in hiccough, in alcoholic mania and for the detection of malingerers, there is, to my mind, nothing superior.

I am, very truly yours,

L. L. VON WEDEKIND, M.D., U.S. Navy.

U.S. Naval Hospital, Chelsea, Mass.

PERFORATION OF INTESTINE IN TUBERCULOUS PERITONITIS.

To the Editors of THE LANCET.

SIRS,—The interesting paper by Drs. Fenwick and Dodwell, which appeared in THE LANCET of July 16th and 23rd has recalled to my mind a paper I read before the Leeds and West Riding Medico-Chirurgical Society two winters ago on "Four Cases of Tuberculous Peritonitis, three being treated by Operation," and some suggestions I ventured to make upon them. Two of the cases, one operated upon by Dr. Kilner Clarke and the other by myself, died, the first some six weeks later of fæcal fistula, which developed before the abdominal incision had healed my own case, some months after operation, rupture of the intestine and of the abdominal wound occurring three months after the latter had soundly healed and the patient had been going about. In my case and another on which I successfully operated about the same time diarrhoea was a marked symptom, which nothing in the way of treatment seemed to control. Immediately I had cleaned out the abdomen, however, the diarrhoea ceased and did not recur, the recovery being uninterrupted. I asked if this was commonly the case and if it was unreasonable to suppose that the presence of pus in the peritoneal cavity had not set up such irritation of the intestine as would encourage a settlement of bacilli in an exhausted area, which would be more liable to fall a prey to the germ under these conditions. That there is a close physiological connexion between the peritoneum and the intestines there can be no doubt, and, directly or indirectly, the bowels remove the fluid collections from the peritoneal cavity as from other parts of the body. The singular and immediate cessation of diarrhoea in these and other cases of the operation, the steady improvement in most up to a certain point, seem to lend plausibility to the idea that the intestine being relieved from its overwork is either protected from the formation of a tuberculous ulcer, or is enabled to throw off the disease and recover itself if the products of tuberculous inflammation are removed from the peritoneal cavity before the process has gone too far. In the two cases first quoted this was evidently not the case, but in the second case it was almost done soon enough.—I am, Sirs, yours truly,

GEORGE A. HAWKINS-AMBLER, F.R.C.S. Edin.

July 20th, 1892.

"THE SMOKE NUISANCE IN LONDON."

To the Editors of THE LANCET.

SIRS,—So far from an apology being necessary for introducing at this season the subject of the smoke nuisance in London, I think the community should thank you for the timely remarks of your leading article, for it is now that one of the chief remedies indicated can be most easily applied—the substitution, namely, of gaseous for solid fuel in our houses. Everyone who takes an interest in this important question is aware that many methods have been proposed for obviating the intolerable evils of London smoke fogs. But of all these there can be no doubt, it seems to me, that, according to our present knowledge, means and opportunities, the adoption of gas fires is the most feasible, and one which there is no difficulty in applying during the summer months, when fires are not being burnt. If householders are to wait before adopting a new plan till some ideally perfect substitute is invented for the barbarous and wasteful coal fire, the Greek kalends will be here before London is freed from its annually thickening pall of winter filth. I would therefore urge every inhabitant of this great city to combine to relieve it of what is little short of a disgrace to its appearance and a slur on its reputation. This could be done by bringing pressure to bear on the County Council and the metropolitan M.P.'s, whose successful endeavours would stamp them as true public benefactors. It is wonderful that enthusiasm has not been already aroused. The evils of London smoke and smoke fogs are universally admitted and bewailed: the damage to valuable books, furniture and pictures, the grimy appearance of our public edifices, the greasy black mud of

our streets, the flight of wealthy people from town for many months, the gloomy depressing skies, the choking atmosphere, the pallid looks of the regular denizen, the direct injury to health, increased mortality, the interruptions to traffic, the loss to trade, the dangers of accident, the encouragement of crime, the diminution of sunlight, the consequent decrease of animal and vegetable vitality and other almost innumerable bad results. Is it not strange, then, that the community, though loudly complaining, takes no active steps to heal this ever-magnifying sore? London, which from its size, wealth, position and constitution, is the leading city in the world, seems content at the same time to remain, at least during winter, the most hideous and repulsive. I would appeal especially to the medical profession, which in the past has conferred such immense boons on the people by teaching the remedy for various dangers to the public health, to continue its philanthropic efforts in dealing with the nuisance of London smoke. The field may be wide, but it is worthy the attention of scientific men. There is no reason why the metropolis should not all the year round be one of the fairest and most attractive of towns, and it is equally certain, while coal is consumed in our grates, that it will remain the very reverse.

I remain, Sirs, yours faithfully,

Thurloe-place, S.W., July 26th, 1892. H. R. OSWALD, M.D.

"THE SIGNIFICANCE OF FLY BITES."

To the Editors of THE LANCET.

SIRS,—Having read your annotation on the above subject in THE LANCET of July 23rd, I think the following case may be of some interest to your readers.

