certain primiparæ displayed symptoms that, after all, most practitioners have to deal with in all primiparæ.

Mr. McVitie's warning against "immoderate use of the wheel" is a good one for all ages and both sexes, but he should not proceed to abstract from the general bliss of a married existence one of the most enjoyable, popular, and healthful exercises ever made fashionable by throwing out such an awe-inspiring warning as he has without further reason than that given. Such a theory as he has presented might not only help to limit the amount of cycling in a particular section, but would most likely conduce to an unpopularity quite incommensurate and entirely undeserved.

I am, Sirs, yours faithfully,

Buckhurst-hill, July 5th, 1897. HAYDN BROWN.

"SOME NOTES ON THE LATE GRECO-TURKISH WAR."

To the Editors of THE LANCET.

SIRS,—In justice to my colleague Mr. Abbott, I should inform you that it was he who was in charge of the whole English expedition in the Greco-Turkish War, and had control of the larger Hospital at Chalkis. I would also add that Sir William MacCormac is the chief surgeon of the St. John Ambulance, whereas I am only chief surgeon of the Metropolitan Corps.

I have the honour to be, Sirs, yours obediently,

10, Maddox-street, Regent-street, W. SAMUEL OSBORN.

"THE VALUE OF AN EXCLUSIVE RED MEAT DIET IN CERTAIN CASES OF CHRONIC GOUT."

To the Editors of THE LANCET.

SIRS,—Mr. William Armstrong's paper under this heading in THE LANCET of July 3rd has shown the good that can be done by sometimes using what on the face of it appears to be a theoretically wrong diet. Reasoning as the writer does on the subject of auto-intoxication the diet has much in its favour; its results are good in his practice.

Speaking of children in whom the uric acid diathesis is sometimes very marked, I will give a case in my own practice which supports the assimilation theory. A child at two days old passed a quantity of red urine which alarmed the nurse, so much so that she saved me a specimen which on being tested was found to contain pure uric acid crystals. This urine was constantly being passed by the child, who screamed a great deal, had flatulence and sickness, and seemed very miserable altogether. The mother's milk was rich in cream, but turned acid rapidly. Careful dieting of the mother had no effect on the child for good. I found eventually that no milks would agree, so I abandoned milk and put the child on mutton juice. This agreed perfectly, the crying and sickness ceased, the general aspect of the child changed for the better, and the uric acid ceased to be marked after twenty-four hours of mutton-juice feeding. I gradually brought the feeding back to a sterilised cream mixture; the child is now well and taking food without difficulty. Curiously enough the family history of this infant reads like a list of Spa patients—viz., paternal grandmother has rheumatoid arthritis; the father has passed quantities of uric acid calculi; the mother has what Sir Willoughby Wade would call gouty neuritis accompanied by acid dyspepsia.

When Dr. Eustace Smith introduced meat-juice feeding he saw the wonderful way in which the albumin was assimilated, and I am quite convinced that it is in cases of uric acid diathesis that milk-mixed carbohydrate diets often disagree. Beef-tea I never give to children, as I only see harm from its use. In several other cases of children unable to digest milk well I have noted uric acid, but the family history is not so marked. When one considers that sugar, which is almost harmless in itself, can (as Sir Dyce Duckworth has pointed out) by setting up fermentation produce flatulence and acidity, it is obvious that carbo-hydrates may retard stomach digestion by acting as diluents alone, as well as by improperly fermenting and throwing the whole digestive tract out of gear by sending into the duodenum a fermenting mass, the toxins of which are absorbed—veritable taskmasters to an overworked system. Sir William Roberts has called attention to the value of mixed diets, and they certainly are more comfortable than the single red meat and water or vegetarian; but in the special cases mentioned by Mr. Armstrong the microbes must be mastered.

I am, Sirs, yours faithfully,

LENNOX WAINWRIGHT, M.D. Brux., &c.

Folkestone, July 19th, 1897.

CERTAIN POINTS IN THE CAUSATION AND TREATMENT OF SPINAL CURVATURE.

To the Editors of THE LANCET.

SIRS,—In a paper recently published on the above subject Mr. Barwell again draws attention to the condition which he terms "amesial pelvis," and he alludes to a figure of this condition in the last edition of his work on Spinal Curvature. In a work on the same subject now in the press I have discussed this condition, and I have shown that the "amesial pelvis" is not the whole story. Briefly the facts are these. Mr. Barwell has only taken his plumb-line from the "vertebra prominence," and noticed that the rima natium is to one or other side of it. If Mr. Barwell had taken the plumb-line from above the patient's head to the ground between her feet he would have found not only the pelvis but also the whole body amesial. The figure he alludes to in his book has the plumb-line passing through the middle line of the head to midway between the heels. This I believe to be a most unusual condition for a curvature patient. Mr. Barwell's account of how he arrived at this diagram explains the error. She was examined "piece-meal," "and the result embodied in an outline sketch." If in his second figure a vertical be drawn up from between the knees, it will not pass through the middle line of the head, but very much to one side of it. It would pass still more to one side if drawn up from between the heels. Therefore the head as well as the pelvis and all the intermediate portions are amesial. This condition I have found to be nearly if not quite universal in cases of lateral curvature. As to the reason of this amesiality, I believe it has its first cause in general muscular weakness. The body bends to one or other side because the muscles are not strong enough to hold it straight, much as a willow stick bends to one or other side when stood on end, whilst a brass rod of the same diameter would remain straight. The side to which the amesiality occurs, depends on any cause, such as an habitually bad position, which weakens the ligaments on one side of the spine by frequently over-stretching them. Once amesiality has commenced, curvature has begun. Amesial pelvis is, therefore, but a part of a general amesial condition. This amesiality causes an inequality in the amount of weight borne by each foot. If Mr. Barwell will examine the boots of his second case with amesiality to the right he will probably find that the outer side of the right sole and the inner side of the left show most signs of wear. I can quite corroborate Mr. Barwell's statement that the amesial pelvis "is generally also oblique." It must be so if the legs are of equal length. This is obvious from ordinal mechanical considerations.

Mr. Barwell has undoubtedly proved the uselessness of most spinal supports. The revulsion of opinion has, as usual, gone too much the other way, and I should like to say a good word for Fig. 3 in his paper. This is one of the modifications of the late Mr. Chance's instruments, and is notoriously very largely used by another eminent spine specialist. At the present time I am treating several patients with them, and though I am even more alive than Mr. Barwell to the amesial pelvis, I do not find it a bar to fitting the instrument and getting a great deal of good from it. The plates are not meant to act "with sufficient power and constancy to have an effect on the most prominent part of the curve," nor *when properly applied* can one "with the greatest ease sway the whole thing from side to side." What is claimed for these instruments, I can testify that they do: (1) they keep the spine in as upright a position as possible, for flexion increases the deformity and especially increases the rotation; (2) this is done by shoulder-straps, which only prevent the shoulder from falling forwards and do not otherwise limit their movements; (3) this constant keeping back of the shoulders tends to develop the flattened chest, removes stoop, and therefore cures part, whilst it removes an active cause, of the deformity; (4) they limit movement into a worse position when the patient is erect, and when at rest