

writings show him to be what his modesty does not allow him to admit.—I am, etc.,

J. M. FORTESCUE-BRICKDALE, M.A., M.D.Oxon.
Clifton, Bristol, May 20th.

THE CORNEAL REFLEX IN ANAESTHESIA.

SIR,—Since my short article on this subject in the *BRITISH MEDICAL JOURNAL* for February 4th, 1905, two letters, from Mr. Kirkby Thomas and Mr. S. U. Legge respectively, have appeared to some extent traversing the view which I then expressed that with careful testing the corneal reflex should not be completely abolished in chloroform and ether anaesthesia.

I do not think there could be two opinions upon this subject, if the corneal reflex were properly elicited by the majority of those who undertake anaesthetic administration; but the mistake of holding the upper eyelid open with one finger, and thereby fixing it from all movement, whilst the cornea is touched with another finger, is so universal and shows such lack of appreciation of the delicacy and varied strength of the response yielded by the upper eyelid to corneal stimulation in different degrees of anaesthesia, that I am not surprised when other signs are regarded as more reliable.

May I venture to assert that the lower eyelid does not and is not intended in the human subject to protect the centre of the cornea, and cannot therefore in surgical anaesthesia be expected to move when the latter is touched, and that it is only when the margin of the upper eyelid is gently lifted by the finger pulp brushing against the cornea and let go immediately that any delicate response can be elicited from this reflex protective mechanism?

No straining or muscular movements take place in a patient whose corneal reflex is only weakly active when taken in this manner; but at any moment when a weakly active closure of the upper eyelid cannot be evoked and demonstrated in response to the touching of either of the corneae, I consider that a patient is too nearly overdosed to be in a safe degree of anaesthesia.—I am, etc.,

London, W., May 23rd.

H. BELLAMY GARDNER.

THE IRISH MEDICAL DIRECTORY.

SIR,—As the *Irish Medical Directory* has given offence to many members of the profession, and I, as a candidate for the honour of the direct representation of Ireland on the General Medical Council, have been challenged to express my views on the matter, I beg leave to say the *Directory* was never at any time submitted to the Council for their approval, and that its publication was never authorized by the Council.

At their last meeting the Council, on my suggestion, passed a resolution prohibiting any further issue of the *Directory* until it had received their approval in every detail.

This should be ample evidence that the Council do not approve of the book in its present form, and a sufficient guarantee for the respectability of future editions.—I am, etc.,

L. KIDD,

Enniskillen, May 21st.

Member of Council, I.M.A.

THE SOCIETIES OF APOTHECARIES.

SIR,—It makes little difference what the change of title is so long as some change is made calculated to let the public know that an L.S.A.Lond. or an L.A.H.Dub. qualified under the Medical Act of 1836 is a duly qualified physician and surgeon or medical and surgical practitioner. At present the public generally is in doubt, and the benefit of that doubt is certainly not given to the L.S.A. or the L.A.H.

I cannot see that the title of Lic. Fac. Phys. and Surg. (London or Dublin) could interfere with the charter of the London College of Physicians as suggested by some of your correspondents. Surely the London College of Physicians do not control the right of title of all other medical corporations.

At all events, I invite the opinion of all Licentiates of either the London or Dublin Societies of Apothecaries as to what should be done, for it is high time a change of title came about for all concerned.—I am, etc.,

May 21st.

A LICENTIATE.

SIR,—That a change in the title of the diploma granted by the Society of Apothecaries is, to say the least, highly desirable was forcibly brought home to my mind some time ago when applying for a public appointment. A rival candidate did not hesitate to try to damage my prospects of

success by informing some of the district councillors with whom the appointment rested that I was not a properly qualified medical man. No change of title will, in my opinion, prove satisfactory in which the word Apothecary appears in any shape or form. It is misleading to the public as to our real status, and presents many difficulties in connexion with public appointments, as I have no doubt many other Licentiates have found to their cost.—I am, etc.,

May 22nd.

PLAY-THE-GAME.

THE ETIOLOGY AND TREATMENT OF CANCER.

SIR,—In the *BRITISH MEDICAL JOURNAL* of May 13th, p. 1,056, under the heading "The Parasitic Theory of Cancer," attention is drawn to Professor E. von Leyden's belief in the parasitic origin of cancer, to the chemical investigations being carried out in Berlin, and to the fact that the cells in malignant disease are "susceptible in an exceptionally high degree to tryptic digestion."

I should be much obliged if you will allow me to point out that Dr. J. Beard (Edinburgh) and I had both previously and independently arrived at similar conclusions regarding the import of trypsin, and moreover its indication in the treatment of cancer, which does not appear to have suggested itself to Professor E. von Leyden or his colleagues.

The conclusions of Dr. J. Beard are founded on embryological research, and having already received strong support on the cytological and pathological side, appear now to be reinforced by the recent chemical investigations in Berlin.

As regards my own conclusions, I may remind your readers that in the *JOURNAL* of January 7th, p. 48, under the heading "Local Irritation and Cancer," I referred to the presence of glycogen in new growths. At that time, in view of its known excess in malignant disease, investigations were being made for me by Mr. F. W. Gamble, pharmaceutical chemist, on the action of various ferments, including those of the pancreas, on this substance. As a result, it was found that while pepsin and diastase had little action, the proteolytic ferment of the pancreas effectually broke up glycogen, and this fact led me to commence trial of hypodermic injections of trypsin in cases of inoperable cancer. It was further found that the bile salts considerably aided the reducing action of trypsin.

While details of this treatment by trypsin alone, or aided by other substances which increase its action, require to be more fully worked out and put to the test, its indication in the treatment of cancer would appear to rest upon the independent work of different observers, and on conclusions reached by different routes, namely (1) the embryological facts, and those of suppression of "trophoblast" with its intracellular acid secretion by the alkaline ferment of the pancreas (J. Beard); (2) the chemical and solvent action on glycogen, clinical and therapeutic considerations (myself); (3) the results of investigations of physiological chemistry and solvent action on the cancer cell (Blumenthal and his colleagues).—I am, etc.,

London, May 15th.

JOHN A. SHAW-MACKENZIE, M.D.Lond.

OBITUARY.

JOHN FRANCIS SCOTT FOWLER, M.B., C.M.

Public Hospital, Georgetown, British Guiana.

To many of our readers the news of the death of Dr. J. F. S. Fowler, of British Guiana, which took place on March 2nd, must have come with the shock of a personal loss. It was hard to associate the idea of death with one in the prime of an exceptionally vigorous manhood. He had been ailing for a few days; but till just before the sudden end, he scarcely thought himself ill, and those about him felt no alarm. The symptoms pointed to nothing worse than hospital sore throat, and less than an hour before his death he was listening with interest to an account of a cricket match which he had hoped to see. Then oedema of the glottis supervened, and although tracheotomy was performed, he died almost immediately after the operation.

The respect in which he was universally held in Georgetown was shown by the large attendance at the funeral, which took place on March 3rd. Among those present were the Surgeon-General, the majority of the medical practitioners of the town, the medical staff and nurses of the Public Hospital, several of the medical officers from the neighbouring country districts, and many of the general public. Dr. Fowler was buried in a grave adjoining that of his former chief, the late Sir David Palmer Ross.