

in hiccough, in alcoholic mania and for the detection of malingerers, there is, to my mind, nothing superior.

I am, very truly yours,

L. L. VON WEDEKIND, M.D., U.S. Navy.

U.S. Naval Hospital, Chelsea, Mass.

## PERFORATION OF INTESTINE IN TUBERCULOUS PERITONITIS.

*To the Editors of THE LANCET.*

SIRS,—The interesting paper by Drs. Fenwick and Dodwell, which appeared in THE LANCET of July 16th and 23rd has recalled to my mind a paper I read before the Leeds and West Riding Medico-Chirurgical Society two winters ago on "Four Cases of Tuberculous Peritonitis, three being treated by Operation," and some suggestions I ventured to make upon them. Two of the cases, one operated upon by Dr. Kilner Clarke and the other by myself, died, the first some six weeks later of fæcal fistula, which developed before the abdominal incision had healed my own case, some months after operation, rupture of the intestine and of the abdominal wound occurring three months after the latter had soundly healed and the patient had been going about. In my case and another on which I successfully operated about the same time diarrhoea was a marked symptom, which nothing in the way of treatment seemed to control. Immediately I had cleaned out the abdomen, however, the diarrhoea ceased and did not recur, the recovery being uninterrupted. I asked if this was commonly the case and if it was unreasonable to suppose that the presence of pus in the peritoneal cavity had not set up such irritation of the intestine as would encourage a settlement of bacilli in an exhausted area, which would be more liable to fall a prey to the germ under these conditions. That there is a close physiological connexion between the peritoneum and the intestines there can be no doubt, and, directly or indirectly, the bowels remove the fluid collections from the peritoneal cavity as from other parts of the body. The singular and immediate cessation of diarrhoea in these and other cases of the operation, the steady improvement in most up to a certain point, seem to lend plausibility to the idea that the intestine being relieved from its overwork is either protected from the formation of a tuberculous ulcer, or is enabled to throw off the disease and recover itself if the products of tuberculous inflammation are removed from the peritoneal cavity before the process has gone too far. In the two cases first quoted this was evidently not the case, but in the second case it was almost done soon enough.—I am, Sirs, yours truly,

GEORGE A. HAWKINS-AMBLER, F.R.C.S. Edin.

July 20th, 1892.

## "THE SMOKE NUISANCE IN LONDON."

*To the Editors of THE LANCET.*

SIRS,—So far from an apology being necessary for introducing at this season the subject of the smoke nuisance in London, I think the community should thank you for the timely remarks of your leading article, for it is now that one of the chief remedies indicated can be most easily applied—the substitution, namely, of gaseous for solid fuel in our houses. Everyone who takes an interest in this important question is aware that many methods have been proposed for obviating the intolerable evils of London smoke fogs. But of all these there can be no doubt, it seems to me, that, according to our present knowledge, means and opportunities, the adoption of gas fires is the most feasible, and one which there is no difficulty in applying during the summer months, when fires are not being burnt. If householders are to wait before adopting a new plan till some ideally perfect substitute is invented for the barbarous and wasteful coal fire, the Greek kalends will be here before London is freed from its annually thickening pall of winter filth. I would therefore urge every inhabitant of this great city to combine to relieve it of what is little short of a disgrace to its appearance and a slur on its reputation. This could be done by bringing pressure to bear on the County Council and the metropolitan M.P.'s, whose successful endeavours would stamp them as true public benefactors. It is wonderful that enthusiasm has not been already aroused. The evils of London smoke and smoke fogs are universally admitted and bewailed: the damage to valuable books, furniture and pictures, the grimy appearance of our public edifices, the greasy black mud of

our streets, the flight of wealthy people from town for many months, the gloomy depressing skies, the choking atmosphere, the pallid looks of the regular denizen, the direct injury to health, increased mortality, the interruptions to traffic, the loss to trade, the dangers of accident, the encouragement of crime, the diminution of sunlight, the consequent decrease of animal and vegetable vitality and other almost innumerable bad results. Is it not strange, then, that the community, though loudly complaining, takes no active steps to heal this ever-magnifying sore? London, which from its size, wealth, position and constitution, is the leading city in the world, seems content at the same time to remain, at least during winter, the most hideous and repulsive. I would appeal especially to the medical profession, which in the past has conferred such immense boons on the people by teaching the remedy for various dangers to the public health, to continue its philanthropic efforts in dealing with the nuisance of London smoke. The field may be wide, but it is worthy the attention of scientific men. There is no reason why the metropolis should not all the year round be one of the fairest and most attractive of towns, and it is equally certain, while coal is consumed in our grates, that it will remain the very reverse.

I remain, Sirs, yours faithfully,

Thurloe-place, S.W., July 26th, 1892. H. R. OSWALD, M.D.

## "THE SIGNIFICANCE OF FLY BITES."

*To the Editors of THE LANCET.*

SIRS,—Having read your annotation on the above subject in THE LANCET of July 23rd, I think the following case may be of some interest to your readers.

S. W.—, aged twenty-five, was admitted to the Devon and Exeter Hospital on July 11th, under Mr. Bell, with the following history. He was a compositor by trade. Eight days previously, when at a beanfeast, he was bitten on the proximal phalanx of the left index finger by a fly, presumably a gad-fly. No notice was taken at the time, but the finger began to swell and the wound to ulcerate, and for three days before admission he had had great pain. On admission the man looked very ill indeed. Temperature 103.6°; respiration 60; perspiring freely. On the finger was a yellowish sloughing wound the size of a two-shilling piece; the hand was swollen and oedematous; there was well-marked cellulitis up the arm; no swelling in the axilla. Examination showed pleurisy at the left base of the lungs. Mr. Bell made free incisions into the arm and wound and ordered copious stimulation; but in spite of all efforts the patient died within eleven hours of admission, apparently of acute septicæmia. Post-mortem examination showed a very fluid condition of the blood and all the organs macroscopically healthy, with the exception of the lungs, which were riddled with very large infarcts and where there was extensive pleurisy at the base. The case is interesting in view of the sad occurrence reported in a former number of THE LANCET.

I am, Sirs, yours faithfully,

Exeter, July 26th, 1892. G. STEWART ABRAM, M.B., B.C.

## "CURES" FOR INEBRIETY.

*To the Editors of THE LANCET.*

SIRS,—Since Dr. Keeley's letter in your issue of July 30th utterly fails to deal with the real question at issue, I fear that most of your readers will consider it unworthy of any reply. As, however, he has introduced my name rather prominently therein and as entire silence on my part might under the circumstances seem strange, perhaps you will be good enough to grant me space for a few words. What I would say to Dr. Keeley is this: If his remedy is a genuine cure for inebriety, and on his own showing it has been used for thirteen years, why does he not prove its efficacy to the satisfaction of the profession in Great Britain by submitting it fairly and openly to the opinion of a committee of British physicians? Does he imagine for one moment that such a committee would refuse to recognise his work or the merits of his drugs, providing the claims he aims at establishing are sustained? Let Dr. Keeley approach the leaders of the profession here in a proper spirit, and he may rest perfectly assured of fair and unbiased treatment. Either his remedies are really useful and deserve praise, or they will not stand the light of investigation.