S. W.—, aged twenty-five, was admitted to the Devon and Exeter Hospital on July 11th, under Mr. Bell, with the following history. He was a compositor by trade. Eight days previously, when at a beanfeast, he was bitten on the proximal phalanx of the left index finger by a fly, presumably a gad-fly. No notice was taken at the time, but the finger began to swell and the wound to ulcerate, and for three days before admission he had had great pain. On admission the man looked very ill indeed. Temperature 103.6°; respiration 60; perspiring freely. On the finger was a yellowish sloughing wound the size of a two-shilling piece; the hand was swollen and oedematous; there was well-marked cellulitis up the arm; no swelling in the axilla. Examination showed pleurisy at the left base of the lungs. Mr. Bell made free incisions into the arm and wound and ordered copious stimulation; but in spite of all efforts the patient died within eleven hours of admission, apparently of acute septicæmia. Post-mortem examination showed a very fluid condition of the blood and all the organs macroscopically healthy, with the exception of the lungs, which were riddled with very large infarcts and where there was extensive pleurisy at the base. The case is interesting in view of the sad occurrence reported in a former number of THE LANCET.

I am, Sirs, yours faithfully,

Exeter, July 26th, 1892. G. STEWART ABRAM, M.B., B.C.

"CURES" FOR INEBRIETY.

To the Editors of THE LANCET.

SIRS,—Since Dr. Keeley's letter in your issue of July 30th utterly fails to deal with the real question at issue, I fear that most of your readers will consider it unworthy of any reply. As, however, he has introduced my name rather prominently therein and as entire silence on my part might under the circumstances seem strange, perhaps you will be good enough to grant me space for a few words. What I would say to Dr. Keeley is this: If his remedy is a genuine cure for inebriety, and on his own showing it has been used for thirteen years, why does he not prove its efficacy to the satisfaction of the profession in Great Britain by submitting it fairly and openly to the opinion of a committee of British physicians? Does he imagine for one moment that such a committee would refuse to recognise his work or the merits of his drugs, providing the claims he aims at establishing are sustained? Let Dr. Keeley approach the leaders of the profession here in a proper spirit, and he may rest perfectly assured of fair and unbiased treatment. Either his remedies are really useful and deserve praise, or they will not stand the light of investigation.

With regard to the latter alternative I need not proceed further. If the remedies are valuable, then the maintenance of the secrecy now shrouding them is, both professionally and scientifically, indefensible. Analyses, reported here and in America, have failed to detect gold in the composition of the mixtures sold, so that a lack of confidence in the whole system has arisen.

With regard to the charges of inaccuracy which he endeavours to advance as to the narrative of my visit to Dwight, I may mention that I propose dealing with that matter in my work on "Alcoholism and its Treatment," which will be published in a few days. Without bandying words with him, however, I beg to say that it is entirely incorrect that I have said that "three eastern physicians visited Dwight while I was there," &c., or "that I went there to purchase the right of using his remedies in Australia." If I had found that a new and successful treatment was in use there under the same circumstances of openness and professional rule as elsewhere, I should have been quite prepared to bring such treatment before the profession in Great Britain and Australia. I went to the place with that purpose in view and was disappointed with what I found. During the conversation with Dr. Keeley at Dwight he intimated that he would get his nephew (Dr. Keeley) to take me to the treatment hall. A little later we passed into the main building and met Dr. Blaine, "chief of staff," to whom Dr. Keeley introduced me. I accompanied Dr. Blaine to the treatment hall, the nephew having gone out. If Dr. Blaine was an "Irish bottle washer," he deserves praise for the position he has attained to. On the other hand, if he still is entitled to be called a "bottle washer" and fulfils the functions of "chief of staff" as well, he is to be congratulated on the infinite variety of his talents.—I am, Sirs, your obedient servant,

J. E. USHER.

Wimpole-street, W., Aug. 3rd, 1892.

* * A continuance of this correspondence would be as unsatisfactory to the disputants as it would be unprofitable to our readers. We have already, in our desire to be fair, accorded more space to these unprofessional methods of treatment than we had intended, and, so far as we are concerned, the correspondence must now definitely terminate.—ED. L.

THE CHOLERA IN PARIS.

(FROM OUR SPECIAL CORRESPONDENT.)

