

at a very moderate cost. In a few weeks the tumour was considerably smaller and the girl correspondingly relieved in every way. She was then sent home to her parents and as they lived in pure country air she was instructed to drink rain water only. She faithfully carried out these instructions, obtaining the rain water from a spout from the roof and only occasionally having to filter it from the appearance of a black speck or so of soot. The goitre gradually subsided and in about six months no vestige of it remained.

CASE 2.—A middle-aged patient of medium build and of somewhat "nervous" temperament, had suffered for the past 12 or 15 years from a large goitre completely covering the front of her neck which was double its usual circumference. The tumour was somewhat irregular to the touch, soft in some parts, harder in others, and probably contained one or more cysts. Attacks of obstruction to breathing during sleep at night awakened her in fright and gave her husband great anxiety. She had been treated by me for years with little or no success and had, moreover, consulted leading authorities in London and Germany. Thyroid treatment was of slight temporary service but appeared to me not to be devoid of danger, there being much circulatory weakness. Practically she was no better—in fact, getting worse—when, as a result of my experience in Case 1 I determined to try distilled water. In such a long-standing case where no doubt much tissue alteration must have taken place I did not anticipate more than amelioration. The tumour, however, subsided in size with considerable rapidity. Now it is about half the size that it was before the treatment was commenced (some eight months ago) and the distress in breathing and other troubles are gone.

CASE 3—This was a young lady in the south of England who had developed a large goitre in late years which obstructed her breathing. Her friends consulted me about her some six months ago. I ordered distilled water and am informed that she is rapidly improving. These are the only three cases I have had in practice since adopting the treatment and they have all done well.

During a recent conversation in London with Dr. F. T. Roberts, he said that he believed my idea of using no drink but distilled or rain water in these cases was entirely new and that he regarded it as an important discovery (if further experience should prove it to be correct) which should be made public without delay. The question naturally suggests itself whether some other maladies to which we are becoming more liable may not be related to some undiscovered influence in our water-supplies, which are more and more derived from reservoirs and collections through strata of unknown nature. In an able article on the Increase of Cancer in the *Nineteenth Century* for June statistics are given proving pretty conclusively that among other causes the water from certain forest regions on the continent is open to grave suspicion.

I am, Sirs, yours faithfully,

July 13th, 1903.

C. A. RAYNE, M.D. Lond., &c.

THE EXTIRPATION OF CULEX AT ISMAILIA.

To the Editors of THE LANCET.

SIRS,—I beg to inclose for publication the translation of a report received by me from the general secretary of the Suez Canal Company regarding the effects of the anti-malaria campaign at Ismailia since the visit of Sir William MacGregor and myself last September. While it is obviously too early to speak definitely regarding the result on the malaria rate the secretary is able to announce that mosquitoes of the genus *Culex* "ont été supprimés d'une manière presque absolue." Under the term "*Culex*" I think that he means to include also gnats of the genus *Stegomyia*. I have received confirmatory evidence from a gentleman in Egypt who says that he was recently able to sleep at Ismailia without mosquito nets.

The campaign against *Culex* at Ismailia originally promised to be a difficult one owing to the large number of sewage cisterns under the houses and the result shows how easily a simple and obvious idea like that of diminishing mosquitoes by dealing with their breeding places can be acted upon by an intelligent and effective executive which sets to work at once instead of wasting time on useless discussions, as for the most part we have been doing in British possessions during the last four years. It is to be hoped that, following the work of Gorgas at Havana and Logan Taylor at Free-town, the result at Ismailia will be accepted as clinching

the proof of the possibility of diminishing *Culex* (at least) in tropical towns.

I am, Sirs, yours faithfully,

Liverpool, July 11th, 1903.

RONALD ROSS.

Translation of letter from M. le Secrétaire-Général de la Compagnie Universelle du Canal Maritime de Suez, Paris, to Major Ronald Ross, Liverpool School of Tropical Medicine.

SIR,—I have the honour to inform you that, following your mission of last September, numerous works of drainage and filling up of ditches have been effected and that a permanent department has been created for the purpose of oiling cisterns and pits and suppressing marshes and pools of water amongst the habitations of Ismailia. Moreover, measures of prophylaxis, consisting of the gratuitous distribution of quinine and arsenic, commenced in the month of April, 1902, are continued without interruption.

Since last December the number of cases of fever has very sensibly diminished by comparison with previous months and with the corresponding period of last year and this decrease is maintained until to-day.

Owing to the time at which the sanitary works were undertaken, the complete disappearance of the anopheles is not yet realised, but it can be stated that recently captured insects have not been infected, which can perhaps be attributed to the fact that the number of cases of fever have been considerably reduced.

