

the process of caseation had involved all tissues of the organ (see Fig. 3).

Fig. 4 shows a part of the ciliary body, which is broken up and largely destroyed; small foci of caseation, with giant-cells can be seen to be invading the several layers of the sclera (see Fig. 6, H.P. of Fig. 4). Direct smears made from the enucleated eye failed to

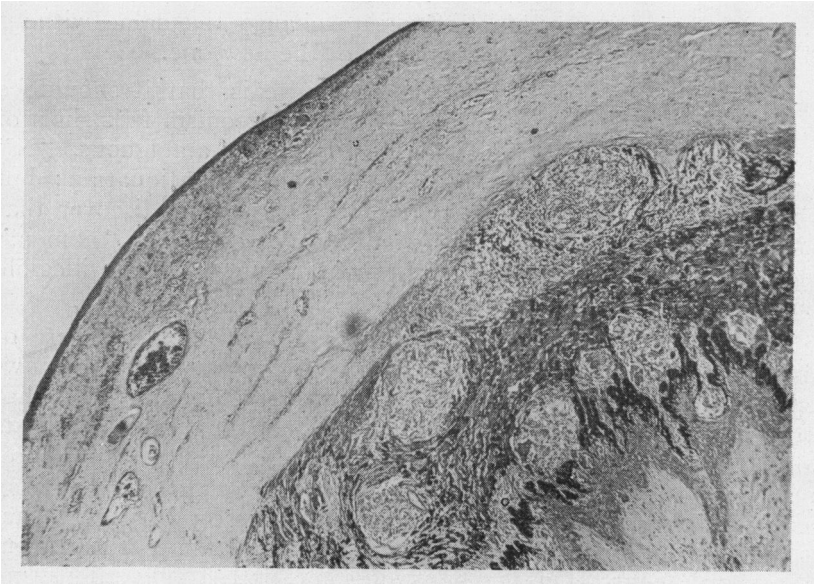


FIG. 6.

reveal tubercle bacilli, but a guinea-pig, which was inoculated with pus from the eye, was killed after seven weeks, and showed typical tuberculous lesions which contained acid fast bacilli.

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ANNOTATIONS

“WHAT’S IN A NAME?”

“What is your Name?” “N or M.”

“Who gave you this Name.” “My Godfathers and Godmothers in my Baptism.” *The Catechism*

The responsibility of godparents in naming children is great. It is clearly a risky procedure to call a girl “Prudence” or

“Constance”; and the puritanical habit of inflicting such Hebrew designations as Isaac, Jabez, or Kerenhappuk is liable to arouse unchristian reactions in the victims. It is no doubt a wise precaution which makes it difficult for a person to change his name, and it might be a great advantage if the re-christening of diseases and medical terms could be effected only by deed-poll administered by a properly constituted legal body, *e.g.*, a reformed General Medical Council, making it a criminal offence to change the name without overwhelming proof of the superiority of the new one.

A name is a symbol, and the first requisite is that it should be generally intelligible. In this respect the Catechism falls short of perfection, for “N or M” is, to say the least of it, ambiguous. “N” certainly suggests “nomen” to the intelligent antiquarian; but what of “M”? It requires antiquarian research to discover that “M” stands for “NN,” an abbreviation for the plural of “nomen,” and that it has arisen from the mistaken reading of almost illegible manuscripts.

It is difficult to find a good criterion for the nomenclature of diseases, and it is indeed impossible in the present state of knowledge. It is generally agreed that the most scientific is the pathology of the disease, when this is known. Unfortunately pathologists do not always agree, and they are no less susceptible to the allurements of novae res than other people. For example, we have long been accustomed to speak of malignant tumours of the uveal tract as sarcomata, on the assumption that they are derived from mesodermic cells. On the basis of some exceedingly interesting and suggestive work many—apparently most—pathologists have come to the rather surprising conclusion that they are derived from the cells of the sheaths of Schwann of the ciliary nerves. It seems to have been more or less universally decided on these grounds henceforth to call these tumours “malignant melanomata.” Is this really desirable? In the first place, if we *are* going to change the name it ought to be for a really comprehensive one. Some of these growths are unpigmented, so that “melanomata” does not seem to be an ideal term. In the second place, what is the pathological foundation for the new theory? It is chiefly histological, and is open to other interpretations. It is a great pity that anatomists, physiologists, and pathologists seem often to forget that a stained microscopical section bears about the same relation to the living tissue as an embalmed and painted mummy does to the living body. On the same basis the cells of gliomata of the brain have received a large number of tabloid descriptions in the form of newly coined terms of Greek origin. Is not this sheer nominalism, with all its insidious dangers and no real increase of knowledge? And are we not liable to think that we know all about the cause of retinitis

pigmentosa when we refer it to abiotrophy, which etymologically seems to have something to do with the nourishment of the dead.

Some well established names are undoubtedly bad; but we know what they mean—which is the most important function of a name—and until they can be replaced by others of proven validity and manifest advantage they are best retained. One such is “glioma” of the retina, which differs *toto caelo* from glioma of the central nervous system, and which a few years ago most pathologists would have preferred to call “neuroepithelioma.” Nowadays they want to call it neuro- or retino-blastoma, or retino-cytoma. The crucial question is whether the game is worth the candle. It is scarcely necessary to point out that pharmacologists and drug manufacturers must share with pathologists the opprobrium of multinominalism, but they have the excuse that the authentic names given to synthetic drugs by the organic chemists run to polysyllabic excess.

There is a certain fascination about concocting new terms, and not much harm is done so long as the term is not regarded as embodying a scientific explanation. It is rather like devising new instruments—“many are called, but few are chosen.”

Unnecessary Injuries

Once again the National Society for the Prevention of Blindness has called attention to the great number of needless injuries caused by fireworks, especially among children, in the Fourth of July celebrations. Last year these celebrations were the cause of 214 serious eye accidents, 15 of which resulted in blindness in one or both eyes. The total number of fireworks injuries of all kinds on July 4, 1940 was reported by the American Medical Association as 4,462. New York State headed the list with 1,114, and of these 32 were major eye accidents, four of which resulted in loss of vision of one or both eyes.

Indiana, on the other hand, showed a very great improvement: there were only two injuries reported in 1940, as against 198 in 1939. The State's law against fireworks became effective for the first time last year.

This is not the first time that we have commented on the subject, and at the present time when this country is being subjected to nightly attacks by bombs and fire, we can all sympathise with the National Society for the Prevention of Blindness in their campaign against needless injuries.
