As regards my own case, however, very briefly alluded to in the Transactions of the International Medical Congress (London, 1881) and afterwards published by Dr. McCall Anderson, I cannot quite submit to allow its relevancy to be brought into question on the grounds stated. It is true that I gave no extended description of the case, for I had no cognisance of it except at the one visit in consultation. But I affirm now with the utmost confidence: (1) that the disease was recognised during life both by myself and Dr. Maclaren of Glasgow as having all the constitutional symptoms of Addison's disease; (2) that this was confirmed later by Dr. McCall Anderson, who had at an earlier stage regarded the pigmentary changes as vitiliginous (as indeed they assuredly and typically were); and (3) that the examination after death made by the late Dr. Foulis of Glasgow in full knowledge of the diagnosis, and with every possible care as regards histological details revealed exactly the state of the adrenals regarded by Sir Samuel Wilks himself as characteristic of Addison's disease. I am not concerned at present with the other elements of doubt cast on Addison's observations, but I venture to continue in the belief that the "law of nature" alluded to by Sir Samuel Wilks as regards the continuity of the pigmentary change will have to submit to some further "apparent exceptions" before we can be considered as having quite done with the subject.

I am, Sirs, yours faithfully,

Penmaenmawr, N. Wales, July 30th, 1900. W. T. GAIRDNER.

"RODENT CANCER OF THE CORNEA."

To the Editors of THE LANCET.

SIRS,—The "rare chronic creeping ulcer of the cornea" spoken of by Mr. Nettleship does not differ from the condition described in my case simply because it is one and the same thing. A reference to my article will show that I used the terms "rodent ulcer" and "rodent cancer" as interchangeable. The reasons for my assuming malignancy in the ulcer were: (1) age of patients (nearly always late middle life); (2) the raised sinuous undermined edge of the ulcer and its chronic course; (3) nothing but destruction of the growing edge by the cautery appears to be able to arrest the progress of the malady; and (4) the one pathological examination of which I can find any record is that of Schmidt-Rimpler who describes appearances not inconsistent with malignancy. Perhaps the most suggestive points about Mr. Nettleship's "chronic creeping ulcer" are that lymphatic glands are not invaded; that the condition remains local; and, above all, that it does not recur after complete removal. These are cardinal features of the cutaneous rodent ulcer, which is nowadays admitted on all hands to be carcinomatous. They were present in my mind when I spoke of the condition as "rodent cancer of the cornea," although we must all admit that at present the etiology of the disease is a matter of speculation. Mr. Nettleship speaks of the "chronic creeping ulcer of the cornea" as "somewhat rare," whereas in my original article I called it "one of the rarest affections of the eye." My reasons were: (1) not a single identifiable case can I find either in periodical English literature or in the Transactions of the Ophthalmological Society of the United Kingdom; (2) during the last 10 years there appear to have been only five recorded cases—namely, four by Dufour (*Société Française d'Ophthalmologie*, May, 1897), and one by Schmidt-Rimpler (*Archiv für Augenheilkunde*, 1898); and (3) Vossius, in Giessen, saw three cases among 25,000 ophthalmic patients and Jany of Breslau one only among 66,000. On these grounds I based my conclusion that "rodent ulcer of the cornea" was an extremely rare affection.

I am, Sirs, yours faithfully,

Welbeck-street, W., July 30th, 1900. SYDNEY STEPHENSON.

To the Editors of THE LANCET.

SIRS,—The assumption that Mr. Sydney Stephenson's interesting case of corneal rodent ulcer, published in THE LANCET of July 21st (p. 173), was cancerous must have been felt by many ophthalmic surgeons who read the account to be "not proven," and I note that Mr. Edward Nettleship has given expression to his doubts on the matter and asks for further proof. I am very interested in the point, as I have quite recently had under my care the healthy little and not quite three-year-old daughter of healthy parents, living in a most salubrious neighbouring seaside town, where

the father is a medical man, with a state of things, as far as can be judged from the description and diagram, identically the same as in Mr. Stephenson's case, except that the upper part of the cornea was attacked. The condition is so rare, at least in these parts, it being the only case which I have encountered in a period of 11 years, that it was not until the ulcer went on steadily advancing in spite of all the usual remedies that I had the child put under chloroform, and after a thorough examination, which I could not make before, recognised the grave nature of the case, when careful scraping and the energetic single application of pure carbolic acid, spudding it well in under the epithelium of the advancing edge, quite arrested the disease and led to a complete cure without causing so much destruction of tissue as the actual or galvano-cautery would have done. Clinically this case appears to me exactly the same as Mr. Stephenson's. Would he in my three-year-old patient consider it cancerous? Was it the age of his patient that led him to adopt this view of its nature, or what? A critique of *Ulcus Corneæ Rodens* appeared in the *Ophthalmic Review* for April of this year.

