

But the very importance of the diagnosis which might thus be supposed to emerge from a disparity of the pupils in aneurysm served to quicken my sense of the fallacies which might arise from physiological and other causes of disparity apart from aneurysm. So far from becoming "convinced that inequality of the pupils ..... is in all cases due to implication of the sympathetic," it was not long before I became convinced of exactly the converse proposition. Case after case of aneurysm was observed in detail with regard to the pupils, and it was not long before I became convinced that slight and variable degrees of disparity (which were far from being rare) were almost of no account in the diagnosis, it being a not unusual experience to have the larger of the two pupils on the aneurysmal side, and variations taking place in this respect in the same case at different times. The valuable and exhaustive memoir of my friend Dr. John Ogle was in this respect only unconvincing to me as it seemed to lay equal stress (or almost so) on dilatation and contraction of the pupil, the former being assumed to be (as in experiments) the result of irritation of the cilio-spinal nerves, the latter of pressure or destruction of them. It was difficult to disprove or to controvert the former mode of action from the theoretical point of view, and therefore I never attempted to do so; but as a matter of personal experience I have not succeeded in convincing myself that relative *dilatation* of the pupil is of any importance in the diagnosis of aneurysm; and *myosis* is only of importance when, as in my first case, it is manifest, permanent, and accompanied by such abnormalities of reaction as are referred to in detail in the article in Vol. VI. of Clifford Allbutt's "System of Medicine," p. 400 *et seq.* If Dr. Wall and Dr. Walker will do me the favour to read carefully the cautionary statements in p. 404, or the summary of my experience in p. 406, they will, I think, entirely acquit me of having yielded to any such prejudice as they attribute to me. It would be easy to make this clearer by quoting more in detail, but as the work in question is very accessible to almost all your readers I forbear from burdening your space.

I am, Sirs, yours faithfully,

Edinburgh, July 15th, 1902.

W. T. GAIRDNER.

## CIDER AND GOUT.

To the Editors of THE LANCET.

SIRS,—Should the gouty drink cider? This is a question often put to medical men. The opinion of the authorities appears rather conflicting. I myself have prescribed cider in cases of atonic gout with great benefit. I am sure that you would do a great service to us if you would let us have the benefit of your opinion on the subject.

I am, Sirs, yours faithfully,

THOMAS DOBSON, M.D. St. And.

Windermere, July 9th, 1902.

## DIPHTHERIA AND ITS TREATMENT AT COLCHESTER.

To the Editors of THE LANCET.

SIRS,—As a year has now fully elapsed since the beginning of the epidemic of diphtheria in the borough of Colchester it may be advantageous to review this *annus mirabilis* so far as the disease in this locality is concerned in regard to its rise, progress, and decline, with any other circumstances of interest affecting it during the year. Commencing in the first week of May, 1901, it has continued to the present time and no intermediate month has been free from its presence. The number of notifications from the beginning of the year 1901 to its close was 287 and 43 were notified up to the end of May of that year, whilst 77 have been returned for the same period of this year, being 18 for January, February, March, and April, and 25 for May, 1901; and for this year, for January, February, March, and April, 62, and for May, 15, and only four for June, showing that the disease is now passing away. Like all epidemics it was small in amount, sporadic, and of a comparatively benign character at its beginning, but speedily showed a sudden large increase, virulent in type and located in well-defined special localities, in May and June, afterwards assuming in July and subsequent months a less virulent form though the numbers did not lessen till November and December.

23 deaths occurred in May, June, and July out of a total of 137 notifications for that period in the borough;

111 patients were removed to the Infectious Hospital during these three months and 26 were treated at their own homes—66 had antitoxin administered with 17 deaths, 45 were treated without antitoxin with three deaths, and 26 outside the Infectious Hospital, also with three deaths. Three of these deaths which occurred without antitoxin being used had the disease in a hopeless hæmorrhagic form on entering the hospital and others from organic disease either from the rapidity of the course of the malady or not being removed to the hospital soon enough for any remedy to restore the vital powers or to save life, and if antitoxin had been used in such cases it would only have increased the death-roll of those who died after receiving that remedy. The total number of cases notified during the diphtheritic year commencing in May, 1901, and ending on April 30th, 1902, is 331—271 being notified from May to December, 1901, and 62 from January to April 30th, 1902, the deaths for the eight months in 1901 being 34 and those of the four months of 1902 eight, giving a total of 42 and a death-rate of 12·69 for the entire period.

There is probably no disease, taking it in all its phases, requiring more discrimination in its diagnosis or discretion in its treatment than this, the diseases affecting the throat being very numerous and difficult to differentiate, especially in their first stage—the time most important, especially in diphtheria, in securing the best chance of success in preventing a fatal result and a long convalescence. It seems also only natural that diphtheria should be at once attacked at its point of origin and the system of cure which ignores this fact is not based on true physiological principles. Remove the cause and the effect ceases, and this can easily be done at the onset and the result is everything that can be desired in a speedy removal of the dangerous poison and a short convalescence. The *cilia* or brushing apparatus with which the mucous membrane of the throat and back part of the mouth is lined are soon clogged with dead matter and bacteria and their action arrested, thereby furnishing a fitting nest for the hatching of the toxins which enter the system and which give rise to all the evil consequences of the disease. The first line of attack is therefore to be put in force at once by clearing the throat of these lethal products and enabling these minute organs free play in resuming their natural function of keeping the throat clean. So essential are these minute organs in the animal economy and their vitality is so great that they continue in action after removal from the throat and even for three or four days after death do not lose their power of movement. It is therefore a most important point in the treatment of the disease to restore their function at the soonest possible time and thus allow a means of exit to their imprisoned poisons. This means of cure also lessens the chance of infection being conveyed to others, for whilst only one case of infection occurred during the 17 years previously to 1901 at the infectious hospital, seven nurses and one ward attendant were attacked by the malady during the present epidemic and the antitoxin treatment does not prevent the disease spreading to others after the patient is said to be cured.

It appears derogatory to the science and practice of medicine and surgery that it should be imperative as some practitioners hold that there should be only one system of cure to a specific form of disease, that there should be no progress in the healing art, and that the most ignorant and the most experienced should be bound by a hard-and-fast rule to pursue a course of treatment which frequently entails more misery on the sufferer than the original disease itself could produce. There are many mild cases of diphtheria—indeed, the majority are such—that require little treatment and some that defy all human skill, as there are cases of malignant scarlet fever and like diseases that exhibit the same tendency and are extremely fatal in the young. After July 2nd, 1901, the disease was generally of a mild form and 26 cases were admitted into the hospital from that date without a single death up to the 19th and since then only occasional cases of a virulent character occurred, the cases both inside and outside the hospital being of the same description. It is a well-known law in medical science that if one disease is already in the system another as a rule is denied admittance, or if introduced its action is greatly modified or suspended till the first has run its course. Cases of scarlet fever occurred in this way and in many cases were fatal after the diphtheria.

On the other hand, some children were admitted with diphtheria and in two or three days after admission chicken-pox made its appearance and though one of them had a very