

for the medical faculty of that town and advise the patient where to go, or telephone to the medical attendants agreed upon to come and see him. This would be a very good thing for medical science. It would make each man able to work at his own specially chosen subject and save him from being jack-of-all-trades and master of none, the case with many of us at present. Such a system would organise the medical service of a city, a town, or a county into one service working together for the people and their district, and replace the present system for one of greater efficiency and less loss of power.

I am, Sir, yours faithfully,

T. F. G. MAYER, M.R.C.S., L.R.C.P.

London, Oct. 29th, 1908.

LONGEVITY AND THE MILK DIET OF "OLD PARR."

To the Editor of THE LANCET.

SIR,—It is well known that William Harvey left notes of the post-mortem examination which he made of the body of Thomas Parr, believed to have been at the time of his death (Nov. 14th, 1635) 152 years and nine months old. This exceedingly old man had been brought to London by the Earl of Arundel to be shown to King Charles I., and Harvey was of the opinion that the sudden change in the character and quantity of his diet, together with the "insalubrious" air of London, were the causes of his death. The necropsy revealed no diseased organs, most of the signs of senility were absent, and even the rib cartilages were "soft and flexible." Except that the old man had been blind for the last 20 years of his life and that his memory was impaired he seems to have had the full use of his faculties. Now the interesting thing in connexion with the healthy longevity of old Parr is his diet. To quote Harvey's words,¹ "His ordinary diet consisting of sub-rancid cheese, and milk in every form, coarse and hard bread, and small drink, generally sour whey."

According to Metchnikoff our lives are made shorter than they otherwise would be by the constant absorption of products of intestinal putrefaction, substances which act injuriously on the nervous system and blood-vessels. But Metchnikoff has discovered that the bacillus acidi lactici by means of its product, lactic acid, exerts an inhibitory influence on the bacteria of putrefaction in the intestine. He regards, in fact, lactic acid as Nature's own intestinal germicide.

In the light of these considerations it seems to me highly probable that one of the factors contributing to prolong the life of Thomas Parr was his diet of sour milk. In support of his views Metchnikoff points to the great age attained by the sour milk drinkers of Bulgaria and other eastern countries. But it seems to me that we have in our own country a notable historical example of what may fairly be taken as a causal relationship between long life and a diet in which sour milk (with its lactic acid) predominated. In Harvey's own mind there was evidently no idea that Parr's diet in any way contributed to his length of days, for he added, "On this sorry fare, but living in his home free from care, did this poor man attain to such length of days." Harvey believed that the old man survived in spite of the character of his diet; we seem justified in holding that he survived on account of it.

I am, Sir, yours faithfully,

D. FRASER HARRIS, M.D. Glasg.

St. Andrews, Oct. 29th, 1908.

THE USE OF GLOVES AND MASKS IN MODERN SURGERY.

To the Editor of THE LANCET.

SIR,—Under the above heading in THE LANCET of Oct. 17th, p. 1159, attention is drawn to statements by Mr. E. Stanmore Bishop antagonistic to the use of gloves and masks. As one who has been in the habit for the past two years of wearing a mask and, for a much longer period, gloves, may I make the following comments?

Masks.—These are of many forms. That which combines in one garment a mask and head covering is extremely and unnecessarily hot, covering as it does the back of the head and neck, which can only by the grossest mismanagement be a source of infection. An effective and cool combination is a cotton cap, such as is worn by male cooks, and a mask in the form of a gauze curtain hung from a light spectacle frame. For nurses the best head covering is a triangular piece of buttercloth muslin put on as a kind of turban.

Gloves.—These should fit the skin tightly. The glove which, being too large, projects beyond the finger-tips and hangs in folds is a nuisance and is usually quickly torn or punctured. The glove with the roughened surface, known as the "neverslip," is probably the best. Those operators whose methods may be summarised in the term "dry asepsis" do not encounter the difficulty of the manipulation which is met with by those who use instruments dripping with some variety of lotion. Gloves, dry sterilised (a method I learnt from Mr. B. G. A. Moynihan), when available are certainly the most comfortable, since their prolonged use does not make the hands sodden and in case of a tear or puncture are less likely to cause infection, to say nothing of fluid being squeezed from the wrist of the glove during the operation. The whole tendency of modern surgery is to work by the sense of sight rather than by the sense of touch, and with few exceptions, for instance, a suprapubic prostatectomy, there is no difficulty in operating in thin, closely fitting gloves. For those nurses who have not to manipulate fine objects such as needles and ligatures gloves of a stouter make answer every purpose. There are still some operators who wear gloves and masks on special occasions, such as operating on a knee-joint. These are euphemistically termed "special precautions," which is in reality an admission of a faulty technique. In a technique in which every detail is attended to "special precautions" are impossible. In septic cases, putting aside the risk of infection either to or from the operator, it is difficult to understand the mental attitude which allows a man deliberately to saturate his hands with a stinking fluid as a preliminary to either another operation or his next meal.

I am, Sir, yours faithfully,

Plymouth, Nov. 1st, 1908.

C. HAMILTON WHITEFORD.

DIVISION OF THE AUDITORY NERVE FOR PAINFUL TINNITUS.

To the Editor of THE LANCET.

SIR,—I would first make two trifling corrections in respect to Mr. Ballance's paper, "Division of the Auditory Nerve for Painful Tinnitus." They are, in my operation for vertigo the canals are not all removed but the vestibule is destroyed as to its function. This operation could not be supposed to affect tinnitus.

Now to revert to the case in point. I was asked to see the patient for vertigo; tinnitus was not mentioned, and the pain was not brought forward prominently. I operated in the way I have described in THE LANCET of Jan. 6th, 1906 (p. 26). The "tinnitus ending in pain" was complained of some two weeks after the operation. I declined to destroy the cochlea, being now convinced that the lesion was central, as pain and tinnitus must of necessity be conveyed to the brain by separate channels. I find my operation was unsuccessful. I had thought it had been,¹ but here is the clearest point in the case. How could vertigo, felt after my operation, be ought but central? Did Mr. Ballance test the labyrinth? He does not say. I syringed into the vestibule with tepid lotion and obtained no nystagmus; therefore the central disease was proven and this before the second operation. The pain continued severe after the operation until June and even now is only relieved by morphia. The patient still has subjective hissing in this ear though very much less. I contend this lesion was, and is, central, and that no operation could be successful. This applies to my operation and equally to Mr. Ballance's.

I am, Sir, yours faithfully,

Harley-street, Nov. 3rd, 1908.

RICHARD LAKE.

¹ The Works of William Harvey, M.D. Willis, London, 1847, p. 590.

¹ Transactions of the Royal Society of Medicine, Otological Section, 1908, p. 154.