to sugar the death of a person who had accidentally taken sugar which was mixed with oxalic acid. Jenner's great law "that the protective principle must be introduced into the system before the disease it is used for breaks out" is no law at all and it would be interesting to know whence Dr. Brown obtained it. Possibly from another of his own unpublished works. In any case, the attempt to draw a parallel between scabies and diphtheria does not tend to inspire confidence in the deductions in general of the writer.

I am, Sirs, yours faithfully.

Old Kent-road, S.E., July 23rd, 1902. EDWARD C. BOUSFIELD.

To the Editors of THE LANCET.

SIRS,—Dr. G. Brown's letter in THE LANCET of July 19th expresses the reliance to be placed on bacteriological diagnosis and treatment by antitoxin as premature, and for my part I believe he is right and I think that this view is shared by many practitioners in the borough. What can be said of the following experience? Three of a family one after the other were attacked with sore-throat and exhibiting all the signs of diphtheria. The medical officer of health was notified who subsequently took swabs from two of the family. Afterwards he declared the results were negative. Within the past four months I took swabs from four cases, all showing clinical signs of diphtheria, and in each case the medical officer of health of Colchester, who took charge of the swabs, returned the report marked "No result."

With regard to treatment by antitoxin, I have examined three cases of children who were subjected to the remedy a few months previously. At the time of examination I found two suffering from albuminuria and one from albuminuria and bronchitis, from which latter it died. It may be said that these diseases will exist no matter what is done. Well, that is so, but it is peculiar that a remedy such as antitoxin, praised as infallible, should leave a grave sequel such as the above. In the town of Colchester two medical men almost went mad over the treatment on public platforms and by long letters in the lay press condemned all but antitoxin, which latter was, in their opinion, specific. It is grave to think that men of long experience in epidemic disease and who love their profession should not be permitted to have an opinion other than that manufactured for them. Antitoxin may be good; but is it possible that other treatment might also be good?

I am, Sirs, yours faithfully,

Colchester, July 23rd, 1902.

H. WHITBY.

* * Dr. Brown's attitude towards the antitoxin treatment of diphtheria having been commented upon in our columns we considered it right to allow him to state his views. A similar desire to hear both sides induces us to publish Mr. Whitby's letter. We have already declared, in connexion with Dr. Brown's position, that it is impossible for us or anyone to lay down that a certain therapeutical proceeding is the one and only proper course to be pursued in any disease. But Dr. Brown called the use of antitoxin in diphtheria "bowing the knee to medicinal Baal," which was an unfortunate attitude for a medical officer of health to assume towards the treatment which happens to be accepted by practically the whole medical world as valuable.—ED. L.

PATENT FOODS.

To the Editors of THE LANCET.

SIRS,—In the lecture delivered by Dr. Robert Hutchison, and reported in your issue of July 5th, p. 1, I note that with regard to Mellin's food, the lecturer is reported to have said: "Mellin's may be used, but it is extremely poor in fat." A moment's reflection and doubtless Dr. Hutchison would have added: "Which is supplied by the milk or cream with which the food is directed to be made."

I am, Sirs, yours faithfully,

WALTER SCOTT, M.R.C.S. Eng., L.R.C.P. Edin., &c.
Tulse-hill, S.W., July 16th, 1902.

CIDER AND GOUT.

To the Editors of THE LANCET.

SIRS,—There is a letter on the above by Dr. T. Dobson in THE LANCET of July 19th, p. 182, in connexion with which I may say that many years ago, whilst living in

Somersetshire, one of our cider counties, I made some investigations on this subject, the results of which were published by Dr. (now Sir) Alfred Baring Garrod in the second edition of his "Gout and Rheumatic Gout," p. 592 (Walton and Maberly, London, 1863), and which may be summed up as follows. *Sound* cider—i.e., cider of low specific gravity—completely fermented and containing neither acid nor sugar, is equivalent to a sound and *dry* wine and may be taken by the gouty with benefit, whereas, on the contrary, *sweet* cider, like imperfectly fermented beers, ales, and wines, is hostile to those disposed to gout on the principle that when *sugar* and *alcohol* meet in the stomach they become mischievous.

This subject I referred to again more fully in an unsigned article I wrote for Dr. Robert Druitt which he published in the *Medical Times and Gazette* of April 27th, 1867, under the heading "Cider for India."

I am, Sirs, yours faithfully,

July 22nd, 1902.

ALFRED HAVILAND.

MALARIA (?) IN THE LOWER ANIMALS.

To the Editors of THE LANCET.

SIRS,—When in London I always endeavour to spend an hour or so in that delightful and creditable national institution—the Natural History Museum. Last week I had the privilege of visiting it and of seeing for the first time that most beautiful case containing the biology of the mosquito, the modelling of which is so inimitably done by a lady. On the descriptive letterpress attached I read, "Malaria is a disease peculiar to man," and my object in writing to you is to ask, is this an established fact? Because, when up in an arid, shaly, treeless district of Afghanistan we had over 100 cases of virulent malaria which I recommended to be moved down to shade and grass for milch cows. Our excellent commissariat officer, who, like General French, not only "never made difficulties," but would never *see* any, and who got me the cows from Heaven knows where, asked me to see his favourite down-country pony which had regular rigors followed by profuse sweating. I concluded, rightly or wrongly, that it had this severe malaria, and I proceeded to give large quantities of quinine in rum and frequent gruel; and although it resisted these at first, it soon whinnied when it heard my step and, unable to stand, held up its head, and sucked down its "bottle" and completely recovered. Now was not this really malaria? It had all the symptoms of it and quinine undoubtedly cured it. I may add that in that "sick camp" I had many interesting experiences as to the value of local herbs in endemic diseases.

I am, Sirs, yours faithfully,

July 21st, 1902.

W. M. H.

NOTES FROM INDIA.

(FROM OUR SPECIAL CORRESPONDENT.)

The Plague Epidemic.—The Monsoon.—Cholera and Plague Inoculations.

THE plague epidemic has sunk to almost insignificant interest. During the last fortnight the mortality has declined with rapidity, but we have apparently reached, if not passed, low-water mark, because there has been a slight rise again almost everywhere. For the week ending June 28th 1634 deaths were returned as due to plague, as compared with 1294 for the previous week and with 321 for the corresponding week last year. The Bombay Presidency had 554 deaths, as against 279; the Punjab 1026, as against 721; Karachi 12, as against 19; Madras Presidency 32, as against 22; Bengal 57, as against 27; the United Provinces 33, as against 39; and Mysore 170, as against 139. This slight and general rise is coincident with the commencement of the rainy season but is not necessarily to be attributed to it. I may remark once more that plague outbreaks seem quite independent of season (rain, sunshine, cold, or heat), of altitude, or of climatic conditions generally.

The monsoon, which it was at first thought would be at least an average one, has largely failed and the prospects are now most unfavourable, especially for Western India.

Inoculation for cholera, like that for plague, has lamentably fallen off, not from any decline in its value, but apparently from the indifference of authorities and because it is left optional to the labourers as to whether they will avail