M. Itard mentions purulent otorrhœa, which he considers to be a complication of purulent otitis and catarrhal otorrhœa, as not sufficiently defined to class it specially. This form of the disease attacks the internal parts of the ear, the mastoid cells become carious, the petrous portion of the temporal bone next follows, the dura mater becomes inflamed, suppuration succeeds, the inflammation reaches the brain, and the disease becomes mortal. What a dreadful state of disease is here most truly described! and yet such is the disgraceful state of aural surgery, that in proportion to the consummate ignorance of some of those who endeavour to attract patients, so they adopt the more impudently-puffing advertisements and gross falsehoods; one of them publishes his biography, in which he states that he is "the only member of the College of Surgeons who attends to diseases of the ear in the metropolis," whereas I was informed by Mr. Balfour at Surgeons Hall, that the sapient gentleman had more than once sought the admission, but on examination was turned back as unqualified. Yet to such as these do the afflicted apply, and happy indeed should they think themselves, if they discover the ignorant charlatan before he has made their case hopeless.

In No. 410, p. 465, of your work, I gave a case which I presume M. Itard would consider a complication of otitis and otorrhœa, but which, fearful of being unintelligible, I described as it really existed, in which I arrested the progress of the disease before it had completely rendered the whole of the mastoid cells carious. Before this lady came to town, Mr. Curtis had the case sent him by the medical attendant on the family, with a request that he would advise upon it. Mr. Curtis gave his usual prescription, ox-gall, with either tincture of castor, or Peruvian balsam, I forget which, nor is it important, as they are alike ridiculous, to be applied to the auditory passage; and as this was rather an extraordinary case, he added the tartarised antimony ointment to be rubbed behind the ear. Now what could be expected from such treatment, but that the disease would progress to the state in which I found it?

M. Itard may probably with reason suppose otorrhœa to be common in England; it is a troublesome disease; it requires great perseverance, attention, and ability, to attain success in treating it; and the inefficient methods adopted by some practitioners—their blisters, setons, mercurials, and other equally ignorant modes of treatment, fatigue the more opulent patient; and as he can afford to visit Paris, he is attracted by M. Itard's copious remarks in his work on otitis and otorrhœa, to consult that gentleman; but I deny that the greater number of the English afflicted with deafness are so through otorrhœa, or that it is a general characteristic of deafness amongst the natives of this country. I am, Sir,

Your obedient servant,

W. WRIGHT,
Surgeon Aurist.

18, Sackville Street, Piccadilly,
April 15, 1833.

VACCINATION.

POINTS PREFERRED TO GLASSES.

To the Editor of THE LANCET.

SIR,—I have for some considerable time made the method of performing vaccination a principal study, and have looked over the various, and, I may add, voluminous, disquisitions of the principal writers on the subject, with an unprejudiced eye; have arranged their theories, and drawn from them some very useful axioms, which have materially advanced my confidence in the paramount utility of vaccination. I will now give you a few of the conclusions at which I have arrived. In the town in which I reside, and the adjacent villages, variola made its appearance last October, in such a confluent form among the lower classes, as induced the parish authorities, both in town and in the villages, to order a general vaccination. The gentleman with whom I am passing my term of apprenticeship was appointed a vaccinator by the authorities, in conjunction with the other surgeons of the place; and he had likewise the entire vaccination in four country parishes, being surgeon to them. Lymph, as will be supposed, was not plentiful, which induced us to write to the National Vaccine Institution for a supply. By a return of post it came; and I cannot too highly commend the alacrity with which that excellent institution always supplies the calls of the profession. We set about vaccinating the town immediately. By the time our glasses were exhausted, two hundred had been done, and we quietly waited eight days for the supply which we expected from the arms. What, Sir, however, was our vexation to find only thirty, out of the two hundred, with a vesicle upon them! The vaccine lymph being smeared on glasses instead of placed on points, afforded a reason to which we imputed our failure; and, by after practice, we found that not two cases out of fifteen ever came to a proper head when vaccinated from

glasses, whereas every case in which we employed points, with but a few exceptions, rose beautifully.

