in the corresponding weeks of the three years 1876-7-8. Small-pox caused five more deaths in London and its outer ring of suburban districts, and one in Nottingham; but no fatal case was recorded in any of the eighteen other large provincial towns. The number of small-pox patients in the metropolitan asylum hospitals, which had declined from 190 to 113 in the four preceding weeks, further fell to 108 on Saturday last; 18 new cases of small-pox were admitted to these hospitals during last week, against 17 and 20 in the two previous weeks. The Highgate Small-pox Hospital contained 8 patients on Saturday last.

ROYAL COLLEGE OF SURGEONS.

THE Council of the College met on the 7th instant; the President in the chair. The attendance of members was unusually small. The Council, with considerable regret, were called upon to accept the resignation of Dr. Sieveking as Examiner in Medicine, by reason of his being Senior Censor at the College of Physicians, and that of Mr. Erichsen as an Examiner in Surgery. The resolution recently passed by the Medical Council, requesting the Council of the College to reconsider its determination not to admit to the examination for L.D.S., *sine curriculo*, all those who began the study or practice of dentistry previous to the passing of the Dentists Act (1878), was read. Its consideration was postponed until the meeting in October.

A communication was received from the Registrar of the Medical Council, requesting to know, for the information of the Select Committee of the House of Commons, whether the regulations of the Council of the College were in conformity with those of the Medical Council. The Secretary was instructed to give an early reply.

Notices of motion were given by Mr. Hancock and Mr. Holmes, and the Council adjourned to the quarterly meeting on October 17th.

THE ARMY MEDICAL SCHOOL AT NETLEY.

THE summer session of the Army Medical School terminated on the 4th inst. It was attended by nine candidates for the medical service of the Royal Navy, fourteen for the Indian medical service, and several commissioned medical officers on leave of absence from India. We print elsewhere the names of the candidates who were successful in the final examination at the school and the number of marks gained by each. The military secretary to the Secretary of State for India in Council, Colonel Allen Johnson, came from London to deliver the prizes in the gift of the school. Sir Joseph Fayrer, K.C.S.I., President of the Medical Board of the India Council, Dr. Norman Chevers, late Principal of the Medical College at Calcutta, Surgeon-Major Hopkins of the India Office, and R. Stewart Esq., a former member of the Supreme Council in India, also arrived from London to be present at the meeting, which comprised not only the official staff of the Netley hospital and the professors of the school, but also many visitors from the neighbourhood. All the three prizes in the gift of the school—viz., the Herbert Prize, instituted in memory of Lord Herbert, the founder of the school, and the Martin memorial and Parkes memorial medals—were on this occasion carried off by one and the same gentleman, Mr. F. F. Perry, whose name appears first in the list of candidates for the Indian service. Mr. Perry, to whose eminent abilities and industry universal testimony was given, was educated at University College. He acted both as House-Surgeon and House-Physician at University College Hospital, and was subsequently for some time demonstrator of anatomy at the Westminster Hospital. After interesting addresses had been delivered by Colonel Johnson and Dr. Norman Chevers, the meeting adjourned to the handsome mess-room in the officers' quarters, where Surgeon-General Massy, the principal medical officer, and the officers of the Netley Medical

Staff, entertained the visitors at luncheon. Among the latter were Inspector-General W. T. Domville, C.B., R.N., principal medical officer and superintendent of the Royal Hospital at Haslar, whom report points to as the future Director-General of the medical department of the navy, Surgeon-General T. Best, principal medical officer at Portsmouth, with other naval and military medical officers.

ROYAL COLLEGE OF SURGEONS, EDINBURGH.

THE lecturers in the Edinburgh School of Medicine met on July 29th, 1879, when, *inter alia*, the subject of the Murchison Memorial was brought before them, and there were discussed the terms of competition for the proposed memorial scholarship, when competed for in Edinburgh, as explained in the circular issued by the Memorial Committee—viz., that "in Edinburgh the scholarship will be administered by the Medical Faculty of the University, and be open to all its medical undergraduates." Resolved:—

1. To protest against the unfair and invidious exclusion of the students in this school from participation in the competition for the proposed Murchison Memorial Scholarship, while the students of all the London medical schools are to be permitted to take part in it.

2. To endeavour to get the promoters of the scheme to remove this restriction, and to make and publish the necessary alterations, both as regards the competitors and the judges of the award in Edinburgh.

