

## Correspondence.

"Audi alteram partem."

## THE HARD CASE OF MR. LIONEL SMITH.

*To the Editors of THE LANCET.*

SIRS,—The case of Mr. H. Lionel Smith, whose unjust treatment by the Government of Western Australia you commented on in your issue of Feb. 9th, has, we are glad to say, assumed a more hopeful aspect. After an eight years' struggle with what *Truth* designated as "bitter persecution," Mr. Smith found himself practically ruined and unable to obtain redress in Australia. Fortunately, however, we have in Mr. Chamberlain a Minister who acts promptly. On Aug. 8th he sent a courteous reply to an official letter on Mr. Smith's case from the Royal College of Physicians of Ireland, and this week Mr. Smith has received the offer of the appointment of district surgeon in Zululand from the Colonial Office. The salary is small, but it will enable Mr. Smith to start once again on his professional career. To do this, however, he is urgently in need of funds to meet expenses which have been incurred for the education of his children, now all but completed, and to provide for the passage and outfit of his wife and two youngest children. If prompt and substantial relief is not forthcoming we see no alternative but the workhouse for Mr. Smith and his family; but, on the other hand, if he is enabled to accept the post which has been offered him, he will have the opportunity of making a provision for them. In the eight years which have elapsed since his dismissal Mr. Smith has exhausted all his own resources, hence he is reluctantly compelled to allow this appeal to be made, and we cannot but think that there must be those within and outside the profession both able and willing to help under circumstances so urgent and yet so temporary.—We are, Sirs, yours faithfully,

Dec. 17th, 1895.

JAMES F. GOODHART,  
F. DE HAVILLAND HALL.

\*\* We have undertaken to receive and acknowledge subscriptions (vide p. 1592).—ED. L.

## A PLEA FOR THE PASTEUR TREATMENT OF HYDROPHOBIA.

*To the Editors of THE LANCET.*

SIRS,—Having recently had a child bitten by a rabid dog brought to me I advised the parents to send it to the Pasteur Institute. Unfortunately, the poor little thing died. The anti-vivisectionists have commenced one of their usual energetic campaigns, and in the local papers endeavour to damage my professional reputation and prospects. I am asked by some neighbours why I recommend patients to resort to the Pasteur treatment for rabies. My answer is as follows, and I should be glad if you would comment on it and correct it if wrong. Hydrophobia has been recognised for centuries as one of the most fatal and intractable diseases. Up to the year 1880 every conceivable plan of treatment had been tried, and none proved in the least effectual. Of every 100 persons bitten by (presumably) mad dogs, from 20 to 70 developed hydrophobia; of these (20 to 70) rabid people everyone died and suffered horrible agony. In 1886 the Pasteur Institute was opened in Paris. Up to the present over 17,000 persons have been treated there for rabies. The total deaths have been 283, according to the anti-vivisectionists—that is, 1.66 per cent. Every one of the 283 who developed hydrophobia died in spite of every effort to save them. If these 17,000 persons had not been treated by the Pasteur method at least 30 per cent.—that is, 3200—would have developed hydrophobia and would have died. At the lowest calculation, then, some 3000 lives have been saved by the Pasteur treatment in ten years, or 300 a year, from a most terrible death. The anti-vivisectionists say that the Pasteur treatment causes hydrophobia. If this were true the deaths in 17,000 cases so treated should be 3200—the natural death-rate—plus the number of cases caused by the treatment, ever so many more than 3200. But the total deaths have been only 283. Contrasted with the fatality of the other diseases, diphtheria, typhoid fever, &c., the death-rate is very low. With these facts before him, every medical man is bound in duty and in conscience to recommend or, at least, offer the

Pasteur treatment to every patient bitten by a dog presumably rabid. The medical profession are not biased in favour of anti-rabic inoculations, but would, I believe, prefer a treatment by other means, if any could be discovered nearly as successful as the Pasteur inoculations. While hydrophobia is such a dreadful death, while so many of those bitten contract the disease if untreated, while Pasteurism diminishes the cases and the deaths at least 18 per cent., and while there is no other efficient treatment before them, so long will the public demand the application of the anti-rabic inoculation to the bitten, and so long must the medical profession advise their patients to resort to it.

I am, Sirs, yours faithfully,

Twickenham, Dec. 18th, 1895.

H. HOWARD MURPHY.

\*\* We have compared Dr. Murphy's figures with those given in the "Annales de l'Institut Pasteur" and find them calculated correctly. The 283 deaths are those given by the anti-vivisectionists. M. Pasteur used not to count deaths occurring within fifteen days of the first inoculation, so that the deaths for 1886-94 work out at 81. We would refer the opponents of the practice to consult the report of the Royal Commission appointed in 1886, an abstract of which appears in our columns of July 2nd, 1887, signed by such weighty names as those of Sir James Paget, Sir Richard Quain, Dr. Lauder Brunton, and others.—ED. L.

