tutional remedies, I consider the arrest of all such septic processes in the blood to be perfectly feasible. Avoiding ammonia, which is a powerful agent for the prevention of the formation of fibrin, and is thus useful (as has been clearly proved) when given to the blood-giver in cases of transfusion, I prescribe astringents and hæmatinics, such as iron and hydrochloric acid, along with germicides, such as quinine and chlorate of potash.

I argue that in puerperal septicæmia we have a disease in which every effort of nature for the prevention of absorption of infective material should be fostered and encouraged. The clots in the maternal sinuses formed on the separation of the placenta may be regarded as the natural barrier to any external morbid influence. The preservation, therefore, of their integrity until they become organised and contracted should be of paramount importance. Hence the advisability of avoiding agents which tend to soften and disperse fibrinous deposits and formations of this nature. Should infection by septic materials have occurred, the efforts of the physician should be directed to strengthen the fortifications raised by natural means, and this can only be effected by astringent and hæmatinic remedies, such as steel and hydrochloric acid, with the assistance of quinine and chlorate of potash, for the destruction of the germs which have found entrance to the circulation by means of the lymphatics. To give "liquefacient" remedies, such as ammonia, sodic salicylate, or potassic iodide, is, I think, simply to break down the natural barrier described, and to further absorption of septic materials by a diffused and weakened circulation—weakened by reason of its deficient fibrin-forming power. Infection of the blood, indeed, is thus doubly ensured by medicinal liquefaction and septic softening of clots, for wherever there is the development of sulphuretted hydrogen by decomposition of animal matter no fibrin can exist. I prescribe five-minim doses of the perchloride of iron, one-grain or two-grain doses of quinine, and five-grain doses of chlorate of potash, with glycerine in half-drachm doses, every two hours, until there is a considerable reduction in the temperature, when I order the mixture to be taken less frequently.

Similarly, I hold that the treatment of enteric fever should be conducted upon an acid and not an alkaline method. I believe I have seen an increased blood heat induced by such a remedy, for instance, as salicylate of soda in this disease, with passive pulmonic congestion, from a condition of overfluidity thus induced, and quickly removed by the administration of fifteen-minim doses of hydrochloric acid every two hours, and drop doses of steel.

I am, Sir, yours truly,

C. R. ILLINGWORTH, M.D. Edin.

Clayton-le-Moors, March 23rd, 1885.

"TAURO-CHOLATE OF SODA PILLS."

To the Editor of THE LANCET.

SIR,—Please let me add to my little paper which appeared in your issue of the 25th ult., that it is better to use pig's-bile than ox-bile in preparing the tauro-cholate of soda; and that the *bulk* of the glyco-cholate—which is not of any therapeutic value—should be thrown out with acetate of lead, avoiding any excess of the acetate before evaporating the tauro-cholate to the consistency for making into pills. Keratin, easily made from the residue of an ethereal digest of horn shavings by boiling in liquor potassæ, forms the best coating.

I am, Sir, yours truly,

Hanover-square, May 13th, 1885. J. MORTIMER GRANVILLE.

"THE COLLOQUIAL LINGUISTIC FACULTY."

To the Editor of THE LANCET.

SIR,—If I may judge by the considerable extract you have given from Dr. W. H. Walshe's new work, reviewed in the current number of THE LANCET, he has raised the novel and very interesting question, "When may a person properly be said to know a foreign language?" But I fear the tests Dr. Walshe has applied are much too sweeping and exclusive to be of any practical value towards its solution. For instance, a well-known linguist of my acquaintance went for a three weeks' holiday into Wales, without knowing a word of the vernacular, and with no aid towards its acquirement but a pocket dictionary. Yet, by a method of his own and by constant intercourse with the peasantry, he learned the language in the above time—i.e., he was able

to converse in it, to read and write it correctly, and knew its formation and grammar. Whether he could understand a Gaiety burlesque in the Welsh tongue I had not thought of asking him.

I know I must not trespass upon your space, but I should just like to submit the following points for Dr. Walshe's consideration. What does he say to the number of our Indian officials who converse and correspond in Hindi, Persian, Pashtú, and other Eastern languages? What to the humble missionaries who translate our Scriptures into such difficult languages as Lithuanian, Finnish, Aramaic, and Coptic, to say nothing of the Kaffre click? A friend of mine, a German cavalry officer, himself a native of Westphalia, has told me he was stationed on one occasion with his regiment at Munich, and that it took him six months to become acquainted with the lingo of his Bavarian servant; yet surely the former must be said to have known German.

On the whole, it seems to me that what marks linguistic power in individuals is an initial faculty of learning language, rather than the degree of actual attainment in any particular form of speech, and the Mezzofanti type is by no means so doubtful as Dr. Walshe appears to think.

I am, Sir, yours truly,

Sussex-gardens, May 12th, 1885.

T. FITZPATRICK.

SMALL-POX RISKS.

To the Editor of THE LANCET.

SIR,—I was gratified to find that you call attention to the serious risks run by the unrevaccinated in London during the present widespread epidemic of small-pox, and that you instance the well-known immunity of the servants and nurses of the Highgate Small-pox and Vaccination Hospital, and I was further gratified to find your excellent article widely quoted in the daily papers. After all, it is the general mass of the public who are likely to be led away by the specious tales and one-sided reasoning of the anti-vaccinationists, whom we want to reach. I confess that I think the extraordinary efficacy of the protection from small-pox afforded to our nurses and other employées is largely due to the fact that the lymph which the surgeon makes use of at this hospital he has himself taken from a subject he has operated upon, and of the efficacy of which he is consequently well assured; and, moreover, it is used as nearly as possible from arm to arm. I regret that at the other large institutions of the kind in the metropolis those conditions which appear to me to be essential for the absolute security of those confided to their charge are absent, and that the medical officers at such hospitals are compelled to make use of lymph of the quality of which they cannot themselves be absolutely certain. I cannot conclude also without expressing my regret that at the present day, notwithstanding the amount of evidence we have on the subject, a medical man of the standing of Surgeon-Major Pringle should, as in his recent lecture before the Society for the Encouragement of Arts, &c., publicly state his disbelief in the necessity for revaccination in adults who have been efficiently vaccinated. Such a statement is, I think, eminently calculated to encourage the present apathy of the general public as regards revaccination, and is certainly not warranted by the statistics of his professional brethren, at all events in Europe.—I remain, Sir, yours faithfully,

HERBERT GOUDE, F.R.C.S. Edin.

Small-pox and Vaccination Hospital, Highgate-hill, N.,
May 9th, 1885.

LIVERPOOL.

(From our own Correspondent.)

HOSPITAL SATURDAY IN LIVERPOOL.

SATURDAY, April 25th, was observed here as Hospital Saturday, boxes being distributed among all places where large bodies of working men are employed, and cages being attached to the street lamps at reasonable intervals. The result will be watched with keen interest this year, extraordinary pains having been taken to ensure the increased success of this mode of obtaining the working men's support to the hospitals, which are such a benefit to them. The amount collected in former years, averaging between £2000 and £2500, has been justly regarded as considerably less