It is well known by those who vaccinate much, that it is necessary to breathe upon the glass, or hold it over the steam of boiling water, before taking the lymph from the glass, on the apex of the lancet, to insert it in the arm. The reason of failure is, therefore, manifest. Two-thirds of the liquid introduced into the arm is nothing less than the pure exhalation from the lungs of the operator, or the steam of water, which at once accounts for the failure of the operation. Besides, when glasses are used instead of points, it is impossible to know when the lymph upon them is expended, and I would strongly advise the profession to discard glasses entirely from use. Owing to the difficulty of procuring points, we adopted in the country the practice of vaccinating from the recent arm from two vesicles. I vaccinated ninety children in succession, and the result was, that eighty-eight out of the number rose admirably. But, of course, it would be impossible to keep up the supply of lymph in this manner. I only mention it to show its great superiority in all cases where an arm can be procured when vaccinating large communities.

In three parishes we vaccinated from recent arms, and with complete success, in one whereof, points were used with the like good effect.

The object, Sir, of my troubling you with these remarks is to impress upon the profession the necessity of discarding from practice glasses entirely, and to institute in their place points, which will only be attended by the paltry difference of being rather more expensive.—I am, Sir, your obedient,

GEORGE J. PERRY.

Andover, Hants, April 1, 1833.

COMPLAINT FROM A READER IN THE LIBRARY OF THE COLLEGE OF SURGEONS.

To the Editor of THE LANCET.

SIR,—Having been in the habit of reading in the library of the College of Surgeons for some years past, I cannot as a member of the College longer refrain from animadverting on the dusty state of the room and cases. When the librarian opens one of the latter to procure a book, he almost immediately disappears in a cloud of dust. It is strange that the Council cannot, out of the large funds at their disposal, employ some person to keep the library decent. Their funds would also, I should imagine, enable them to have the fires lighted an hour earlier than at present, for when I have gone in at ten o'clock in the morning I have found the room excessively cold, the fires having been but just kindled. It would be well, perhaps, to give the superintendence of these matters to some of the ladies who swarm in our worthy secretary's office, to the great distraction, no doubt, of his attention. It is a complaint of several of my friends, and I must say I have felt the annoyance myself, that when they have had occasion to see the secretary, he is beset with these ladies. The College should certainly allow its officers some other apartments for their families than the office. I am, Sir, yours, &c.

Δελτα.

March 13th, 1833.

DERIVATION OF "CHOLERA."

To the Editor of THE LANCET.

SIR,—Seeing that, within the wide range of science and literature, nothing, however remotely connected with medical research, is rejected from admission into your valuable Journal, I presume to correct a random attempt at the exploration of the term "cholera," as published in No. 499. After rejecting the various Greek sources from which cholera is conjectured to be derived, the Cambridge scholar at Caen flies to Hebrew, and then fancies an Egyptian origin, of the age of thirty centuries. I shall, however, show upon what erroneous data he has founded this conjecture. *Cholé* חֹלֶה, sick, is the participle of *chala* חָלָה, *vide* Genesis, cap. xlviii. ver. 1. *Choli* חֳלִי is the noun *morbus*, and conveys none but a general idea—in fact, it is what grammarians term "nomen genericum." Thus, in Deuteronomy, cap. vii. ver. 15, כָּל, "all" is added, as also in cap. xxviii. ver. 61. The same qualification is used in Exodus, cap. xv. ver. 26. In fact, the term is never employed in any of its forms but in a general sense, and in all other cases its peculiar location is always expressly annexed; thus in 2 Chronicles, cap. xxi. ver. 16, the bowels are described as the seat of the disease.

Rá, as Mr. Smith writes it, but more properly *rang*, רַע, means "evil," and