have not stopped the abuse of alcohol at home any more than we can stop the use of opium in China. But the Indian Government exerts itself to minimise the injurious use of the drug. It is not in the power of the authorities to extirpate a national habit. Indian opium is much more expensive than native Chinese, and in consequence less used by the poorer classes than by the well-to-do. It is an important consideration that probably the composition of Indian and Chinese opium is different, and that the proportion of the alkaloids varies. I believe that the finer quality of Indian opium is less injurious and causes less ultimate mischief than the other coarser varieties. Until it is absolutely guaranteed that alterations in the present system of production will not cause additional harm, by the extension of the use of alcohol or otherwise, it is well to remember the motto, "*Quæta non movere*." The practical question is not really affected by the fact that a single overdose of opium is much more serious than a single overdose of alcohol. It is a consideration regarding habitual use which is before us. I see no reason to alter my previous conclusions:—1. The habitual use of opium is not so dangerous nor so degrading as the "anti-opium party" represents. 2. The importance of forbidding the export of opium from India with a view to lessening its consumption in China has been exaggerated. 3. To place restrictions under present circumstances on opium consumption is likely to cause harm by stimulating the use of other more dangerous forms of indulgence.

I am, Sirs, yours faithfully,
W. D. S.

March 29th, 1892.

P.S.—I may add that I sympathise with all efforts to decrease vice and lessen misery, especially of semi-civilised races. The introduction of the "fire-water" to the races unaccustomed to it is a story of disgrace. On the other hand, I am convinced that the present endeavour to raise a crusade against opium is an example of misguided zeal.

To the Editors of THE LANCET.

SIRS,—At a very crowded meeting at the Society of Arts on Thursday, March 24th, a paper was read by G. Batten, Esq., late of the Bengal Civil Service, with Sir John Strachey, K.C.S.I., formerly Lieut.-Governor of the North-West Provinces and Oudh, in the chair, on "The Opium Question." The reading of this paper was preceded by a remarkable article in *The Times* of March 21st, of two and a half columns, on this subject, the main object of which seemed to be to show that, apart from the question of economic revenue, "the legitimate use of opium in India is determined by two sets of causes—by geographical or climatic necessities, and by needs arising out of the prohibitions of religions, or the temperament of races"; or, in other words, the issues were limited to purely medical and moral lines. The latter we can surely dismiss with the remark that, if there is any force left in the precept to do to others as we would be done by, the obligation devolving on a professedly Christian nation to supply its subjects with an inducement to self-indulgence in lieu of another prohibited by their religious enactments, or to minister to a temperament—alas! already admittedly sensual—by means of a drug, whatever may be said to the contrary, largely taken for sensual purposes, is as baseless as it is immoral.

The medical aspect of the question, however, is one which must be carefully and scientifically discussed; for, if it can be satisfactorily proved that "the general and moderate use of opium" under any conditions imparts to the poor cultivator of India what the writer in *The Times* describes as "an unconscious safeguard" against the endemic diseases of any locality, by far the chief of which is fever (I purposely do not limit the locality to the population of deltaic tracts of land), then the opium question must be discussed apart from all considerations other than those which will enable the peoples of India to resist most successfully that disease (fevers of varied types) which annually carries off numbers out of all proportion to all other diseases put together. For instance, in a population of 44,000,000 in the North-West Provinces and Oudh, the deaths from fevers in 1886 numbered 250,995. This, therefore, is the point round which the battle must now rage, as the withdrawal of the drug said to produce this "unconscious safeguard" is declared by the writer in *The Times* to be "morally indefensible." Opium, therefore, must be viewed, and treated, either as a necessity for health or a luxury for wealth; and perhaps there never was a better opportunity,

outside of a purely professional arena, such as that in which I led the discussion at the meeting of the British Medical Association at Bournemouth last year, than was presented at the Society of Arts last Thursday. There were medical men in that splendid hall capable, from the greatest and most varied experience, of discussing the subject to the full, and there were civil administrators in sufficient numbers to witness the combat and test the results; but clearly, quite unexpectedly to all, this crucial point of the question was never even touched upon in the discussion, if we except a few remarks from Sir Lepel Griffin. I must, however, in justice to Sir George Birdwood, state that, owing to the impossibility of giving the numerous applicants to speak an opportunity of being heard, he most generously, on behalf of the Society, undertook to record in the pages of the Society's journal the remarks of those who would have spoken had there been time. We must, therefore, wait till the journal appears to read the views of those present. In the meantime, I feel all must admit the difficulty which the chairman undoubtedly experienced in limiting the time of the speakers; but, as I have said, Sir George Birdwood has done his best to supply any deficiency which might have been complained of from this cause.—Yours truly,

ROBERT PRINGLE, M.D.,
Blackheath, S.E., March 26th, 1892. Brigade Surgeon.

* * Other communications on the above subject are unavoidably held over till next week.—ED. L.

PYRAMIDAL CATARACT.

To the Editors of THE LANCET.

