

Correspondence.

"Audi alteram partem."

AMNESIA AND PAIN.

To the Editor of THE LANCET.

SIR,—Let us clear our minds of catchwords, which just now bring less comfort to the lying-in woman than the blessed word Mesopotamia. "Amnesia" is a vague word, with various applications; it may be doubted whether it is applicable to the mental condition of a parturient woman after the administration of scopolamine-morphia who may be capable of answering questions rationally, of stating that she has pain and giving every sign of being in pain, or, again, be capable of answering questions irrationally or incoherently (just like a person intoxicated with alcohol), and still stating and showing by signs that she is in pain. Because the woman after labour has a true "amnesia," "remembereth no longer her anguish," it does not follow that the labour was painless; such a conclusion would justify operating without anæsthesia on infants and fuddled drunkards. To the writer of the annotation in your last issue I would point out that usually the patient awakes during the pains and consciousness is *not* in abeyance, as is proved by the ability of the patient to answer questions and to state and show that she suffers.

The truth is that "twilight sleep" labour is not "painless labour," and involves increased risk to mother and child.

I am, Sir, yours faithfully,

March 30th, 1918.

HERBERT R. SPENCER.

GANGLIONEUROMATA.

To the Editor of THE LANCET.

SIR,—In his interesting account of his case of ganglioneuroma of the mesentery published in your issue of March 23rd Sir John Bland-Sutton makes some rather ambiguous, and I think misleading, statements as to the malignancy of these tumours. In his penultimate paragraph he implies that it is characteristic of ganglioneuromata of the adrenals to display malignancy in its worst forms; so far as our knowledge goes this is not the case. The majority of the tumours hitherto described have shown more or less mature tissue and benign characters and are appropriately named ganglioneuromata. When a second type of tumour of less mature type was described, and its origin from tissue resembling undifferentiated neuroblast appreciated, the name neuroblastoma was coined, adequately expressing the view as to its origin and its malignant nature. Between these two groups are a few cases bridging the gap between the two and showing some of the characteristics of each. Reference to Dunn's paper, which Sir John Bland-Sutton quotes, shows that only two out of ten suprarenal tumours showed malignancy with metastases; and of four cases which have come under my own notice in the post-mortem room and museum at Guy's Hospital two were ganglioneuromata and two were typical neuroblastomata with metastases. Moreover, there is no evidence that the tumours originating in the suprarenals show a really greater tendency towards malignancy than do those from the rest of the abdominal sympathetic system. With regard to age, both types of tumour are much more common in children and adolescents than in adults, and while it is true that the benign mesenteric tumours have been found only in the former, exactly the same can be said of the malignant neuroblastomata whatever their origin.

I am, Sir, yours faithfully,

Kensington, W., March 25th, 1918. GORDON W. GOODHART.

SERUM SICKNESS AND VAGOTONIA.

To the Editor of THE LANCET.

SIR,—In reply to Dr. C. Edgar Lea's question, in his letter which appears in your issue of March 16th, I write to say that neither atropine nor adrenalin was administered in any of my cases of anaphylaxis.—I am, Sir, yours faithfully,

E. W. GOODALL.

Grove Military Hospital, Tooting, March 26th, 1918.

EYE-STRAIN.

To the Editor of THE LANCET.

SIR,—The meaning attached by Dr. Des Vœux to this term is wider than the ordinary one, in that he apparently includes in it cases in which the refraction and musculature of the eyes are normal, the eyes themselves healthy, and the work demanded of them not excessive by ordinary standards. In certain people the multitude of sensations conveyed by the optic nerves to the brain and the rapidity with which they succeed one another, as, for instance, in a crowded room or on a railway journey, appear to be the exciting cause of very distressing symptoms, ranging from indigestion to functional paralysis. By all means send such cases to an ophthalmic surgeon, and many of them will doubtless be helped by the prescription of correcting glasses. Many of them, however, will not be helped by anything except *rest*, and where it is the central nervous system which is primarily at fault it seems to me to be darkening counsel to talk about eye-strain. On the other hand, as is well recognised, there are a vast number of cases not only of headache, but of other affections of the nervous system, where appropriate glasses do a very great deal of good. Here the *main* cause of the trouble is the painful effort to employ the eyes on tasks to cope with which they are not equal, but for which they can be made equal by the wearing of proper glasses. Obviously, it is desirable to be able to form an opinion as to what sort of cases are likely to be so helped. Towards the solution of this problem I would like to make the following remarks.

1. Headaches due to eye-strain generally occur during or after close application to eye-work. If they are worse when the patient wakes up in the morning they are probably not due to eye-strain. I saw a munition-worker the other day who had been told that her headaches were probably due to eye-strain at her work. She told me, however, that in the evenings, which she occupied by learning type-writing and shorthand, she was free from headache. There was no ocular defect and it was obviously *not* a case of eye-strain.

2. The commonest causes of eye-strain are hypermetropia and astigmatism. If low degrees of simple hypermetropia cause much trouble in young people there is generally something wrong with the general health. Low degrees of astigmatism frequently cause headache, but this is by no means always the case. Those in whom these small errors cause most trouble are generally young women of a highly nervous temperament. In some cases I am sure that suggestion plays a part in the cure, and I should be inclined to suspect this in the cases referred to by Mr. Cobbledick where the correction of one-eighth of a diopter gives relief. Myopic cases without astigmatism, when stationary, do not, as a rule, cause headache, but while progressive they do, and must be treated, not only by glasses, but by rest of the eyes.

3. The only error of muscle balance, which is often a primary cause of symptoms, is hyperphoria. Weakness of convergence, which may be relieved by prisms base in, is generally associated with weakness of general health.

4. The connexion between serious diseases of the nervous system such as chorea and epilepsy with eye-strain is too well attested to be doubted. Where the nervous system is in a state of instability we must try to remove all unnecessary stress, and the effort entailed by an uncorrected error of refraction may be just enough to upset the nervous equilibrium of some in whom it might otherwise remain stable.

I am, Sir, yours faithfully,

Weymouth-street, W., March 28th, 1918. A. HUGH THOMPSON.

THE LATE MR. T. H. WADD.—Mr. Thomas Herbert Wadd, who died at Haywards Heath on March 23rd at the age of 79, formerly practised at St. Leonards-on-Sea, but had resided at Haywards Heath for some time as an invalid.

FIRE AT A RED CROSS HOSPITAL.—The recent fire at a Red Cross hospital at East Grinstead resulted in damage being done to the extent of £2000. The origin of the outbreak is unknown, and, thanks to the coolness and resource displayed by Mrs. Edward Blount and her staff of nurses, all the patients were removed without any untoward incident and housed at other hospitals in the town and district. The hospital accommodated 27 cases and 21 beds were actually occupied at the time of the outbreak.