3. To withhold all countenance and material support from the scheme until such amendments have been made and duly notified.

4. That a copy of these resolutions be sent to the secretaries to the memorial, both in London and Edinburgh, with a request that they be immediately submitted to their respective committees for consideration and adjudication thereon.

5. That a copy of these resolutions be sent to the editors of the various medical journals for publication.

ALEX. KEILLER,

Chairman of Lecturers.

Correspondence.

"Audi alteram partem."

THE TREATMENT OF HYDROPHOBIA.

To the Editor of THE LANCET.

SIR,—As cases of hydrophobia are still frequently reported, in some of which the treatment is detailed, but all treatment of the established disease seems useless, I would suggest that some such plan as the following affords at least a possibility of mitigating the sufferings of the patient, and perhaps give time for the disease to run its course, as Dr. Good has suggested, that "it is highly probable that a spontaneous cure may be occasionally effected by the strength of the constitution or the remedial power of nature alone."

It is well known how dry is the mouth, and how clammy and thick are the sputa, increasing towards the termination of the case, and yet how every attempt at swallowing brings on spasm, and almost invariably ejection of the fluid taken into the mouth. It is also known that the water of the blood in hydrophobia is diminished some 20 per 1000 compared to the average of health. These surely point out that if Dr. Good's supposition is correct, that some cases may be cured by keeping patients alive for the time necessary to allow the disease to run its course, our aim should be to supply water, and perhaps nourishment, to the blood, so that it may carry on its functions while the effects of the disease last. The blood cannot be nourished by the stomach, so that we must supply fluid itself through the rectal vessels. As a rule, constipation obtains in this disease, so it would be well that the lower part of the colon should be empty to be used for the supply of fluid.

A large enema of cold or tepid water would effect this, the patient, if necessary, being put under chloroform; then a small flexible tube (a large flexible catheter would answer) should be inserted four or five inches up the rectum, and allowed to remain from time to time, say at intervals of half an hour; a quantity of two or three ounces of water at temperature of 98° should be thrown up slowly, and with scarce perceptible contraction of the india-rubber flask in which it is held. When all is introduced the rectal tube should be plugged, and if possible kept there, for a repetition of the operation in half an hour. The rectum, as a rule, easily tolerates small enemata, and with these any medicines desired could be injected. In the same way, perhaps, alternating with water, injections of Liebig's raw soup should be administered, so as to keep up the strength of the patient; to this may be added wine, or any fluid which would blend with the acid of the soup and pass without digestion into the vessels of the bowel. My own experience points out that aromatic spirit of ammonia almost invariably causes the contraction of the gut and ejection of the fluid thrown up.

I have seen no report of any case or cases treated by continuous small enemata, and as, fortunately, cases for such trials are very rare to individuals, I venture to suggest such a course as not unlikely to be of some service. I am the more tempted to ask a trial of some such plan as that I have indicated, as Mr. Macnamara, surgeon to the Westminster Hospital, told me, when I discussed the matter some years ago with him, that a hydrophobic patient on whom he had tried injections survived longer than any other such patient he had treated; but he told me that injections were not carried out in the systematic way as above proposed. A glance at Majendie's graphic history of the injection of a pint of water into the veins seems also to corroborate the hope that good will result from a fluid supply to the blood. The injection was made with a faulty syringe, so that a dozen bubbles of air also entered. Previous to the injection, venesection of the foot had been put in practice, and, owing to the struggles of the patient, two lancets had been broken, leaving their points transfixed in the internal face of the tibia. Pyæmia resulted, and death on the ninth day after the operation. But careful consideration of Majendie's statement shows that the injection did not do away with the disease; for the muscles were agitated at every touch, but the patient was able to eat and drink and discuss his affairs with his friends until pyæmia set in, and apparently the fatal issue was caused by this complication arising from the periostitis caused by the broken lancets. (*Vide* Majendie's "Physiologie," tome iii., p. 382, &c.)

Even Majendie's suggestion of injection of fluid into the veins would seem worthy of repetition under chloroform and with modern appliances of antiseptics, improved syringes, &c. The means that I have suggested are at hand with every practitioner, and a few carefully recorded experiments would settle the advantage or the reverse.

Your obedient servant,

Egham Hill, Aug. 4th, 1879.

T. M. LOWNDS, M.D.

ON THE SUCCESSFUL TREATMENT OF SPIROCHÆTE OBERMIERI (F. KOHN).