I am, Sirs, yours faithfully,

Norwich, July 29th, 1900.

S. JOHNSON TAYLOR.

THE CURATIVE TREATMENT OF MICROBIC DISEASE.

To the Editors of THE LANCET.

SIRS,—In THE LANCET of Dec. 20th, 1890 (p. 1354), there appeared a letter of mine entitled "On Immunity from Infectious Disease." In this letter I proposed a method of treating infectious disease by (1) bleeding the patient in order to remove some of his vitiated blood and (2) replacing this blood by healthy blood obtained from an individual who had recovered from the same disease as the patient was suffering from. This method, as far as I am aware, has not been tried on the human subject. It has, however, been tried in Cape Colony on cattle suffering from rinderpest some two years ago and with great success. The treatment to be successful depends on a very thorough bleeding of the sick animal, in a full-grown ox to the extent of several (five or six) litres; on the other hand, the inculcating dose of defibrinated blood or serum from a recovered animal need not exceed from 20 to 30 cubic centimetres in the case of a "fortified" animal, or 100 cubic centimetres if the animal be not fortified. I think the method may be now tried on the human subject in pneumonia and other acute fevers where in the olden days bleeding was usually resorted to, with this addition, that immediately after the bleeding a dose of curative serum (anti-pneumonic, &c.) should be given, and to avoid all risks subcutaneously, instead of the method I proposed in my letter—viz., by transfusion. Perhaps in a case of typhus or typhoid fever, where the blood-giver is the human subject, direct transfusion of the "recovered" blood may be the safest procedure.

I am, Sirs, yours faithfully,

GEORGE CARRINGTON PURVIS, M.D., B.Sc. Edin.

Grahamstown, Cape Colony, July 7th, 1900.

"RUPTURE OF THE APPARENTLY HEALTHY OESOPHAGUS."

To the Editors of THE LANCET.

SIRS,—Dr. E. J. McWeeney's interesting paper on the above subject, published in THE LANCET of July 21st (p. 158), does not mention a table of 18 such cases which was appended to a paper by Dr. R. L. Bowles and myself sent in November, 1899, and read on March 27th of this year before the Royal Medical and Chirurgical Society and now published in its Transactions, p. 241. On analysing his table of 17 cases I find that Dr. McWeeney rejects two cases of Mr. Stanley Boyd's which we accepted. He tabulates one case rejected by Fitz which we did not include, but which perhaps it seems reasonable to accept. He does not include, as we did, Oppolzer's case, but mentions it with those of Williams, Bailey, and Heyfelder "as almost certainly belonging to this category." Two cases are in his tables in which an "ulcer" is described and are not included in our table. He does not mention three cases of Dr. S. West, of Dr. C. J. B. Williams, and of Guersent which are in our table. He adds cases by Harrison and Wolf

and three (published since the compilation of our table) by himself, Heintze, and Lorrain Smith. Taking the 18 cases in our table and those added by him, five in all, and putting in those accepted by him but rejected by us (in two of these the word "ulcer" has led to confusion), the total number of all cases would seem to be about 25, a number sufficient to show, as Dr. Bowles and I contended in our paper, that this injury is not so rare as is commonly thought to be the case.

I am, Sirs, yours faithfully,
Half Moon-street, W., July 30th, 1900. G. R. TURNER.

"PADDLING IN THE SEA."

To the Editors of THE LANCET.

SIRS,—The letter of Mr. William Knight Treves on the above topic in THE LANCET of July 21st states that "for some reason or other paddling is very generally condemned by the medical profession." Presuming that Mr. Treves has good grounds for making such a statement—and I confess that I was not aware of such a prejudice—I cannot understand on what grounds paddling can be considered objectionable. The extensive sands of the Dee estuary are greatly resorted to by children of all ages for the express purpose of bathing and paddling, but principally for the latter delightful enjoyment. We have here, too, one of the largest preparatory boys' schools in England, the pupils of which school constantly go long paddles. I have therefore much pleasure in adding my testimony to that of Mr. Treves that paddling is not only delightful but beneficial to all children through the summer weather. My wish to help Mr. Treves in doing a "good turn to the children" is based not only on the experience gained as a medical man but also as a parent. It is usually the bad eating habits of children, not paddling, that "sends the blood to the head," whatever that picturesque phrase may mean.

I am, Sirs, yours faithfully,
H. M. SPEECHLY.

Parkgate on the Cheshire Dee, July 20th, 1900.

MEDICAL SERVICE IN THE HIGHLANDS AND ISLANDS OF SCOTLAND.

To the Editors of THE LANCET.

SIRS,—Herewith I enclose copy of reply received by me last night from the Local Government Board in reference to the memorial from medical officers of the more remote parishes of the Highlands and islands which was recently presented to the Board. You will see by it that the Board favour the proposal but have not the power to insist upon the parish councils granting the privilege. While I have no doubt that some parish councils would grant their medical officers a paid substitute, yet I fear we shall have to wait for an alteration of the Local Government (Scotland) Act before we can hope to see the reform general.

