cases of minimal or local tuberculosis the percentage of failures was 8.5." Here 47 animals were inoculated; 43 were positive, 4 negative. The possibilities of failure lie between 2 per cent. and 21 per cent. The fact should be mentioned that there were 6 animals in the class "cases of general tuberculosis, not of the greatest severity but progressive, in which the reaction was always positive." As there is danger that these statistics appearing in a Royal Commission Report, and supported by THE LANCET, may be used outside to the detriment of the tuberculin reaction, would it not be well to point out the smallness of the numbers upon which they are based?

I am, Sir, yours faithfully,

R. STENHOUSE WILLIAMS.

University College, Reading, June 5th, 1913.

A SIDELIGHT ON CONTRACT PRACTICE.

To the Editor of THE LANCET.

SIR,—A short while ago the subject of payment according to work done as distinguished from payment *per capita*, which is theoretically a payment according to the estimated work to be done, the amount being collected by an equal assessment from all members of a group instead of from the individuals for whom the work has been done in proportion to their respective liabilities, was greatly to the fore. Of course, it does not matter one iota to the medical man if he is paid a fair fee for the 100 visits he pays whether the sum comes out of the pockets of those to whom he has paid the visits or by an average weekly payment from a whole group who have pooled their liabilities. But it does matter if he is called upon to face an unknown quantity of work for a strictly limited payment, which may quite likely recoup him on a totally inadequate scale of payment for the actual work done. It was the knowledge that when the receipts obtained under contract practice in the past were averaged against the items of service rendered they were always found to be absurdly inadequate that roused the antagonism of the profession at large to the *per capita*