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

has prevailed since the fall of the leaf this year, which has caused rapid decay of the soft part of the leaves, which usually takes place slowly in the low temperature of autumn, and has caused an unusual development of the malarial poison which causes ague in temperate climates, and the tropical fevers which attack those living in the influence of tropical forests, like the jungle fever of India and the fever of which Stanley and Livingstone give us such graphic accounts. I have found antipyrin and salicylate of soda the most useful remedies.—I am, Sirs, yours truly,

South Tottenham, Dec. 1889.

GEO. B. BEALE.

To the Editors of THE LANCET.

SIRS,—It may be of advantage to some practitioners to know that there is a substance perfectly harmless in use, which has the effect of *immediately* lessening, if not altogether putting an end to, the most pronounced *nasal* symptoms of acute febrile catarrh. One application is generally sufficient for an ordinary "cold in the head." Powdered "periodate crystals" (Weaver's) forcibly blown into the nostrils, or simply dropped in, if the patient is lying flat on his back, and then sniffed up, will cut short an attack, if administered *at the very beginning*. The combination of bismuth, morphia, and gum-powder, in the form of "snuff," once commonly used, is valueless when compared with "periodate," which is, as far as is at present known, the most powerful antiseptic ever used. It can be swallowed in almost any quantity without the least risk.

I am, Sirs, yours truly,

Dec. 11th, 1889.

BERNARD O'CONNOR, M.D.

OPERATIVE TREATMENT OF FLAT-FOOT.

To the Editors of THE LANCET.

SIRS,—Mr. Hare pronounces my plan of treatment to be unsuited to *extreme* cases—whatever I may think, I did not say that it was,—but he ignores my objection to osteotomy as not justifiable in his reported case, as to which I had said that I did not regard it as *extreme*. It was so headed in the paper, but I hold that the description proved it to be not even a case of *complete* flat-foot. It is impossible that the great toe can be held flat on the ground, as shown, unless the short muscles of the sole be in active condition. These, in complete flat-foot, are paralysed by pressure. The footprint, too, shows that the cuneiform bone had not fallen, and that the astragalus did not project beyond a line drawn from the inner margin of the heel to that of the metatarsophalangeal joint. The whole case, as it seems to me, is described with striking fidelity to life although wrongly titled. A lad, of previously "active habits," during ten months was subjected to unduly prolonged standing. He wore "canoe-shaped" boots, whose fault was, not that they were "pliable, giving no support to the arch," but that they distorted the great toe. By this the second was so persistently elevated that it remained so, giving no mark in the footprint. The great toe, unable to move in its natural plane (downwards and inwards), suffered irritation at the metatarsal joint and so ceased to move. The bow-string or tie-rod action of the long flexor was thus lost and the arch gave way. The right foot was most affected because on it the body rested in the stand at-ease position. The joint mentioned was painful also because (being the anterior pillar of the arch) the weight of the body came plump upon it every time the heel was raised. In healthful activity it is relieved by the action of the long flexor causing it to dance (as I express it in "The Human Foot") on the tight-rope, formed by the tendon. This happens as the heel, every time of raising, is drawn towards the great toe as a fixed point.

The best treatment of such a case as Mr. Hare's is to let the patient, for a time, live with bare feet, moving freely his feet and toes without the weight of the body on them. He should then, always with bare feet, and in the four-square position, move freely to and from tiptoe as much as he can. Had Mr. Hare's patient done this I am confident that he would have recovered functional activity in less time than it took him to recover from the operation. That the bone surfaces had been in ten months so "profoundly altered in shape" as to justify destruction of the most important joint in the tarsus I cannot believe. My first protest against such a proceeding was recorded in THE LANCET of Feb. 9th, 1884, in support of the editorial opinion that Professor Ogston's operation could only rarely

be warranted. I ask leave to emphatically repeat it now. The principles which, as I think, should guide the treatment of flat-foot are set out at length in the forthcoming number of the *Edinburgh Medical Journal*.

I am, Sirs, yours faithfully,

Gloucester, Dec. 14th, 1889.

T. S. ELLIS.

"MEAN DURATION OF LIFE."

To the Editors of THE LANCET.

SIRS,—The subject matter of actuaries' inquiries is the present value of sums of money payable at death or at intervals during life, and for this purpose the figures of the Life Table (the sum of which shows the "mean duration of life") are combined by them with the figures of a Discount Table previously to summation; and further, the Life Table generally used by actuaries commences at ten years of age, and thus gives no information as to mean duration of life. These are sufficient reasons why actuaries should not affect the expression "mean duration of life." Parkes's formula, quoted by Dr. Lyon, aims at ascertaining the mean duration of life by a correction applied to the reciprocal of the death-rate; whereas the class of formulas to which I alluded in my previous letter aim at ascertaining the reciprocal of the mean duration of life by a correction applied to the death-rate itself. I think Dr. Lyon will find that the following formula fits Dr. Corfield's figures pretty closely:—

$$\text{Death-rate} \times .5634, \text{ plus birth-rate} \times (1 - .5634) = c, \\ 1000 \div c \text{ is taken as the "mean duration of life."}$$

As to the reason why the particular constant .5634 has been chosen, or the grounds on which the result should be taken as an approximation to the mean duration of life, I can make no suggestion; I merely indicate the method which has apparently been used. Dr. Lyon's assertion, that "the expression 'mean duration of life' applied to any particular year is scientifically meaningless and misleading to the public," is somewhat sweeping. It must be admitted that social orators have too often misled the public by a misuse of the expression; but, for all that, it has a definite scientific meaning, and, moreover, the mean duration of life is the best measure of health conditions that has yet been devised in the form of a single number; provided only that such a period is chosen that the years of life shall be sufficient to give fairly trustworthy death-rates at the various ages. The difficulty in the way of its general use is the labour of calculating it.

I am unable to follow Dr. Lyon's objection that this number is "essentially yearless, and quite unfit to be employed as a test of health in a particular year." On the contrary, I should say that the mean duration of life, deduced from the rates of mortality in any year, belongs essentially to that year, and is simply and only fit to measure the state of health in that year. If Dr. Lyon's objection applies only to the term itself, an explanatory form, such as follows, may possibly recommend itself to him:—The mean duration of life which *would be attained* if the rates of age-mortality observed in the year remained constant. Surely it cannot be disputed that this is a fair measure of the combined effect of those rates.

I am, Sirs, yours faithfully,

Dec. 14th, 1889.

A. C. WATERS.

THE PROPOSED "PUBLIC MEDICAL SERVICE."

To the Editors of THE LANCET.

SIRS,—I am sorry that my reply last week to Dr. F. Taylor and Dr. Hugh Woods was too long for publication, and was afraid it might be so when I wrote it.

On the 12th inst. a meeting of the Metropolitan Counties Branch of the British Medical Association was held in Jermyn-street for the purpose of discussing Dr. Rentoul's scheme. Dr. Ord presided, and Mr. John Page Hentsch, a non-member of the Association, after addressing the meeting, requested a member to propose for him his resolution: "That this meeting considers Dr. Rentoul's scheme to be impracticable, and that, even if practicable, it would be disadvantageous to the great bulk of the general practitioners." Mr. Campbell Boyd proposed and Dr. Richard Paramore seconded this resolution, and it was carried by an overwhelming majority. I am informed upon good authority that, although so many branches of the Association have rejected Dr. Rentoul's scheme, a certain number of the officials of the Association, some of whom are on the Council