SIRS,—In an abstract of a paper read by Mr. Treacher Collins before the Ophthalmological Society, which appeared in THE LANCET of March 19th, there are a few points upon which I, perhaps, may be permitted to touch, all the more as Mr. Collins has quoted from a paper of mine on the same subject in the last volume of the Ophthalmological Society's reports. It is a great regret to me that I was unable to be present at the reading of Mr. Collins's paper, nor have I the context, but the abstract is a full one. Mr. Collins's work and communication deserve great consideration. He has collected a unique series of cases and presented them with skill. His conclusions are, in the main, similar to those drawn by previous observers in cases of pyramidal cataract following corneal perforation, and, with the exception of his hypothesis in reference to the formation of new capsule, confirm (so far as my memory serves me, for I have mislaid the paper) the observations of Professor Schweigger on a case of pyramidal cataract submitted to him by Dr. Samelson. So far, then, his cases, admirable as they are, give no new insight into this affection; but Mr. Collins touches very debateable ground when he divides his cases arbitrarily into groups and selects the one suited to establish a particular view. This is equally open to other observers, and the chaos that must ensue is obvious. In referring to a paragraph in my paper, "that pyramidal cataracts are found in a majority of cases associated with clear corneæ," Mr. Collins is not logical in challenging the statement on the ground "that a large number of eyes with opaque corneæ have not been examined," because my paper obviously refers to cataracts *in esse*, and not to those *in posse*. I join issue with any observer who demurs to the presence of pyramidal cataracts with clear corneæ, assuming that he accepts, as I do, the usually received examples of anterior polar capsular opacity with prominence more or less marked, for within the last three months I have removed by suction two zonular cataracts with pyramids on the centre of each capsule, both corneæ being cloudless. In each the pyramid, which certainly lay outside the capsule, was carefully detached experimentally before rupturing the capsule, and it sank, a thickened, chalky flake, to the bottom of the anterior chamber—a typical example of dead pupillary membrane.

I am, Sirs, yours truly,

P. H. MULES,
March 28th, 1892. Surg., Mid-Cheshire District Eye Hosp.

TUBERCULIN.

A la Direction du LANCET.

TRES-HONORÉS COLLÈGUES,—Je vous prie d'avoir la complaisance d'insérer dans votre journal ce qui suit :

Dans la *Allgemeine Medicinische Central Zeitung* de 20 février nous lisons : "Un médecin suédois, Dr. O. Torstensson à Gothebourg, a reçu à une demande qu'il

avait faite au Professeur Koch, de l'assistant de celui-ci, du Docteur A. Libbertz, la réponse suivante :—“Je suis fâché de n'être pas à même de vous envoyer la soi-disante tuberculine améliorée dont on a parlé dans les journaux. A la vérité, le Professeur Koch s'occupe continuellement à perfectionner son remède, et il croit de ces jours être plus près de son but. Cependant, il est d'avis de ne pas publier la préparation avant qu'elle ait été soumise à une épreuve brillante dans des maladies tuberculeuses. C'est pourquoi il n'est pas permis de s'en servir hors des cliniques du Professeur Koch.” Le même journal nous mentionne, sous date 12 mars : “Dans les baraques de maladies contagieuses sous la direction du Professeur Koch soixante hommes, trente-six femmes, et six enfants peuvent être admis. A présent environ soixante-dix personnes y sont traitées de la tuberculine améliorée.” Nous voyons que M. le Professeur Koch s'occupe encore toujours de recherches pour améliorer, purifier, et perfectionner son soi-disant remède. Donc, il a été de sa part un fait sans doute un peu précipité et prématuré d'avoir préconisé, il y a un an et demi, son procédé comme capable de guérir la tuberculose. Il me semble, cependant, plus à propos d'arrêter d'abord l'existence de ces microbes que de chercher à perfectionner un remède jusqu'ici inutile, sans valeur, et même dangereux, basé sur les qualités de prétendus microbes dont je dois nier l'existence. Qu'il nous montre les bacilles tuberculeux dans ces endroits où jusqu'ici il manque de nous les montrer, et où il doit nous les faire voir en premier lieu—c'est à dire, dans des tubercules en développement, dans des tubercules tout à fait développés, encore frais, crûs, et dans des cavernules qui ne sont pas encore en rapport avec les bronchioles, et de plus dans une disposition et une aggrégation conformes à la nature et à l'arrangement des parasites dans des affections vraiment parasitaires—s'il veut que nous ajoutions foi à l'existence de ces microbes et à leur rapport étiologique avec la tuberculose. Car, si les bacilles tuberculeux n'existent pas, comme je prétends, il ne peut pas être question d'un extrait ou d'un produit de ces microbes illusoires.

Agréez, Messieurs, l'assurance de mes sentiments distingués et mes salutations sincères.

Groningue, 23 mars, 1892.

H. W. MIDDENDORP.

MEDICO-LEGAL CORONERS.

To the Editors of THE LANCET.

