As regards my own case, however, very briefly alluded to in the Transactions of the International Medical Congress (London, 1881) and afterwards published by Dr. McCall Anderson, I cannot quite submit to allow its relevancy to be brought into question on the grounds stated. It is true that I gave no extended description of the case, for I had no cognisance of it except at the one visit in consultation. But I affirm now with the utmost confidence: (1) that the disease was recognised during life both by myself and Dr. Maclaren of Glasgow as having all the constitutional symptoms of Addison's disease; (2) that this was confirmed later by Dr. McCall Anderson, who had at an earlier stage regarded the pigmentary changes as vitiliginous (as indeed they assuredly and typically were); and (3) that the examination after death made by the late Dr. Foulis of Glasgow in full knowledge of the diagnosis, and with every possible care as regards histological details revealed exactly the state of the adrenals regarded by Sir Samuel Wilks himself as characteristic of Addison's disease. I am not concerned at present with the other elements of doubt cast on Addison's observations, but I venture to continue in the belief that the "law of nature" alluded to by Sir Samuel Wilks as regards the continuity of the pigmentary change will have to submit to some further "apparent exceptions" before we can be considered as having quite done with the subject.

I am, Sirs, yours faithfully,

Penmaenmawr, N. Wales, July 30th, 1900. W. T. GAIRDNER.

"RODENT CANCER OF THE CORNEA."

To the Editors of THE LANCET.

SIRS,—The "rare chronic creeping ulcer of the cornea" spoken of by Mr. Nettleship does not differ from the condition described in my case simply because it is one and the same thing. A reference to my article will show that I used the terms "rodent ulcer" and "rodent cancer" as interchangeable. The reasons for my assuming malignancy in the ulcer were: (1) age of patients (nearly always late middle life); (2) the raised sinuous undermined edge of the ulcer and its chronic course; (3) nothing but destruction of the growing edge by the cautery appears to be able to arrest the progress of the malady; and (4) the one pathological examination of which I can find any record is that of Schmidt-Rimpler who describes appearances not inconsistent with malignancy. Perhaps the most suggestive points about Mr. Nettleship's "chronic creeping ulcer" are that lymphatic glands are not invaded; that the condition remains local; and, above all, that it does not recur after complete removal. These are cardinal features of the cutaneous rodent ulcer, which is nowadays admitted on all hands to be carcinomatous. They were present in my mind when I spoke of the condition as "rodent cancer of the cornea," although we must all admit that at present the etiology of the disease is a matter of speculation. Mr. Nettleship speaks of the "chronic creeping ulcer of the cornea" as "somewhat rare," whereas in my original article I called it "one of the rarest affections of the eye." My reasons were: (1) not a single identifiable case can I find either in periodical English literature or in the Transactions of the Ophthalmological Society of the United Kingdom; (2) during the last 10 years there appear to have been only five recorded cases—namely, four by Dufour (*Société Française d'Ophtalmologie*, May, 1897), and one by Schmidt-Rimpler (*Archiv für Augenheilkunde*, 1898); and (3) Vossius, in Giessen, saw three cases among 25,000 ophthalmic patients and Jany of Breslau one only among 66,000. On these grounds I based my conclusion that "rodent ulcer of the cornea" was an extremely rare affection.

I am, Sirs, yours faithfully,

Welbeck-street, W., July 30th, 1900. SYDNEY STEPHENSON.

To the Editors of THE LANCET.

SIRS,—The assumption that Mr. Sydney Stephenson's interesting case of corneal rodent ulcer, published in THE LANCET of July 21st (p. 173), was cancerous must have been felt by many ophthalmic surgeons who read the account to be "not proven," and I note that Mr. Edward Nettleship has given expression to his doubts on the matter and asks for further proof. I am very interested in the point, as I have quite recently had under my care the healthy little and not quite three-year-old daughter of healthy parents, living in a most salubrious neighbouring seaside town, where

the father is a medical man, with a state of things, as far as can be judged from the description and diagram, identically the same as in Mr. Stephenson's case, except that the upper part of the cornea was attacked. The condition is so rare, at least in these parts, it being the only case which I have encountered in a period of 11 years, that it was not until the ulcer went on steadily advancing in spite of all the usual remedies that I had the child put under chloroform, and after a thorough examination, which I could not make before, recognised the grave nature of the case, when careful scraping and the energetic single application of pure carbolic acid, spudding it well in under the epithelium of the advancing edge, quite arrested the disease and led to a complete cure without causing so much destruction of tissue as the actual or galvano-cautery would have done. Clinically this case appears to me exactly the same as Mr. Stephenson's. Would he in my three-year-old patient consider it cancerous? Was it the age of his patient that led him to adopt this view of its nature, or what? A critique of *Ulcus Corneæ Rodens* appeared in the *Ophthalmic Review* for April of this year.

I am, Sirs, yours faithfully,

Norwich, July 29th, 1900.

S. JOHNSON TAYLOR.

THE CURATIVE TREATMENT OF MICROBIC DISEASE.

To the Editors of THE LANCET.

SIRS,—In THE LANCET of Dec. 20th, 1890 (p. 1354), there appeared a letter of mine entitled "On Immunity from Infectious Disease." In this letter I proposed a method of treating infectious disease by (1) bleeding the patient in order to remove some of his vitiated blood and (2) replacing this blood by healthy blood obtained from an individual who had recovered from the same disease as the patient was suffering from. This method, as far as I am aware, has not been tried on the human subject. It has, however, been tried in Cape Colony on cattle suffering from rinderpest some two years ago and with great success. The treatment to be successful depends on a very thorough bleeding of the sick animal, in a full-grown ox to the extent of several (five or six) litres; on the other hand, the inculcating dose of defibrinated blood or serum from a recovered animal need not exceed from 20 to 30 cubic centimetres in the case of a "fortified" animal, or 100 cubic centimetres if the animal be not fortified. I think the method may be now tried on the human subject in pneumonia and other acute fevers where in the olden days bleeding was usually resorted to, with this addition, that immediately after the bleeding a dose of curative serum (anti-pneumonic, &c.) should be given, and to avoid all risks subcutaneously, instead of the method I proposed in my letter—viz., by transfusion. Perhaps in a case of typhus or typhoid fever, where the blood-giver is the human subject, direct transfusion of the "recovered" blood may be the safest procedure.

I am, Sirs, yours faithfully,

GEORGE CARRINGTON PURVIS, M.D., B.Sc. Edin.

Grahamstown, Cape Colony, July 7th, 1900.

"RUPTURE OF THE APPARENTLY HEALTHY OESOPHAGUS."

To the Editors of THE LANCET.

SIRS,—Dr. E. J. McWeeney's interesting paper on the above subject, published in THE LANCET of July 21st (p. 158), does not mention a table of 18 such cases which was appended to a paper by Dr. R. L. Bowles and myself sent in November, 1899, and read on March 27th of this year before the Royal Medical and Chirurgical Society and now published in its Transactions, p. 241. On analysing his table of 17 cases I find that Dr. McWeeney rejects two cases of Mr. Stanley Boyd's which we accepted. He tabulates one case rejected by Fitz which we did not include, but which perhaps it seems reasonable to accept. He does not include, as we did, Oppolzer's case, but mentions it with those of Williams, Bailey, and Heyfelder "as almost certainly belonging to this category." Two cases are in his tables in which an "ulcer" is described and are not included in our table. He does not mention three cases of Dr. S. West, of Dr. C. J. B. Williams, and of Guersent which are in our table. He adds cases by Harrison and Wolf