as follows: "Dr. Galeotti, representing Professor Lustig, explained the method of preparing his serum and gave some results obtained at several hospitals. *He admitted that the results were not very satisfactory up to the present time.*" I shall feel thankful if you would kindly correct the last sentence of your correspondent who doubtless misunderstood my evidence or which was not correctly reported to him. I did not state before the Plague Commission that the results of serum treatment were not satisfactory up to that time, and had I done so it would have been contrary to what I have already published. I had occasion to express publicly my opinion on the subject—viz., that the results obtained in plague patients with Professor Lustig's serum were generally very good and encouraging, because the mortality amongst the treated patients was about 53 per cent., as compared with a mortality of from 75 to 79 per cent. amongst non-treated patients. With the serum of one horse the results were most satisfactory, the mortality being reduced by nearly 40 per cent.

I am, Sirs, yours faithfully,

Bombay, April 24th, 1899.

DR. GINO GALEOTTI.

POISONING BY GELSEMIUM.

To the Editors of THE LANCET.

SIRS,—The following notes ought to be of interest to the medical profession generally and to toxicologists particularly, because accounts of poisoning by gelsemium are rare.

I took two ounces of the tincture of gelsemium instead of a glass of sherry and returning to the dining-room awaited the result. It was not long forthcoming. (We all live on the ground-floor here.) The few feet travelled to the dispensary found me only too ready to accept the receipt of a helping arm and in another minute the legs were paralysed; dragging myself to the bedside with my fore-limbs they were unable to help me into the bed, into which I was lifted. There was no trouble so long as I lay quiet, but on the least exertion there were excessive tremors. Vomiting occurred during the next 24 hours. The temperature rose to 101.5° F. The heart's action was very violent and intermittent, possibly the aggravation of existing disease.

All the muscles of the eyes must have been affected, but of all the voluntary muscles those of the right side suffered most. Prolonged conversation involved paralysis of the upper lip. The other symptoms were (1) somnolence; (2) no mental excitement; and (3) good appetite. The effect of the drug passed away as it began, from below upwards, but after the arms had recovered vision was not perfect for 24 hours. If this accident had been due to any carelessness of mine I should not have been so ready to give you an account of the effects of gelsemium sempervirens.

I am, Sirs, yours faithfully,

J. H. NANKIVELL,

Cape Colony.

District Surgeon.

"CURE OF ASCITES DUE TO LIVER CIRRHOSIS BY OPERATION."

To the Editors of THE LANCET.

SIRS,—I have read with much interest the paper on the above subject by Mr. Rutherford Morison in THE LANCET of May 27th, especially as I think that I was the first to advocate this method of treatment in these cases, and which I have practised with comparative success since 1886. As some considerable time has elapsed perhaps you will kindly allow me to quote briefly from a paper of mine read at the Surgical Section of the Royal Academy of Medicine in Ireland: "When I meet with a case of distended ascitic abdomen I do not, under any circumstances, tap. It is my practice to open the abdomen 'prepared for any emergency' by an incision sufficient to admit my forefinger which will enable an experienced surgeon to ascertain in a minute the exact condition of affairs inside. Should it only happen to be simple ascites (hepatic) the result will be sometimes cure and in any case the fluid will not re-accumulate for a much longer period than if tapped. In malignant disease you make a definite diagnosis and it gives a complete abeyance for an indefinite period of the pain and urgent symptoms and in some cases causes a mysterious disappearance of the growth. This may seem to some of you heroic and incredible, but I can assure

you from personal experience that it is fact, and that by this method of treatment not only do you know the exact state of things but you are running less risk (if any?) than by plunging a trocar into a distended abdomen. As to this method of cure we are in the dark and have so far only to accept the fact."

The details of treatment I carry out are very simple and are as follows. After opening the abdomen by a small incision just below the umbilicus I break down adhesions which in some cases are considerable in the hepatic region; I wash out the abdominal cavity with hot water at a temperature of 112° F. until the fluid returns quite clear, and then close it without a drain. I have had some excellent and gratifying results. One woman was able to join her husband in Australia in a few months apparently completely cured; in other cases apparent malignant growths and conditions accompanied by ascites disappeared, and in the rest of the cases the fluid did not accumulate rapidly. In my experience general dropsy contra-indicates operation, as here we have to do with causes outside abdominal.

I am, Sirs, yours faithfully,

Harley-street, W., June 14th, 1899.

ROBERT O'CALLAGHAN.

"SIR GEORGE PILKINGTON, M.P., AND THE MEDICAL REGISTER."

To the Editors of THE LANCET.

SIRS,—With regard to your comments in THE LANCET of June 3rd, on page 1503, on the inaccuracy of the Medical Register I think it only fair to state that my name, &c., is not recorded as it should be because I refused to pay the fee of 5s. asked to make the necessary change of name. As the completeness and accuracy of the Register are of great importance to the public and the way in which my name appears is of no importance to me I declined to be taxed 5s. for their benefit.

I am, Sirs, yours faithfully,

Belle Vue, Southport, June 9th, 1899.

GEO. A. PILKINGTON.

THE INTERNATIONAL CONGRESS ON TUBERCULOSIS AT BERLIN.

(BY A SPECIAL CORRESPONDENT.)

THE recent International Congress on Tuberculosis at Berlin presented many points of interest to the British physician. Much valuable information was given concerning the distribution, etiology, and prophylaxis of tuberculosis as were a few useful hints concerning treatment, although in the latter department no very startling announcement was made. The immediate object was to encourage the medical profession and the public in Germany by a record of the progress effected during the last few years, of which that country may well be proud; but the influence of the Congress will be felt in many other civilised countries, and notably in England, where after many years' neglect we are beginning to realise the importance of systematic hygienic treatment of consumptives under medical supervision, and of other measures which will probably effect as great a diminution in the mortality from tuberculosis in this country as was effected by the sanitary improvements of the last 40 years.

Dr. Köhler's address brought out afresh a peculiarity in the incidence of tuberculosis in Germany. Compared with the numbers living at each age group there is a progressive increase with advancing age in the incidence of pulmonary tuberculosis, so that the heaviest mortality occurs at the ages of from 60 to 70 years. Dr. Schjerning showed that in the German army the mortality was greatest in those corps which were recruited from densely populated districts; and that whereas workers indoors (regimental bakers, musicians, and the like) showed a large proportion of phthisical cases, in the active troops (infantry, cavalry, artillery, and pioneers) there was a heavy sickness list but very little tuberculosis. Mortality from tuberculosis appears to be falling in all civilised countries, especially that from pulmonary tuberculosis, although the improvement is most marked where the most systematic efforts have been made to combat the disease.

It is no longer a matter of doubt that the bacillus of Koch