with the private trade. The Marquis of Hartington said the object of the Government in introducing cinchona into India was to provide an abundant supply of a cheap febrifuge in the country. Almost all the bark produced in the Bengal plantations was manufactured in India for use there, but difficulty had been found in treating the produce of the Madras plantations in the same way as that of the Bengal plantations. For this reason the greater part of it was sent to England, and it was believed that the sale of this bark had established a reputation for the Indian growths to the great advantage of private growers; but an experiment was now being made on a large scale with a view to its manufacture in England on Government account, and if that experiment were successful it was probable the sale would be discontinued.

Small-pox Statistics.

Mr. Puleston asked the President of the Local Government Board whether he could give any statistics showing the extent of the present small-pox epidemic; whether this disease was more prevalent than in former years; and if it was, whether he would cause such temporary hospitals to be erected for small-pox patients as were put up during the epidemic of 1877. Mr. Dodson replied that at so short a notice he could not give precise statistics on the extent of the epidemic, but up to the present time it had not been fatal in any appreciable degree except in the metropolis. It was unfortunately more prevalent in the metropolis than on an average of years. As compared with recent epidemics, it was believed that the present would about rank with 1877-78, or 1866-67; but it was not anything like as fatal as that of 1871-72. The Board had recommended the local authorities to provide temporary accommodation as far as practicable, and that had already been done, or was in progress in some instances.

Correspondence.

"Audi alteram partem."

"MISSED LABOUR."

To the Editor of THE LANCET.

SIR,—I venture to ask your indulgence for a few words in reference to the editorial comment in your last issue upon my case of so-called "missed labour." You cite "the ingenious theory of" my friend "Dr. Roper, that cases of missed labour are cases in which rupture of the uterus had taken place, and the child had escaped through the rent into the surrounding tissues or abdominal cavity. In the case observed by Dr. Barnes, he seems to have convinced himself that the foetus was in the cavity of the uterus by the introduction of the hand into that cavity.....The theory of Dr. Roper is not incompatible with Dr. Barnes' observations, and the question cannot be settled but by careful post-mortem investigation."

I do not think it judicious to exclude Dr. Roper's hypothesis as explaining some cases; but as applied to my case I submit that it is rather far-fetched; it is an example of that fallacy in logic which seeks to substitute for a simple and natural explanation one that is extraordinary and improbable. I cannot accept this explanation even from Dr. Roper, to whose clinical sagacity I am indebted for much knowledge.

To argue that the question can only be settled by post-mortem examination is really to beg the question. In such cases as may be explained by Dr. Roper's theory death is a probable issue, and the opportunity of dissection may arise; but uterine pregnancy generally terminates in recovery, and happily dissection cannot be appealed to. I submit that my patient recovered because the gestation was uterine.

Deeply as the case interested me, and difficult as the pathological problem it presented seemed to be, I confess I was not anxious to solve it by a post-mortem examination. The solution given by repeated and varied examinations during life and the issue in recovery satisfies alike my ambition as a physician and my curiosity as a pathologist.

I am, Sir, yours &c.,

Harley-street, April, 1881.

ROBERT BARNES.

CYSTICERCUS IN THE BRAIN.

To the Editor of THE LANCET.

SIR,—In THE LANCET of Saturday last Dr. Flint, of Scarborough, published an interesting case of cysticercus cellulose in the ventricle of the brain occurring in a boy aged seventeen; giving rise to no marked symptoms during life, but apparently causing almost sudden death with acute and peculiar cerebral symptoms. As Dr. Flint seems to consider his case almost as unique as it is interesting, it seems to me worth while to refer to two others, notes of which were published with drawings of the specimens in the Transactions of the Bristol Medico-Chirurgical Society, 1878.

The first occurred in my own practice, and was published by me in 1859. The patient was a woman, aged twenty-nine. Otherwise healthy, strong, and active. For eighteen months she suffered from gastric irritation with vomiting and headache, with great febrile excitement when the attacks—seldom absent more than a few days—came on. Various forms of treatment had been tried by Dr. Mortimer Granville, under whose care she was, but without much benefit, change of air and chalybeates alone seeming to procure any abatement in the symptoms. Subsequently she became my patient in the infirmary. She could not bear to lift her head from the pillow on account of a dead, dull, heavy pain and sense of weight, nor move it because of excessive pain and stiffness in her neck. Subsequently she stated she could not open her eyes, and had all the appearance of being very hysterical; and, being strongly impressed with the idea that she was dying, returned home. Five days afterwards, while supposed to be sleeping, she was found to be dead. A cyst about an inch in diameter was found lodged in the fourth ventricle, the roof of which was much softened. The cyst contained a white semi-opaque mass, a quarter of an inch in length, and what appeared like a twisted tube protruding from it, containing fluid. On removing the end of this tube it was seen to contain the head and neck of a tænia about a quarter of an inch in length. The head has four suckers, and the corona of hooklets characteristic of tænia, and the neck, which is clearly and distinctly segmented, ends in a sort of bulb.

