This is not quite correct. The staff investigated the charges made respecting certain operations, and resolved unanimously that they were properly performed. They sent their decision to you, that the profession might learn their opinion on a question so entirely within their province. You "object to the relevancy of this explanation." Are you aware that the only grave medical charges against Dr. Mackenzie arose out of these very operations?

You say "it is incumbent upon them to show that they investigated the other charges." They did not think so, but confined themselves to the medical charges.

You seem anxious "to be informed whether the witnesses examined by the medical officers were the same as those who gave evidence before the Committee of Inquiry." Certainly not, considering that the Committee of Inquiry only examined, as I am informed, two witnesses—viz., the exporter and the ex-matron. It was scarcely likely that their evidence would enlighten the staff on the details of these operations, or that their opinions as to the manner in which they were performed would interest the profession.

Once more you ask, "Why were the other charges, which, so far as the administration of the charity is concerned, are most important, not considered?" I reply that, however important it might be to the charity to know why a porter was dismissed, or why a matron gave notice, the staff did not feel called upon to spend their time in investigating such problems.

Finally, you say I have "been asked to state publicly the nature of the inquiry which the medical officers conducted, and to explain the grounds on which they based a judgment different from that of the Committee of Inquiry." Pray, Sir, by whom have I been asked this? I was not aware that you had requested it, or would have complied with your wish. It is true I saw a letter in your columns, saying I did "not appear to understand the position of the staff," proclaiming that it is "childish" on my part "to protest against the entire staff being implicated" in a private dispute, and asking some such question. But as I did not know why the writer should address his questions to me, and as he professed to give you information as to the doings of the staff, I felt justified in leaving him to satisfy his curiosity by an appeal to those who had supplied him with his version of other matters. Though quite ready to reply to THE LANCET as a recognised organ of professional opinion, I can scarcely be expected to notice every letter which your numerous correspondents may address to you. As to the judgment of the staff differing from that of the Committee of Inquiry, it is only necessary to say that the members of the staff should be able to form an opinion on the medical charges, and to repeat that up to this date they do not know what conclusion the Committee of Inquiry have agreed upon.

I am, Sir, your obedient servant,

Dean-street, Park-lane, Nov. 27th.

PROSSER JAMES.

To the Editor of THE LANCET.

SIR,—With very great reluctance I offer a few remarks on the present dissensions now existing among some parties connected with the above hospital. It must be sufficiently obvious from the correspondence published in the journals that these dissensions had their origin in a private misunderstanding. Of the origin of this misunderstanding I really knew and know nothing, and I was never consulted by either of the two gentlemen concerned.

It was only by accident that I learned, during the course of the last summer, that a Committee of Inquiry had been appointed to investigate some charges springing originally out of the misunderstanding referred to. I was not asked to attend that committee, and, in fact, I did not know where it met until I was told of it in conversation.

At the end of July I met the rest of the medical staff of the hospital, when I was led to understand that the Committee of Inquiry had adjourned *sine die*, that the charges had been ascertained to be frivolous and unfounded, and that, in fact, the matter was at an end, and I was thoroughly rejoiced to endorse what I then believed to be the decision of the committee.

I was therefore quite surprised to find, on casually taking up a daily newspaper about a month ago, that the Committee of Inquiry had framed a report unfavourable to the manage-

ment of the hospital; but up to the present time I have neither seen that report nor read the evidence on which it is said to be founded.

Another meeting was held lately by the staff, but the only matter discussed was the statement made by one of the clinical assistants, who exonerated himself from a charge of incompetence and inattention. But I am not sure that he was ever accused, and, if he was not, his exoneration was unnecessary.

I have determined to take no further action in a matter in which I am not personally concerned, until I know all the facts of the case; but, like a neutral country in an international war, I should be too happy to help in settling the terms of peace when the belligerents require, or are willing to accept, such friendly mediation.

I remain, Sir, yours faithfully,

Torrington-square, Nov. 26th, 1877.

R. H. SEMPLE.

To the Editor of THE LANCET.

SIR,—My attention has been called to an article in a paper called the *Medical Examiner*, dated November 22nd, relative to the Hospital for Diseases of the Throat. Judging from the style of the article in question I presume that the paper is not one likely to have sufficient weight either with the medical profession or the public at large to induce you to notice it. As, however, allusion has been made to me by name, I shall feel obliged if you will allow me the opportunity of stating in your columns that if I do not take the trouble to contradict the various assertions made in the *Medical Examiner* respecting myself, it is by no means because I admit the truth of them.

