

## Correspondence.

"Audi alteram partem."

### THE NATURE OF ANGINA PECTORIS.

To the Editor of THE LANCET.

SIR,—I am much gratified to read in THE LANCET of August 14th, which my colleague Dr. Rolleston has kindly sent out to me here, the letter of my distinguished friend Sir Richard Douglas Powell on "The Nature of Angina Pectoris," and especially on my interpretation of this disease, which is (1) that the seat of the essential lesion is in the supra-sigmoid aorta, not in the heart, and not in the inner coat, to which Professor Osler alluded at Belfast, but in the outer investment of the vessel; and (2) that in fatal cases death is by vagus inhibition, not by "several modes." When I published these opinions in 1894 at Yarmouth, and have repeated them on later occasions, "the world said nothing to my paradoxes." Recently, however, in November, 1908 (*Archives des Maladies du Cœur*), Josué, from me or independently, has accepted them in full. Sir Richard Powell writes to you "to express his dissent from the views I have advocated," but it is a new sensation for me to have them noticed at all! And in Sir Richard's opponency I note the following remarkable admission, a new admission in respect of *angina pectoris proper*, yet one made by Professor Osler also at Belfast. I will express it in Sir Richard's words: "I quite agree that stretching of the supra-sigmoid portion of the diseased aorta will account for anginal symptoms (i.e., angina pectoris? or, if not why not?) in a certain number of cases which are recognisable by fairly definite symptoms." And this opinion he is good enough to credit to me. So I feel I am getting on. Still, our President proceeds to deny that such aortic soreness "is the only mechanism" (of angina pectoris) or that this disease "has only one pathology," and he seems to imply—or indeed to assert—that the burden lies upon me to show that its pathology is thus single, and is not something else! Now my mind is open still on a matter on which my experience has been sufficiently adequate to justify me in arguing even with such masters as Sir Richard Powell and Professor Osler, an audacious venture, I fear; but every scientific canon and all scientific experience are that if for certain events certain causes have been demonstrated, then these causes must be assumed, provisionally of course, in all such cases until in any the contrary is proved. I must demur to Sir Richard's assumption that a case of angina was "purely vaso-motor" on the ground of absence of physical signs of heart disease (for such is often the case in aneurysm of the aorta), and of recovery. Recovery from angina pectoris proper is no very infrequent event. It is most frequent in syphilitic cases, but is not very rare in senile cases also.

As to Sir Richard's fourth paragraph, he will find, when my Belfast paper is published at length (it was not even read at length) in the autumn that I agree with him concerning the vaso-motor incidents of angina, not, however, as of the "nature of the disease" but as determinants of particular attacks—a substantially different proposition. I have not found the insuperable difficulties my friends seem to find in diagnosis between "true and false" angina—i.e., between what is angina and what is not. I have found no more than we have to deal with in appendicitis and "pseudo"-appendicitis, typhoid and "pseudo"-typhoid, tuberculosis and "pseudo"-tuberculosis, and so forth. In every disease we have our obscure cases to interpret.

Finally, as to my gibe at "intermittent claudication" as a "fancy." I believe "claudication" is a rather fine word for halting, or limping, or hopping, or even stumbling and falling. Well, until I am shown by records or general consent that, apart of course from the fatal attack, often a mild or elusive one by the way, in angina pectoris the heart or pulse *characteristically* halts, limps, hops, or stumbles, I must stay prosaic. I have said before that in most cases the heart is the calmest of the actors in the drama.

I am, Sir, yours faithfully,

Vermala s/Sierre, August 18th, 1909.

CLIFFORD ALLBUTT.

### TREPHINING FOR GLAUCOMA.

To the Editor of THE LANCET.

SIR,—In your report of my remarks in the discussion on trephining for glaucoma at the recent meeting of the British Medical Association there are two little things which seem to me of sufficient importance to justify this short letter. In the first place, I do not think iridectomy is the better operation. So far as I am able to form an opinion, trephining is the more satisfactory operation in all chronic cases. It lowers the tension even more thoroughly than iridectomy and is much more easy of performance. I have not yet ventured to use the operation for acute glaucoma, but I certainly employ it in all cases that are not acute.

In the second place, you report me as having said that in a series of 710 consecutive operations for cataract extraction I had not lost one from suppuration. What I think I said, or at any rate what I wished to say, was simply that in 710 consecutive cases of *operation* for cataract done in the Glasgow Eye Infirmary I had not lost a single one from suppuration. They were not all senile cataracts extracted, but some of them were soft cataracts treated in other ways than by extraction. I am, Sir, yours faithfully,

Glasgow.

FREELAND FERGUS.

### THE DIAGNOSIS OF MALIGNANT DISEASE BY ESTIMATION OF THE ANTI-TRYPTIC CONTENT OF THE BLOOD SERUM.

To the Editor of THE LANCET.

SIR,—I am reported in THE LANCET of August 21st to have said in my paper at Belfast on the above subject that "after successful removal of the cancer the antitryptic power of the serum was raised." My actual words were: "The object of the next table (of cases) is to show that the antitryptic content of a cancerous serum becomes normal, and remains normal, in cases submitted to operation in which the operation has been, up to the time of blood examination, effective—effective, that is, in the sense of complete ablation of the tumour requiring operation, and thereby of preventing recurrence."

With apologies for troubling you,

I am, Sir, yours faithfully,

Harley-street, W., August 23rd, 1909.

E. C. HORT.

### LIVERPOOL.

(FROM OUR OWN CORRESPONDENT.)

#### *Liverpool School of Tropical Medicine: A New Appointment.*

Sir Alfred Jones, K.C.M.G., the chairman of the school, with a view of extending the scope of the work of the school and of bringing it into still closer touch with the tropics, has decided to appoint a medical officer to carry out the study of tropical medicine at Las Palmas, Grand Canary. The gentleman appointed may act as a corresponding member of the Liverpool School of Tropical Medicine, and it is hoped to establish a working branch of the school in Grand Canary, which place, in view of its proximity to West Africa, offers useful facilities both for research and for therapeutical work.

#### *The Liverpool Civic Hospitals and Measures for Preventing the Spread of Tuberculosis.*

The medical officer of health and the medical superintendent of the city hospital at Fazakerley, together with the city treasurer, have just issued annual reports with regard to the city hospitals. From these it will be seen that at the present time the number of beds available in the various hospitals is as follows: North, 162 beds; South, 100; East, 152; Parkhill, 235; Fazakerley, 350; and Fazakerley Annexe, 160; total, 1159. The value of the hospitals and the immense amount of useful work performed are shown by the fact that no less than 6213 patients were treated within their walls, the great majority of these being cases of scarlet fever. The report further states that steps have been taken by the committee to render the training of probationer nurses more efficient. Probationers are received