

Surgeon-Lieutenant Andrew Edward Hodder, from the 1st Volunteer Battalion, The Manchester Regiment.

#### VOLUNTEER OFFICERS' DECORATION.

The Volunteer Officers' Decoration has been conferred upon the following:—

*London District: (Infantry Volunteers):* 2nd Bucks (Eton College) Volunteer Rifle Corps; Surgeon-Major Edward Stacy Norris.

*Scottish Command: Infantry (Volunteers):* The Queen's Rifle Volunteer Brigade, The Royal Scots (Lothian Regiment): Surgeon-Major John Hugh Alexander Laing. 1st Dumbartonshire Volunteer Rifle Corps: Surgeon-Lieutenant-Colonel John Robert Fleming Cullen (retired).

#### DEATHS IN THE SERVICES.

Fleet-Surgeon Richard Eustace, R.N., at Bournemouth, on Sept. 10th, aged 75 years. He entered the service in 1854, was appointed staff-surgeon in 1862, fleet-surgeon in 1874, and retired in 1879. He served as assistant surgeon in the Baltic in 1854, and in the flagship of Rear-Admiral Bruce, Commander-in-Chief, Pacific Station, at Petropaulovski in 1855, during the Russian war of 1854-55 (Baltic medal). He also served as staff-surgeon in the *Himalaya* on the Gold Coast during the Ashantee war (Ashantee medal), and received the thanks of the Admiralty for the care of the sick in the troopship and was specially promoted to (staff) fleet-surgeon. He was awarded the Sir Gilbert Blane gold medal for "Medical and Surgical Journal of 1873," containing, among other matters, an account of the intermittent and remittent fevers and malarious forms of dysentery, which decimated the greater part of the Royal Marines landed on the Gold Coast in the summer of 1873.

#### THE ARMY AND NAVY MALE NURSES' COÖPERATION.

The report of the executive committee of this coöperation, which was received at the first annual general meeting held on July 31st at 47B, Welbeck-street, under the presidency of Sir Frederick Treves, Bart., G.C.V.O., C.B., has now been published in the form of a pamphlet. It can be obtained from the secretary at the offices of the society. The report points out that the system of male nursing in England at this moment is inefficient and imperfectly organised but that the association is doing much to improve it by keeping together a class of men who have already been trained for a valuable calling.

#### TERRITORIAL FORCE AND CIVIL PRACTITIONERS.

Civil practitioners are not to be engaged for the medical charge of units of the Territorial Force at the annual training in camp at payment exceeding contract rates without previous authority.

## Correspondence.

"Audi alteram partem."

### TESTING THE VISION IN SCHOOL CHILDREN.

To the Editor of THE LANCET.

SIR,—The letter in THE LANCET of Sept. 12th by Dr. J. S. C. Elkington on an Improved Method of Testing Distant Vision Acuity in Schools leads me to say that all inspectors of such a function as the eyesight should be fully conversant with the use of the retinoscopic mirror—preferably a large "flat" mirror. All tests carried out by the usual methods of expressing what is seen at a certain distance are fundamentally defective, for the very simple fact that the individual whose eyeball is axially of a perfect length is the very one who ought to be most carefully examined in that there is no material left to allow for extension of the tunics of the eyeball. In other words, the more correct in shape an eyeball is in a young subject the more liable is short sight to come on if at any time the natural elasticity of the tunics of the eyeball should be lost. By means of the shadow test any approach to exactness of axial length can be instantly gauged, and if a note of such be kept a future examination will at once reveal whether any stretching has taken place. Further, the general condition of the child if at all inclined to be weakly would under such circumstances lead one to warn parents and teachers to keep careful

