

As I said in 1880,<sup>3</sup> it is possible "to explain the results of irritation and destruction of certain fronto-parietal areas of grey matter and of the white matter intervening between them and the corpora striata,<sup>4</sup> without in the least countenancing the supposition that 'motor centres' exist in the cerebral convolutions."

We have here, in fact, to do with a misconception very similar in kind to that which previously led Foville and others to regard the cerebellum as a sensory organ simply because "internuncial fibres" enter it from various sensory nuclei or ganglia. To argue that groups of cells have motor functions merely because stimuli issuing from them evoke movements when they impinge upon motor ganglia, is quite on a par with the argument that an organ has sensory functions because fibres come to it from sensory cells.

I had previously ("On the Muscular Sense," BRITISH MEDICAL JOURNAL, 1869) dealt with the question of the nature of volitional incitations and their relation to the nervous mechanisms in the spinal cord for the actual production of habitual and automatic movements. Such questions were discussed again in my work, *Paralyses, Cerebral, Bulbar and Spinal* (1886, pp. 108-114), while what had previously been a mere hypothesis on my part that the so-called "motor centres" of Ferrier were in reality kinaesthetic centres was gone into much more thoroughly, with attempts at actual proof, in the debate which I was asked to open before the Neurological Society in December, 1886,<sup>5</sup> and again in my presidential address to the same society,<sup>6</sup> on "The Neural Processes underlying Attention and Volition."<sup>7</sup> In the debate I attached much importance to Sir Victor Horsley's communication which appeared in the BRITISH MEDICAL JOURNAL a few months previously (p. 670), when he first dealt with the question which he has now elucidated in such a masterly manner.—I am, etc.,

London, July 24th.

H. CHARLTON BASTIAN.

#### A POINT IN THE USE OF KOLLMANN'S URETHRAL DILATOR.

SIR,—In the BRITISH MEDICAL JOURNAL of July 21st Dr. Alex. MacLennan draws attention to the use of rubber covers on these dilators. These instruments were originally made to be used with covers, and I have almost daily used them in this way for over twelve years. Lately, however, the tendency has been to discard the covers and use the instruments naked, and with this object the blades (four or eight) have been made with stout wire which do not approximate closely. It is claimed for the naked instrument that it can be used more aseptically, and that the rubber tends to prevent the escape of the contents of the diseased urethral glands and lacunae during a dilatation. The irrigating dilator, of course, cannot be used with a cover. I tried one of these instruments three or four years ago, but found that it badly nipped the urethral mucous membrane on closing previous to withdrawal. Dr. Wossidlo, of Berlin, assures me, however, that now he constantly uses the naked instrument and never experiences this trouble.

The rubber covers can be obtained from the makers of the dilators, and I always obtain mine direct from Heynemann of Leipzig. They can be sterilized by drawing over a metal rod, which Messrs. Down Brothers have made for me, and boiling for fifteen minutes in water containing a little carbonate of soda. The rod prevents the cover from getting wet inside, and at the same time sinks it. French chalk is used to facilitate the introduction of the dilator or rod into the cover. The cover, after using a few times, becomes flabby, and unless well pulled up over the dilator has a tendency on withdrawing from the urethra to ruck inside a tight meatus, and may give trouble. Just before use, with the cover *in situ* on the dilator, the latter should be rapidly expanded to its full extent as if trying to burst the rubber, and it should then be carefully examined for holes or other defects. Before closing it should be thoroughly rubbed with alcohol. Boiled vaseline and oil may be used as a lubricant, or, better still, where the meatus is large, aseptic glycerine jelly or boro-glyceride.—I am, etc.,

London, W., July 26th.

W. WYNDHAM POWELL, F.R.C.S.

<sup>3</sup> Loc. cit., p. 587.

<sup>4</sup> At that date it was commonly supposed that the corpora striata were motor centres.

<sup>5</sup> *Brain*, April, 1887.

<sup>6</sup> *Ibid.*, April, 1892.

<sup>7</sup> This last communication is not included in the list of papers quoted by Sir Victor Horsley.

#### THE TREATMENT OF SOME CHRONIC INFLAMMATIONS OF THE EYE.

SIR,—I was very much interested in an article on this subject by Dr. C. G. Russ Wood, which appeared in the JOURNAL of July 24th, p. 202, especially in his remarks about the diaphoretic action of guaiacol, because when I was at the Meath Hospital, Dublin, twelve years ago, this action of the drug was brought before the notice of the physicians by a fellow-student of mine in connexion with the reduction of high temperatures in enteric fever and acute rheumatism, and it was extensively used for this purpose for a short period in both diseases, but was finally discarded because it was found to be impossible to limit its action, and in some cases where the fall in temperature was very marked the patient suffered severely from collapse, although we never used more than 30 minims in any case. I believe Dr. Day used it in the Cork Street Fever Hospital on a large number of cases of enteric fever, and discarded it for the same reason. When I was up for my final M.B. I mentioned this in my paper, and I remember that in my oral examination I was closely questioned on this point by my examiner, and asked where I had seen it tried.—I am, etc.,

Lincoln, July 27th.

A. S. GREEN.

#### THE FINANCE BILL.

SIR,—There is a provision in the Finance Bill to which I have not seen any attention drawn, but one worth serious consideration. It is, I believe, provided that an extra tax shall be paid on unoccupied land in or about any town, and I understand gardens above one acre in extent will be included in this category. It is important that the bearing of this should be considered from a medical point of view. It is a recognized fact that the larger the area of a town in proportion to the number of inhabitants—that is, the less the density of population—the better are the sanitary conditions.

It may at first sight appear a great luxury to surround a dwelling with large grounds in a district where land is valuable; but the general public benefits by the large air space, and the most undiluted selfishness cannot avoid improving the conditions of those living outside the fences, and proving an inestimable gain to all the inhabitants of the town.

Were the area on which a town stands circumscribed, as in ancient times, by walls, then something might be said in favour of throwing open all land for building purposes; but, under the present conditions of any place in this country, it is a retrograde policy to attempt in any way to curtail the large gardens which now lend a charm to our urban and suburban districts, and also are fresh-air centres from which all benefit. It is certainly not for the public good that any obstacle should be placed in the way of providing and increasing the area covered by cultivated garden ground. The creation of ground rents is always present as a powerful incentive to the builder to crowd houses on the land, and if, on the other hand, the holder who avoids the temptation to do this, and at the same time improves the health conditions of the neighbourhood, is to be penalized, I am afraid the effect of the measure will be very damaging to the public wellbeing. This proposal, put forward, I believe, as one of the aims of Socialism, will certainly not act for the social good of the people. It is, I think, fitting that this question should be ventilated in the medical press.—I am, etc.,

Leckhampton, July 26th.

WM. MILLIGAN.

#### CANCER RESEARCH.

SIR,—It seems to be hopeless to convince Dr. Skene Keith that it is usual—at all events, in England—to refer to the source of inspiration when claiming a novel principle in scientific work. There does not appear to me to be much difficulty in looking up references when writing on any subject, and it is apparent from Dr. Keith's letter that he was in possession of what I have written upon the medicinal treatment of cancer. Now he claims to have introduced a new principle when the disease is under treatment—namely, that there should be blood examination. I fail to recognize any new principle in this. Dr. Keith appears not to understand what blood examination entails. The mere counting of corpuscles I have found to be of little real value, and I have attempted to