origo malorum; where the astigmatism is greater no effort of the ciliary muscle can overcome the irregularity and so it gives up the effort as a bad job and does not try. Now astigmatism is for the most part congenital, and one would naturally be inclined to think that the ciliary muscle, trained to this slight unevenness of focusing from its earliest youth, would have got used to it, and that the higher centres would not have been so much upset thereby.

My own position is often difficult. Being fairly broad-minded, disinclined to split hairs, and taking an all-round point of view of things, I have gradually come to the conclusion that human nature is very complex, that other organs and structures besides the eyes are to be found above the collar-bone, and that a pair of spectacles, however rose-coloured, will not cure all the ailments to which our flesh is heir. Over and over again have I had patients sent to me by physicians—who seem to have swung of late years from one extreme of the pendulum to the other—with symptoms of headache and neuralgia, &c., in and about the eyes and their neighbourhood, in whom, after carefully working out their refraction, I have found $\frac{1}{2}$ or $\frac{1}{4}$ diopter of astigmatism, and in view of their symptoms have corrected this and ordered them glasses for constant wear, but I have so often failed in relieving the symptoms for which they consulted me that I have got into the habit of reminding them that the proof of the pudding is in the eating thereof, that the slight error of focus I have discovered may be a factor in the production of their symptoms or not; that if it is, the glasses will be calculated to relieve their symptoms, and in that case they had better continue to wear them constantly, but failing relief after a fair three months' trial they can leave them off or only use them for near work and reading. But, *me miserum!* how few have been relieved thereby? Logically, where are we to draw the line? If we are to relieve $\frac{1}{8}$ diopter of astigmatism, why not $\frac{1}{80}$?

But here, again, another difficulty steps in. Personally, I find many—perhaps most—patients unable to appreciate the effect of a $\frac{1}{4}$ diopter cylinder; it makes very little, if any, difference to them whether it is held vertically or horizontally, &c. What, then, about a cylinder of much less strength? Still, I really believe that some neurotic or neurasthenic people are honestly relieved by weak cylindrical or spherical lenses, and I have in view the case of a friend—an optician, strange to say—who at times wore weak $\frac{1}{4}$ diopter cylindrical lenses and claimed he obtained relief thereby. I did not prescribe them; he was gouty, very excitable, neurasthenic, the subject of cancer, and by no means a teetotaler. It is mainly or entirely in people with a crank or neurotic or neurasthenic, who admit that these trifling corrections relieve them. They are people who are easily impressed, and coming into contact with ophthalmic surgeons of marked personality, after being examined in the dark room and with various weird apparatus and instruments, are told they have astigmatism—a word which, like that blessed one Mesopotamia, appeals to their feelings—and that glasses will in all probability relieve or cure them. A positive is worth three negatives. Thereupon they go off with a prescription with a clock-work face and strange figures and hieroglyphics to some optician, who probably makes the remark that the glasses the doctor has prescribed are very unusual—as indeed they are, if they are $\frac{1}{8}$ diopter

cylinders—the result being that they feel something is being done for them, and their symptoms are relieved forthwith, and they think and say they derive much comfort from their glasses—for a time, when they either relapse and go elsewhere, or meanwhile their general health improves, or they get married or take up Christian Science or something, and all goes well; they, at any rate, put down their cure to the oculist. But the end is not always so favourable, and the patient drifts from one ophthalmic surgeon to another.

I have no objection whatever to any oculist impressing a neurotic patient with weak spherical or cylindrical lenses—with such patients, as in love and war, it is fair to adopt almost any means to give them relief—but I do object to anyone thinking or assuming that it is the weakness of the cylindrical or spherical lens that does the trick. I have arrived at this conclusion after an experience of over 28 years' considerable practice as an ophthalmic surgeon amongst all sorts and conditions of patients, and the longer I live the more convinced I am of the correctness of the old Latin maxims, "*Media sunt simillima veris*" and "*In medio tutissimus ibis*"; and now, to add to my doubts and fears and misgivings, comes this letter from Dr. A. S. Gubb pointing out, as it does, that insomnia is due to many trifling causes, amongst which a loaded rectum plays a not inconsiderable part. Really, it will in the future be difficult to know which end of the patient to begin with, and whether a pair of spectacles or a glycerine suppository should have the priority, for many of these patients are the subjects of constipation.

I am, Sir, yours faithfully,

Norwich, Jan. 17th, 1915. S. JOHNSON TAYLOR, M.B.

THE PHARMACOPŒIAL DOSE.

To the Editor of THE LANCET.

SIR,—Mr. W. J. Uglow Woolcock's suggestion in his letter in THE LANCET of to-day's date relative to unusually large doses in prescriptions of powerful drugs has the great disadvantage of acquainting the patient or his friends that an unusually large dose of an active drug is prescribed. My practice is to mark the quantity both on the right and left of the drug, and if necessary to underline the quantity marked on the left of the name of the drug.

I am, Sir, yours faithfully,

Dublin, Jan. 23rd, 1915. GEORGE FOY.

PHYSIOLOGY AND MORALITY.

To the Editor of THE LANCET.

SIR,—In his admirable lecture published in your issue of Jan. 23rd Mr. D'Arcy Power, discussing the best means of preventing the spread of venereal disease, says:—

Knowledge, too, is a powerful help. The physiology of the generative system is no more a mystery than the physiology of digestion or respiration, and there is no reason why it should not be explained in a scientific manner as a part of a course of biology. Let the women teach the women

I would ask, in reference to this suggestion, whether a knowledge of the physiology of the generative system has had any influence in preventing the male medical student in the past from exposing himself to venereal infection? My experience has been that the smattering of physiology taught to nurses and masseuses is worse than useless. In this, as in other things, a little knowledge is a

dangerous thing: it often leads them to talk a lot of sorry nonsense to their patients.