observation on the child's near work—in fact, lead them to anticipate myopic "habits" before their onset. Were such children tested by the reading chart at 6 metres no defect would be discovered until *myopia had set in*, whereas had the mirror test been employed a "tendency to myopia" could be discovered or suspected before mischief had occurred. This anticipatory attribute of retinoscopy is the chief, but not only, reason for its adoption. It is just as expeditious and far quicker in practice in discovering hypermetropia and astigmatism. Moreover, one need not be an expert refractionist to be able to carry out the test. All that one requires is the mirror and convex lenses of 1, 1.5, and 2. The child is seated at a full arm's length from the examiner and beneath any ordinary light in a darkened room or even under the shade of an umbrella. Now the observer notes the direction of the moving shadow which is made on the pupil of the child's eye by the beam of parallel rays thrown on it by the flat mirror. If the shadow move against the direction of the beam of light we know at once the eye under observation is myopic or nearly so and, at all events, requires attention of the specialist. If, however, the shadow "move with" the motion of the mirror all that is required is to find which lens of the three possessed by the observer reverses it. If +1 reverses, the patient should be referred to a specialist, as the eye is probably so nearly correct that actual presence of, or any tendency to, myopia must be excluded before the child is allowed to continue its studies. If, however, +1.5 or +2 reverse, it is advisable to try the other eye to see if there be much difference between them. Should this be the case further examination is imperative. When these lens reverse the shadow in both eyes nothing further need be done unless symptoms, such as headaches, eye-strain, &c., are complained of. Should no reversal be obtained superimpose the +1 and +1.5 lens, or the +2 with either of these, and if no reversal follows we can be sure that we have to deal with a case of hypermetropia which will require the use of atropine. Reversal obtained by lenses below or of 3 D. can be left untreated unless eye-strain symptoms are complained of. In a similar manner errors of astigmatism are rapidly discovered; in fact, in many cases one glance at the line of light which is so palpably evident in astigmatism gives the case away at once without any need of the confirmatory evidence of the plus lenses. All the above cases in the great majority of instances can easily pass the visual acuity reading test and in unlearned children afford the only reliable test possible. Regarding the time occupied in testing by the reading type *versus* the mirror test there is no question which is the more rapid, and for this reason alone it is worth cultivating. Finally, in that it exposes the real axial length of the eye at the time when the vision is best and *before the onset* of myopia its adoption should be compulsory. The compulsory examination of children in public schools is one of the greatest blessings for the coming generation which have evolved by the aid of law for many years, but its great failing is that we cannot apply it to our private schools where *it is so much more needed*, at least as regards vision; hence it is the duty of all medical men to instruct their better-class patients to see that their children are sent to schools where they will at least have the same treatment as is given to that of our working classes.

I am, Sir, yours faithfully,

A. ALISON BRADBURN, F.R.C.S. Edin.  
Ophthalmic Surgeon, Southport School  
Board, &c.

Sept. 14th, 1908.

### EXHIBITION AT THE CLINICAL MUSEUM.

To the Editor of THE LANCET.

SIR,—May I be allowed to inform your readers that we are preparing in the Clinical Museum a third classified exhibition of drawings, &c., and shall much value any assistance which they may incline to give us. Great care will be taken of all exhibits which may be sent on loan. The exhibition will deal with syphilis and all that concerns it. It will be arranged under the heads of primary, secondary, and tertiary phenomena and will give especial attention, amongst others, to the following subjects: erratic chancres, the classification and diagnosing of non-indurated sores (the *ulcus molle*), malignant syphilis, frambœsial syphilis, serpiginous or lupoid syphilis, syphilis of viscera, ophthalmoscopic conditions, the teeth, histology, and parasitism. The microscopic department

will be under the charge of Captain Pinch, to whom all communications should be addressed. It is not intended to keep the exhibition open longer than one month, beginning Oct. 1st. Exhibitors are invited to be responsible for the removal of their drawings, but false-backed frames will be provided for their secure exhibition under glass whilst displayed. The exhibition is open to all members of the profession on presentation of card, but those who desire to consult it more than once or to attend any lectures that may be given are invited to subscribe to the Polyclinic funds the sum of 1 guinea.

I am, Sir, yours faithfully,

JONATHAN HUTCHINSON.

The Polyclinic, Chenies-street, Sept. 14th, 1908.

## RUPTURE OF THE LIGAMENTUM PATELLÆ.

*To the Editor of THE LANCET.*

SIR,—The statement in your annotation under the above heading in THE LANCET of Sept. 12th, p. 825, that rupture of the ligamentum patellæ has seldom been recorded has prompted me to send you the notes of the following case.

A man, aged 29 years, on Nov. 11th, 1902, slipped and fractured his right patella. No operation was performed and he recovered with very fair movement in the knee, being able to carry on his ordinary employment quite well. On August 13th, 1907, he slipped and fractured the same patella again. I saw him with Mr. A. J. D. Riddett and advised operation. This was performed a week later, when it was found that the second fracture was through the middle of the upper fragment, the original fracture being firmly united with fibrous tissue with half an inch interval between the fragments. The edges of the recent fracture were sawn off and then wired firmly together; the fibrous union of the original fracture was not interfered with. The result was quite good and the man returned to his work after three months, which he carried on till August 29th, 1908, when he slipped once more and felt his knee go again.

I again saw him with Mr. Riddett and found a lot of effusion in and round the joint with total inability to lift the leg. We decided to operate again, especially as the patient wished it, saying that his leg had felt much stronger since the last operation. On opening up the old scar we found that the patellar ligament was torn right through just below the attachment to the patella. The second fracture was found to have united with firm bony union. The old silver wire was removed and the ligamentum patellæ fixed firmly to the lower border of the patella with silver wire and some silk sutures. The original fracture was in the same condition as at the previous operation. The wound has now healed and it will be interesting to see what the functional result will be and also whether it will be the quadriceps tendon's turn to go the next time he falls.

