4. Thirst. The extra half hour (with present machines) is doubtless a difficulty. The occasions would be very rare with a smart "water corps," as smart as the Royal Artillery, that the men would not with education wait the time. Further, a smart "water corps" could perhaps obviate a man arriving in the desperately thirsty condition. Wilful disobedience could be met in other ways.

5. Transport. I have shown that 500 mules would have carried the boiling machines (one per 100 men) and fuel (petroleum) for 10 days, sufficient to boil four pints per man per day for the whole of Lord Roberts's army of 50,000 men moving from the Modder to Bloemfontein. If the mules had been killed *en route* the position would not have been worse than without the attempt; if, on the other hand, the "water corps" had got them along safely there would have been practically no suffering, from 15,000 to 20,000 less to treat at Bloemfontein and Kronstad for weary months under heartrending difficulties. In this scheme I have suggested as transport pack mules, thus disposing of "single lines of railways," roads, and other "difficulties." From the outset the transport of a "water corps" would be sacred. No general could touch it for any purpose whatsoever. It is obvious that no general or transport officer will accept the additional transports with pleasure, but if there is no better scheme in the field there must be no escape.

6. With regard to the difficulty of knowing when the water may be contaminated I have assumed that all water in war is contaminated as the only safe hypothesis.

I am, Sirs, yours faithfully,

Sept. 24th.

LEIGH CANNEY.

RHEUMATISM AND TONSILLITIS.

To the Editors of THE LANCET.

SIRS,—I trust you will permit, and that Dr. Poynton and Dr. Paine will pardon, my claim—quoting the opinion of another—to be "the first to emphasise the etiological, semeiological, and therapeutic analogy between tonsillar inflammations and the arthritic diathesis." My views on the close relations of rheumatism and tonsillitis are recorded in the first edition of my work "The Throat and its Diseases," published in May, 1878, and treatment of tonsillitis by salicylate of soda—then a new remedy—was first recommended. At the meeting of the British Medical Association at Leeds in 1889 Dr. Archibald Garrod, while conceding me British priority amongst the "moderns," mentioned Stoll (1777) as the first writer to speak of rheumatic angina, but on that occasion I was able to cite still earlier authors—viz.: Sauvage (1771), Balls (1762), and Musgrave (1710). I also on the same occasion quoted from a letter I had received from Sir Andrew Clark in which he said: "If one will think merely of the rapidity with which the tonsil manufactures and discharges lymph cells it will not be difficult to see how a sudden suppression of this process, the accumulation of effete matters in the crypts, and the filling of the lymph spaces with products of bacteria life, and with matters undergoing evolution, may contaminate the blood and originate the troubles considered as rheumatic." I was at once ready to accept this interpretation which at that time represented a decidedly advanced view. Since that date this contamination of the system, or blood-poisoning, has been acknowledged to be of microbic origin by several observers. In the fifth edition of my book the subject of tonsillitis has been treated from the bacteriological point of view, and I have tabulated the micro-organisms found in 100 cases of tonsillitis by our hospital bacteriologist, Mr. St. George Reid.

Without going into detail it may be stated that various forms of staphylococcus, either alone or associated with other organisms, were found in 62 cases, streptococcus in 58 cases, and diplococcus in 32 cases. With respect to this last named organism I have pointed out in my monograph on "Diphtheria and its Associates" (p. 48) that diphtherial "throats in which diplococci are predominant are 'dirty' in character and the pseudo-membrane slow to clear away."

In the article under consideration it is mentioned that a diplococcus found in acute rheumatism has a disposition to grow in culture as a streptococcus, and in most of the photo-micrographic illustrations of diplococci in my book the organism is associated with streptococci. In one case (No. 22, p. 131) which presented certain aspects of diphtheria, but which was really one of acute lacunar tonsillitis, the diplococcus was found in almost pure culture. Of course, I make no claim to originality in

these observations, and, indeed, I have endeavoured to give full credit to other workers, continental, British, and transatlantic, in the same field. I only now draw attention to them as in some sense confirmatory of the much more elaborate and complete investigations of Dr. Poynton and Dr. Paine.

I am, Sirs, yours faithfully,

Mansfield-street, W., Sept. 24th, 1900.

LENNOX BROWNE.

"POISONING BY CARBON MONOXIDE."

To the Editors of THE LANCET.

SIRS,—Some years ago I used to see an "ironer" who was the subject of attacks of vertigo, headache, and visual hallucinations when she awoke in the morning, but no amnesia or sickness. She was always worse after "glossing" and during drying. She stated that many other women in the trade suffered from headache, &c., but that they usually attributed it to the "heat." May I add one or two other references to those given by Dr. Elgood in his very interesting paper in THE LANCET of Sept. 15th (p. 805)? Ruata¹ recorded a case of active delirium lasting for five days after exposure to the fumes of a coke stove in a close room. Voss² reported an instance of poisoning of five in a family with two fatal results. One of the fatal cases had well-marked convulsions and tetany-form spasms. Régis³ points out that in the acute forms of poisoning a very prominent symptom is retrograde amnesia. He has also observed rapid and incurable dementia follow in prolonged chronic or professional toxæmia in ironers, whose previous symptoms included vertigo, mental obtusion, hallucinations, and even delirious conceptions.

I am, Sirs, yours faithfully,

Sept. 24th.

J. CHRISTIAN SIMPSON, M.D. Edin.

"LODGE PRACTICE IN BRITISH COLUMBIA."

To the Editors of THE LANCET.

SIRS,—Your Canada correspondent in THE LANCET of Sept. 22nd (p. 911) falls into an error when he says that "not a single medical man throughout the Dominion of Canada made any response whatever to this appeal." No one is allowed to practise in British Columbia whatever qualifications he may possess until he passes an examination in anatomy, chemistry, physiology, pathology, materia medica, medical jurisprudence, theory and practice of medicine, surgery, clinical medicine, clinical surgery, obstetrics and diseases of women and children, in addition to paying \$100. The same applies to Ontario and Manitoba. With a British qualification one can practise in the North-west Territories on payment of \$50. Hoping this may be of service to anyone going out to settle in Canada,

I remain, Sirs, yours faithfully,

PIERS J. HATTON, M.B., C.M. Edin., &c.

Manchester-street, W., Sept. 24th, 1900.

THE GENERAL ELECTION AND THE MEDICAL ACTS.

To the Editors of THE LANCET.

SIRS,—The Accrington and District Medical Society have taken the opportunity given by the General Election to send a deputation to both the candidates before the constituency asking them to pledge themselves to support any amendment of the Medical Acts which may be brought forward by the General Medical Council or the British Medical Association, especially with a view to registration being the sole right to practise medicine, surgery, or any of their branches. The society further suggests that the medical societies in every electoral district should immediately take similar steps.

I am, Sirs, yours faithfully,

ELWIN H. T. NASH, M.R.C.S. Eng., L.R.C.P. Lond.,

Accrington, Sept. 26th, 1900.

Honorary Secretary.

* * A telegram received as we go to press states: "Both candidates absolutely agree with proposals of deputation."—ED. L.

¹ Gazzetta Medica di Torino, No. 24, 1892.

² Deutsche Medicinische Wochenschrift, Oct. 6th, 1892.

³ Practical Manual of Mental Medicine.