DR. DAREMBERG, the well-known correspondent of the *Journal des Débats*, has had the courage to declare that genuine cholera prevails in Paris and the neighbourhood. A summary of his article has been telegraphed to the English press, and it completely confirms the information I had already forwarded some weeks ago. Dr. Daremberg says (and this was not mentioned in the telegraphic summary of his article) that Dr. Netter, working in Dr. Proust's laboratory, Dr. Chantemesse in Dr. Cornil's laboratory, and Dr. Roux at the Pasteur Institute, have all found, in the dejections of the Paris cholera patients, the comma bacillus which Dr. Koch discovered in India, which Dr. Straus found during the cholera epidemic at Toulon in 1884 and which Dr. Calmette is now cultivating in Cochin China. It is difficult to see what better proof is required than this; but it is urged that in some case the comma bacillus has not been present. Dr. Daremberg replies that this only shows that other microbes can produce the same choleraic symptoms. In this respect it may be mentioned that Dr. Peter, of the Necker Hospital, has also made bold to defy the authorities in their attempt to conceal the true character of the present epidemic. To him political and administrative considerations are of no concern—he has to deal exclusively with the scientific aspect of the question, and as a man of science he is bound to say that the cases described in official documents as "choleriform diarrhoea" present very clearly marked characteristics of Asiatic cholera. In Dr. Peter's laboratory the comma bacillus was discovered some time before it was found by Dr. Netter. It was on July 5th last that I wrote stating that the comma bacillus had been seen in the dejections of the patients; and in those days it was little short of high treason to make such an assertion. Now, however, its truth can no longer be denied.

Dealing with the cause of the epidemic Dr. Daremberg propounds a theory which is open to question. On the one hand he adopts the germ theory, and yet he condemns the irrigation works at Gennevilliers, where a third of the Paris sewage is utilised for agricultural purposes. He seems to think that sewage farms may become mere cholera beds; but the water of the Paris sewers, after it has been utilised for the fertilisation of Gennevilliers, is collected by underground drains and falls into a brook. On analysis this water is found to be absolutely free from microbes. It is drunk by the visitors who go to Gennevilliers. I have drunk the water and have seen hundreds of other people drink it. The water the people receive who have had the cholera is the water of the Seine and there the sewage has no means of purification, but mixes with the water or forms heavy deposits on either bank. Not only the present epidemic, but the epidemics of 1884 and 1866 commenced in the suburbs of the west of Paris; that is to say, in the districts situated near the portion of the river receiving the principal outfalls of the Paris sewers. The river, it seems, rather than the sewer farm, is the cause of contamination, particularly if we consider that this contamination occurred before the sewer existed.

The number of deaths from cholera in and about Paris are now supposed to exceed 400, yet the epidemic has not yet taken root in Paris itself. In the suburbs it exists only in the north and west of Paris, just by that bend of the Seine which seems to be especially contaminated; but within the walls of Paris the cases are scattered in every direction. For instance, there has been a death from cholera at No. 11, Rue des Isles in the Goutte d'Or district—that is the extreme north—and another at 63, Rue Blanche. This latter is in the centre of Paris and to the south of the other case. A man aged twenty nine died in the Rue Tiphoin, at Grenelle (S.W.), and another in the southern centre of Paris, Rue Notre Dame des Champs. There have been deaths at 3, Rue Rennequin in the Ternes (N.W.); impasse Boudran in the extreme south of Paris; 31, Rue Francois-Gérard, at Auteuil, extreme S.E.; another at Grenelle in the same direction, but not so far. Then there were deaths at Clignancourt, Necker, Porte Dauphine, and Combat, districts which are respectively to the north, the south, the west and the north-east of Paris. I could continue the list, but I have mentioned a sufficient number of cases, all of them ending fatally, to show how scattered is the disease. It has not as yet created in Paris any particular focus, and the cases are as widely spread out in respect to time as they are geographically. This is very different to the experience of the epidemic of 1884 when once it got within the walls of Paris. The disease ran its course in the following manner:—On November 3rd, 1884, there was 1 death, on the next day 3 deaths and the day after 18. The number of deaths for each of the following days was as follows:—On the fourth day, 14; on the fifth, 28; and then, for each succeeding day, 76 deaths, 94, 97, 78, 83, 66, 70, 45, 36, 47, 28, 34, 26, 17, 19, 10, 14, 8, 3, 11, 2, 7, and after that at intervals, a few more cases bringing the total number of deaths up to 955, which, with the cases brought into Paris from the outskirts, made a grand total of close upon a thousand deaths. On that occasion the first cases in Paris occurred in the central districts of the Arsenal, near the Bastille; the Art et Metiers, close to the Boulevard Sebastopol; and the Halles. After that the asylum, or Hôpital Breteuil, in the south-west of Paris was infected and the rag-pickers' quarters in the Cité Jeanne d'Arc.

Warned by the past, the authorities have been looking sharply after the rag-pickers, and have discovered a nest of rag-sorters in the Clichy district, who were living in such conditions of filth and overcrowding as to seriously endanger the public health. These unfortunate people have received peremptory orders to quit their present quarters, and they have only been allowed ten days to remove. But they cannot find any other lodgings. No one will take rag-pickers as tenants; also their trade does not bring in sufficient profit to enable them to pay high rents. As it is, they only pay from 1s. to 2s. a week for a room and some 3s. a week for a ground floor of two rooms, where they accumulate and sort the rags, paper and the other refuse they pick up in the streets. It is difficult to blame these rag-pickers for their endeavours to utilise waste products; but undoubtedly they render the houses in which they live filthy and unhealthy. Such people fall ready victims to any epidemic—they were the principal sufferers at the last cholera epidemic—and it is only natural and right that the authorities should take measures against them. At the same time their lot is a hard