

munity." In turn, I should like to remind Dr. Hawthorne that what is everybody's business is nobody's business.—I am, etc.,

Warrington, Jan. 16th.

J. S. MANSON.

RETROBULBAR NEURITIS.

SIR,—Dr. Jordan summarizes the discussion on this subject (*BRITISH MEDICAL JOURNAL*, January 16th, p. 102) by saying that the condition has nothing to do with sphenoidal sinusitis, and he goes on to state that his "own experience confirms this, for no associated lesion is found by x rays in any of the paranasal sinuses." May I say that, having a somewhat extensive experience of x rays in sinusitis during the last eighteen years, I have never yet seen any skiagram, not even excellent stereoscopic plates, that definitely indicated the existence of sphenoidal sinusitis, and thus no skiagram has permitted my exclusion of such disease. There are much safer and surer methods of determining the existence or non-existence of such infections. Skiagrams have proved such valuable aids to the diagnosis of chronic frontal or maxillary sinus infections that it appears a pity to claim value for x rays in connexion with the diagnosis of sphenoidal sinusitis, though they are so helpful for defining the size and outline of the cavities.—I am, etc.,

Clifton, Bristol, Jan. 25th.

PATRICK WATSON-WILLIAMS.

ANAESTHETICS IN CHILDHOOD.

SIR,—Dr. Strange in his criticism of my defence of chloroform (*BRITISH MEDICAL JOURNAL*, January 16th, p. 121) states that "it is on him [the anaesthetist] that the blame will rest if the operation is successful but the patient dies some days later from pneumonia." Needless to say he is referring to ether; those who use chloroform are not troubled with such a sequela. He also admits that "ether is in some cases more dangerous than chloroform." After such an opinion from an anaesthetist I am more than ever inclined to champion chloroform, again with the proviso that it be properly administered.

The fact that Dr. Strange states that the naked flame and not the Shipway apparatus caused the explosion to which I referred, by igniting the inflammable ether, is merely another reason why we should use chloroform, even in such "contraptions." If the risk of death by violence can be eliminated there can be no valid reason why anaesthetists in institutions should not continue to use them; but I was referring principally to general practice, where the employment of cumbersome apparatus, besides being inconvenient in an emergency, might give the patient and friends the impression that a limelight entertainment was coming.

Further, by the use of chloroform sprinkled on a mask it is easy to admit the oxygen of the air at intervals. I am surprised at Dr. Strange's statement that chloroform in the hands of a competent administrator is not safe. All that is necessary (unless one has a danger complex) is to avoid an overdose, then there will be no cause for concern. The matron of a neighbouring hospital, under medical supervision, has administered chloroform almost daily for many years (approximately 30,000 times) without a death on the table. She is a competent administrator and the danger is nil.

After twenty-five years' experience of its use I have yet to see a single fatality, and until I do so I decline to seek out other inventions.—I am, etc.,

Cowdenbeath, Jan. 21st.

JOHN B. PRIMMER.

APPENDICITIS COMPLICATING GASTRIC ULCER.

SIR,—The memorandum by Mr. D. Diamond, M.R.C.S., on a case of simultaneous perforated gastric ulcer and acute appendicitis (*January 23rd*, p. 140) interested me greatly, in that I published an exactly similar case in a girl of 18 some sixteen years ago (*Lancet*, 1910, i, 103, 119).

As was pointed out editorially on that occasion, seeing that both conditions are common, it is not surprising that a case of their concurrently being present should occasionally turn up, whether or no there be any causal connexion between the two conditions.—I am, etc.,

Clifton, Bristol, Jan. 25th.

C. A. MOORE, M.S., F.R.C.S.

Obituary.

PROFESSOR CAMILLO GOLGI,

Pavia.

We regret to record the death, on January 21st, of Professor Golgi, the eminent histologist of Pavia University. Camillo Golgi was born on July 7th, 1844, at Corteno. He completed his studies at the University of Pavia in 1865, and was appointed extraordinary professor in that university in 1875. After being professor of anatomy in Siena for less than a year, he was appointed professor of histology in Pavia in 1876, and professor of general pathology there in 1881.

Professor Golgi's researches into the minute anatomy of the nervous system were of fundamental importance, and his name will be for ever intimately associated with this great field of knowledge. He invented a method of staining by impregnation with silver chromate, which demonstrates beautifully the structure of nerve cells, their processes being stained a deep black. The application of this method in the hands of Golgi himself, Ramón y Cajal, and others, provided the chief histological evidence for the neurone doctrine originally propounded by Waldeyer. According to this doctrine the entire nervous system is made up of a series of units known as neurones, and each neurone, consisting of a nerve cell and its processes, is anatomically independent of every other neurone, the physiological relationship between neurones being brought about by contact of their processes only. By Golgi's method the reduction of silver is confined to individual cells, together with their processes—namely, the axis cylinders and the dendrites—and the stain does not extend into neighbouring neurones. In the cells of Golgi Type I the axis cylinder is a long single process which becomes part of a medullated nerve fibre; this is exemplified in the pyramidal cells of the motor cortex, the anterior horn cells of the spinal cord, and the Purkinje cells of the cerebellum. Such an axis cylinder ultimately expands into an arborescence around the cell body of a second neurone. In the cells of Golgi Type II the axis cylinder breaks up at once into a wide ramification; such cells are found in the posterior horn of the spinal cord and in the granule layer of the cerebellar cortex, and are believed to have a distributive function, bringing a single neurone into physiological contact with many others.

The neurone theory receives powerful support from the effects of disease of the nervous system, in particular the limitation of Wallerian degeneration, in a nerve fibre separated from its parent cell, to the particular fibre concerned: the whole structure of clinical neurology is indeed based on this conception. Observations by Apáthy, Bethe, and others have tended to call the neurone theory into question, for they demonstrated fine fibrillar networks around and within the bodies of nerve cells which, they believe, establish an actual continuity between adjacent neurones. Golgi himself demonstrated these networks of fibrils on the periphery of cells, but regarded them as being concerned in the structure of the individual neurones and not as establishing anatomical continuity between neurones. While the final truth of this matter is still unsettled, there can be no doubt that physiological and pathological conceptions strongly favour the original neurone theory.

Professor Golgi also described a special form of nerve ending met with in tendons, and known as the "organs of Golgi," and another type of nerve ending in the subcutaneous tissue of the pulp of the finger under the name of Golgi-Mazzoni corpuscles.

The main achievement of Golgi's life was the work he did on the minute anatomy of the nervous system, and he well deserved the Nobel prize he received in 1909; but he did pioneer work also in the investigation of the malarial parasites. After Laveran had made his discovery in 1881, Golgi, in 1886, demonstrated the life-cycle of the parasite in man and the relation between the attacks of fever and its sporulation; later on he distinguished the parasites of quartan and tertian malaria.