waste; and (3) every precaution should be taken to prevent a badly tainted stock from diffusing itself. A race which ceases to insure that its better elements have a dominant fertility destroys itself far more effectively than its foes could ever hope to do on any battlefield.

The highest gift which has been bestowed on man and woman is the *creation of life*, and do we not stand condemned when we deliberately permit degenerates to curse their offspring with a mental disease which will cause untold misery to many generations? Pity is the highest and most exquisite of human emotions, and surely the *prevention* of suffering is more noble than its *creation*.

I am, Sir, yours faithfully,
C. T. EWART, M.D. Aberd.

Claybury Asylum, Sept. 9th, 1911.

To the Editor of THE LANCET.

SIR,—The correspondence which has lately taken place in THE LANCET shows that not a few have failed to grasp the proposals I made in 1903. In no case have I proposed that either the ovaries or testes should be removed. I proposed three slight operations: (a) vasectomy—dividing and ligaturing the vasa deferentia; (b) spermectomy—dividing and ligaturing the entire spermatic cords; and (c) fallocotomy—dividing and ligaturing the Fallopian tubes. Since then Dr. Sharp of Indiana, U.S.A., has proposed that the testicular end of the vas should not be ligatured, so that the spermatic fluid might infiltrate the local tissues and be absorbed. So far as we know, when vasectomy is performed there remain (1) sexual desire; (2) sexual power; but (3) no power to impregnate. With spermectomy all three disappear; with fallocotomy there are sexual desire and power, but no power to conceive.

Some cases have been published where it has been alleged that women have become pregnant after the tubes and ovaries have been removed. My theory regarding this is that since we have so far no knowledge of what number of hours, days, or months the ova may remain in the uterus before impregnation takes place, therefore, the ova may be resting there *before* the operation has taken place. We know more about the vitality of the spermatozoa longevity. No doubt when vasectomy has been put more fully into use we shall have cases where impregnation has taken place after the vasa have been ligatured. But this will be due to the sperms contained in the vesiculæ, or because of female polygamy. This is one reason why, when possible, vasectomy should be performed early in life. I further proposed that sterilisation should be divided into voluntary and compulsory. The former would apply to tuberculosis, cancer of the womb, deformity of the pelvis, and other physical and mental conditions where two or more practitioners could certify that the parental diseases were incurable. It is instructive to find Dr. Sharp relating that of some 1000 criminals sterilised over 500 demanded to be so operated upon. I think a very large proportion of degenerates suffer so greatly that their lives would be a little brightened if they knew they would not curse their children with their incurable defects. Under compulsory sterilisation I propose to include idiots, imbeciles, feeble-minded, sane and insane epileptics, lunatics, sexual perverts, habitual inebriates, drug habitués, prostitutes, chronic vagrants, and habitual criminals. Such a list will be found in the second edition of my work, "Race Culture; or, Race Suicide."

May I suggest that it would help to clear our ideas if THE LANCET appointed a committee to inquire into and report upon the alleged secondary secretions of the testes and ovaries. For so far we seem to have obtained most of our knowledge (?) from the various drug manufacturers and from quacks.

I am, Sir, yours faithfully,

Liverpool, Sept. 10th, 1911.

ROBERT R. RENTOUL.

To the Editor of THE LANCET.

SIR,—Perhaps you will admit a belated note from a correspondent who, being abroad, has only just seen this controversy as far as your issue of Sept. 2nd. The question as originally put was unanswerable, because sterilisation by castration and by vasectomy or salpingectomy was regarded as posing the same moral issue. The former operation has well-known consequences to body and mind; the latter affects no function or appetite or capacity, but merely makes

parenthood impossible. But the question, as put, has led most of your correspondents to condemn sterilisation on the ground that it means castration.

Castration was never contemplated by Sir Francis Galton; it has been repeatedly repudiated by myself in lectures to the Sociological Society and the Eugenics Education Society; Mr. Havelock Ellis has done likewise, and has explained the (exceedingly obvious) difference between castration and vasectomy in the *Eugenics Review*, and will shortly do so again in one of the "New Tracts for the Times" which are about to appear.

Dr. Waller has thus occupied a column and a half of your space with entirely irrelevant considerations. He cannot name one "crack-brained exponent of eugenics"—to quote his courteous phrase—who advocates what he condemns; but the names of its slack-brained opponents are legion.

I am, Sir, yours faithfully,

C. W. SALEEBY, M.D. Edin., F.R.S. Edin.
Scheveningen, Sept. 15th, 1911.

PELLAGRA IN EGYPTIAN PRISONS.

To the Editor of THE LANCET.

