

came under my care with a secondary eruption, sore-throat, &c. She had been married three months. I got the husband to attend, and he was found to be suffering from untreated syphilis. I may add that he was continuing his avocation as a baker. This is, of course, the commonest type of case. (3) Occupational: My colleague, Dr. Theodore Thompson, permits me to mention the case of a boy aged 15, a glassblower's apprentice, who attended as an out-patient with a primary chancre on the lower lip. His duty (which I have learned in another instance is the custom) was to take the blowpipe from a senior employee and continue blowing before removing the blown bottle. I mention this case because the elder worker was induced to come to the hospital and was found to be suffering from active syphilis of the buccal cavity following a genital chancre. It is a grave injustice to debar such cases from treatment in a general hospital and to send them to a lock hospital or to a Poor-law infirmary.

The larger question of the treatment of the prostitute has two aspects—preventive and curative. Preventive measures are the business of the State, and involve such important issues that it is impossible to discuss them here. As regards treatment, we as a profession can only insist on the best opportunities being given to all alike for the speedy cure of their disease. No obstacle on moral grounds or penal restrictions should be put in the way, and it is here that we may meet with opposition. Public opinion is, however, progressive, and a public opinion which has sanctioned the payment of maternity benefit to an unmarried worker may be brought to see that it is for the good of the State that this grave malady should be boldly attacked in its most prolific source. On every ground a careful inquiry is necessary, and I heartily support the plea for a Royal Commission.

I am, Sir, yours faithfully,

JAMES H. SEQUEIRA.

Manchester-square, W., June 29th, 1913.

*To the Editor of THE LANCET.*

SIR,—Now that so distinguished a leader as Sir Malcolm Morris has raised his standard in revolt against the tyranny of cant and prudery, it is to be hoped that a campaign will be waged with courage and determination until a decisive victory for common sense has been achieved. That one of the most widespread contagious diseases, which is at the same time terrible in its consequences, should be selected for special exemption from notification is a monstrous anomaly and an insult to the intelligence of all persons of sober and unbiased judgment.

When speaking at the discussion on the Present Position and Treatment of Syphilis, which took place before the Royal Society of Medicine in June, 1910, I emphasised the fact that we live in the days of preventive medicine, and that it speaks ill for the courage and dignity of the medical profession that it has allowed impractical extremists to dictate to it on such an important question of public health. I stated as my opinion that a united medical profession could insist upon syphilis being ranked as a notifiable disease with efficient regulations and penalties to ensure that the present untrammelled licence to hand on infection shall be ended. True freedom has always been opposed to injurious licence, and legislation with the object of ensuring the health of the individual and the race cannot be considered an encroachment on the liberty of the subject.

In October, 1910, Dr. T. W. Parkinson gave an address entitled "A Plea for the Adoption of a Contagious Diseases Act," as his presidential address to the Chelsea Clinical Society, and at the next meeting of the society Mr. J. H. Dauber read a paper on the Notification of Syphilis. I then gave it as my opinion that the licensed house system was not of practical value, that the licensed houses were used chiefly by strangers in the country, and that it was the unlicensed amateur who spread infection. The scheme which I then advocated, and still believe to be practical, consisted of—

1. Immediate notification to a special medical officer of health for venereal diseases.
2. Heavy penalties for omission to notify and for treatment of syphilis by unqualified persons.
3. After notification the syphilis medical officer should obtain from the infected person the source of infection.
4. The source of infection then, in turn, to be visited, inspected, and informed as to his or her state as regards infection.
5. Any infected persons would be given the choice of free treatment

at a hospital or, if preferred, would be allowed to attend any medical man they wished as a private patient.

6. Infected persons would then be told that if, up to the time that they were given a certificate of freedom from infection, they conveyed the infection venereally to any other person, such infection was a criminal assault, punishable by a term of three months' imprisonment.

7. Equal treatment for both sexes.

As in the great majority of cases of venereal infection the infectious party must have full knowledge as regards infectivity, and that such infection is only passed on by a voluntary act, it appears that venereal disease, far from being the most difficult of the contagious diseases to control, is the most easy. Is there any other contagious disease that can be so absolutely dated to a specific voluntary act?

I am, Sir, yours faithfully,

HUGH WANSEY BAYLY.

Upper Berkeley-street, W., June 28th, 1913.