As I have been spoken of as "the complainant" with reference to the late Court of Inquiry which was convened by the Marquis of Bute (the then president of the hospital), I beg to state that the late vice-chairman was as much the complainant as myself.

I may add that I retired from the Committee of Management at a special meeting held previous to the regular meeting, when the election of a chairman for the following year should have been made, and a few days afterwards I received a communication which purported to come from the new chairman, and conveying a unanimous vote of thanks to me for my services as chairman. I presume, however, that I must now consider it to have been a hoax.

I beg to apologise for having encroached even thus much on your valuable space,

And remain, Sir, your obedient servant,

November 26th, 1877.

P. FEILDING, Major-General.

PIGMENTARY SYPHILIDE.

To the Editor of THE LANCET.

SIR,—In the report in THE LANCET for Nov. 17th of Dr. Drysdale's paper on Pigmentary Syphilide, read to the Medical Society, that gentleman says that this affection is seen only in persons infected with syphilis, consequently it may fairly be classified as a phenomenon of that disease. It is remarkable that Dr. Drysdale should have been able to collect no less than fourteen cases of this affection from among forty-one patients under his care—an affection so rarely seen by others that it is pretty generally denied admission among syphilitic affections, notwithstanding that Hardy, of Paris, described it twenty years ago. Moreover, I cannot help thinking that Dr. Drysdale, when enlarging on Hardy's excellent description of this staining of the skin, has unwittingly included some of the dull-brown mottlings of the lower extremities met with in young women with disordered menstruation, and perhaps, also, certain cases of leukoderma.

As Dr. Drysdale has done me the honour to mention that I recommended iron for patients suffering from this affection, I may, perhaps, be allowed to explain why I do so. Some years ago, when the female out-patients of the Lock Hospital were under my care, I searched carefully for this disorder of the skin, in the abundant field which that charge afforded to me. Now and then a case (about one per cent. of the syphilitic women), came before me which exactly corresponded to Hardy's description. But, unfor-

tunately, the syphilitic infection was not always co-existent; for I found this peculiar mottling equally well defined in patients quite free from syphilis, past or present. One condition I did find to be constant—anaemia, or rather abundance of the white blood-corpuscles. Hence, in my experience, iron and other invigorants are valuable means for removing this peculiar discolouration. These observations, connected with the fact that mercury has no apparent effect upon these spots, have led me to consider this affection not to be syphilitic, but the consequence of the impoverished nutrition which is often seen in syphilis.

I am, Sir, &c.,

Wimpole-street, Nov. 17th.

BERKELEY HILL.

HYDROPHOBIA.

To the Editor of THE LANCET.

SIR,—I venture to offer a few remarks on this mysterious and very fatal disease.

The prevalence of hydrophobia would give it the character of an epidemic. What renders a dog's saliva so poisonous is a profound mystery, but if we consider a few physiological facts in the dog's constitution it may help us a little to unravel the mystery. In the first place, a dog does not perspire; the skin, therefore, does not carry off the effete matter elaborated in the body, as is the case in man, the horse, and other animals. To compensate for this want of cuticular perspiration, there is an increased flow of saliva when a dog is using active exercise.

A dog is a carnivorous animal. Now a flesh diet gives the bite a dark colour, and the feculent matter passed is dark, and by exposure to the air becomes darker still. But in the dog the feculent matter passed becomes white by exposure, showing, I think, that the liver does not take up so much of the different substances that are unfit for circulation; hence the saliva is strongly charged with morbid matter, which may partly account for its poisonous nature. I therefore think that dogs that are not well exercised are more liable to the disease.

If a dog bites through clothing there is much less chance of the wound producing hydrophobia, for the clothing takes up the saliva before it reaches the skin. If a person is bitten on the bare skin, the chance of the disease coming on at some after period is much greater. I should therefore advise gloves to be worn. Every adult should carry in his pocket a small piece of caustic in a quill, not only for his own use, but to apply to any person who is bitten. As the absorption of the saliva is rapid, the wound ought to be immediately sucked, and the blood spat out of the mouth; there is no danger to the person sucking the wound, for the saliva on the tongue resists the absorption of the poison. The saliva of the dog must be introduced into the skin by a wound; in other words, inoculation must take place to produce the disease. Immediately after the wound is sucked caustic should be applied freely; the sore that is made ought to be left to heal slowly. The caustic not only destroys the saliva of the dog, if any be left in the wound, but it likewise sets up inflammation which draws the action from the absorbents to the surface.