SIR,—In your review of the late Sir Eldon Gorst's report on Egypt and the Soudan in 1910 (THE LANCET of August 19th, 1911, p. 539) I notice the statement that bread made from maize has been substituted for wheaten bread in the prisons, and that "evidently there is no official belief in the view that this change of diet may increase the cases of pellagra among the prisoners." It seems probable that the latter remark is due to a misunderstanding as to the kind of maize used in the prisons, which in reality is the small kind usually called millet or "durrha Owaiga." The large-grained durrha called "durrha Shamy," or "Indian corn," or simply "maize," is not used in the prisons' diet. So far as I know the former kind (millet) has not been inculpated as a cause of pellagra. As what is ordinarily called maize is not used in making bread in the prisons in Egypt at all, any pellagra that may arise in the prisons cannot be ascribed to the change from wheaten bread, unless of course millet is also believed to be a cause of pellagra.

I may add that in the Report on the Prisons of Egypt for 1910 Dr. R. G. Kirton, the principal medical officer, writes on p. 18 that the use of maize bread was not allowed, partly because of its supposed causal relation to pellagra, but that millet was selected to replace wheat. In view of the rival theories as to the causation of pellagra, it may be worth while to record the actual facts in the case of the Egyptian prisons.

I am, Sir, yours faithfully,

J. WARNOCK,
Director, Hospital for the Insane, Abassiah.
Cairo, Egypt, Sept. 8th, 1911.

TOXIC EFFECT OF ASPIRIN.

To the Editor of THE LANCET.

SIR,—I have long been anxious to see a case of aspirin poisoning as described by your correspondent Dr. Alexander Brown, in THE LANCET of Sept. 9th. Perhaps he or others of your readers who may have met with similar cases can tell us whether the patients presented symptoms characteristic of minor thyroid inadequacy. The symptoms I refer to are subnormal temperature, hypersensitiveness to cold, liability to chilblains, marked dental caries, general muscular asthenia with sensation of fatigue, and constipation. In view of Leonard Williams's researches we must also accept the presence of enlarged tonsils or adenoids (past or present) and nocturnal enuresis as equal evidence. Any rickety symptoms must also be added to the list, and among these must be included the contracted palatine arch; nor must one forget to include goitre, inasmuch as this is clear evidence on the part of Nature that the supply of thyroid secretion is inadequate. In the case of Graves's disease the secretion is doubtless from some points of view excessive, though possibly even here there is some insistent demand for secretion which may be the hidden cause of the disease. Many other individual symptoms may need to be considered in weighing the merits of a given case of thyroid insufficiency, and such symptoms must be gleaned from those of myxœdema, cretinism, and other conditions in which thyroid medication has proved so valuable. Naturally they will not all

be found in every case of *minor* thyroid inadequacy. But the point of my inquiry is this.

The symptoms of aspirin poisoning are practically the same as those of urticaria major or angioneurotic oedema, of which I have only treated two cases. The first was before I had experience of the power of thyroid medication, and though I patiently administered calcium lactate I was distinctly disappointed in the results, and the patient was subject to frequent and sudden attacks of an alarming nature. The mucous membrane of the cheeks and fauces was several times so affected as to make respiration difficult and swallowing almost impossible, and we were constantly prepared for tracheotomy. The lips and eyelids were often so swollen and red as to make the patient unrecognisable, and wheals of urticaria the size of the palm of the hand would appear on her limbs or body. She eventually got well and was lost sight of after about six weeks, but calcium lactate alone did not prove to be the panacea I looked for. The second case was similar but less intense. The patient was 25 years of age, and had been subject to these attacks for three or four months when I first saw her, but in her case the urticaria never lasted more than an hour or two. Thinking that her general condition warranted me in classing her among the thyroid deficient, I gave one grain of thyroid extract three times a day with calcium lactate. The attacks of urticaria rapidly lessened both in frequency and intensity, and after three weeks disappeared for good. Thyroid medication was continued, and the general health improved so much that in about a couple of months all treatment was left off, and the patient has remained well since. The results in this case warrant one in thinking that urticaria major was attributable to thyroid deficiency. It would therefore be extremely interesting to know whether those patients in whom a dose of aspirin speedily provokes a similar condition are not also thyroid deficient, especially in view of the apparent antagonism between salicylates and thyroid secretion to which I drew attention in a recent article. Naturally one would not infer that a single dose of aspirin could produce urticaria or angioneurotic oedema in a few moments by direct action on the thyroid gland, but it is not difficult to suppose that the presence, or absence, of an adequate supply of thyroid secretion in the blood may so modify the condition of the latter (possibly *via* the calcium coefficient) that the normal individual can take aspirin without getting angioneurotic oedema, whilst the thyroid deficient might be unable to do so. Have any of your readers administered aspirin to cretins or to patients suffering from myxoedema, and, if so, with what results? The answer to this question may throw some light on the matter, though, again, there are obvious differences between myxoedema and minor thyroid inadequacy.

