

panied by pain, was a prominent feature, and "running at the nose" was present in nearly every case. The temperature varied from 100° to 103°. Following the attack there was a certain degree of weakness and nervous prostration, but not to anything like the same extent as appears to have been the case at home. The treatment I adopted was calomel and a saline purge at the commencement of the attack, with quinine subsequently, and antipyrin if the temperature rose. I am doubtful if treatment affected the disease; it seemed to run a natural course of seven to twelve days.

While reading accounts of the cases described during the course of the epidemic at home, I was struck by the resemblance which some of the features bore to attacks of malarial fever. In both there are the muscular pains in the loins and limbs, with marked headache; in both there is the same mode of invasion—suddenly, with chills; and, most marked of all, the same prostration and weariness, out of all proportion to the severity of the attack. In malaria this weakness is evidently due to the enormous destruction of blood-corpuscles caused by the hæmatozoa in the blood (Laveran, Osler, and others), which I have frequently had opportunities of identifying in fever patients on the Gold Coast, and it had occurred to me that a similar destruction of blood might be going on in influenza. I was much pleased, therefore, to see in THE LANCET of Feb. 9th a short note on the Monads in the Blood in Influenza described by Professor Klebs, and to observe that these monads had an intimate connexion with the corpuscles. If, then, this fact of the existence of a monad in influenza be accepted, and if, as in malaria, there is a destructive action on the blood-corpuscle, is it not possible that prolonged exposure to the action of the one may render an individual less susceptible to the action of the other? It is a distinctly ascertained fact that negroes here, although they do suffer from malaria, are less liable to it than Europeans; the attacks are milder, and the subsequent anæmia is less. There is, then, certainly a toleration of the malarial hæmatozoon. May this not extend to influenza, and thus, perhaps, account for the mildness of the type here, and for the smaller degree of nervous prostration to which I have already alluded? I make the suggestion with all diffidence, and shall be interested to learn whether in other malarious countries influenza has been characterised by a mildness of type.

I am, Sirs, your obedient servant,
Accra, Gold Coast, West Africa, W. T. PROUT, M.B.,
June 15th, 1890. Government Medical Officer.

To the Editors of THE LANCET.

SIRS,—During the last two weeks of July several cases came under my notice exhibiting the same symptoms as those occurring in the last epidemic of influenza, although in a milder form—viz., rigors, headache (chiefly frontal), pain and tenderness of the eyeballs, fever, pain in the limbs, tenderness of the muscles, dyspnoea, lassitude, &c. Each attack lasted only from three to four days—i.e., the acute symptoms,—but well-marked debility continued for a week. All the patients have had influenza before, and six twice previously. The above symptoms undoubtedly point to influenza, and I may say the weather at the time was very hot here.—I am, Sirs, yours faithfully,

CHAS. F. WILLIAMSON, M.R.C.S., &c.
Horley, Surrey, Aug. 9th, 1890.

GUILD OF ST. LUKE.

To the Editors of THE LANCET.

SIRS,—Might I be allowed to bring forward more definitely the object and aim of the Guild of St. Luke? We do not exist simply "to observe rules," but the object of the Guild is the mutual encouragement and support of its members in leading a consistent Christian life and the formation of a bond of union between them. It is true that our members are limited to the members of the Church of England, and that the Guild is worked on definite "Church lines." I fear that even if we were to "enlarge our operations" by departing from our present customs the prospect of embracing within one Society all the members of the medical profession who are Christians would not be realised; for there are a large number who belong neither to the Guild nor to the Medical Christian Association, which includes, I believe, "every variety of Christian

belief" except Churchmen. It is not to be expected that medical men will be more united in religious matters than their lay brethren. The Guild holds its anniversary services in St. Paul's Cathedral as near St. Luke's Day as is convenient, at which there are always very large congregations present. The offertories are devoted to a well-recognised medical institution—viz., to the Medical Missionary Fund. This fund is distributed amongst several mission stations towards the support of a medical man in connexion with the mission. Thanking you in anticipation for inserting this letter,

I am, Sirs, yours faithfully,
W. KENT HUGHES,
St. Bartholomew's Hospital. Hon. Sec. Guild of St. Luke.

"PASTEUR AND HYDROPHOBIA."

THE following reply to the letter of Mr. Victor Horsley which we published last week has been sent to us, with a request for its insertion. This must close the discussion so far as our space is concerned.

SIR,—We are evidently arguing in a circle. I must, however, correct you.
a. I did not say in my letter "you ostentatiously labeled your opinions facts" at the Epidemiological Society. I said you did so in your letters in reply in the *British Medical Journal* (vide par. 3 in my letter).
b. Not only was I present at the meeting at the Epidemiological Society, but (to refresh your memory) I spoke. I told the meeting, what it knew, that I was an absolute unbeliever. I said: "I was, however, glad to find we were in agreement on the value of police measures." I carried the President's recollection back to the Congress of 1881, to the paper read by Dr. Van Cappelle, who proved then (what you have since put forward in your original way) that rigorous police measures were sufficient to keep down rabies—a fact known to all students of the disease. I told the meeting, in fact, that you were giving old wine in a new bottle. Dr. Thorne, the president, admitted at the meeting the accuracy of my reference to the Congress. Sir William Moore was next me, and he can confirm the accuracy of this statement—viz., that neither tacitly nor openly did I admit your calculations, or, if you choose, your "facts" on the value of Pasteur's experiments. So far as I am concerned, *causa finita est*, and I certainly shall not take any notice of any further communication from you. You have threatened me with the publication of your letter in the medical press, and have made some general charges which you have not substantiated. I gratify your appeal to the press. Those who read the letters can decide on the merits of the controversy which you initiated.

Yours very faithfully,
Victor Horsley, Esq., F.R.S. THOS. M. DOLAN.

NORTHERN COUNTIES NOTES.

(FROM OUR OWN CORRESPONDENT.)

Newcastle and Gateshead.

THE recommendation of the committee that a new Home for Incurables be erected, as mentioned in a previous note, was adopted by the Newcastle Council last week. In the new Home provision will be made for twenty cancer cases. Its cost, including furnishings, will be £12,000, but towards this there is an accumulated surplus of £9340. It was suggested by Alderman Newton, a medical member of the Council, that a portion of the surplus should be used for cases of phthisis, and I think that the suggestion was a prudent one, considering the prevalence of consumption in the north-east of England; it was not, however, adopted.

Prevalence of Typhoid Fever in Newcastle and Gateshead.

There has been of late a marked increase in the number of typhoid cases in Newcastle and Gateshead, and in the adjacent villages the milk-supply has, I know, been under suspicion and observation. At Gateshead, last week, an attempt was made in the Town Council to adopt the notification clauses of the Infectious Diseases Act, but the Council threw out the resolution by a considerable majority.

The Newcastle Royal Infirmary and the Use of Stimulants.

At a late meeting of the governors of the Newcastle Royal Infirmary the use of stimulants came up for consideration. A governor brought up a report showing the amount of alcoholic stimulants used in about ninety hospitals and infirmaries in the United Kingdom, from which it appeared that the average cost was 2s. 1½d., including the staff. Elgin, he said, was the highest—viz., 7s. 10½d., while the London Temperance Hospital was of course *nil*. Newcastle stood at 1s. 9d., being slightly below the average, and yet he was not, he said, content, but wanted the consumption brought down to the London Temperance Hospital scale, forgetting that the