

his experiments that a muscle which has just contracted, and has been extended by a weight to its original length, is in a condition of latent contraction, and if it be now excited by a fresh stimulus, it is found to be more irritable than at first.

THE new Order in Council under the Contagious Diseases (Animals) Act, 1878, which was issued on Dec. 15th, and is substituted for the Orders previously existing in relation to the particular subjects to which this Order applies, is a document of much interest. It contains a complete code of regulations relative to the public-health measures to be used in respect to the contagious diseases of animals. This Order, which is styled "the Animals Order," is divided into six sections, with schedules attached. The first part is preliminary; the second part applies to "Diseases," and deals with cattle plague, pleuro-pneumonia, foot-and-mouth disease, sheep-pox, sheep-scab, glanders and farcy, swine-fever, &c.; the third part relates to disinfection; the fourth to transit; the fifth to foreign animals, quarantine, &c.; and the sixth to general matters affecting the Order. The Order is necessarily extensive, and occupies 58 folio pages of printed matter.

THE Lettsomian Lectures at the Medical Society of London will be delivered by Mr. W. F. Teevan, B.A., F.R.C.S., on Mondays, Jan. 5th and 19th, and Feb. 2nd, at 8.30 P.M. Subject—"The Treatment of Stricture of the Urethra, Enlarged Prostate, and Stone in the Bladder, with special reference to recent progress."

IN memory of the late Mr. Robert W. Tibbits, three hundred and fifteen guineas have been subscribed and handed over to the trustees of the Bristol Royal Infirmary, the interest of which is to be expended in a prize to the students at the infirmary, to be called the "Tibbits Memorial Prize."

AN epidemic of measles is stated to be prevalent in Hull, and a peculiarity of the disease is that it attacks adults. Ten deaths are already reported.

THE next meeting of the Obstetrical Society will be held *not on the first*, but on the second Wednesday (14th inst.) in January.

HEALTH OF LARGE ENGLISH TOWNS.

FIFTY-SECOND WEEK OF 1879.

IN thirty of the largest English towns, containing nearly a third of the entire population of England and Wales, 3862 births and 3877 deaths were registered during the week ending last Saturday. The births were no less than 1320 below, while the deaths exceeded by 507 the average [weekly numbers during 1878. The Christmas holidays were undoubtedly the cause of the small number of births, and it is more than probable that but for this cause the number of deaths would also have been higher. The deaths showed a decline of 439 from the high number returned in the previous week. The annual death-rate in the twenty towns, which had been equal to 30.6 and 30.5 per 1000 in the two preceding weeks, declined last week to 27.4. During the thirteen weeks ending on Saturday last, the death-rate in these towns averaged 24.2 per 1000, against 22.8 and 25.0 in the corresponding periods of 1877 and 1878. The lowest death-rates in the twenty towns last week were—16.8 in Brighton, 17.3 in Sunderland, 19.1 in Sheffield, and 21.0 in Portsmouth. The rates in the other towns ranged upwards to 30.7 in Leicester, 32.6 in Nottingham, 35.8 in Liverpool, and 46.3 in Plymouth.

The deaths referred to the seven principal zymotic diseases in the twenty towns, which had been 588 and 627 in the two preceding weeks, declined again last week to 574; they included 181 from whooping-cough, 160 from measles, and

153 from scarlet fever. Whooping-cough mortality showed a further increase upon that recorded in recent weeks. The proportional fatality of scarlet fever was largest last week in Newcastle-upon-Tyne, Nottingham, and Bristol; of measles, in Plymouth, Hull, Liverpool, Nottingham, and Leeds. Of the 20 deaths referred to diphtheria in the twenty towns, 11 were recorded in London and 4 in Birmingham. Small-pox caused 2 more deaths in London, but not one in any of the nineteen large provincial towns. The Metropolitan Asylum Hospitals contained 48 small-pox patients on Saturday last (of whom 5 had been admitted during the week), corresponding with the number at the end of the previous week.

After making allowance for probable delay in death registration during the Christmas holidays, it appears that the fatality of acute lung diseases declined in London last week. The registered deaths referred to diseases of the respiratory organs within the metropolis, which had increased from 190 to 799 in the eleven preceding weeks, declined to 652 last week, which, however, exceeded the corrected weekly average by 128; 447 resulted from bronchitis, and 125 from pneumonia. The registered annual death-rate from diseases of the respiratory organs and phthisis during last week was equal to 11.4 per 1000 in London, and to 13.9 per 1000 in Liverpool. It is to be regretted that the Registrar-General's weekly returns do not show the mortality from diseases of the respiratory organs in each of the twenty large towns dealt with in those returns.