I am, Sir, yours faithfully,

H. EWAN WALLER.

Moseley, Birmingham, Sept. 15th, 1911.

THE RADIO-ACTIVITY OF SEA-WATER.

To the Editor of THE LANCET.

SIR,—The very interesting letter by Dr. Sidney Russ which appeared in THE LANCET of Sept. 16th does not, if I may be pardoned for saying so, quite clear up the physical side of the question.

It is, I believe, admitted that the water from many radio-active springs loses its activity rapidly on being bottled. Such water, if examined after several months, may perhaps be shown to contain minute quantities of actual radium salt in solution, but the amount of radium permanently present cannot be taken as a measure of its activity when drunk at its source. How the extra quantity of emanation—over and above the amount formed by its dissolved radium salt—gets into the spring water, I do not pretend to say. But it is at least theoretically conceivable that ocean water may be similarly charged when freshly collected.

Only a careful determination of the quantity of emanation present in freshly gathered sea-water (obtained as described by Robert Simon) with the amount contained in old samples can settle the matter. This determination presupposes great technical skill and the command of delicate apparatus. It is essentially a problem for the trained physicist and not for the physician. All that the latter can do is to point out that, physiologically and therapeutically, sea-water behaves

in the same manner as water rendered temporarily radio-active by dissolved emanation—i.e., by a gaseous and rapidly decaying radio-active body, present apart from, or in addition to, radium itself.

I am, Sir, yours faithfully,

F. HERNAMAN-JOHNSON, M.D., Ch.B. Aberd.,
R.N. (retired).

Bishop Auckland, Sept. 16th, 1911.

TO MEDICAL FREEMASONS.

To the Editor of THE LANCET.

SIR,—May I again, through the medium of your widely read columns, appeal to medical men, and medical Freemasons in particular, for votes for the Masonic charities? At the forthcoming elections there are three medical candidates. Votes for any of the Masonic institutions are equally acceptable, as exchanges can be effected, and will be gratefully received and acknowledged by me.

I am, Sir, yours faithfully,

WILLIAM WILSON,

Secretary, St. Luke's Medical Lodge of Instruction,
184, Goldhawk-road, W., Sept. 19th, 1911.

EMOLUMENTS IN THE INDIAN MEDICAL SERVICE.

To the Editor of THE LANCET.

SIR,—Having read your annotation in THE LANCET of July 15th, p. 171, entitled, "Emoluments in the Indian Medical Service," and some of the letters published from time to time in your correspondence columns, I venture to express my opinions on some of the points raised therein.

1. With regard to the contention that private practice is obtainable in most places—so it is, to the maximum value of £20 to £50 a year. The truth is that for 90 per cent. of civil surgeons there is really no private practice available. The remaining 10 per cent. are the men in the "plum" billets, who, naturally and rightly, are mostly senior men or those having special qualifications. The reason why nearly all Indian Medical Service men are so anxious to obtain civil employment is that there are excellent opportunities for good professional work. Moreover, a civil surgeon is his own master to a greater extent than is any other "district" or regimental official, probably.

2. It is not correct to say that a young officer has usually to wait eight or ten years before obtaining civil employment. The length of time varies from about three up to about ten years. Naturally one has to wait longer for the more popular provinces.

3. With regard to the remark of one of your correspondents that the purchasing power of the rupee had halved and the cost of living doubled, or words to that effect, I do not agree. No doubt its purchasing power has decreased, but pay has been increased. The real truth is that it is the fashion to use many articles of European manufacture nowadays, the price of which is necessarily high, as compared with similar articles of indigenous origin, and that consequently even a "fair wage" does not go far. If people care to, they can easily ride country-bred ponies instead of expensive "walers" and arabs, and have country-made cloth made up by the local "darzi" into "knockabout" suits which are quite good enough for every-day wear, &c. That polo and shooting are becoming the sports of rich men hardly seems to me to be a legitimate "grouse," even if true. I doubt if it is absolutely true, and think that the following instances support my contention. Firstly, I know a subaltern in a British regiment who plays polo and pigsticks and occasionally shoots big game (he shot a tiger two years ago, has played polo for his unit, and has killed many pigs this season). He gets only a very small allowance. Secondly, I once served with a native infantry regiment which had been "runner up" to a British cavalry regiment in an open tournament. I doubt very much whether any of the British officers of that regiment had any private means whatever, but their mess was run on very economical lines, and they did not drink champagne or smoke expensive cheroots.

4. With regard to the numerous transfers in the early years of a man's service, travelling allowances are given