

the spectrum of the object examined. These spectroscopes having been stolen I was forced to obtain some of British manufacture, and to my great regret found that the old and unscientific, because purely arbitrary, scale was affixed to them. Doubtless it is true that by dint of great pains one can manage to construct a wave-length scale curve to coincide with this old scale; but even then one has perforce to refer to the curve at each observation, which causes a loss of time and, too often, a regrettable expenditure of language.

Is it not possible for our British makers of spectroscopes—even the most eminent of them—to take a leaf out of the book of Zeiss and make *modern* instruments?

I am Sir, yours faithfully,  
 Calcutta, Dec. 18th, 1919. W. D. SUTHERLAND, M.D.

THE NEED OF  
 OPHTHALMIC PHYSICIANS FOR THE ADVANCE-  
 MENT OF OPHTHALMOLOGY.

To the Editor of THE LANCET.

SIR,—My paper on the Need of Ophthalmic Physicians for the Advancement of Ophthalmology<sup>1</sup> was read before the Section of Ophthalmology of the Royal Society of Medicine on Nov. 5th last, and adjourned for discussion to the next meeting, Dec. 3rd. The Section asked that the paper should be printed and circulated. This, however, was subsequently vetoed by the Council on its own responsibility. Recognising the many difficulties which were involved in the change of system advocated in my paper, I had prepared a resolution referring the subject to the Council of the Section for consideration and report, and had given notice to the secretary of the Section a week in advance. At the meeting, however, Mr. Holmes Spicer, the President, informed me that he would rule my motion out of order as it did not concern the affairs of the Section, giving me no time to remodel my motion so as to bring it into line with his ruling or to find a seconder to it.

I venture to protest against that ruling, which appears to me against the interests both of the Section of Ophthalmology and of the Royal Society of Medicine. Surely any subject which the *Section* has power to discuss must be one that its *Council* has power to discuss. The Council has never, to my knowledge, been accustomed to take such a narrow view of its powers, but has included all subjects relating to ophthalmology. And again, if the Royal Society of Medicine has no power to discuss such a subject, where can it be discussed? But, quite apart from the general principle, I hold that the ruling is in opposition to the true interests of the Section, the success of whose meetings depends upon the adequate discussion of the subjects brought before it. Quite a large proportion of the papers and cases brought before the Section are on *medical* subjects, read by ophthalmic surgeons to ophthalmic surgeons. Physicians practically do not attend our Section, and if they did they are not familiar with the ophthalmic point of view. Thus these papers have no chance of enlightened discussion, for what surgeon is going to criticise another surgeon's *medical* opinion? The discussions are therefore shorn of much of their medical interest. Thus, in the interests of the Section I hold it is of vital importance that the physician should be brought into closer touch with ophthalmology, and that it is the duty of the Council to consider what steps should be taken to this end. My suggestion of the appointment of physicians (other than consulting physicians) on the acting staff of ophthalmic hospitals may not be the best remedy. It is open to the Council to suggest a better.

At the last meeting of the Section the President appealed to members for papers, stating that the secretaries had none in hand—clear evidence that all is not well with the Section. For there is a wide field for ophthalmic research, totally unexplored by the physician and only superficially cultivated by the surgeon, which would yield an abundant harvest. The gradual exclusion of the physician from our Section is also shown

by the fact that both our secretaries are surgeons. In the mother society—the Ophthalmological—physicians took a large and active part in its formation and management, and up to a few years ago one of the secretaries was always a physician. On all these grounds I consider the position of the physician in relation to ophthalmology to be one which is not only of importance to our science, but of vital interest to the Section of Ophthalmology of the Royal Society of Medicine. For the Council to endeavour to burke the question is a dereliction of its duties.

I append a list of the medical subjects brought before our Section since 1912. It will be noted that four only were introduced by physicians, and in four other cases physicians took part in the discussion.

I am, Sir, yours faithfully,  
 Jan. 6th, 1920. RAYNER D. BATTEN.

List of Medical Subjects.

- Disease in the Pituitary Region. J. B. Lawford. (Dr. Grainger Stewart spoke.)
- A Case of Double Tubercular Iritis. Edgar Chatterton.
- Glaucoma associated with Venous Congestion. Freeland Fergus.
- Optic Neuritis, with Symmetrical Loss of the Lower Part of the Field, associated with Diabetes. M. S. Mayou.
- Case of Bi-lateral Temporary Hemianopia; Rapid and Permanent Recovery of Vision after the Administration of Thyroid Extract. H. L. Eason.
- Iritis, Rheumatic and Toxæmic. W. M. Beaumont. (Dr. F. G. Thomson spoke.)
- Double Detachment of Retina in a boy with Albuminuria. Rayner Batten.
- Amaurotic Family Idiocy in an English Child. E. A. Cockayne, M.D., and John Atlee, M.D.
- Conical Cornea with Raynaud's Disease. C. Wray.
- Retinitis of Pregnancy. J. Herbert Fisher.
- Case of Pigmented Degeneration of the Retina associated with Epileptic Fits. F. E. Batten, M.D.
- Disturbances of Vision from Cerebral Lesions, with Special Reference to Cortical Representation of the Macula. Colonel Lister and Dr. Gordon Holmes.
- (1) Dilated Pupil of Argyll Robertson Type. (2) One-sided Internal Ophthalmoplegia. A. Hugh Thompson.
- Neuro-retinitis after Chicken-pox. Leslie Paton.
- The Retinal Signs of Arterio-Sclerosis Compared with those Due Simply to Increased Blood Pressure. Bardsley.
- Discussion on the Ætiology and Treatment of Iritis. (Even here, no physician took part.)
- Discussion on Nystagmus, held jointly with the Neurological Section.
- Case of Pituitary Tumour. A. W. Ormond.
- Pituitary Tumour (Hypopituitarism). L. W. Cargill. (Dr. James Taylor spoke.)
- Case of Malignant Disease of the Pituitary Body, with Comments. G. Maxted.
- Migraine. J. Herbert Fisher. (Dr. Gordon Holmes and Dr. James Taylor spoke.)
- An Unusual Case of Ptosis with Bilateral Ophthalmoplegia Externa. M. L. Hine.
- Changes in the Sella Turcica in Association with Leber's Atrophy. Dr. James Taylor.

MIND AND ITS DISORDERS.

To the Editor of THE LANCET.

SIR,—With reference to the pathology of some of the psychoses, and the connexion therewith of the psycho-analytic theories, I venture to suggest an hypothesis which I first brought forward at the annual meeting of the British Medical Association in Aberdeen in 1914. I shall try to put it as briefly as follows: Take, for example, a case of recurrent mania or melancholia. The mental condition is probably the result of a toxæmia of some kind. The hallucinations or delusions present may be analysed, and the nature of these and the reason of their existence explained by psycho-analysis. This procedure cannot, however, be expected to remove the illness which is dependent upon the toxæmia. A further illustration. A subject is given chloroform for a surgical operation. During one of the stages he is delirious. If his remarks are carefully noted and he be subsequently analysed the reason why his babbling took the particular form it did will probably be revealed, but the origin of the condition was the anæsthetic. I do not wish it to be understood that I think this hypothesis is applicable to all the psychoses, but a full discussion would far exceed the limits of a letter. With regard to the review which started this correspondence, I must confess that when I read it I was at first surprised, then saddened. It seemed to me most unfair.

I am, Sir, yours faithfully,  
 R. H. STEEN.  
 City of London Mental Hospital, Dartford, Kent,  
 Jan. 19th, 1920.

<sup>1</sup> THE LANCET, Nov. 29th, 1919.