Speaking for myself, I can truly say that my knowledge of physiology has not in any way helped me to lead a healthy life. All that the public need know in regard to the preservation of health can be set down in a surprisingly small compass. To attempt to disseminate a knowledge of physiology—be it of the generative or any other system—is, in my belief, to mix up the issues in a jangle of mere words, and to obscure what is after all transparently simple.

I am, Sir, yours faithfully,
Wimpole-street, W., Jan. 23rd, 1915. HARRY CAMPBELL.

ANATOLE FRANCE AND MORALITY.

To the Editor of THE LANCET.

SIR,—Mr. D'Arcy Power's lecture in your issue of to-day is admirable in every way, but it is strange to find the works of Anatole France recommended as food for the chaste.

The finest stylist of present-day French literature is one of the "unmorals," and there are only one or two of his books which do not contain descriptions of intimate amatory relationships, clothed in beautiful but none the less smutty language. France is an artist pure and simple, and decidedly not for *la jeune fille* or her brother. These remarks apply to the works in the original. I have no knowledge of the English translations, but have often heard them described as poor.

I am, Sir, yours faithfully,
A. M. ROSS, M.B.

Waterfoot, near Manchester, Jan. 23rd, 1915.

EMETINE INJECTIONS IN AMŒBIC DYSENTERY.

To the Editor of THE LANCET.

SIR,—It may be of interest to record results of the treatment of amœbic dysentery by hypodermic injections of emetine hydrochloride in an out-patient practice. In the space of 11 months 27 cases were treated and in all cases the symptoms quickly disappeared and the patients were so struck with the result that they came back for more injections even after they were apparently cured. We commenced with injections of gr. $\frac{1}{4}$ which was given on dispensary days—i.e., three times a week—but soon the dose was raised to gr. $\frac{1}{2}$, gr. $\frac{2}{3}$, and lastly to gr. 1. The majority of cases received gr. 1 at each injection with most satisfactory results. Gr. 1 gave the best and quickest result and no untoward result was ever complained of or observed. It is interesting to note that once, when the stock of hypodermic tabloids had run short, a half-grain tabloid of emetine was given internally, and when the patient was next seen he reported that on his way home he had severe vomiting and diarrhoea. As all were treated as out-patients they could not be restricted to a liquid diet. All the cases except one were chronic, lasting from one month to four years. The number of motions averaged about ten in the 24 hours; two had 16 and one 30 motions. All patients showed remarkable improvement after the first or second injection; the hæmorrhage greatly decreased or stopped altogether, straining was much less or quite gone, the number of motions considerably diminished, and the stools became fæcal. The pallor disappeared, and the pained expression of the face entirely altered after a few injections. As a rule no other drug was given, and

the majority of cases had no symptoms of the disease after four or five injections. In the case which had lasted four years all symptoms disappeared after the third injection of 1 gr. emetine hydrochloride. Two cases had recurrence of their symptoms and came back for treatment about three weeks after the cessation of the emetine injections. One of these cases had a third relapse after six months, when he attended the dispensary for a week, and had three 1 gr. injections and was apparently cured.

We are, Sir, yours faithfully,
F. J. HARPUR, M.B.
W. B. HADDAD, M.D.

Church Missionary Society, Achmoun Menoufeyah, Egypt.

LEECHES AND THE WAR.

To the Editor of THE LANCET.

SIR,—Our country has been for many months suffering from a serious shortage of leeches. As long ago as last November there were only a few dozen leeches left in London, and they were second-hand.

Whilst General Joffre, General von Kluck, General von Hindenburg, and the Grand Duke Nicholas persist in fighting over some of the best leech areas in Europe, possibly unwittingly, this shortage will continue, for we have for many years largely depended on importations from France and Central Europe.

In November I made some efforts to alleviate the situation by applying to America and Canada, but without success. I then applied to India, and last week, owing to the kindness of Dr. Annandale, director of the Indian Museum at Calcutta, to the officers of the Peninsular and Oriental Steamship Company, and to Colonel A. Alcock, M.D., of the London School of Tropical Medicine, I have succeeded in landing a fine consignment of a leech which is used for blood-letting in India. It is true that the leech is not the *Hirudo medicinalis* of our pharmacopœias, but a different genus and species, *Limnatis granulosa*. Judging by its size, always a varying quantity in a leech, we may have to readjust our ideas as to a leech's cubic capacity, yet I believe, from seeing them a day or two ago, they are willing and even anxious to do their duty. They have stood the voyage from Bombay and the changed climatic conditions very satisfactorily, and are in a state of great activity and apparent hunger at 50, Wigmore-street, London, W.

It is true that leeches are not used to anything like the extent they were 80 years ago—Paris alone about 1830 employed some 52 millions a year—but still they are used, though in much smaller numbers. It may be of some consolation to my fellow-countrymen to know that our deficiency in leeches is more than compensated by the appalling shortage of sausage-skins in Middle Europe. With true German thoroughness they are trying to make artificial ones.

I am, Sir, yours faithfully,
A. E. SHIPLEY.

Christ's College Lodge, Cambridge, Jan. 27th, 1915.

THE ASYLUM SERVICE AND BELGIAN REFUGEE DOCTORS.

To the Editor of THE LANCET.

SIR,—It is stated in the *Daily Telegraph* of Jan. 20th that the Commissioners hope soon to have Belgian doctors available for employment in the asylum service. Both editorially and in many