

occasion are entirely omitted. As I am quite sure the omission was unintentional, I trust to your well-known courtesy to allow me very briefly to supply it; and I think you will allow that I have some claim to be heard when I state that the committee in question was appointed in consequence of a paper by myself, read on the 9th of November, 1875, at the Society.

At the recent meeting, then, I recalled the fact just noticed to the minds of the Fellows, and I stated, moreover, that the main conclusions arrived at in that paper were that the so-called "membranous croup" and what is now known as "laryngo-tracheal diphtheria" were one and the same disease. I also stated, and truly, that the conclusions so drawn were the results, not of hasty generalisation, but of long study and reflection and of such experience as lay within my reach, and that the far larger experience obtained by the operations of the committee, extended as they were over a very wide area, and associated as I was with a number of distinguished *collaborateurs*, had tended to strengthen my convictions and to lead, as I believe, to the most important practical results to medicine and surgery.

Of course it still remains to be proved whether I and the rest of the committee have rightly interpreted the multitude of facts and the great mass of evidence which we have collected, but I must be pardoned for believing that my remarks were neither irrelevant nor presumptuous, and for hoping that I may not be deemed egotistical in asking, as a matter of fairness, that the few words I spoke may be recorded.

I remain, Sir, your obedient servant,

R. H. SEMPLE, M.D., F.R.C.P.L.

Torrington-square, October, 1878.

CARBOLIC ACID IN SMALL-POX.

To the Editor of THE LANCET.

SIR,—It was not my intention again to join in the very interesting correspondence which has been going on in your columns for several weeks past on the above subject. Dr. Bell's letter in THE LANCET of October 19th seems to me, however, to require some little notice. In it he claims to have been the first to introduce this treatment, and refers to a paper of his in the *British Medical Journal* (which I have not seen) giving details of a case treated by him in Dec. 1871. I was appointed house-physician to the Hampstead Hospital in October, 1871, and when I entered on my duties I found the carbolic acid treatment in vogue there, in the forms of watery and oily solutions, the former 1 to 40 to 1 to 20, the latter 1 to 20 to 1 to 5. How long this treatment had been in operation before I went there I know not; who introduced it I cannot say, most probably the late superintendent, Dr. Robert Grieve, now of Berbice; but the fact remains that I found the treatment in operation months before the case mentioned by Dr. Bell.

I agree entirely with Dr. Lowe that the weaker applications, though useful in many ways, nay, almost indispensable, have failed to cause abortion of the rash or cut the disease short; and would, if I had again the opportunity, give the other method of treatment a fair trial—viz., the introduction of strong carbolic acid or nitric acid into the pustules. This somewhat heroic treatment would require to be carried out very cautiously, for if we consider the hundreds of pustules in a confluent or semi-confluent case, the amount of acid introduced, though very little in the individual pustules, in the aggregate would amount to the subcutaneous injection of a comparatively large quantity of acid. How far this would act on the constitution remains to be seen. The amount of labour it would involve on house-physicians would be a formidable objection to it, as it is an operation one would not wish to delegate to nurses. If successful it would mean trebling or quadrupling the number of house-physicians during a severe epidemic; still, that difficulty could be got over if happily we could find some means of checking the progress of the disease. Professor Gairdner, of Glasgow, advocated this same method of treatment to his students ten years ago, using, instead of carbolic acid, a solution of iodine. He confessed, however, that after careful experimentation, it proved a failure.

One word more. In all cases where trials of new methods of treatment are made in small-pox the unmodified unvaccinated small-pox should be experimented on. All vaccinated cases are perfectly worthless as test cases; for, as I mentioned in my last (and I was very happy to see my views

corroborated by Dr. Kesteven), those who have seen much small-pox are perfectly aware that in vaccinated cases abortion of the rash may take place in any stage of the disease—does take place in a very large proportion of cases *without any active treatment whatever*. Such being the case, how can we lay claim to having caused it by our treatment? But let us see a series of unvaccinated cases of true small-pox, where abortion of the rash is produced in the same proportion of cases, and a very great stride will have been made in the treatment of this formidable disease. The importance of the subject is my apology for occupying so much of your space.

Yours, &c.,

Johnstone, Oct. 19th, 1878.

M. H. TAYLOR, M.B.

To the Editor of THE LANCET.

SIR,—In your issue of Oct. 19th, Dr. Bell, of Glasgow, lays claim to having first suggested the use of carbolic acid in the treatment of small-pox. A reference to the "Medical Digest" would have saved this gentleman from making so grave an error, for there it will be found, Section 84-5, that in January, 1868, Dr. Yates, of Canada, wrote to THE LANCET (p. 151) giving details of a case where the good influence of this agent appeared so marked that Dr. Yates concludes his letter thus:—"My present opinion is that hereafter the mortality from small-pox may be diminished, and the disfigurement of God's image entirely abolished, by the use of carbolic acid."

Obediently yours,

RICHARD NEALE, M.D. Lond.

Boundary-road, St. John's-wood, Oct. 22nd, 1878.

PARIS.

THE official opening of the Paris Faculty is to take place on the 4th of November, when the first lectures will be delivered. There are no changes to be made in the teaching body, and the different chairs will be occupied by those professors whose names have been so long associated with them. Clinical teaching will also commence in the hospitals towards the beginning of November. The four chairs of Clinical Medicine will be occupied by Professors Potain, Hardy, Sée, and Lasègue as in former years. The Professors of Clinical Surgery are MM. Gosselin, Richet, Verneuil, and Broca, and the chair of Accouchement will be filled by Professor Depaul. In addition to these there will be delivered a series of clinical lectures upon special subjects by some of the vice-professors or "agrégés" of the Faculty. Dr. Fournier will lecture upon Syphilography at St. Louis Hospital, and Professor Guyon upon Diseases of the Urinary Organs at Necker Hospital. The chair of Mental Diseases will be occupied by Professor Ball at St. Antoine Hospital.

For many years past the Paris Faculty has opened its doors to ladies desirous of becoming members of the profession, and many of them have already availed themselves of the privilege which had been accorded to them, and have taken out their degree. The Assistance Publique has, however, refused up to the present moment to allow them to compete for dresserships, or for the post of *interne*. They were consequently unable to occupy any official position in the hospitals. This state of things does not seem to have been to their taste, and a petition has been sent in to the Director-General of the Administration, with a view of removing the difficulty. It is not, however, probable that the regulations will be altered.

At the annual competition for the post of *Interne des Hôpitaux*, the subject was, "Structure of the Kidney, and Diagnosis and Semeiological Significance of Albuminuria." The successful candidates are nominated for a period of four years, during which time they will fill the post of house-physician or house-surgeon in the different hospitals of the capital.

The Administration of the Assistance Publique has taken measures to isolate cases of small-pox, and certain wards situated in detached pavilions will be devoted to that use. This tardy measure will astonish English readers, as in London such an arrangement has been in existence for a