## "TREATMENT OF SMALL-POX BY EXCLUSION OF THE CHEMICAL RAYS OF DAYLIGHT."

*To the Editors of THE LANCET.*

SIRS,—In your annotation under the above heading in the current issue of THE LANCET you mention the communications you have received from Dr. Moir, Dr. Finsen, and Dr. Feilberg; allow me to remind you that in 1871 (Feb. 4th and April 22nd) you published two articles on this subject by me, in which my experiments on plants and animals were described, and the reasons given on which I based my treatment of small-pox. Not to recapitulate, I may say I found, first, disease modifies the sensibility in the skin—i.e., sensation may be altered and perverted by it, due to some change produced in the nervous system not well understood; secondly, diseases that are partially eliminated by the skin increase its susceptibility to stimulation, so that what in health would be beneficial to it is by disease rendered hurtful; thirdly, light under ordinary circumstances—i.e., in health—is a desirable stimulant, but has detrimental effects in small-pox, scarlet fever, measles, &c.; fourthly, by excluding the white rays of light from patients suffering from these diseases, I find that in practice most beneficial results follow. These were the conclusions I came to twenty-four years ago, and I can say they have been confirmed in most, if not all of, the cases that have been under my care since then.

I am, Sirs, yours faithfully,

Jermyn-street, S.W.

J. H. WATERS, M.D. Glasg.

"TUBERCULOUS" *VEL* "TUBERCULAR?"*To the Editors of THE LANCET.*

SIRS,—Kindly allow me to question the correctness of the judgment concerning "tuberculous" and "tubercular" in THE LANCET of Dec. 7th. What is the proper use of each of these words? The termination "ous" means "full of" or "abounding in"; the termination "ar" means pertaining to. In some words with both terminations the distinction is well preserved, as, for example, in "populous" and "popular." In others the distinction is nearly obliterated; but in so far as retained is to the same effect, as, for example, in "granulous" and "granular," "tubulous" and "tubular," "nodulous" and "nodular." Reference to a good dictionary, like Webster's, will settle this point. The tendency, however, is for the termination "ar" to supplant its rival. If indiscriminately used, the termination "ous," with its definite meaning, would often be wrong, while the less definite "ar" would nearly always be right. A concrete noun with the termination "ar" becomes an abstract adjective, meaning "having the qualities" belonging to the things signified by the noun; but with the termination "ous" the concrete force is retained, the meaning being "full of the

things" indicated. We may quite properly speak of "tuberculous meningitis"; but to speak of "tuberculous meningitis or osteitis" is almost as bad as to speak of a "populous fallacy." A writer unable to discriminate between the two terms will therefore do wisely to adopt "tubercular" to the exclusion of "tuberculous." As to usage, on looking through the books at my disposal I find a great preponderance of authority in favour of "tubercular meningitis." The appeal to French and German usage can hardly be allowed much weight. We must surely be guided by the genius of our own language.

I am, Sirs, your obedient servant,  
WILLIAM R. HUGGARD.

Davos Platz, Switzerland, Dec. 10th, 1895.

## THE METROPOLITAN ASYLUMS BOARD AND THE CHAIRMAN OF THE POPLAR HOSPITAL.

To the Editors of THE LANCET.

SIRS,—You write in a leading article in THE LANCET of Dec. 14th that "it is a little disappointing to see a man of Mr. Holland's position as chairman of a hospital say in a letter to the *St. James's Gazette* that the Metropolitan Asylums Board ought to provide for every scarlet fever case in London." If my opinion is of the slightest interest, will you kindly allow me to say that my mode of communication with the *St. James's Gazette* was a hurried interview, at their request, and not by letter, and that though my words certainly bear the construction you put on them I never meant to imply that the Metropolitan Asylums Board should do more than *take cases from homes where proper isolation is impossible*, and not all cases occurring in London? This limited duty, however, would cost them the million I mentioned. My special complaint against the Metropolitan Asylums Board is that I believe they had room for our Poplar Hospital patients, though not perhaps at Homerton, and considering how very serious it was for these patients, who were injured by accidents as well as infected with fever, to be sent to homes where neither injuries nor fever could be attended to, I do think that the officials of the Board might have done much more than they did for us. Further, after the officials had refused to take the patients we applied at Norfolk House for an ambulance to remove them to their homes. There we met with a blank refusal unless our medical officer would guarantee that they could be properly isolated at those homes. This he of course refused to do. He could, of course, guarantee nothing of the sort, nor do I believe that the officials were within their legal rights in refusing the ambulance to us on such grounds. You defend the Board; but surely it is to be regretted, to put it as mildly as possible, that they should have taken this moment for giving notice to all the staff at and closing Gore Farm with its 700 beds. This does strike a layman as curious conduct, when just now is the worst fever time, and when an epidemic of scarlet fever was in existence which admittedly the Board was unable to cope with. I know that the hospital there is an exposed one, and I know that the medical authorities condemn it for that reason, which, by-the-by, says very little for the judgment of the Board in erecting a hospital there at all. But surely any hospital, in however exposed and cold a site, gives a better chance of recovery to children than a crowded home in a crowded district, and their removal there is certainly better for the community at large.