On the other hand, it is interesting to note that, thanks to methodical petting and to the incessant surveillance of the breeding places of mosquito larvæ the mosquitoes called *Culex* have been suppressed in a manner almost absolute and that in the hottest period of the year it has been possible to abandon the use of mosquito nets.

Regarding the consequence of these measures a definite statement cannot be made until after August to November next, the principal malaria season. We have every ground for hoping that the efforts with which you have been so usefully associated will end in the complete extinction of malaria in the town of Ismailia and we will communicate with you when we receive definite information on this interesting subject."

MEDICAL DOCTRINES OF HEREDITY.

To the Editors of THE LANCET.

SIRS,—The position taken up by Dr. G. Archdall Reid in his letter in your columns of July 4th, to the effect that the germ plasm is incapable of receiving permanent injury by the agency of poisons circulating in the blood, is one that cannot be permitted to pass unchallenged. It is, of course, freely to be conceded that the main cause of variation in the organic world is the union of two slightly dissimilar germ cells in the process of bisexual reproduction, the importance of which process in phyletic development cannot be over-estimated, as it is to this that we are largely indebted for the exuberant variety which we see everywhere around us. But to deny the possible existence of other causes of variation does not seem to be a philosophical position. It seems impossible to suppose that the delicate cells of which the germ plasm is composed should be wholly uninfluenced by being placed in an adverse nutritional environment such as must exist when alcohol or other poisons are circulating in the blood. The growth and development of the cells of the germ plasm are alone rendered possible by the nutrient fluid conveyed to them by the blood of the host, and it is inconceivable that germ cells should be exempt from the operation of biological laws, and that the nature of the nutrient medium by which they live is of no consequence to them. That germ cells, like other cells, have powers of recuperation from injuries received is probable enough, but it is quite another thing to say that such recuperation must inevitably occur. To assume that the germ plasm is uninfluenced by noxious agencies is to suppose that it is a matter of indifference as regards the well-being of the offspring whether these are born of dissolute parents whose tissues are soaked with alcohol or of these same parents whilst living physiologically correct lives. I do not think that this is the experience of most medical men. The subject is a wide one, but to confine ourselves for the present to alcohol, those of us who have much to do with the insane have been struck with the frequency with which a history of parental alcoholism is found in the family antecedents of our patients. In my presidential address to the Medico-Psychological Association last year¹ I gave some statistics bearing on this point, which though, I freely admit, are far from furnishing precise proof of this relation, are yet very suggestive of a causal relation such as above indicated. Dr. Reid would brush away all such statistics as being of no value, but I maintain that they have an important bearing on the question, even though the intricate nature of the problem and the numerous factors that enter into the case render essential for a definite solution of the question data of a more precise and detailed character than any hitherto available. Dr. Reid

¹ Journal of Mental Science, October, 1902.

rightly lays stress on the well-known fact that nations are resistive to diseases just in proportion to the length of time they have had experience of them, the reason of course being that the units of a community who are most susceptible to these diseases are constantly being eliminated and the nation is continually being recruited from those who are most resistant to them. The case of alcohol, though in some respects comparable, is not exactly parallel, for with diseases it is, generally speaking, the younger units who are wiped out before they have arrived at the stage of propagating their species, whereas in the case of alcohol the baneful effect of this poison is of slower development and comparatively seldom destroys the individual until after the procreative faculty has been more or less fully exercised. If, therefore, alcohol has no influence on the germ plasm it follows that the elimination of the alcoholic individual after he has propagated his race can have no effect in causing the evolution of an alcohol-resistant community. If, however, it has such an influence and if the offspring of an alcoholised germ plasm are on the average less well equipped for the struggle of life than the offspring of other germ plasms not so circumstanced, then the former will eventually succumb in the struggle for existence and the race here, as elsewhere, being recruited from its more stable elements, such an evolution as Dr. Reid contends for will be brought about. I cannot agree with Dr. Reid that "degeneracy" or, in other words, an "unfavourable variation" must necessarily go on accumulating from generation to generation until a whole race is wiped out. Such a proposition necessarily implies that every member of a community is brought under the influence of a poison of such intensity as to preclude the possibility of any stable elements being left; but I fail to see that there is sufficient historical evidence to suggest that every member of any community has been so completely saturated with alcohol as to preclude the possibility of any germ plasms existing untouched by this poison. But in the absence of such absolutely universal poisoning of sufficient intensity, natural selection will follow its ordinary course, and in any case, since individuals differ greatly as regards their resistive capacity to alcohol as to other poisons, the more resistant will have a great advantage over the less resistant in the struggle. Families may decay as the result of some or all of their members having been modified in the direction of instability by the action of alcohol on the germ plasms of their ancestors, but racial degeneration will not necessarily ensue. Whether it ensues or not will depend on the capacity of the community to throw up stable elements to supplant those which have been rendered unstable; and in the presence of such capacity family decay is merely substituted for individual decay, natural selection will pursue its course unchecked, and the nation will be continually recruited from those families which are either most resistant to the action of alcohol or have come least under its influence.