Correspondence.

"Audi alteram partem."

THE LATE PROFESSOR PARKES ON TOBACCO SMOKING.

To the Editor of THE LANCET.

SIR,—About four years ago I was thinking a good deal about the use of tobacco. I of course consulted every authority I could lay my hands on. I did not omit Parkes's excellent Manual of Practical Hygiene. To my disappointment I found in it nothing upon the subject. I immediately wrote to Dr. Parkes himself, and received in reply the enclosed letter. It is a very interesting and instructive letter, and is, I certainly think, worthy of better preservation than in a heap of old papers, both on account of the subject of which it treats and of the great and good man who wrote it. I therefore send it to you for a place in the pages of THE LANCET.

I remain, Sir, yours truly,

WILLIAM PRATT.

Newtown, Montgomeryshire, December 29th, 1879.

MY DEAR DR. PRATT,—I think my state of mind as regards tobacco is very much what yours seems to be. I have honestly tried to collect evidence from *moderate* smokers, both medical men and others, and when tolerance has been established, I have never been able to make out any symptoms which implied injury. In the case of many medical men whom I have asked to study their own condition, the answer has always been the same—viz., they could see no harm or disturbance of any function. Even in some cases of enormous smokers—i.e., men who rarely were without a pipe or cigar—I could learn of no injury.

On the other hand, I have seen, like all of us, men complaining of dyspepsia, nervousness, palpitation, &c., and who were much better for leaving off smoking; in fact, in these cases there could be no doubt of an injurious effect.

In boys of fourteen or fifteen who begin to smoke, I think I have observed that tolerance is slowly attained; that appetite is less, and I presume digestion and nutrition less good, and that the complexion becomes pasty and less florid and clear. There was a striking case of this kind in the son of a medical friend, who watched his son naturally very carefully, and who told me that the effect of the tobacco (a good deal was smoked) was quite unmistakable. I persuaded the son to lessen his tobacco one-half, and his health certainly improved, but he was then a young man. That some injury, therefore, is sometimes produced, and especially on

young people, seems to me quite clear; but it is curious, in other cases, how difficult it is to find ill effects, even in the young, when the quantity is not excessive.

As to the effect on the young even, it is curious in Burmah to see children smoking in their mothers' arms; and yet when I was serving in Burmah, many years ago, I often saw a woman walking along smoking her cigar of tobacco rolled up in a plantain-leaf, and carrying on her hip her child of two or three years old, who also had his or her little cigar, which was smoked with the greatest gravity. On talking to the Burmese (who smoke constantly), they would never allow that even young children were in the least damaged. When I was in Turkey I tried to make inquiries of some of the intelligent Turkish gentlemen; one or two of them said that they thought the Turks had learnt to smoke from the Europeans, and had been growing apathetic and dull ever since. But others laughed at this, and the rural Turk, who smokes a good deal, is a fine, active, energetic fellow.

I have talked to many Germans, who all stand out manfully for tobacco.

In conclusion, I confess myself quite uncertain. I can find nothing like good evidence in books; too often a foregone conclusion, without any evidence to back it, is given.

I think we must decidedly admit injury from excess; from moderate use I can see no harm, except it may be in youth.

My opinions are, you will see, very indefinite, and I would gladly see some really good evidence collected. If at any time you can send me any facts, I shall be very grateful.

Believe me, very sincerely yours,

Bitterne, Southampton, Jan. 28, 1876.

E. A. PARKES.

ON EXTRACTION OF CATARACT BY SUCTION.

To the Editor of THE LANCET.

SIR,—In THE LANCET of Dec. 6th, p. 828, Dr. Wolfe says of suction in the extraction of soft cataract:—"Having been an opponent of the introduction of pumping instruments into the cornea for soft cataract operations, when first recommended, I am gratified to see that several surgeons of eminence, who, led by high authority, then advocated that system, have, after experiencing disasters, come to my way of thinking."

Such a condemnation by one of the leading ophthalmic surgeons of Scotland is likely to discredit the operation of suction.

As the introducer of this method into British ophthalmic surgery, I feel called upon to vindicate its claims to the confidence of the profession; and having used the method for nearly twenty years in perhaps three-fourths of my cases of soft cataract, I may fairly lay claim to an opinion of some weight against that of one who was "an opponent of the operation when first recommended," and "is gratified that several surgeons of eminence," having had disasters, "have come to" his "way of thinking."