I am, Sirs, yours faithfully,  
SYDNEY HOLLAND,  
Chairman of the Poplar Hospital.

Dec. 14th, 1895.

## THE SLAUGHTER OF CATTLE AND MEAT INSPECTION AND DISTRIBUTION.

To the Editors of THE LANCET.

SIRS,—If, as was laid down by the deputation to the President of the Board of Agriculture, it is desirable to formulate fresh regulations for the slaughter of foreign cattle at the ports of debarkation for the protection from disease of our flocks and herds, it is even more desirable to introduce amended legislation for the protection of human beings from the perils to which they are exposed by the consumption of meat which has not been certified by competent authority to be fit for food. At present, animals

brought to the market or auction sales are transported, sometimes with the infliction of much pain and hardship, to the great centres of population, and are then driven, for the most part, to private slaughter-houses, often situated in the poorest and most populous districts, where the due inspection of the animals before killing, and of the meat afterwards, is surrounded with considerable difficulty. Is it not possible for the killing to be done in public slaughter-houses near main railway stations, contiguous also to the farms where the animals have been reared, the meat being then carried, if the railway authorities coöperate, by special meat trains fitted with the necessary refrigerating chambers? The general adoption of such a method throughout the land would be for the benefit of all concerned; the pain accruing to the animals would be reduced to a minimum, the long journeys in trucks and along narrow streets would be things of the past, and the slaughtering would be performed in the humanest possible manner by licensed slaughterers. Cattle markets, auction sales, and slaughter-houses might, by such coöperation as that suggested by the Duke of Devonshire in his letter to the Agricultural Union, be under the control of the breeders of cattle themselves, to the pecuniary gain of the farmer, and thus to the substantial advantage of the agricultural interest generally: not only would the animals be inspected before killing by properly qualified veterinary surgeons, but the meat would undergo a rigid scrutiny before being despatched to the market; butchers and their assistants, who deserve well of their countrymen for their valuable services, would be relieved in a measure of grave responsibilities; a continuous supply of good, sound, wholesale meat would be the boon secured for our teeming populations; and the standard of public health would be materially raised.

To further such a reform as is here proposed the Church Society for the Promotion of Kindness to Animals and the Church Sanitary Association are engaged in promoting a memorial, already influentially and numerously signed, and the President of the Board of Agriculture has consented to receive this memorial at the hands of a strong and representative deputation headed by the Duke of Westminster. The Lord Mayor of York and the Mayors of Leeds and Durham have shown their sympathy by granting the use of their parlours for conferences to be held in those cities. The names of those who desire to take part in the deputation or to sign the memorial will be gladly received.

I am, Sirs, your obedient servant,

F. LAWRENCE, Hon. Sec.

Westow Vicarage, York, Dec. 16th, 1895.

## STATISTICS OF HOSPITAL TREATMENT.

To the Editors of THE LANCET.

SIRS,—All hospital physicians and surgeons are aware of the difficulties of keeping in touch with patients when they have been discharged from the wards after surgical or other treatment. It often occurs that a patient presents himself at the out-patient department for some affection which is the sequel of some operation performed at another hospital, perhaps some years previously. The patient does not remember the date of the operation or of his admission, and although the surgeon communicates with the registrar of that hospital he is in many cases unable to find particulars of the cases. In order to cope with this difficulty to some extent I would suggest that when a patient is discharged he should be given a card—blue for medical, red for surgical cases—with his name, number in hospital register, dates of admission and discharge, and name or number of ward, with a request printed thereon to the effect that he should present the card if he again applies for relief at the same or at any other hospital. Such a card (if it were kept by the patient) would at any rate give the surgeon particulars and enable him to communicate with the registrar of the hospital where the patient had been and so to obtain particulars. Such a card might well be given out by the ward sister, who might also tell the patient that it would be to his own advantage to keep it. If only some such plan could be generally adopted I think the notes of cases in some hospitals would be kept better than at present, and so be of value in making out statistics of certain modes of treatment. I need only to mention the radical cure of hernia as an example. It is, I am well aware, only occasionally that we meet with a case of exceptional interest from another hospital,