I am, Sirs, yours faithfully,

Rainhill, July 9th, 1903.

J. WIGLESWORTH.

THE PRINCIPLES OF MEDICAL ETHICS IN THE UNITED STATES.

To the Editors of THE LANCET.

SIRS,—While making a short stay in London, in reading THE LANCET of July 4th my attention was arrested by the views of your New York correspondent on the subject of the agitation concerning the code of ethics of our profession in the United States which has been more or less existent since 1882. Quite an opposite view from that taken by your correspondent is entertained by a large number of the profession, especially in the State of New York, on some points of his discussion. I therefore beg, as one of the active participants in this agitation, that I may be allowed to briefly present that view. The Medical Society of the State of New York, a representative and incorporated body of the regular medical profession which has been in existence for nearly 100 years, in the year 1882, having hitherto adopted the code of ethics of the American Medical Association, changed this code, chiefly in the matter of freedom in consultation with all legalised practitioners. The State society was led to this action by the fact that the State, in consequence of the expulsion of homœopathic practitioners from the regular county medical societies of the State some years before, had legalised these practitioners and organised them into a body with powers equal to

those of the State society organised early in the last century. Many in the State society at that time advocated the abolition of all *written* codes of medical ethics. In the face of great opposition in other States and some in our own, the New York State society in 1886 went further and abolished all reference to a code in its by-laws. But that society and all the societies represented in it, the New York Academy of Medicine being one of them, has ever since, in spite of the absence of a written code, maintained the highest standard of professional ethics. The object of this important action of the State society was not to secure consultations with homœopathic practitioners, but to establish a *modus vivendi* with them preliminary to securing their coöperation in the passage of a law making the same requirements of all practitioners of the State as to qualifications for practice within the State. The result was accomplished. Having been placed on an equal footing with the regular profession by that profession itself, as they had been already by the State, the Homœopathic State Society united with that of the regulars in securing one of the best laws that exists in any country regulating the licensing of practitioners of medicine. This law came into force in 1891. Now, no man or woman can practise medicine in our State, no matter what degree or degrees they may have, unless they have passed a satisfactory and rigorous examination on all points in medical science. This examination is conducted by an independent board of medical examiners appointed by the board of regents of the University of the State. Homœopaths, regular practitioners, eclectic, even members of the Colleges of Physicians and of Surgeons in London, graduates of Paris or Berlin, physicians from other States of the Union, all must pass this State examination or not be allowed to practise in our borders. The only exception made as to uniformity in the examinations is that homœopathic and eclectic practitioners may be examined with different questions in therapeutics. In other respects the papers are of the same character. This law has been copied in other States of our country, notably by Pennsylvania, Virginia, Illinois, and others. It will be seen by this statement of facts that the Medical Society of the State of New York had a much broader aim than that of "mitigating the restrictions of the old code" in abolishing all written codes of etiquette, and that their action has been followed by the most beneficent results to the profession, results which were fully in the mind of its members when they took upon themselves the responsibility and breasted the obloquy which their action involved. That action has finally been fully vindicated by the sentiments of the various States of the Union as represented in the American Medical Association. This association has hitherto refused representation to the Medical Society of the State of New York but at the next meeting that representation will undoubtedly be accorded and the strife over the code be ended.

I am, Sirs, yours faithfully,

D. B. ST. JOHN ROOSA, M.D., LL.D.,

Formerly President of the Medical Society of the State of New York.

Savoy Hotel, London, July 8th, 1903.

A SIMPLE MEANS OF RESTORING THE APPARENTLY STILLBORN.

To the Editors of THE LANCET.

SIRS,—The following practical hint may be worth recording in THE LANCET. After cleansing the mouth and nostrils of the child the medical attendant should close the latter with the thumb and forefinger, surround the mouth completely with the lips, and blow sufficiently to inflate the lungs fully. I have often been astonished at the rapid and successful result.—I am, Sirs, yours faithfully,

Armfield Plain, July 9th, 1903.

W. G. PRETSELL.

THE ADMINISTRATION OF THYROID GLAND IN GLYCOSURIA.

To the Editors of THE LANCET.

SIRS,—I am trespassing on the space of THE LANCET to call attention to the value of thyroid gland in some cases of glycosuria. The cases to which I refer are common amongst the obese of both sexes. They are especially common amongst prosperous city men who eat too much and drink too much and take too little exercise. In these cases I have found that thyroid gland causes the disappearance of the sugar from the urine. The efficient dose varies with each