From my experience, extending over three plague epidemics during the course of which I have had opportunities of observing nearly 5000 cases of plague, I must unhesitatingly say that if there is any line of treatment that is likely to reduce the high mortality from plague it is that by Professor Lustig's serum. Where the serum does not avert death it ameliorates the symptoms and most certainly prolongs the life of the patient. No serum treatment in India can show such brilliant results as those of diphtheria antitoxin in Europe and America, because of the difference in the nature of the two diseases and because it is the rule to treat cases early in diphtheria whereas it is the exception in cases of plague. We rarely receive patients earlier than at the third or fourth day of the disease and as this is the period of the greatest fatality in plague it becomes self-evident under what circumstances the serum is tried. So far, however, the results are encouraging, for it is not claimed that the serum which is now prepared is the best or strongest or that it could not be improved upon.

How differently the serum acts in cases taken early is shown by the fact that amongst cases treated by private practitioners in Bombay the mortality rate was only 40.90 per cent., and these comprised cases without any attempt at "selection." If therefore the serum is valueless this low mortality must have been due to some other cause and certainly not to serum! Would your Special Correspondent enlighten me as to what it was due to, for the serum, he alleges, has a tendency to increase the mortality and not to lower it?

The serum treatment has long since passed the experimental stage, and I am of opinion that if the mortality could be reduced by even 10 to 15 per cent. in the class of cases admitted into our public plague hospitals the results should be considered satisfactory. Better results could only be hoped for in patients taken in hand early—say within from 24 to 48 hours of the beginning of the symptoms.

I am, Sirs, yours faithfully,
N. H. CHOKSY.

Arthur-road Hospital, Bombay, June 17th, 1899.

* * Dr. Choksy is wrong in thinking that our correspondent is ignorant of things which have occurred in Bombay because he happens to have written the particular communication from Calcutta.—ED. L.

"THE SMOKE NUISANCE."

To the Editors of THE LANCET.

SIRS,—In an annotation on the above subject in THE LANCET of July 1st, p. 39, you say: "It is odd that public opinion has only recently awakened in this matter and we may include ourselves amongst those who initiated this very desirable crusade." This is perfectly true and your columns for years have shown that the smoke nuisance is a serious one and injurious to public health and that the Public Health Act enables authorities to deal with the nuisance. It is regrettable, however, that so little is done by public health authorities who have the carrying out of this Act, especially as it has been pointed out many times that the nuisance is one which it is possible to abate. Practically, however, very little is done in the country. In a few places where private individuals have taken up the matter and prosecuted something has been done, such as in Chadderton near Oldham, Middleton, and Bolton, and in some places where smoke abatement leagues have been formed. Some large cities and towns, like Manchester, Liverpool, Oldham, Bolton, &c., take action and are doing something to stop this nuisance, but many towns are simply satisfied with fixing a limit and having reports sent in from their inspectors, whilst many others have done nothing at all. Well, I would ask what is the use of one local sanitary authority using its best endeavours to carry out the law of the land and an adjoining one simply looking on and doing nothing—nay, saying "they wish they could see more black smoke"?

The smoke nuisance will never be fairly tackled till some independent body takes the matter up. Why could not the Home Office have power to appoint inspectors just as we have inspectors under the Alkali Acts and Factory Acts? Or county councils might be empowered to appoint inspectors for each administrative county, these inspectors being allowed to take action when they find the nuisance exists.

Then and not till then, shall we have any satisfactory abatement of the smoke nuisance.

I am, Sirs, yours faithfully,

WM. BERRY,
Wigan, July 1st, 1899. Medical Officer of Health of Wigan.

"REGISTRATION OF COLONIAL DEGREES."

To the Editors of THE LANCET.

SIRS,—On April 29th you were kind enough to publish a letter from me stating that the General Medical Council, acting on the advice of Mr. Muir Mackenzie, had passed a resolution confirming the action of the Registrar in refusing to register the diploma of F.R.C.S. Irel. as an additional qualification on the Colonial List and I stated then that I had appealed to the Privy Council on behalf of the applicant. The appeal, I am glad to say, has been successful and I have just received a communication from the Privy Council Office informing me, by direction of the Lord President of the Council, that the General Medical Council have intimated to his Grace that on June 6th they resolved to accede to the application and have directed the Registrar in future to register additional or higher qualifications on the Colonial List.

I have not yet received any intimation from the Registrar of the General Medical Council, but I see in the report of the proceedings that Mr. Muir Mackenzie stated that his first opinion was given without a full knowledge of the facts before him. In my appeal to the Privy Council I did not in any way add to the application made to the General Medical Council, which, I take it, should have been submitted to Mr. Muir Mackenzie when his opinion was asked, as refusal to register a qualification might and probably has inflicted injury on an applicant legally entitled to registration. Thanking you and the members of the General Medical Council who assisted in effecting this registration,

I am, Sirs, yours faithfully,
CHARLES FREDERICK KNIGHT, M.D. R.U.I.
Edinburgh, June 29th, 1899.

"THE ROYAL ARMY MEDICAL CORPS MANUAL."

To the Editors of THE LANCET.

SIRS,—The reasons why credit is claimed by the staff of the Volunteer Ambulance School of Instruction for the new method of placing wounded on stretchers are that this method was submitted by me on behalf of the school through the usual channel in July of last year. It was tested later by army medical officers, adopted after a minor alteration, and now appears in the new manual.

I am, Sirs, yours faithfully,
REGINALD SLEMAN,
Surgeon-Captain Army Medical Reserve, Instructor Volunteer Ambulance School of Instruction.
Portman-street, W., June 30th, 1899.

A CHANCE WHICH MAY NOT RECUR.

To the Editors of THE LANCET.

SIRS,—Notwithstanding the vast extent of the British colonial empire and the varied nature of the climates embraced by it no portion of that great dominion which possesses a climate suitable for invalids is readily accessible at the present rate of ocean travel. What an inestimable boon would it not be to thousands were the British Government able to secure even a few square miles of territory favoured with an equable temperature and brilliant sunshine within five or six days' sail of Plymouth and to which patients could resort without feeling that they were expatriated.

If Spain be willing, as is rumoured, to part with one or other of the Canary Islands an opportunity presents itself which if lost may never recur. Not to mention Teneriffe or Palma, acquisition of one even of the smaller islands as a sanatorium would be of the greatest advantage to the people of the British Islands, and not without importance as a coaling station for steam vessels navigating the South Atlantic and Indian Oceans.

The prospect of an escape on easy terms from the humidity and gloom of our long winter months, and a springtime accentuated by the biting and deadly east wind,