## THE SIGHT TESTS OF THE BOARD OF TRADE.

*To the Editor of THE LANCET.*

SIR,—I have read several letters in THE LANCET relating to the sight tests of the Board of Trade, and having had considerable experience of sight testing for railway men to the extent of several hundreds every year for over 17 years, I think I should quote my results. Unfortunately, being now on leave I cannot get at the exact figures, but roughly 10 per cent. of the men tested fail to pass 6/6 Snellen's type and 5 per cent. colour vision, which includes the combined tests of naming colours of wool skeins and the lamp test at night. The naming of colours is most important; many cases of colour blindness can match colours fairly well, recognising shades in wools, but absolutely fail when both old and new red and green flags are used as a test. Another very important point in vision-testing is the presence in about 1 per cent. of cases of a defective distant colour vision. Men who can recognise colours in the wool test and in the 1/8th in. aperture lamp test at 30 yards cannot distinguish the colours of flags, nor the red coats of men on duty in the rifle range shooting butts at 300 yards and upwards, nor the lamp lights at long ranges. This fact I pointed out some ten years ago in the *Indian Medical Gazette*, and it is one which may account for several accidents to ships and trains where obviously pilots and drivers have mistaken distant lights and signals. The men concerned were subsequently found able to pass the near vision tests. As far as I know, this is an original observation, and perhaps Dr. F. W. Edridge-Green, with whose letter in THE LANCET of June 21st I am in complete agreement, might like to confirm this observation.

I am, Sir, yours faithfully,

H. G. WATERS,

June 22nd, 1913.

Medical Officer, Jamalpur, India.

## THE LATE SIR JONATHAN HUTCHINSON.

*To the Editor of THE LANCET.*

SIR,—The late Sir Stephen Mackenzie once said, towards the end of his career, "I began my professional life as Mr. Hutchinson's pupil, I remain his pupil still." This illustrates the affectionate respect and attachment which old London Hospital men felt for the surgeon whose commanding ability long gave him the first place at their school. He held that place by virtue of his surgical skill—a bold operator in pre-Listerian days, witness his performance of laparotomy for intussusception—and by the faculty of teaching which he possessed in an uncommon degree, patiently expounding and enforcing the principles of his art. But it was his personality which especially counted, and which drew to him the crowds of students who followed him round the wards. Other lectures might be ill-attended, but "Jonathan" had plenty of auditors. We believed in him, and took him for a model of medical life and conduct. He was not exactly genial or very approachable, being originally of a shy nature, and disliking all his life functions of any kind. He was, indeed, of rather silent habit, quiet, and un-hurried; somewhat oracular to his patients, but with no such impressive qualities of manner and emphasis as those which gave to his friend and energetic colleague, Sir Andrew Clark, much of his *éclat*. Yet there was a magnetism about Hutchinson, the magnetism of a nature wholly

possessed by the search for truth, of a mind keenly observant, accurate in detail, yet apt to generalise, and many of whose generalisations had taken rank as discoveries. For already in the "seventies" you could hardly open a book on any department of medical science without finding Hutchinson referred to. His temperament was balanced, candid, and free from prejudice; he made no mystery of his teaching, but was ready to expound all he knew; and one felt in listening to him that here was a man on the frontiers of science always pushing out into fresh areas of knowledge. His language was lucid and precise, spiced every now and then with dry humour or with a reference to his favourite poet Browning. He made his points clearly, and his frequent "I repeat," though it may have become a mannerism in his later years, helped to make effectual impressions upon the student mind.

It was his habit in his systematic lectures on surgery often to pick out on entering the theatre one of his auditors and to ask him questions, and under cover of these questions and of the discussion of incorrect answers to build up his theme for the day. Certainly, it was a method which fixed the attention of his hearers. Students were an unruly lot in those days, and many of our lecturers were uncivilly treated or had practical jokes played upon them—some we almost declined to hear. One of the lecturers on physiology—peace to his memory—the men had no respect for; he could not keep order, and the theatre was sometimes a bear garden. But no pranks disturbed the calm progress of "Jonathan's" discourse. It is said that once, and once only, a trick had been played with the preparations he was showing. It was never repeated.

Upon not a few subjects Hutchinson spoke as a master. It was our fault entirely if we, his pupils, did not attain to a full grasp of the subject of syphilis, its stages, its symptoms and manifold disguises, and their treatment. He read a paper before the Hunterian Society early in the "seventies," which laid down the treatment of the secondary stage of the disease, and I remember well the cases in the London Hospital on which it was based. We very seldom see now the physical wrecks, due either to syphilis or ill-judged mercurial remedies, which were then not uncommon. And if the effects of this scourge in the community are to-day much lightened, whilst we may be glad to ascribe this, in part, to an improved standard of morals, much is also due to the fuller understanding of the disease and its treatment, and in this Hutchinson had a part surely not second to that of any worker in this country. Of his researches in skin and eye diseases I do not speak.