I am, Sir, yours faithfully,

Leicester, Sept. 12th, 1908.

F. BOLTON CARTER.

## THE VARIATIONS IN THE PHAGOCYtic POWER OF LEUCOCYTES FROM DIFFERENT INDIVIDUALS AND ITS BEARING UPON THE OPSONIC INDEX.

*To the Editor of THE LANCET.*

SIR,—Sir A. E. Wright has stated that "we may take the opsonic index of any blood as an index of the patient's power of phagocytic response."<sup>1</sup> According to this one person is less resistant to a staphylococcal infection than another, partly because his blood is deficient in opsonin, certainly not because there is an inherent deficiency in the phagocytic capacity of the leucocytes themselves.

In a paper read by two of us (E. E. G. and W. Y.) before the Pathological Society of Great Britain and Ireland in January, 1908, we stated that the phagocytic power of the leucocytes of one individual may constantly differ from that of another individual. This was tested according to the technique of Wright with an emulsion of staphylococcus albus.

<sup>1</sup> THE LANCET, August 17th, 1907, p. 427.

We have recently made further observations upon the blood of two individuals, "A" and "G," estimating the degree of phagocytosis to staphylococcus obtained with (1) "A's" and "G's" serum respectively with the *same* leucocytes—i.e., comparing the opsonising influence of the serum upon phagocytosis; (2) "A's" and "G's" leucocytes respectively with the *same* serum—i.e., comparing the influence of the leucocytes upon phagocytosis; and (3) "A's" serum with "A's" leucocytes and "G's" serum with "G's" leucocytes—i.e., comparing the total phagocytic power of the blood. Three indices were calculated in this way, using "G" as control at intervals of three days for one month. On July 20th, for example, "A's" indices were the following: (1) 1.15 (mean of three separate observations), (2) 0.83 (mean of three separate observations), and (3) 0.98 (mean of two separate observations). Therefore, though "A's" opsonic index was definitely above that of the control the total "power of phagocytic response" was practically equal, because "A's" leucocytes were deficient in inherent phagocytic power. "A's" and "G's" red corpuscles were not agglutinated by any of the sera used; systematic examination of their blood revealed no leucocytosis.

We intend at an early date to publish a detailed account of the observations we have in hand and the conclusions we have arrived at.

We are, Sir, yours faithfully,

ERNEST E. GLYNN, M.A., M.B. Cantab.,  
M.R.C.P. Lond.,

Lecturer in Clinical Pathology and Morbid Anatomy, University of Liverpool; Pathologist to the Liverpool Royal Infirmary;

WARRINGTON YORKE, M.B., Ch.B. Liverp.,  
Late Holt Fellow in Physiology, University of Liverpool;

G. L. COX, M.A., M.B. Cantab.,

Holt Fellow in Pathology, University of Liverpool.

August 24th, 1908.

## A PERSONAL MATTER.

*To the Editor of THE LANCET.*

SIR,—My attention has been directed to the recent distribution, for advertising purposes, of a pamphlet bearing my name. The facts are as follows:—

In 1906, when acting as foreign editor of a medical journal, the editor asked me to make an abstract of an article in the *Berliner Medizinische Klinik* by Professor Gumpert. The abstract was published as an article under my name, although I had given no authority therefor; it is the only time my name has appeared in this journal. Copies of my abstract were bought, I believe in good faith, from the journal in which the abstract appeared, the sale being without my consent or knowledge. The heading "A Contribution, &c. By T. P. Beddoes," has led many to conclude that I claim the credit of the original work described, which is entirely due to Professor Gumpert and his collaborators.

Yours faithfully,

Sept. 14th, 1908.

T. P. BEDDOES.

\* \* We should be interested to learn the name of the medical journal.—ED L.

## THE PREVENTION OF TUBERCULOSIS (IRELAND) BILL.

*To the Editor of THE LANCET.*

SIR,—May I say that I believe your attitude with regard to the Compulsory Notification Clauses of the Irish Tuberculosis Bill is entirely wise? Unlike Sir John Byers, I am not a professor of midwifery, but, after all, a medical man who is a member of a sanitary authority is perhaps in closer touch with the prejudices of people who will be affected by the Bill.

Knowing what I do of the Irish people, I believe that the Compulsory Notification Clauses will excite so much suspicion and dread as effectually to undo any good result heretofore obtained from the tuberculosis campaign. People simply will not go to a medical man if they think that by so doing they may be listed as tuberculous. I fully recognise that the anti-tuberculosis movement in Ireland has done much good, but it has a source of weakness in not being largely controlled by those in close touch with the popular party—and thus its