The second case occurred in the practice of Dr. Shingleton Smith at the Infirmary, the patient being a girl sixteen years of age. She had complained for a month, but only gave up work as a servant a week before admission. The first symptom noticed was headache frequently recurring; her look was healthy, but she seemed listless and apathetic. She became subject to attacks of severe pain across the forehead lasting only a few minutes, with flushing; then copious perspiration and a short sleep; vomiting frequently followed an attack. After six weeks the attacks were followed by drowsiness; pulse 40 to 50; then an attack of convulsions affected the right side, and the vomiting was frequent. In a second attack of convulsions she died. A cyst was found in the lateral ventricle, loosely attached to the choroid plexus. It consisted of an abdominal sac three-quarters of an inch in diameter, with an elongated projection half an inch in length; a thin layer of membrane enveloped the whole length of the head and neck, and obscured the suckers and hooklets. A dark spot, however, could be seen at the distal end of the narrowed part of the object, which, with a pocket lens, resolved itself into a dark central mass, with four smaller ones arranged around it.

My object being simply to afford your readers an opportunity of comparing these two cases with that published by Dr. Flint, I refrain from alluding to the several points of interest such comparison seems to afford.—Yours, &c.,

F. BRITTAN, M.D.,

Clifton, April, 1881. Consulting Physician, Bristol Royal Infirmary.

"THE CONSULTATIONS OF DRS. QUAIN AND KIDD."

To the Editor of THE LANCET.

SIR,—In your issue of the 9th inst. I noticed some remarks elicited by the consultation between Dr. Quain and myself upon the illness of Lord Beaconsfield, in which you question the professional morality of the proceeding and challenge a justification of our conduct. Speaking for myself, may I tender the following reply?

1. Although, to quote your own words, "a reputed homœo-

path," I desire once for all to disclaim any such special party designation. Four years ago I resigned all connexion with the Homœopathic Hospital and Society. In a very extensive practice during thirty-four years I have always adopted that course of treatment which my own experience has taught me to be most effective for the cure of my patients. Herein I claim simply to have acted as any man does who is not bound by the trammels of a merely mechanical routine. Like other practitioners, I use the drugs of the British Pharmacopœia, but in many cases I have learned from experience that what are called homœopathic remedies may be usefully prescribed. Such remedies I freely use in suitable cases and according to my own judgment. I do not prescribe infinitesimal doses, nor according to the caprice of my patients.

2. With regard to the co-operation of Dr. Quain with myself, the facts are as follows:—A valuable life was at stake, one precious to her most gracious Majesty the Queen, and to many millions of her subjects. I had been enabled for nearly four years to afford prompt and effectual relief to that illustrious man in many severe illnesses. From the first moment of the present attack I recognised its gravity and danger. For ten nights and days I bore the strain of incessant attention, then her Majesty wished that the responsibility of so momentous an illness should be shared in consultation. I was asked to arrange it. Knowing the satisfaction it would give her Majesty to have Sir W. Jenner's co-operation and opinion, I at once wrote to him. Without inquiring as to the manner in which I was treating the patient, Sir W. Jenner declined to meet me, on the ground that (quoting his own words)—"holding as you and I do different views as to practical treatment, I do not think Lord Beaconsfield's interest could in any way be served by our meeting in consultation; on the contrary, it could not be without risk to him." Before receiving his answer, however, Lord Beaconsfield expressly desired to see Dr. Quain. He communicated with me as to how I was treating the case, and upon receiving my assurance that it was not homœopathically, he without hesitation visited the patient, and so fulfilled the spirit (to use your own words) of that boast of the medical profession that in the hour of sickness it recognises only humanity in need of succour. In this way Dr. Quain and I did not work together without being agreed, nor did either sacrifice his convictions to effect the co-operation. On the contrary, Dr. Quain's great skill was thus made useful to our illustrious patient, and my intimate knowledge of his constitution and of the disease was as helpful to Dr. Quain.

3. As to the rules of professional etiquette which you maintain have herein been violated, it is impossible within the limits of this letter to discuss the entire question, but of this at least I am convinced, that if that "boast of the medical profession"—which you so fully endorse—is henceforth to remain a living principle of conduct, we must be guided not by the misleading flicker of prejudice and jealousy, but rather by the clear and convincing light of humanity and common sense.

