

distrust, more especially as massage well applied has diminished sensibility and suppressed the chances of pain.

When I allow movement I always take great care to point out to the patient not only that he must cause himself no pain, but to what extent he may carry out movements.

To give examples: Since I do not put on any apparatus which really fixes the wrist joint in fracture of the radius—on the thorax for fractured clavicle, on the shoulder for fracture of the upper end of the humerus—I point out to the patient that I only allow movements of small range at the joints in question. In the case of the wrist I only allow movements of the fingers; I recommend extreme caution in extension and flexion of the wrist, and absolutely forbid backward bending of the wrist on the forearm. In the case of the clavicle I recommend the patient not to allow the shoulder to drop, and not to make any rotatory movements of the arm. For fracture of the upper extremity of the humerus the patient should make no rotatory movements of the limb, whilst each period of massage must be followed by slight movements in this direction, so as to assure suppleness of the joint.

For each fracture the surgeon who is thoroughly competent clinically must himself control the range of movement permitted, and not trust to the patient guided by pain. When the latter, whilst doing the movements, is stopped by pain he may already have done some damage which should be prevented.

Results which contradict the fears expressed by Professor Wright can be counted by hundreds, and I have shown them for more than twenty years to all surgeons who have done me the honour to visit the hospital wards which I direct. I therefore feel justified in saying that Mr. Wright cannot be certain of the dangers of passive movements. It seems to me, in this connexion, that the difference of appreciation is due to an insufficient knowledge of the method. I remember that during a discussion on the massage of fractures, at the Congress in Moscow, M. Zabudowski, who is an authority on massage in Berlin, declared that if it were not painful it was not true massage, and any effect was due to suggestion. I could answer him that this definition of massage only leads to confusion; and if he would honour me by visiting my wards, he would soon feel himself convinced that he was dealing with a very special procedure which he certainly did not know of, and the efficacy of which he could easily test.

Long years of experience have proved the reality of the results which I obtain. I cordially agree with Mr. Wright that this method is much more difficult to apply than that which consisted in fixing on a splint and awaiting results for one, two, or three months. I would even willingly acknowledge that this method in the hands of inattentive surgeons is not devoid of danger. But in view of the immense advance it has led to in the successful treatment of fractures, have we not the right to say that surgeons must learn it as thoroughly as they learn the technique of operations which are themselves equally dangerous if the surgeon is not sufficiently experienced?—I am, etc.,

LUCAS-CHAMPIONNIÈRE,

Chirurgien Honoraire de l'Hôtel Dieu; Membre de l'Académie de Médecine.

December 3rd.

#### LEPROSY.

SIR,—I see by a reference to your paper in *Nature* of August 9th, which has just reached me, that Dr. Goodhue of Molokai has succeeded in demonstrating the presence of the leprosy bacillus in *Cimex lectularius*, as well as in *Culex pungens*. I think the following observations may be of interest as bearing on the matter:

In my diocese we have tribes where till quite recently European influence has been practically *nil*. We find among them sporadic cases of leprosy—one in a village, or perhaps two, but hardly ever more. These natives eat and drink out of the same pots; if there is food, whether fish or other, they all share alike. They practically live all together, with one exception—no healthy person ever sleeps with a leper, or one suspected of leprosy. In the case of married people, they have intercourse, but it is always in the daytime if one of them is a leper. The children of such parents are, as far as I have seen, quite normal.

They build the sick people a hut, or huts, quite close to the village, but no healthy man or woman sleeps there.

I have traced one or two cases of leprosy to "forced labour" and to going to work on the mines. My explanation is that no employer of forced labour gives his men the choice of sleeping apart from others; they are huddled together in prison till the time comes to go to work, and then the master provides common sleeping-places for all; those going to the mines are huddled together in the trains and steamboats day and night.

If the intermediate host were winged, it would fly from hut to hut, and therefore leprosy would spread in the villages in a way that it does not seem to do; if it were infectious, like some other diseases, they would catch it from the common spoons and cups; if it were due to food; all who eat that food would be liable to get it. Therefore, I think, we must conclude that *Cimex lectularius*, or some similar wingless parasite that eats at night, is the means of conveying it from man to man.—I am, etc.,

W. R. SMYTH, M.B.Camb.,  
Bishop of Lebombo.

P.O. Box 120, Lourenço Marques, Nov. 5th.

#### INFLUENCE OF RAINY WINDS ON PHTHISIS.

SIR,—Dr. Pilkington states the spread of phthisis in Devon is due to dirt and want of ventilation. Having been District Medical Officer for eight years in part of the district referred to by Dr. Gordon, I take exception to that statement. On the whole, cottages are kept very clean; and, as to lack of ventilation, it is quite the exception to find a cottage door closed save in very inclement weather, and the inhabitants spend most of their time in the open air.

Assuming that Dr. Pilkington accepts Dr. Gordon's figures as correct, does he want to infer that only the populations exposed to SW. winds are dirty and live in unventilated houses?—I am, etc.,

SIDNEY E. ATKINS,

Formerly Medical Officer for the Hatherleigh and Northlaw Districts of the Okehampton Union.

Exeter, Dec. 1st.

SIR,—I am glad to see the two letters on Dr. Harper's paper and mine in your issue of December 1st, partly because they show that the views expressed in that paper are gaining ground, partly because they enable me to once more deal with unsupported objections, which seem the only resource of those who disagree with these views.

Dr. Penn Milton has evidently not followed the controversy, or he would be aware that his objection (of closed doors and windows)—which has not a scrap of evidence to support it—has been already answered. Does he contend that all doors and windows are on the west and south-west sides of the houses in country districts? Are cottages with windows which do not open only met with in situations exposed to west and south-west winds? How does he explain my results in Exeter streets, where exposure of the roadways seems to raise the corresponding phthisis death-rates? With regard to his objection to female statistics, has he overlooked the fact that my first evidence rested on mixed male and female populations, and that I have since used female death-rates only, because the very sound objection was raised that the men had more varying occupations and might work in one parish and sleep in another?

I imagine that Dr. Harper of Barnstaple, who has lived all his life in the district we dealt with, and as medical officer of health has special acquaintance with its sanitary conditions, knows at least as much about his own part of Devonshire as Dr. F. W. Pilkington of Lechlade in Gloucestershire.

The proof of the relations of wet winds and phthisis now rests on too much solid evidence to be shaken by armchair criticism. Those who mean to refute it will have to do some work at it.—I am, etc.,

Exeter, Dec. 1st.

W. GORDON.

It is announced in the *Chronique Médicale* that Dr. François de Martel de Janville, a son of the clever lady who, under the pen-name of "Gyp," has added greatly to the gaiety of readers of contemporary French literature, is to be married to Mlle. Eugénie Saint-Martin. "Gyp," whose real name is the Countess de Mirabeau-Martel, is, we believe, the grandniece of the famous orator of the Revolution. Among her novels is one of peculiar interest to medical practitioners. It is entitled *Le Docteur Tant pour Cent.*, and illustrates the evil results of the practice of sharing the spoil between the consultant and the general practitioner, which is known in France as "dichotomy."