

though difficult to isolate in sewage, will live at least some days in such surroundings, has been abundantly shown. These questions have all been frequently and so recently discussed that I need not enter into them at the present time; but I have been for years anxious to know whether the incidence of the disease shows any increase in the houses along the route of the infected sewage coming from such institutions compared with the rest of a town or city. This could easily be mapped out where notification of typhoid fever was in force, and where a map of the town sewers showing the direction of the currents was obtainable. Both these conditions are generally available. I have myself tried and am at present engaged in dotting such a map of the sewers coming from the Dublin hospitals that receive typhoid fever cases. The chief object of this communication is to ask fellow workers to do the same where available elsewhere. The value of such map demonstrations, were a number to agree, showing the increase in such houses or otherwise, is self evident. Even supposing no such increase was shown, still it would be necessary to destroy the typhoid dejecta to prevent the possible and common spread of the disease by the dejecta finding its way into the water for domestic use. I should be glad to hear if any investigations on the lines I have proposed have been carried out by medical officers of health. The question whether other diseases spread in a similar direction might be a subject of future investigation.

I am, Sirs, yours faithfully,

ANTONY ROCHE, M.R.C.P.Irel.,

Professor of Hygiene, Catholic University
Medical School of Dublin.

Stephen's-green, South Dublin, March 27th, 1895.

TUMOURS OF THE SUPRA-RENAL BODIES.

To the Editors of THE LANCET.

SIRS,—In treating of the liability of any part of the body to originate neoplasms, it is of primary importance not to neglect *perspective*. I am induced to make this remark because on reading your report of Dr. Rolleston's lecture on the Supra-renal Bodies, it seems to imply that neoplasms of these structures are fairly common. This of course may merely be an instance of the many erroneous impressions that necessarily ensue from the modern mania for abbreviation. However, on looking over the chief monographs on the supra-renals I have found that they convey a similar implication. Hence it seems to me important to call attention to the fact that it is an occurrence of the greatest rarity for any kind of neoplasm to arise from the supra-renal bodies. Of 13 824 primary neoplasms consecutively under treatment at four large London hospitals, I found only one instance of the kind recorded—an adeno-sarcoma. Similarly, Gurlt's analysis of the localisations of 13 971 primary neoplasms—under treatment at the three chief Vienna hospitals—does not contain a single instance of supra-renal neoplasms. The truth is that obsolete structures like the supra-renals, vermiform appendix, male mammae, os centrale, sesamoid bones, clitoris, uterus masculinus, thymus, inter-vertebral discs, membrana nictitans, coccyx, &c., have but an exceedingly small tendency to take on the neoplastic process.—I am, Sirs, yours truly,

Preston, March 28th, 1895.

W. ROGER WILLIAMS.

"PLEURITIC EFFUSION WITH NEGATIVE PRESSURE IN THE PLEURA."

To the Editors of THE LANCET.

SIRS,—The problem presented by Dr. West under the above heading, of which I ventured to attempt an explanation, has now been declared by him to be of the nature of an elementary fact, and we therefore agree in regarding the existence of a negative pressure as the normal condition in the first stage of effusion. He still considers, however, that this negative pressure rapidly diminishes as the fluid increases in amount, and that, therefore, the explanation I gave will not apply to the case he reported, and is in fact "actually erroneous." On the other hand, I hold that the negative pressure diminishes slowly or rapidly according to the rate at which the fluid is effused, and its degree depends upon the amount present, and it disappears only when the quantity exuded is very large. This stage of the disappearance of negative pressure in fluid effusion is marked clinically, according to Dr. Douglas Powell,¹ by the dulness mounting up above the third cartilage

and by the loss of Skodaic resonance. There were no signs in Dr. West's case that this stage was reached, but on the contrary there was distinct evidence that the effusion was moderate in amount, as shown by the absence of dyspnoea ("respiratory oscillation half an inch"), the entrance of air from the outside, and the failure to obtain fluid from the chest even when the syphonage action of a long tube was employed. Under these circumstances I still think that the amount of the negative pressure, although undoubtedly "considerable," was by no means such as to be incapable of explanation. I am afraid, however, that it is impossible to satisfy Dr. West. When he has propounded an "almost inexplicable" problem, and I have added that according to the teaching of most of the text-books it is altogether inexplicable, he asserts that I am very unfair to the teaching of the present day. Some years ago, while investigating the subject of pleural effusion, I formed the opinion that the importance of the elasticity of the lungs in connexion with the diagnosis and treatment of pleurisy was not fully appreciated by most of the leading teachers—e.g., Wilson Fox, Fagge, and Clifford Allbutt. That, of course, was merely an opinion, which I have supported in several papers published in THE LANCET,² and in stating these views I have always acknowledged my indebtedness to what I consider the sound teaching of Dr. Douglas Powell. But in adopting, and I hope supporting, Dr. Powell's teaching I have made no imputation against those who interpret the facts differently.

I am, Sirs, yours faithfully,

Carlton-hill, N.W.

G. A. SUTHERLAND.

"THE TITLE OF 'DOCTOR.'"

To the Editors of THE LANCET.

SIRS,—*Re* the title of "Doctor," it is interesting to note that in "Tristram Shandy" Slop the apothecary is entitled "Doctor," also that "Peter Pindar," himself an M.D., in one of his poems makes a servant girl speak of the family practitioner as "old Doctor Slop." It is thus evident that a hundred years ago and more the title of "Doctor" was, rightly or wrongly, popularly accorded to the general practitioners of the day, a class of men far inferior in education and social position to those of our day. Customs of such antiquity die hard, and, whatever we may call ourselves, we shall for a very long time be "Doctor" with the public. This custom must necessarily involve a certain amount of injustice on all sides; but perhaps the most glaring injustice is that a man can obtain a degree from a university entitling him to call himself "Doctor" after passing examinations not one bit better than, if as good as, those necessary to obtain the London double qualification which gives no legal right to the title. Unless some reform is shortly introduced this must surely tell seriously against the London corporations and schools, as I imagine that, like myself, most people, in the event of their sons going in for the profession, would send them to a university where they can obtain all the necessary qualifications to practise, and at the same time acquire a legal right to the title of "Doctor," in preference to sending them to study in London, where they cannot obtain that privilege.

I am, Sirs, yours faithfully,

Dawlish, March 31st, 1895.

A. DE W. BAKER.

"PROVISION FOR YOUNG IMBECILES."

To the Editors of THE LANCET.

SIRS,—I am unwilling again to obtrude myself upon your readers, but the publication since I wrote to you last week of a Parliamentary return as to the number of imbecile and epileptic children in workhouses (briefly referred to on page 847 of your last issue) seems to call for some additional remark. I have no fault to find with the form of the return, which is satisfactory, inasmuch as it shows that the Local Government Board is paying attention to the necessities of the case; but I venture to suggest that the numbers given in the summary by no means adequately represent the extent of special provision which it is desirable to make for pauper imbecile children. It is not only the children of this class now actually in workhouses that must be taken into account—there are many others residing with relatives who receive out-door relief for their maintenance. There are, moreover, a considerable contingent of imbecile children in the various county lunatic asylums, mixed up (for the most

¹ Diseases of the Lungs and Pleurae, fourth edition, 1893, p. 107.

² The Physics and Diagnosis of Pleural Effusion, July 22nd, 1893, and the Treatment of Empyema, Jan. 27th, 1894.