The medical treatment of the bite of a mad dog is of more use at the time of the bite than it is when the disease has ripened itself into an attack of hydrophobia, the pathology of which is so little known and the treatment still less so. I think it would be very advisable to give our consideration to the period of incubation, although this is uncertain from the different periods that elapse between the bite and the appearance of hydrophobia. According to some of the cases that have lately been mentioned in the papers the period varies from a twelvemonth to a few weeks. The treatment during incubation could only be tried with any degree of certainty on a person who is known to have been bitten by a rabid dog. I think that, with the knowledge we possess of the efficacy of the treatment of some cases by hypodermic injection, we might apply this means of introducing some powerful agent every day for a certain period, which, I think, would overpower the virulence of the poison.

If caustic is applied half an hour after the bite I doubt if

the remedy is preventive, for the absorbents are so quickly set into action when any extraneous matter is introduced into the skin.

Maude-grove, Nov. 18.

W. G. CARPENTER, F.R.C.S.

To the Editor of THE LANCET.

SIR,—In hydrophobia I think it is a mistake to assert that the disease can only follow a wound inflicted by the tooth of a rabid animal. A soldier of this garrison has just died from the disease, following the scratch of a cat's claw. No doubt at the time the claw had saliva on it, but if it is dogmatically laid down that the "tooth alone" can be the medium, such scratches may be disregarded. I refrain from giving particulars, as I had nothing to do with the case.

Yours truly,

St. David's Villa, Brockhurst, Nov. 19th, 1877.

THOS. COWRY.

HOW SMALL-POX IS SPREAD.

To the Editor of THE LANCET.

SIR,—On Friday, the 16th inst., I sent up, in the parish ambulance, a rather severe case of variola to the Stockwell Hospital. On Sunday the wife of the patient determined to see him, if allowed to do so. She presented herself at the hospital, and without having to go through any form or ceremony, she was permitted to go into the ward in which her husband lay, and which, as she stated to me, contained "many worse cases of the disease than that of her husband." She left the hospital, but thought she should like to go in again a little later in the afternoon. She again presented herself, and was again admitted. Having left the hospital she travelled by omnibus to London-bridge, and thence by train to Woolwich.

I may be unfeeling, but I cannot help thinking that the permission to visit other than extreme cases ought to be withheld, otherwise why are medical men morally called upon to exercise so much care? If the authorities do not require more caution to be exercised towards the community at large, surely the house-surgeon or house-physician at a place like Stockwell Small-pox Hospital is allowed to prevent friends of the patients walking in and out as they think fit. The rule is reported to be "That not more than one friend of a patient shall be in the ward at one time."

Yours faithfully,

Plumstead, Nov. 20th, 1877.

T. WARNER LACEY.

FOREIGN MEDICAL STUDY.

To the Editor of THE LANCET.

SIR,—As a brief supplement to your article (Oct. 20th) "On the Advantages and Opportunities of Foreign Study," the following notes by one who has spent a few months in the Paris hospitals may be of use to some of your readers.

In addition to the general hospitals, Hôtel Dieu, Lariboisière, La Pitié, La Charité, &c., there are in Paris certain special establishments to which no parallel can be found elsewhere in Europe. Chief among these are the Salpêtrière and the Hôpital St. Louis.

The Salpêtrière is a huge establishment—a kind of work-house infirmary and lunatic asylum all in one. In the department of mental diseases the lectures and clinical demonstrations of Dr. Aug. Voisin are admirable, while in M. Charcot's wards is an immense field for the study of diseases of the nervous system.

The Hôpital St. Louis (700 beds) is entirely devoted to skin diseases and syphilis, with the exception of three or four surgical wards. Here diseases of the skin may be daily studied, not only in the crowded out-patient department, but also in the wards, where the treatment of four different physicians may be compared. In the syphilitic wards the clinical demonstrations of M. Fournier are admirable. Attached to the hospital is a museum of models of skin diseases, which for accuracy of detail are unrivalled.

In general clinical medicine Dr. Hardy's lectures and demonstrations at La Charité are unsurpassed.

Among specialties we have Fauvel for the laryngoscope;