The fact is that, like many good things, it is liable to be misused, and perhaps I am myself not altogether free from blame in not having written more fully upon its difficulties and dangers, especially when it came to my knowledge that disasters had occurred in the hands of some ophthalmic surgeons.

As a fair and impartial judgment upon the operation, I cannot do better than quote the opinion of Mr. R. B. Carter, in his work "on Diseases of the Eye," 1875, p. 362:—"If I had been writing a little more than a year ago, I should have described the method as being practically free from danger; for at that time I had never seen it followed by any result except a good recovery. But, . . . my recent experience would lead me to speak of suction with somewhat diminished confidence, but I still think it the best method of removing cataracts in the cases for which it is suited. It is not, as I once believed, almost without risk, but I still think that the risks it entails are less than those which attend upon other methods; and I am not at all satisfied that the unfavourable results in the cases above-mentioned may not have been due to causes not essentially connected with the procedure. It is difficult to clean the suction curette thoroughly, and it cannot be

put into hot water without dissolving the cement which unites the silver portion of its tube to the glass. It occurred to me that the ordinary washing with cold water after use might have left some particles of organic matter in the channel, and that these accidentally introduced into other eyes at subsequent periods might have excited the inflammation described. I have since taken the precaution of soaking the curette for some hours in diluted Condy's fluid, and of then washing it well in pure water immediately before an operation, and my cases subsequent to the adoption of this precaution have done well. Mr. Teale informs me that his own experience of suction is highly favourable, but I have heard less satisfactory reports from other sources."

Let me now summarise my ideas and matured views in the following propositions:—

1. When a cataract is almost fluid it will readily flow out in the groove of the ordinary curette, and there is no need of extraction by suction.

2. When a cataract is immature or semi-solid, to attempt to withdraw it by suction is to put enormous atmospheric pressure upon the ocular structures and to risk disaster.

3. For cataracts between these extremes—and they constitute a large proportion of soft cataracts—there is no method, to my mind, more simple, more speedy, more effectual, more safe, or less liable to be followed by opacity of the capsule, than the method of suction.

4. To use a suction instrument with safety requires attention to minute details, no less than is needed for the use of the lithotrite. Lithotrity carelessly performed becomes disastrous. Performed with due care and gentleness, it is one of the most successful of the major operations of surgery.

5. The safest form of suction instrument is the one in which the action is regulated by the mouth. The "pump syringes" are more difficult to use, and do not admit of an equal delicacy in the regulation of the suction power, and, therefore, demand most exquisite manipulation in the operator.

6. The aperture in the curette ought to be oval, and level with the upper surface of the curette, so that on the completion of the flow of cataract the cornea may close the opening and act as a valve, arresting further and mischievous suction. It is this valve-like action of the cornea which is one great safeguard in the use of suction, a safeguard which is impossible in the case of the instruments made some years ago, in which the opening was enlarged by notches at the side.

7. The suction force ought to be applied with gentleness, with *short draws* of the mouth, and with no great force. If the cataract proves to be stiff, and requires great suction power, the attempt to extract by suction should be abandoned, and further proceedings should be deferred until the wound is soundly healed.

8. On no account whatever ought transparent lens to be withdrawn by suction. Firstly, because it is too firm to be safely drawn into the curette; secondly, because, owing to its transparency, it is impossible to judge whether the whole lens has been removed or not.

9. "When the lens is of firmer consistence, and the aspirator drags upon the vitreous and other delicate structures, and is sure to do mischief" (Dr. Wolfe), to use suction is surely to misuse it. It is hardly fair to condemn the use of a method because abuse of it produces disaster.

10. It is of supreme importance to preserve the posterior capsule of the lens unruptured, otherwise the vitreous humour comes forward, and is drawn into the curette instead of the lens.

In conclusion, may I venture to refer to my own experience in support of the views herein expressed?

As far as I can recollect, I have had but three cases of destructive inflammation after the use of suction. In the first case, a syphilitic boy, diffuse keratitis set in, first in the eye operated upon; afterwards in the untouched eye. The other two cases occurred about six years ago, so closely upon each other that I suspect that some such cause as suggested by Mr. Carter may be the explanation—viz., that the curette conveyed decomposing material into the eye.

On referring to the notes of my private operations for soft cataract (the record of my hospital cases not being complete enough for comparison), I find that of my last fifty-three cases of soft cataract, in forty-seven suction has been used. Of these only one has been lost by destructive inflammation. Of the forty-seven, seventeen are noted as reading No. 1 or 2 Jäger. Of the remaining thirty, many are noted as "good sight"; many were too young to have their sight tested; and