Few men have been so fully absorbed by their quest of knowledge, or have so effectually trained their powers of observation. Like John Hunter he took note of the whole animal world. Birds, flowers, fossils—he was something of an expert in all. History attracted him, and was expressed in his "space for time" chronologies, or displayed by series of portraits. On education and social topics he had thought much, and he had a plan for State bounties upon children, intended to promote their increase, as the chief wealth of a nation.

The influence of Hutchinson upon several generations of students was great, and in this way it has passed on into other lives, communicating to them his own appetite for knowledge, unsatisfied with the moderate repast which is enough for most men. They learned also his clinical instinct, his attitude towards disease—a close and patient observation of nature, scrupulous and accurate record, and how upon these may be built up the theory of a morbid process.

Perhaps as in the case of Darwin some sides of his nature may have been less developed; there was little of emotion or enthusiasm, but there was the power of a master mind, and not a few will unite with me in owing much of any professional success that has attended them to the teaching and example of Jonathan Hutchinson.

I am, Sir, yours faithfully,

June 30th, 1913.

R. HINGSTON FOX.

To the Editor of THE LANCET.

SIR,—In your obituary notice in to-day's issue of THE LANCET of the late Sir Jonathan Hutchinson, F.R.S., as regards the medical aspect of his useful life and his ruling principle of searching every subject for Truth you rightly say that much must necessarily be omitted about his past attainments, but I trust you may again be able to

allude to other manifestations of his well-stored mind and his desire to impart his knowledge for the good of mankind.

His free Sunday lectures, in his museum at Haslemere, upon every possible subject—scientific, in every branch, especially geology, astronomy, and botany; social, in its development and many problems; moral, in its past and present; education, in its proper aim and method; topics of the day; the character and works of good citizens, artists, and public men; the lives of poets and their sayings—all these were the most delightful and instructive treats to listen to, delivered in the most charming, intensive, logical, and convincing manner; and every one of his sayings was Truth itself, and they have only been fully confirmed by lapse of time, as many instances might show. His "Nature Rambles," too, about his grounds were a revelation of the beauty and purposes of structure and function in the works of the Great Creator.

His "Home University," which he edited in monthly parts, was most instructive and admirable, but pressure of time unfortunately forbade him continuing it more than a year. No man made so much or so good a use of great talents, or did more for the real benefit of the world, and in a modest way, too.

His obituary card, devoid of "mourning," was characteristic:—

In loving Memory of  
Jonathan Hutchinson, F.R.S.,  
Who died at "The Library," Inval, Haslemere,  
the Twenty-third of June, 1913,  
in his 85th year.

"I thirst for Truth,  
But shall not drink it till I reach the Source."

"What though the radiance which was once so bright  
Be now for ever taken from my sight,  
Though nothing can bring back the hour  
Of splendour in the grass, and glory in the flower;  
We will grieve not, rather find  
Strength in what remains behind—  
In the primal sympathy  
Which having been, must ever be;  
In the soothing thoughts that spring  
Out of human suffering;  
In the faith that looks through death;  
In years that bring the philosophic mind."

I am, Sir, yours faithfully,

Winchester, June 28th, 1913.

W. MORTON HARMAN.

## THE NEW NAME OF THE THRUSH FUNGUS.

To the Editor of THE LANCET.

SIR,—Recently there has been a disposition to bring into use a new name for this organism—endomyces albicans. Dr. Aldo Castellani used it in his communication on tropical bronchomycosis,<sup>1</sup> and again in his paper at the meeting of the British Medical Association last summer. It has now appeared in a text-book. There is already confusion enough, and the new name induced me to examine the fungus again in six typical cases of thrush in young infants.

*Nature of the organism.*—Unusual pleomorphism is proved by the many names (including sporotrichum) which have been applied to it. The thready, branching, septated hyphæ seen on mucous membranes suggested its oidium-like character. Three type forms had the name oidium in the past. The grape vine mildew is the oidium of Link (1809). The mould of sour milk was the oidium lactis of Fresenius (1850). The thrush fungus was the oidium albicans of Robin (1853). In the first and second erect, aerial hyphæ—the simplest form of conidiophore—are always present, but botanists distinguish between these two, and the first, being the oldest, alone retains the name oidium. The second is now oospora lactis, the genotype of the group which includes streptothrix forms, the powdery surface on cultures of the latter being well known.

Cultures of the thrush fungus never have aerial hyphæ, but are always smooth like yeast. About 1870 Reess was also impressed by the yeast-like cells so abundant in cultures and the scarcity or absence of hyphæ. Also, he thought he saw, or actually did see, endospores; pure cultures were not so common then. So he referred it to saccharomyces, and the name S. albicans is still sometimes used. After the introduction of pure culture methods endospores were not

<sup>1</sup> THE LANCET, Jan. 6th, 1912, p. 13.