To the Editor of THE LANCET.

SIR,—The active motile threads found in the blood of patients suffering from "typhus recurrens" may, on becoming quiescent, be induced to grow into a delicate branching network, whose constituent fibrils for a time retain the spiral twist, and have been seen to proceed directly from the original parasitic particles during the process of artificial cultivation. Then tufts appear, formed of distinct beaded tubules; these blend, and granular vesicles arise, which finally seem to scatter their contents by rupture.

There can hardly be conceived a more exquisite object for the microscope than that of the first-formed spirillar network or mycelium, which of itself affords ample proof of the plant-nature of the blood-parasite in question.

Not every experiment, however, succeeds equally well; and I consider it a notable fact that the clear serum of infected blood will often prove a suitable medium for the germinal structures which it contains, when submitted to a continuous temperature of about 100° Fahr.

Dr. Koch, of Wollstein, tells me he has already effected

the artificial culture of spirochæte up to a certain point, and as other observers in Germany will, doubtless, be following his example now that relapsing fever is again prevalent, I think it well to briefly record what has been accomplished in Bombay in like course.

Yours obediently,

July 1st, 1879.

H. V. CARTER, M.D. Lond.

SODIUM ETHYLATE FOR NÆVI.

To the Editor of THE LANCET.

SIR,—A very interesting paper on this caustic alcohol appeared in THE LANCET last year, and it was strongly recommended for the cure of nævi. I had at that time under my care a delicate strumous infant, which had been prematurely born, and had a nævus on its right loin; this was of oval shape, about two inches long, by one inch and a half broad, stood up from the surrounding level half an inch, was of dark purple colour, and had a thin bluish skin over it. I had been thinking of tying it with an ordinary quadruple ligature, but had deferred operation on account of the extreme fragility of the child, and was therefore only too glad to hear of a remedy described as able to "destroy, painlessly, nævi." I sent to London for two ounces, which cost 11s., and got a thickish, tawny-port-coloured, clear fluid, which now is becoming thicker and cloudy, with a fine deposit. The nævus was painted four times with the ethylate, and on the third occasion, as the first two seemed to have given the child much pain, I froze with ether spray; but this frightened or hurt the child also, and the last time I gave chloroform and æther. The patient now got so pale and thin, refused food, and was so fretful, that I desisted from further applications. But the general result is that now, six months after using the caustic alcohol, the nævus is smaller, decidedly flatter, does not grow, and is covered with a fine thin, white, wrinkled, tissue-paper-like skin.

The next case in which I tried it was one of epithelioma covering the inside of the cheek of a woman nearly eighty years old, who had an obstructive aortic murmur. She was pitifully pale, and thin, and weak, and owing to the growth getting between her gums when masticating, could eat nothing solid. I painted the surface thoroughly with sodic ethylate, and was surprised and sorry to be told afterwards that it produced intolerable pain for thirty-six hours. Eventually I froze the growth with ether spray, and shaved it off, and now frequent brushings with a strong solution of perchloride of iron keep it down temporarily, and she can eat well. The iron caustic and strong iodine solution which had been used before she consulted me she describes as "bad enough to bear, but not nearly so punishing as that first stuff you tried." Had I seen her when suffering from the ethylate I should have relieved pain by freezing the part, or by painting it with chloroform.

The next case was a nævus sent from the country, which involved the whole substance of one-half of an infant's lower lip, and which, from its bulk and weight, made the lip hang down, and allowed saliva to constantly dribble over chin and neck, excoriating them. The ethylate has been used four times; it seems to cause little pain, and the nævus is much smaller; indeed, there is no more dribbling from the mouth, and the lip is nearly *in situ*.

It is clear to me we have in this alcohol a useful addition to our means of dealing with "nævi."

I am, &c.,

Melksham, Wilts.

S. GROSE, M.D., F.R.C.S. (exam.).

PARIS.

(From our own Correspondent.)

PROFESSOR PAUL BEST has made a further communicated to the Academy of Sciences on the use of compressed nitrous oxide and oxygen for the induction of surgical anæsthesia. Since the account of his experiments was given in THE LANCET (see vol. i., 1879, pp. 355 and 427) modern operations have been performed under the influence of the mixture by M. Péan, and the results have been uniformly satisfactory. In recognition of M. Best's researches