On one line I was in sole medical charge of close on a thousand emigrants. I, who had never vaccinated, had to vaccinate by the hundred; never having given an anæsthetic I chloroformed and performed minor operations at the same time; not having seen fever rashes I had them to diagnose, and it was a nice point, indeed, to differentiate vaccinia, varicella, variola, and varioloid. Then, again, a breech presentation with uterine inertia in a gale of wind, with a big beam sea, afforded considerable physical as well as mental exertion. On ships going East skin eruptions on Chinese coolies are extraordinary and amazing and the vagaries of malaria are still more so to the inexperienced. On one ship I sat officially at the head of a table with a bishop and his daughter on my right hand and a couple of American low comedians, fond of cognac in their coffee, on my left. This, too, was instructive. Another point of view educationally is of importance—viz., the art of playing poker. At first your month's pay and more—much more—vanish, but at the year's end, *experientia docet*, as it does in most things.

A life at sea for a year or two is good for a man. On some ships there is little or no work, on others a great deal too much, but he leads the life of a gentleman if he is one, lives well, sees the world, is not bound by service rigidities, and his horizon is considerably broadened. The "great green mother" brings forth memories pleasant in after life. "Abject" is an asinine adjective (what the user thereof is must be left to logic) to apply to "steamship doctors," unless, of course, they suffer from sea-sickness when it is æsthetically appropriate. "*Cœlum, non animum, mutant, qui trans mare currunt.*"

I am, Sirs, yours faithfully,

J. E. S. BARNETT, F.R.C.S. Eng.

Kingston-on-Thames, July 14th, 1902.

HORSE-DUNG IN LONDON STREETS.

To the Editors of THE LANCET.

SIRS,—That the horse is a nuisance in the streets is beyond doubt, but how great a nuisance has not yet been shown. On several occasions I have noticed that the deposit of manure from London stables on fields in the open country has been followed by outbreaks of diphtheria in the scattered cottages near by. Town medical men attribute summer sore-throats to the dryness of the wood pavements which are constantly fouled with horse droppings, and I would suggest to those occupied in bacterial research the advisability of an inquiry into the possibility of the propagation of diphtheria through infected discharges from an animal immune to the disease by inoculation.

I am, Sirs, yours faithfully,

H. BEALE COLLINS.

Health Department, Kingston-upon-Thames, July 19th, 1902.

To the Editors of THE LANCET.

SIRS,—Your suggestion that "some form of light scavenger, motor-propelled" might be employed to remove speedily horse-dung from London streets, seems to me much more practically useful than that of Dr F. E. Fremantle who advocates the total suppression of horses and the general introduction of motor cars. "The horse," says the latter, "is no longer a necessity; to its owner he is a luxury, and to the public he is a nuisance." It is obvious to any schoolboy that four-fifths of London horses are not luxuries to their owners, and as compared with the nuisance of motor cars, as at present constructed and run, horses are positive comforts. Where motor cars, as in Paris and the Riviera, are much driven the public regard them as pests, which scare them, smother them with dust, and tax all their resources of nerve and muscle, to avoid. They are, withal, very ugly (especially their occupants), noisy, and unhealthy. Till motor cars supplant horses something more radical and resourceful than the present system of merely watering the gutters wants doing in London streets. Might not the pathways sometimes be swept and cleansed in dry weather, and might not successors be found for the smart little street boys whose disappearance with their dust-pans is so much missed? On returning to London from abroad one is always struck by the excellent paving of the London roads, and the way in which their hygienic merits are neutralised by the straw-laden atmosphere, due to the constant circulation of desiccated and neglected horse droppings. Now that you have called

attention to this defect it is to be hoped that something may shortly be done to remedy it.

I am, Sirs, yours faithfully,

Ashley-gardens, S.W., July 21st, 1902.

D. W. SAMWAYS.

THE TREATMENT OF INTRA-PERITONEAL ABSCESS OF THE APPENDIX.

To the Editors of THE LANCET.

SIRS,—One important point raised by Mr. F. C. Wallis's paper on the above subject in THE LANCET of July 19th, p. 145, touches the use of natural sponges in abdominal surgery. Mr. Wallis says marine sponges should not be used, and recommends Gamgee tissue, both for the purpose of protecting the sound peritoneum and for cleansing the abscess cavity. It is only the importance of small matters in practical surgery that makes me desire to record my conviction that for abdominal work well-chosen marine sponges *when properly prepared* are better from every point of view than any artificial sponge. They leave no fibres or fragments behind—a drawback that every substitute made of gauze and cotton-wool is bound to have. Such fibres or fragments are foci for re-infection in cases where pus is present. Marine sponges when moist with sterile salt solution absorb liquids more readily than "absorbent" wool and they are less harsh and less likely to injure the delicate endothelial covering of the peritoneum than are any swabs covered with gauze. The only real drawback to the use of marine sponges that I know is the trouble which they give in preparation—a process which the surgeon should be personally responsible for.

I am, Sirs, yours faithfully,

Portland-place, W., July 19th, 1902.

J. JACKSON CLARKE.

DIPHTHERIA AND ITS TREATMENT AT COLCHESTER.

To the Editors of THE LANCET.

SIRS,—It seems barely possible to imagine that the letter of Dr. George Brown in THE LANCET of July 19th, 1902, p. 182, is intended to be taken seriously, and yet if it be intended as a satire on those who still refuse to believe that bacteriological examination and antitoxin are of any use in diphtheria the satire is too delicate for my perception. There is scarcely a statement in it which even borders on correctness. "Remove the cause and the effect ceases." Yes, remove the diphtheria bacilli from the throat and of course there will be no subsequent paralysis, provided they are removed *before they have got there*. In no instance is it probably less correct to apply this maxim. It would be as reasonable to say "remove the cannon-ball and the house it has knocked down will re-erect itself."

Dr. Brown's account of the morphology of the epithelium of the naso-pharynx is ridiculously at variance with facts, and his knowledge of the functions and distribution of ciliated epithelium and of its physiology in general must be derived from an unpublished work of his own, for certainly it is shared by no one else.

I have always thought that the finding of a specific for a disease, a remedy which could be relied on to cure, was the highest development of either medicine or surgery. Dr. Brown evidently prefers to have several strings to his bow. It might have been thought that the discovery of a remedy which would cure every one of 375 cases of diphtheria treated with it on the first day had some claims to be considered an advance in medicine. Dr. Brown has come to judgment, and we who believe in and advocate the use of antitoxin and are foolish enough to think that there is good in it must hide our diminished heads.

If I transgress the courtesies of debate I am sorry, but every letter like that of Dr. Brown means the encouragement of others of the same way of thinking, of whom the number is still lamentably large. The statements about "tetanus, severe urticaria, and other serious maladies" are the kind of thing which one might expect to meet with in the columns of the *Anti-vaccinator*, but scarcely from a medical man of good standing discussing a scientific subject in a fitting spirit. Will Dr. Brown be good enough to mention a few, say half a dozen, of the "other serious maladies?" That tetanus has followed when tetanus bacilli were contained in the serum is unfortunately true, but it is no more fair to charge antitoxin with the result than it would be to attribute

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