SIRS,—The leading article in THE LANCET of March 19th raises the question “How are suitable medical candidates to be obtained?” To secure this object I would suggest that the appointment as coroner should be competed for, after a course of special training in the various medical and legal subjects required. Competitive examination would be the surest means of securing the best men for such an important post. Coroners' inquests should be presided over and conducted by gentlemen well qualified in law as well as medicine. The course of study should therefore include practical and theoretical training in the requisite subjects appertaining to both professions. A medical coroner without legal knowledge is at a great disadvantage, but a legal coroner without knowledge of medical science is much worse. That coroners' courts should be presided over by gentlemen specially qualified for the purpose would be an extreme source of satisfaction to the medical profession and an additional security to the public. Inquiry into the cause of death is a purely medical investigation, but in the conduct of it legal points arise which a medico-legal coroner would be prepared for. As matters stand at present, verdicts are frequently returned as to the “cause of death” where no medical evidence has been called, and where both coroner and jury make most egregious mistakes. In these cases the jury are, to be sure, entirely dependent on the coroner, and therefore not so much to blame. I have frequently known of verdicts of “Natural causes” &c. being returned where medical evidence was dispensed with, which would have undoubtedly proved that the causes were decidedly “unnatural.” Country jurors, as a rule, are not capable of grasping the salient points in medico-legal investigations; it is therefore most important that scientific questions, when they arise, should be explained to them in a concise and lucid form. I think coroners' courts require complete reformation. It seems absurd to expect twelve men, “good and true” as they may be, whose mental development has decidedly suffered from their station in life, to deliberate on scientific matters of which they must be

totally ignorant. I do not purpose discussing the mode of reformation, but I think medical facts can only be properly judged of by medical minds.—I am, Sirs, yours truly,
March 23rd, 1892. M.R.C.P.I.

* * Our contention has always been that the amount of knowledge of law governing the coroner's functions may easily be acquired by a medical man, whereas, on the other hand, the medical knowledge requisite to conduct an inquiry into the cause of death can only be possessed by one who has received a competent medical training.—ED. L.

FATAL CASE OF INHALATION OF ROBURITE FUMES.

To the Editors of THE LANCET.

SIRS,—I was present at the inquest noted in THE LANCET of March 19th by Dr. Hatton, and venture to think we cannot accept the *ipse dixit* of a coroner's court upon a scientific question. For many years I have had a large number of cases under my care, of both acute and chronic cases of nitro-benzol poisoning, and the symptoms described by Dr. Hatton do not in the least tally with my experience; neither do the post-mortem appearances. In over two hundred cases I have never observed nystagmus, but we are all aware that it is common, irrespective of poisoning, amongst colliers. Indistinctness of vision only occurs in prolonged and very chronic cases. Temperature I have never found over 100°. Cyanosis is common during life, and by German observers said to exist after death, but in the fatal case which I had, paleness of the mucous membranes and body generally was one of the most marked characteristics. The reflexes are usually much enfeebled, and in acute cases lost. Meningitis and encephalitis are not, so far as I have observed, produced by the absorption or inhalation of this vapour; and Professor Paul, in his cross-examination, said that he was unaware that nitro-benzol could produce inflammation of the brain. I have seen men inhale a concentrated atmosphere of nitro- and di-nitro-benzol vapour fifteen minutes at a time, and only suffer temporary inconvenience in consequence. Therefore it seems to me improbable that a fatal case should occur in a healthy man from breathing an atmosphere so slightly tainted with nitro-benzol as the evidence of the court amply proved. I was also present at most of the underground experiments by Professor Dixon and Messrs. Mounsey and Hannah, with the ventilation absolutely stopped during the explosion of roburite cartridges for from twenty to thirty minutes, and felt no inconvenience. It seems to me advisable for medical men to be very careful before attributing fatal results to the use of any explosive used in mines, especially one which, theoretically, is so innocuous in the fumes which it gives rise to, and one which on all occasions, when practically and scientifically tested, has been shown to be harmless.

I am, Sirs, very faithfully yours,

R. PROSSER WHITE, M.D., M.R.C.S.,

Hon. Surgeon, Royal Albert Edward Infirmary, Wigan.

March 29th, 1892.

SUBPERITONEAL HYSTERECTOMY.

To the Editors of THE LANCET.

SIRS,—Dr. Heywood Smith, in his interesting article on subperitoneal hysterectomy in THE LANCET of Feb. 20th, 1892, refers to a paper of mine on the same subject. He mentions the chief points of my method—viz., the raising of peritoneal flaps, the separate ligation of the uterine arteries, and the avoidance of the ureters &c.; but he has not, I think, quite grasped their importance, in that he regards them as subsequent in time to the removal of the tumour.

The steps of my method in their order are—(1) abdominal section; (2) separation of adhesions, if present; (3) ligation and division of both broad ligaments; (4) formation of anterior and posterior peritoneal flaps, each incision starting in the lower angle of the peritoneal wound formed by the division of the broad ligament on the one side and ending at the same point on the other; (5) separation of the peritoneal flaps from the uterus on all sides down to the insertion of the cervix uteri into the vagina; (6) seizure and division of the main trunk of the uterine artery of either side, as it lies in the superficial tissues of the exposed cervix uteri; (7) the removal of the tumour and uterus by section of the cervix above the point of ligation of the uterine arteries; (8) suture of peritoneal flaps; (9) complete closure of abdo-