insisted, that a great deal of heart disease is causally associated with prolonged high tension, and that a high peripheral resistance is an essential factor in initiating dilatation of the left ventricle. Nevertheless, it is only in a limited number of cases of heart failure that we are called upon to reduce peripheral resistance, and then only as a temporary measure. In the worst cases radial tension is generally low, and the meagre stream of blood escapes all too readily into the already overgorged veins. In such cases we seek to increase rather than to diminish resistance, and the good effects of digitalis are in no small measure referable to its constricting influence on the arterioles. Sometimes, indeed, vaso-motor constriction occurs as part of the general scheme of compensation, as happens more particularly in mitral obstruction and in obstruction originating in the pulmonary circuit. 7. I have argued that the baths and resisted movements tend to limit the flow into the right heart; but how, it may be asked, can this conclusion be reconciled with the undoubted fact that the entire circulation is accelerated by their means? The answer is that the flow into the right heart is only relatively diminished — i.e., when considered in relation to the increased cardiac activity. There is no doubt that both the baths and movements stimulate the right heart (how we need not stop to consider), so that, while on the one hand blood is prevented from flowing too readily out of the arterial system, the supply to the veins being thereby limited, and while on the other hand the flow from the veins into the right side of the heart is impeded, this organ is incited to aspirate and urge on the blood with increased force, while at the same time the deepened inspirations favour the pulmonary flow. And here, Sirs, I must end, though I have only been able to touch upon the fringe of this important subject. In conclusion I beg to express my deep obligation to Dr. Leith for his valuable paper. I am, Sirs, faithfully yours,

Devonshire-street, W., March 23th, 1896. HARRY CAMPBELL.

"AN INQUIRY INTO THE PHYSIOLOGY OF THE ACTION OF THERMAL SALINE BATHS AND RESISTANCE EXERCISES IN THE TREATMENT OF CHRONIC HEART DISEASE."

To the Editors of THE LANCET.

SIRS,—The following references have appeared since the date of delivery of this paper and while it was in the hands of your printers:—

53. Herschell: Critical Remarks upon the Nauheim Treatment of Heart Disease, *THE LANCET*, Feb. 15th, 1896, p. 413. He failed to get any favourable results in his cases and entirely condemns the system. 54. Brown (Ralph): The Nauheim Treatment of Heart Disease (a letter). *THE LANCET*, Feb. 29th, 1896, p. 585. He emphasises the influence of CO₂ and its absorption by the lungs. 55. Bezly Thorne: Notes on Certain Changes in the Cardio-vascular System which are Induced by Treatment according to the Schott Methods, *Brit. Med. Jour.*, March 14th, 1896, p. 653. He distinguishes an oval, bipartite, and conoid form of dilated heart as made out by auscultatory percussion, a method which is, in my opinion, quite untrustworthy, and has given him illusory results. 56. Kingscote: Fifteen Months' Practice of the Schott Methods for the Treatment of Chronic Affections of the Heart, *THE LANCET*, March 21st, 1896, p. 761. He gives seven cases, but we fail to follow him in his *rationale*. 57. Bezly Thorne: Self-poisoning in Heart Disease and its Relation to the Schott Method of Treatment, *THE LANCET*, March 21st, 1896, p. 755. 58. Bowles: The Nauheim and Schott Treatment of Diseases of the Heart, a paper read before the Harveian Society of London, March 19th, 1896. He supported the methods *in toto* and gave four corroborative cases.

I am, Sirs, yours faithfully,

Edinburgh, March 24th, 1896.

R. F. C. LEITH.

"RUPTURE OF THE TERMINAL EXPANSION OF THE EXTENSOR COMMUNIS DIGITORUM."

To the Editors of the THE LANCET.

SIRS,—Dr. F. G. Wallace's case of rupture of the terminal expansion of the extensor communis digitorum¹ reminded me of a similar case which came under my care on July 16th, 1895. The patient, a man aged fifty-five years, of a delicate constitution, while trying to lift a pillow weighing about

500 drachms, felt something give way with a snap in his left ring finger, but felt no pain. On looking at it he was startled to see the third phalanx flexed almost at right angles to the second. I saw him immediately after. The phalanx could be easily pushed straight, but would soon drop to its former position if left alone. On the lower third of the dorsum of the second phalanx a small, tender swelling could be seen, which was undoubtedly the point where the ruptured end of the tendon had been drawn. The groove corresponding to the second phalangeal joint could be felt more distinctly in this finger than in the others, especially when the third phalanx was held in a position of semi-flexion, owing to the rupture of the expansion of the tendon which forms the posterior ligament of the joint. I soon put the whole finger, completely distended, in plaster of Paris, in order to put the joint in a sure state of complete rest. In two weeks the plaster was removed and the joint was found to be better; some movement could be seen in it. I put it again in plaster for fifteen days more, at the end of which I found the joint quite movable, but not easily and freely, the swelling at the dorsum of the second phalanx was smaller and the tenderness had by this time disappeared. For fear of having the tendon ruptured again I put it for fifteen days more in plaster, and when this was removed the joint was seen to be strongly and freely movable, the swelling almost gone, and the man is now as well as ever.

I am, Sirs, yours truly,

Alexandria, March 10th, 1896.

S. F. SHAMOUN, M.D.

CONFIDANT OR INFORMER?

To the Editors of THE LANCET.

SIRS,—In a recent libel case Sir John Williams is reported to have said that "a medical man is obliged to inform the Public Prosecutor of any crime which has been committed or is intended to be committed." I do not know what significance Sir John Williams attaches to the term crime, but I take it that he uses it not in the literal sense of a matter for inquiry, but in the conventional sense of a violation of the law. Attempted suicide is "a crime under the law," to employ an expression used by Mr. Justice Hawkins, and I should like to ask if it is held that a medical man who is called on to attend a patient who has taken poison admittedly for suicidal purposes and who recovers is bound to communicate with the police. Speaking from personal experience, I may say that I have attended many patients under these circumstances and that I have never given information. If the patient dies there is an inquest and the matter settles itself, but to go away from the patient's bedside after saving his life and denounce him to the police seems to me to be a hateful taste and to be contrary to all principles of morality. Rather than do so I would take my chance of being charged as accessory after the fact, for I am sure no jury would convict under the circumstances. In spite of the respect which, as an old pupil, I naturally entertain for the high position of Sir John Williams, I am bound to say that I do not appreciate this new code of ethics, and I am sure that it will be a bad day for the profession when the public cease to believe that their secrets are held inviolate by their medical advisers.

I am, Sirs, yours faithfully,

WILLIAM MURRELL.

Welbeck-street, Cavendish-square, W., March 27th, 1896.

THE TWELFTH INTERNATIONAL MEDICAL CONGRESS AT MOSCOW.

To the Editors of THE LANCET.

SIRS,—I have received a further letter from Professor Crisman, the general secretary of the next International Congress, in which he tells me that the question of languages is to be reconsidered by the executive committee, and that in all probability the English language will be admitted to equal rights with German, Russian and French. The letter continues: "This will be done because it has become clear that the exclusion of the English language would not be well received by our English colleagues, and the committee do not consider themselves justified in insisting on their first decision if the general opinion of our English colleagues is clearly against it. You may rest assured that the committee, in discussing this question and coming to their first decision, were guided solely by considerations of what would be of

¹ *THE LANCET*, Feb. 29th, 1895.