Believe me, yours faithfully,

J. KIDD, M.D.

George-street, Hanover-square, April 12th, 1881.

* * Then there must be strange errors in the published reports of the Homœopathic Hospital. The report for 1879–80 lies before us, and in it we find Dr. Kidd's name as a "Benefactor," in addition to which he is credited with a donation for 1879, and another for 1880. Until recently the name "Joseph Kidd, M.D., M.R.C.S.," appeared *first* in the List of the "Medical Council" of the Hospital. Again, in the "British Homœopathic Medical Directory, 1881," under the head "List of Qualified Physicians and Surgeons practising Homœopathy," &c., we find Dr. Kidd's name and address with the hours at which he may be consulted at his professional residences. His name also appears under the head "Homœopathic Practitioners," in the "Plain Directions for the Treatment of Common Complaints," and Homœopathic Medical Directory, issued by Messrs. Leath and Ross, Homœopathic Chemists. Those facts need explanation. We cannot discuss the question of ethics—we cannot call it etiquette—with Dr. Kidd. We differ on fundamental principles; and to these principles as set forth in our article of last week we adhere.—ED. L.

ABERDEEN.

(From our own Correspondent.)

ON April 1st an outbreak of a disease presenting many features of novelty occurred in Aberdeen, breaking out nearly simultaneously in several families, and attacking a considerable number of individuals in each. Cases occurred in rapid succession in all parts of the town, until by the 8th of April about fifty families and over a hundred and fifty individuals had been affected. At first it was somewhat puzzling to account for the outbreak; but after a day or two it became apparent that it was connected with the milk supply, and the further observation of the disease confirmed this impression, for the families affected were scattered widely over the town, and had only one thing in common—viz., that they all obtained their milk from one large dairy farm in the neighbourhood of the town. Inquiry has shown that about one-half of the families obtaining milk from this source have been infected, while no similar cases (as far as is yet known) have occurred elsewhere in the town.

The symptoms in most cases have begun suddenly with a sharp onset of fever—chilliness followed by hot dry skin and high temperature,—the thermometer frequently marking 103° and 104°, and sometimes even nearly 105°. Headache and pain in the back, particularly the former, have very uniformly been present, and sometimes the headache has been very severe and persistent. In one or two cases delirium has been present. Along with the headache there has usually been more or less sickness, and very often vomiting, after which the stomach has remained inactive, food being refused, and this condition remaining till the disease has passed away. The tongue at first coated with a white fur, not usually very thick, and in cases where the symptoms were prolonged, and especially where much weakness was present, it became dry and brownish. The pulse rose at once at the commencement of the attack, and ranged usually about 100, but in weakly patients it rose to 120, and even somewhat higher. Sore-throat has uniformly been present to a greater or less extent. This has begun with a feeling of stiffness and soreness about the angle of the jaw, and a difficulty in swallowing or a feeling as if something were in the throat. The fauces have been more or less reddened, sometimes but slightly, at other times brightly injected, but without any appearance of exudation, and generally with little, often no swelling, the redness extending over the uvula, the lower margin of the soft palate, the tonsils and pillars of the throat, and occasionally the back of the pharynx. Externally there has been marked swelling behind and below the angle of the jaw, sometimes on one side only, sometimes on both, and not unfrequently appearing on one side, and after that subsided, appearing on the other. In a few cases a herpetic eruption has shown itself about the lips and inside of the mouth. In one or two cases there was a slight attack of diarrhœa, but it appeared to be merely a casual complication. In one case the lymphatic glands at the lower part of the neck were enlarged, and in another the right inguinal glands were enlarged. The period of greatest severity of the attack has been the first twenty-four or forty-eight hours, after which the symptoms gradually subsided. Relapses, however, have been frequent, especially when the swelling, after subsiding on one side of the throat has shown itself on the other; but usually the second attack has been less severe than the first. Whether any sequelæ may occur remains to be seen; but a considerable number of the cases seem now to be convalescent, having lasted from three or four to five or six days. Where the system was previously weak the disease seems to have been most prolonged; or perhaps it might be more correct to say that the subsidence of the attack has left more or less debility and prostration, from which when the patient was weak, and especially when he was elderly, there has been considerable difficulty in obtaining restoration. One fatal case has occurred, and it is not improbable that others may have to be recorded.

A careful examination is being made into the cause of the outbreak, and until that is completed it would be premature to offer any decided opinion on the subject. In the meantime, however, it may be stated that the cows (forty-six in number) at the dairy farm whence all the families attacked receive milk, seem in excellent health; that no addition to the dairy stock has been made since November; that the byres are