the temperature was again 100° , and as the bowels had still not been opened I ordered a little carbonate of magnesia. On the 9th I saw her again, when the temperature had risen to 101° again, and as the bowels were still confined I ordered grain doses of hydrargyrum cum creta. On the 10th the temperature rose to 102° . I began to suspect typhoid fever and treated her on those lines. I ordered an enema and the day after—viz., August 11th—the child had a good opening and the temperature fell to normal. I examined the stools and although they looked somewhat pea-soupy in colour they were certainly not distinctive and not very offensive.

Although the temperature fell to normal and the child seemed much better I again made a very careful examination, still bearing in mind a possibility of typhoid fever (on account of the stools and the somewhat apathetic appearance of the child), but could not find any trace of that disease. The spleen was not palpable nor was its percussion area enlarged, and there was no tenderness in that region. The tongue was certainly not characteristic and the pulse was not dicrotic. There were no rose spots to be seen; although it being only the sixth day of illness it was perhaps still somewhat too early to expect them. There was slight congestion of the lungs and I therefore suspected a hidden pneumonia or acute miliary tuberculosis, although the breathing was not of the pneumonic type and there were no other symptoms or signs to suggest any lung mischief. The child complained of some headache, but there were no other signs whatsoever of any cerebral or meningeal trouble. There was no squint, no retraction of the head, no Kernig's sign, and an ophthalmoscopic examination gave an entirely negative result. The ears and nose were examined, but absolutely nothing abnormal could be discovered. The apathetic appearance and somewhat drowsy condition of the child began to worry me a little, and therefore, when I found on the next day, the 12th, that the temperature had again risen to 102° , I called into consultation Dr. Cecil Wall. In spite of the most careful, prolonged, and very searching examination no definite conclusion could be arrived at, all signs being absolutely negative, although this was already the seventh day of the illness. It was decided to watch the case till the tenth day and that I should then examine the blood for Widal's reaction. The consultation was held at 1 P.M. and at 4 P.M. I saw the little patient again, when her face was extremely flushed, her lips were tremulous, and she was plucking at the bed-clothes. The temperature was then 106.4° . I immediately telephoned to the consultant to come to see the child again, but before he arrived the patient died from collapse. No post-mortem examination was made.

The case presents two points of interest. Firstly, What could have been its nature? Secondly, assuming even that it was typhoid fever why should the child have died so suddenly from hyperpyrexia and collapse when only a few hours ago there appeared to be every prospect of a good recovery?

I am, Sirs, yours faithfully,

London, E., August 16th, 1907.

M. FELDMAN.

AN ASSOCIATION OF SHIP SURGEONS.

To the Editors of THE LANCET.

SIRS,—In answer to many letters which I received concerning my letter in your issue of August 17th may I be allowed further space to say on behalf of the B.S.S.A. (British Ship Surgeons Association) which is being formed that its aims are:—Firstly, to improve the "status" of ship surgeons. Secondly, to issue a ship surgeons' gazette monthly, in which will be published "dissertations" on diseases peculiar to sea-going persons. Members will be expressly invited to narrate their experiences and views concerning the treatment of such affections as sea-sickness, &c. A special article on "Marine Hygiene" will appear in each issue. Thirdly, to provide a medium for advertisement of "vacant posts" and "posts wanted."

The way in which it is proposed to improve the "status" of medical officers will be discussed at length later, when it is hoped that members will forward suggestions on the proposition in question. That there is need for this movement there can be very little doubt, judging from the "pay" of ships' medical officers, which does not compare favourably with that of surgeons holding equally responsible positions ashore. A committee will be formed of 12 past and present ship surgeons, six "past" and six "present." The six senior surgeons of the leading shipping companies in Great Britain will be asked to stand as the six present members.

The joint positions of honorary secretary and treasurer will be filled *pro tem.* by myself until it is convenient for the committee to fill the "posts." The annual subscription (to include monthly gazette) is proposed to be 10s. 6d. per member, which, however, is not to be forwarded until further notice. It is hoped that all medical men eligible for membership will come forward and render all the assistance possible in the formation of this much needed association. Applications for membership and other communications will be gratefully received by

Yours faithfully,

G. METCALFE-SHARPE,

Late Surgeon P. and O. and Cunard Steamship Companies.
Angram Hospital, Middlesmoor, Leeds, August 19th, 1907.

THE TREATMENT OF TUBERCULOSIS AND LEPROSY.

To the Editors of THE LANCET.

SIRS,—In a preliminary note on the Successful Treatment of Tuberculosis and Leprosy (published in THE LANCET of April 13th and 20th) I suggested the possibility of converting toxins into antitoxins by oxidising bacterial products with the help of tannic acid and the natural vegetable ferments—oxydases, &c. Will you permit me to draw your attention and the attention of your readers to an abstract of a paper which appeared in the *British Medical Journal* of July 6th? I refer to the Epitome, p. 4, No. 11, "The Artificial Preparation of Therapeutic Serums." It would appear that Czajkowski successfully carried out the suggestion I made, only using the oxidising ferments of the liver and spleen in place of vegetable ferments.

I am, Sirs, yours faithfully,

S. F. WERNICH.

Somerset Strand, Cape Colony, July 29th, 1907.

THE TREATMENT OF INEBRIETY.

To the Editors of THE LANCET.

SIRS,—I send for publication an account of my experience as medical superintendent of the Dadson Nursing Home for Inebriates in Norwich which has been in existence for just two years.

The treatment I have adopted has been a short one of usually four weeks and the results obtained on both men and women have been highly satisfactory. Statistics in a matter of this sort are of no great value but I take the first 50 cases, all of which were treated over a year ago and most of whom have been traced. These cases were all treated on somewhat similar lines and an account of one typical case will show the system which I think should have the consideration of those who have cases of chronic alcoholism amongst their patients.

A man, aged 47 years, entered the home on August 3rd, 1905; he had been a chronic alcoholic for years and had a distinct family history of hereditary alcoholism. I allowed him to have a certain amount of his favourite beverage, as he was drinking heavily on admission, and started him at once on one teaspoonful dose with about two ounces of water added, every two hours from 9 A.M. till 9 P.M., of the following tonic: Ammon. chlor., gr. i.; aloin, gr. ii.; tr. cinchon. co., ʒ iii.; viburnum cordial, ʒ i. Being in a shaky condition I found that an occasional dose of a mixture composed of ammon. chlor., tinct. cinchon. co., viburnum cordial, tr. capsici, and ext. kolæ liq. was very beneficial. I also gave him four times a day at intervals of four hours five minims of the following hypodermic injection: Daturinæ sulph., gr. i.; strychn. sulph., gr. ii.; acid. boric., gr. v.; aq. dist., ʒ iv. During the first ten days I increased the injection gradually to double this quantity, no unfavourable symptoms being present. I am of opinion that datur. sulph. is much better than atropine, patients suffering far less from their eyes and complaining less of dryness and parched throat.

The injections and tonics were continued for three weeks and during the fourth week of treatment I reduced the number of tonics and number and quantity of injections, until at the end of the fourth week, i.e., the last day of treatment, he received only two doses of tonic and one five-minim dose of injection. Insomnia was treated by means of veronal.

This man had perfect freedom during his stay in the home. After a few days his desire for alcoholic beverages disappeared and by the end of the first week he was practically normal. His brain began to be active and he was anxious to have occupation. He went straight back to his