

On the practical bearing of Mr. Gray's contention there is little to be said. The stoma of a gastro-jejunostomy appears to act quite as efficiently when placed 4 inches from the pylorus as when it is placed nearer. I have examined many cases after this operation has been successful and have invariably found the stoma patent and acting perfectly, even though the stoma was not close to the pylorus. In the operative failures I have only come across one instance of vicious circle vomiting, and in that case the stoma was as near to the pylorus as $2\frac{1}{2}$ inches. The other cases of operative failures were due to different causes, some of which are detailed in a paper on Gastric Radioscopy in the *Archives of the Roentgen Ray* for October, 1910.

It is entirely against my wish that I am dragged into this controversy on so intricate a subject, and without trespassing on the hospitality of your columns to an unwarrantable extent I cannot answer more than the main thesis of Mr. Gray's papers which teem with assertions that urgently call for criticism, if not for refutation.

I am, Sir, yours faithfully,

Manchester, Dec. 20th, 1910.

A. E. BARCLAY.

To the Editor of THE LANCET.

SIR,—I am afraid that little good—other than amusement to some of the readers of THE LANCET—will result from the discussion on this subject.

Dr. Hertz's remarks at first were chiefly confined to the functions of a healthy stomach—it is dangerous to use the word normal—but now he draws more deeply from pathological phenomena. The fact that the stomach evacuates its contents through the pylorus at once or in the absence of hydrochloric acid in pathological cases is no proof that the same occurs in health. One might as well say that the stomach is of no use in the normal human economy because a man can live an apparently healthy life after the whole or greater part of the stomach has been removed.

Dr. Hertz's letter confirms my conviction that the ideas of what occurs in normal gastric digestion are in a tangled condition, at least, so far as the motor conditions of the stomach are concerned, and that the subject from a radiographer's point of view requires elucidation and agreement. The consensus of a small committee which had collectively investigated the subject would be valuable!

I am, Sir, yours faithfully,

Aberdeen, Dec. 24th, 1910.

H. M. W. GRAY.

POLYDACTYLISM AND HEREDITY.

To the Editor of THE LANCET.

SIR,—Dr. Banks Raffle's letter in THE LANCET of Dec. 10th reminded me of a recent case here. The patient was affected by deformity of the hands, and one of her brothers showed a similar malformation; but so far as could be discovered no other members of the family manifested the same peculiarity. The patient was admitted as an ordinary case of puerperal mania and made a good recovery. She apparently had the full use of her hands, and busied herself with knitting, &c., and when at home performed all her duties in connexion with agricultural work and life without apparent difficulty. Although the patient was undoubtedly of a degenerative type, the heredity remains obscure.

Professor R. W. Reid of Aberdeen having examined the radiograms in this case reports that the middle phalanges of the index, middle and little fingers of the right hand are imperfectly formed and ankylosed to the distal ends of the proximal phalanges, but seem to articulate with the distal phalanges in the ordinary way. In the left hand the middle phalanges of the index and middle fingers are much shortened, but articulate normally at both distal and proximal ends.

I am, Sir, yours faithfully,

Perth, Dec. 20th, 1910.

A. R. URQUHART.

TREATMENT OF ULCERS OF THE LEG BY PASTE.

To the Editor of THE LANCET.

SIR,—I notice in your issue of Dec. 10th an abstract from the *University of Pennsylvania Hospital Bulletin* describing the treatment of ulcers of the leg by the use of Unna's paste. I do not know how long it may have been the practice in America, but your readers may be interested to know that this method of treatment has been in vogue at

St. Bartholomew's Hospital for at least the last seven years with, on the whole, excellent results. In fact, it is perhaps the method of dealing with these troublesome ulcers most frequently used at that hospital. It is not used for the largest ulcers, because these discharge so much that the bandages, which are somewhat laborious to apply, would have to be frequently changed, but after a course of boroglyceride fomentations and antiseptic treatment most cases become reduced to manageable proportions, and are almost always cured by the use of the Unna's paste bandages. At first they are changed about twice a week, and subsequently at longer intervals up to a month. They are extremely comfortable, and give valuable support to the limb. Varicose veins, the usual cause of these ulcers, are, of course, also frequently associated with eczema of the leg, and this condition, too, can often be advantageously dealt with in the same way. The bandages are only contra-indicated if the discharge be too profuse. One point in applying them must particularly be emphasised, and that is that the limb must be kept raised for at least a quarter of an hour before application. If this be not done the bandage does not fit properly and soon becomes loose and uncomfortable, and has to be removed.

I am, Sir, yours faithfully,

HALDIN. DAVIS, F.R.C.S. Eng.

Portman-street, W., Dec. 21st, 1910.

ERRORS OF REFRACTION IN THEIR REFLEX AND DISTANT MANIFESTATIONS.

To the Editor of THE LANCET.

SIR,—In THE LANCET of Dec. 17th, p. 1743, there appears a masterly and interesting lecture on "The After-math of Eye-strain," by Mr. Sydney Stephenson. This brought to my mind the case of a girl who was sent into St. George's-in-the-East Infirmary with a view to being sent to an idiot asylum, and who had been attending a special school for weak-minded children and found incapable of receiving instruction, whereas mentally the child was quite bright and was the victim of undetected compound hypermetropic astigmatism. The hypermetropia being greater than her power of accommodation, the child was not even "long-sighted"—she had no clear vision at all. The following are the brief notes of the case.

The patient was a girl aged 8 years. She was admitted to hospital on June 10th, 1899, as "mental hebetude." The mother informed me that the girl had been refused at school as she was an idiot. She was said to have had a "fit" a year ago. On June 10th she looked rather vacant and shy. On the 22nd the sister of the ward reported that the child played with the other children, and appeared to have a fair amount of intelligence. The child could count, but did not appear to have learnt to read. Was her sight defective? Yes. For she could neither see the position of the distant clock hands nor count small dots close to. Under homatropine it was found that with + 5 D. sph. and + 1 D. cyl. axis vert. she could, with each eye, count $\frac{1}{2}$ inch dots at 20 feet. This state of refraction was confirmed by retinoscopy. She was supplied with spectacles and sent home, and *not* to an idiot asylum!

I am, Sir, yours faithfully,

Dec. 19th, 1910.

MARCUS M. BOWLAN.

THE DETERMINING CAUSE OF CANCER IN MAN.

To the Editor of THE LANCET.

SIR,—May I beg space to point out some errors which have crept into the adaptation in black-and-white of my coloured schema—illustrating a new theory upon the above subject—and the letterpress accompanying it, in your issue of Dec. 24th, p. 1831? 1. On the schema as printed for "venous" read "arterial," and for "arterial" read "venous" (red and blue in the original). 2. For "pancreas" read "pancreatic duct" (green in the original). 3. The channel joining the liver with the gall-bladder and intestine (yellow in the original) are the "bile ducts," and not the "portal vein" as indicated by shading and description. 4. The areas indicated by decussating lines at the junction of the venous