subject, for instance. The most thorough sanitarian would probably look forward hopefully to the result if every person who had contracted, say, syphilis were at once treated with euthanasia. Yet, on the face of the fact that every dog who shows signs of rabies is killed at once, we are told that the number of cases of hydrophobia in the human subject is on the increase. It seems, then, absurd to suppose that the desired result is likely to be attained by the simple process of muzzling for a few hours of the day those dogs which have not yet had the disease.

I am, Sirs, yours obediently,
Chatham, Dec. 18th. ALEX. G. R. FOULERTON.

* * Our correspondent has overlooked the fact that in certain countries where "muzzling" is generally enforced, rabies is practically absent—e.g., Germany.—ED. L.

THE TREATMENT OF SYMBLEPHARON.

To the Editors of THE LANCET.

SIRS,—*Apropos* Professor Snellen's (Utrecht) paper on symblepharon recorded in your recent report of the proceedings of the Ophthalmological Society, will you allow me to remark that the best method of dealing with such cases of extensive destruction of ocular and palpebral conjunctiva is by the transplantation of skin *en masse* without pedicle on to the surface of the eyeball itself? I have spoken of this operation elsewhere, and the accompanying photograph of a very bad case, occasioned by the impact of a piece of molten metal, treated in this way may be taken as evidence of the very pleasing results it is possible to attain. The patient, whose left lower lid was firmly adherent to the

globe when I first saw him, was injured while working at the Codnor-park Ironworks in this neighbourhood, and as there was no conjunctiva which could be utilised, I transplanted a piece of cuticle (two inches by one inch) from the upper lid of the right eye on to the surface of the left globe, where it may be seen in white outline in the photograph. The upper lid of the left injured eye, which was strongly incurved owing to excoriation of its under surface at the time of the accident, was treated by a method of skin transplantation (shown in the photograph) with pedicle, which I have already illustrated in your pages, and the eye

is now quite free, the sight perfect, and the patient naturally very pleased at his unexpected and complete recovery.

With regard to the method described by my friend, Professor Snellen, I may remark that it has been said that "there is nothing new but that which has been forgotten," and it is certain that I devised and frequently practised precisely the same method of skin transplantation with pedicle through a button-hole in the lid at least ten years ago. Indeed, it is upwards of that time since I introduced a patient who had been treated in this way to the notice of the members of the Clinical Society of London, and those of your readers who care to do so will find a report of the case in the Transactions published by that association. It is obvious, however, that, when the vitality of the flap can be preserved (and my experience has demonstrated that there is little or no difficulty in doing so), my more recent method of transplantation of skin *en masse* without pedicle is vastly more convenient and efficacious.

I am, Sirs, your obedient servant,
CHARLES BELL TAYLOR, M.D.,
Nottingham, Dec. 9th, 1889. Surgeon to the Eye Infirmary.

THE LATE PROFESSOR BOYES SMITH, M.D., F.R.C.P. : AN APPEAL.

To the Editors of THE LANCET.

SIRS,—It is seldom that an appeal for help is called for on behalf of the widow of a medical officer of H.M. Indian Army. A painful exception to this rule has now to be brought to the notice of the retired brother-officers of the late Dr. Boyes Smith, of the Bengal Army. They will be surprised and grieved to learn that his widow and little girl, six years of age, have been left, to put it plainly, with £60 a year. Dr. Smith, as a single man, indulged a generous disposition in helping others who were in reduced circumstances, and sustained pecuniary losses in other ways. He married after retirement from the service, and could not by the rules of the Military Pension Fund become a subscriber to that fund on behalf of his wife and child. After a distinguished career in India, both in the military and civil branches of the medical service, Dr. Smith was appointed to the chair of Military Medicine in the Army Medical School, and was cut off by cerebral disease before he could "redeem the time" and make something like an adequate provision for wife and child. The case has been warmly taken up by the *Indian Medical Gazette*, and a subscription list has been opened in its pages. It is hoped that the retired brother-officers of the late Dr. Smith will assist their old friends in India to rescue his widow and child from a condition, considering their former position, little short of want.

Messrs. Grindlay and Co., 55, Parliament-street, S.W., are authorised to receive subscriptions and give acknowledgments.—I am, Sirs, yours faithfully,

W. CAMPBELL MACLEAN, M.D., LL.D.,
Surgeon-General, late Professor of Military Medicine,
December, 1889. Army Medical School.

INFLUENZA.

To the Editors of THE LANCET.

SIRS,—For some months there has been an epidemic of influenza, which has not, however, been confined to this neighbourhood, as I have had patients from places so far apart as Edinburgh, Bournemouth, Southampton, and from the more central parts of London. The symptoms have varied in intensity, the temperature rising in four cases as high as 105°, but falling within times varying from twenty-four to sixty hours to normal or sub-normal. In most of the cases of any severity there has been marked cerebral disturbance, the patients expressing a fear that they were "going mad." In the milder cases there were depression of spirits, anxiety, fear of some calamity, in nearly all nausea or vomiting, and in many violent diarrhoea, sore-throat with extreme muscular weakness, and cardiac pain and depression, and severe aching of the limbs and muscles of the back, about complete the catalogue of symptoms. One of the worst attacks (temperature 105.4°) occurred in a woman three days after parturition, and I should have expected she was going to have puerperal fever; but, having seen so many of these cases, I thought it would prove to be influenza, and she is now convalescent. I have, after considering the symptoms and histories of the various patients, come to the conclusion that it has been caused by the very high temperature which