I trust you will kindly publish the reply, and am, Sirs,
Yours faithfully,

JAS. F. D. MACARA,
Durness, Lairg, Sutherlandshire, Medical Officer, Durness.
July 27th, 1900.

[COPY.]

Local Government Board, Edinburgh, July 25th, 1900.

SIR,—With reference to your letter dated 27th ultimo enclosing a memorial by the medical officers of the more remote parishes of the Highlands and islands of Scotland as to the difficulty experienced by them in obtaining an annual holiday, I am to say that this matter has received careful consideration from the Board. In reply I am to say that the Board desire to express their sympathy with the views expressed in the memorial, and having regard to the very special circumstances and conditions under which the duties of the memorialists have to be discharged are of opinion that it would be to the advantage of the public service that parish councils should grant an adequate holiday to their medical officers, defraying at the same time the cost of a substitute to act for the doctor during his absence. But, as the Board have often had occasion to point out, their powers in regard to the relation subsisting between parish councils and their medical officers are very limited, being derived solely through the medium of the grant in aid of medical relief to the conditions in connexion with the distribution of which parish councils are required to conform in order to participate. I am to add that the rules of the grant have been held to be stereotyped by the Local Government (Scotland) Act of 1889, so that, as will be seen, additional legislation would be necessary to give general effect to the views of the medical officers. The Board, however, direct me to say that they are prepared to do the best within their power—that is, they will offer no objection to the cost of substitute medical officers being ranked against the medical relief grant in the more remote parishes of the Highlands and islands of

Scotland, provided that the local circumstances are such as are described in the memorial and provided care be taken that the parish council shall pay only for the services rendered by the substitute to the paupers and not for his services to the medical officers' private patients. The Board have forwarded a copy of this letter to Lord Lister.

I am, Sir, your obedient servant,

G. FALCONAR-STEWART, Secretary.

Dr. Macara, Durness, Lairg.

THE MEDICAL STAFF AND THE MANAGEMENT OF THE NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC, QUEEN-SQUARE.

To the Editors of THE LANCET.

SIRS,—In consequence of the appearance of an article in the *Times* of to-day we, the members of the honorary medical and surgical staff of the National Hospital for the Paralyzed and Epileptic, Queen-square, now desire to address you on the crisis in the affairs of our hospital which has been brought about by the acts of the board of management during a number of years.

The relations between the medical staff and the board of management have shown increasing signs of strain for several years past, in proportion as the board has more and more relegated its functions and authority to the hands of a paid official, Mr. Burford Rawlings, who, from the position which he originally occupied as secretary, has been advanced to the dignity of "secretary and general director." Those practically acquainted with hospital affairs will scarcely need to be told that the effect of such an appointment is that although the management of the hospital may be nominally directed by a board the institution is practically, to a great and dangerous extent, in the hands of one man. That the autocracy of the office referred to should be as complete as possible it is enacted in the rules of the hospital that no member of the medical staff shall be allowed to have a seat on the board. The "secretary and general director" is thus relieved of any inconvenience which might possibly be occasioned by the presence on the board of persons professionally acquainted with the work and necessities of a medical institution and able to supply essential information and counsel.

It is not surprising, therefore, that for a number of years the medical staff have found that the administration of the hospital was becoming more and more unsatisfactory. Ten years ago, with the view of remedying this state of things, the medical staff suggested to the board of management that two of the medical officers should be annually elected members of the board (12 members) as their representatives. This was refused and various substitutes were proposed by the board which have proved failures owing to acts of the board. The first of these substitute arrangements was summarily terminated in 1893 by a decision of the board of management, no reason being assigned. The last of these arrangements came to an end in 1899 in consequence of a breach of faith on the part of the board of management. Since then the medical staff have renewed their claim for direct representation, which the board have persistently refused, and as a result a state of acute dissension between the two bodies has existed since the early part of last year. In July, 1899, the chairman of the Distribution Committee of the Hospital Sunday Fund warned the secretary and general director that unless the want of harmony ceased the customary grant would not be renewed in the following (this) year, at the same time expressing the opinion that the medical staff should be directly represented on the board of management. He also instructed the secretary director to communicate these observations of the committee to the board of management. We must here observe that the secretary director, Mr. Burford Rawlings, in reporting to his board did not communicate the whole of the instructions he had received from the chairman of the Sunday Fund Committee, but informed them that the chairman (Sir Sydney Waterlow) had "confined his observations to an expression of regret that perfect harmony did not exist between the board and the staff and the expression of the hope that this state of things would have passed away before next year."

Between the meeting of the Sunday Fund Committee last year and that held on July 19th the medical staff, after further fruitless negotiations with the board of management, determined to inform the governors of the hospital not only