

give, if you will permit me to do so, an outline of the case:—

A short time ago I was in charge of a large vessel running between London and Melbourne. Some days before leaving the latter port we pumped out our bilge, with the result that the whole ship became full of foul smells and gases, which lasted for some days. Thirteen days after sailing, one of the cabin passengers, an Englishman aged twenty, who had since starting suffered from gonorrhœa, with its frequent consequences, worry and mental depression, told me that for the last three days he had felt very low and depressed, had slight rigors, and was very hot. I found him rather feverish and sent him to his bunk; vomiting soon came on, accompanied with slight diarrhœa; great pain in the epigastrium, tenderness in the right iliac region, and slight tympanites. Tongue fairly clean; no delirium; appetite fair; copious sweats at irregular intervals, and having a very peculiar odour. Temperature characteristic of typhoid, except that it was of a greater range and marked by irregular intermissions about the sixth or seventh day, and this repeated up to the 19th, the patient feeling almost well during these intermissions; but after the first week his chief complaint was of utter weakness and prostration, the other symptoms being fairly under control. Drugs had very slight effect, if any, on the course of the fever, and I found that the only thing which gave relief and seemed to lower the temperature for any time was cold bathing. On the twenty-first day, there having been an intermission of two days, I began to hope that I had seen the last of it; for although I had perused and reperused my books and notes, and hunted in every cranny of my brain, I could not remember ever seeing or hearing of any case just like this. I had diagnosed it as a case of abortive typhoid of a relapsing character, but I was really confused by its apparently resembling typhoid at one time and malaria at another, and, again, not like either, but a blurred image of both. But on the next day his temperature rose again, and the case assumed a more severe form, the patient lying utterly prostrated during the height of the attack and feeling very weak during the remission, the fever assuming more the remittent type, the temperature rising steadily with slight morning remissions for forty-eight hours, and then falling to nearly normal accompanied by profuse perspirations, the remissions lasting seventy-two hours. In a fortnight more he had become so weak that my prognosis was naturally gloomy, and as a last resource I had him carried on deck, the weather being fine. Two days after this he had an attack of acute pleuritis which lasted for a week; in his enfeebled condition I did not think he would get over it, but watched with interest the struggle of the fevers, there being a distinct attempt at remission accompanied by a moderate perspiration, quickly overcome by the inflammatory fever of the pleurisy. At the termination of this complication he was so weak and exhausted, his left base showing signs of consolidation that I felt beaten; my quinine and arsenic were both gone, and so I gave him a tonic—nitromuriatic acid,—and, strange to say, after one slight attack the fever left him, and save for the mischief in the left base before mentioned, and which cleared up slowly, he had a rapid convalescence. Whether the fact of our putting into Ascension and getting the land breezes, or the pleuritic attack, or the mineral acids effected the cure is an interesting point with me still.

This, Sir, is a meagre account of a curious case, but, taken in connexion with Dr. Chaplin's, it is, I think, of interest, and the more so as I came to the conclusion at last that it was a hybrid, but from want of further experience was unable to verify it. Now it is extraordinary how few people understand thoroughly what the term "hybrid" should convey, for instead of accepting Dr. Chaplin's familiar but good type, the mule, they are more likely to fix their attention on the ancient centaur, which in reality is not a hybrid at all, but a monster. For as the monad of every living creature, man included, is, I believe, formed by a double germ, one from each parent, so also by the same law the monad of every specific disease must be made by a double germ, and by the same law must have two parents, the one parent being in the atmosphere perhaps, the other in the soil. Taking thus our typical hybrid, the mule, we see the germ of the father uniting with that of the mother, acting and reacting on each other, each asinine trait and feature being acted on and blended with the corresponding equine trait, and *vice versa*; so that though we know and feel that the mule is half ass

and half horse, yet we can pick out no particular characteristic attaching him to one or the other, although one may slightly predominate owing to the superior vitality of a particular germ. So in like manner the male or female parent of typhoid floating in the atmosphere, ready, on meeting with the other parent, to unite the two germs to form the deadly typhoid nomad, meets in the emanations from our bilge one of the progenitors of malaria; they unite, they blend together as before described, acting and reacting on each other and producing the perfect hybrid, not a monstrosity half typhoid and half malaria, but a distinct disease, in which one seems to see at times both types, but cannot separate one from another sufficiently to fix it and call it by its name.

I merely offer this explanation. I do not know that it has been offered before; but if it is not the right one, is there any other so plausible? (except, perhaps, the theory of simultaneous infection, and that would seem to point to a conflict between, rather than an alliance of, the diseases); for if the fevers both spring from a single germ, why unite to another at all against the natural law of disease? I may draw your attention to the fact that Melbourne is a hotbed of typhoid, and that the malarial poison is often found on ships; and also to the fact that after twenty-one days, the general period of typhoid fevers, the malarial type seemed to predominate.

I am, Sir, your obedient servant,

DENIS M. O'CALLAGHAN, L.K.Q.C.P.I., &c.
Mortimer, Berks, Sept. 21st, 1885.

THE MEDICAL DEFENCE UNION.

To the Editor of THE LANCET.

SIR,—In reference to Dr. Pearson's suggestion to the Medical Defence Association, read at the meeting held on the 23rd ult.—"That the usefulness of the Association might be considerably extended by affording assistance to medical men who are threatened with litigation, or against whom charges of malpractices or other grave accusations have been made for the purpose of extortion,"—kindly allow me to state that an association called "The Medical Defence Union," having this and other objects at heart, has already been established, and is, so far, meeting with the very cordial support of the medical profession, to whom it will be more fully introduced during the next few weeks. The Union has been duly and legally incorporated according to Acts of Parliament, and, for the protection of its members, registered with limited liability. I enclose prospectus for your perusal, and would further say that the Union will most willingly and heartily co-operate and work with any existing society or association holding similar views. The Union will, above all things, strive to be thoroughly active and effective, and will not rest until it has some thousands of members upon its register and a corresponding and fitting reserve fund, which will render it a most useful and powerful institution, equal to almost any possible demands that may be made upon it. The subscription is only 10s. per annum, and application for membership can be made to me.

I am, Sir, yours obediently,

CHARLES F. RIDEAL, Secretary.

Medical Defence Union, 17, Bedford-row, W.C., Nov. 2nd, 1885.

"INVERSION OF THE UTERUS."

To the Editor of THE LANCET.

SIR,—It is singular that the cry raised about the treatment of the case I recorded comes from the advocates of two particular methods promoted by themselves. It would be, to say the least, inconvenient if every man who urged the use of a special appliance, or who devised a splint or a pessary, were to raise an indignant wail against the practitioner who did not use it.

In reply, let me say that I believe far more in the intelligent conjoined use of the hands than in any form of instrument, nor do I expect any sudden result even by this means. I employed taxis for the space of an hour under an anæsthetic; it had been once previously tried for forty minutes with relays, and on several other occasions, nor can it be denied that this is a well-recognised method of treatment. Elastic

pressure was considered, but not advised, for the following reasons: because the uterus was small and hard, the vagina lax and extensible; because it was thought that pressure would increase the liability to septic infection after so much previous manipulation.

Death has followed from the use of elastic pressure, notably in one case recorded by Dr. West.¹ Dr. Macdonald of Edinburgh has reported two cases in which Tait's method was tried and failed.² It has often been found ineffectual, and the danger of its practice has been increased by the method of combining it with incision of the cervix. It is to be regretted that Dr. Aveling was subjected to a painful impression in connexion with this case. I wonder if he transmitted across the Atlantic a similar impression when Dr. Thomas of New York performed abdominal section in two cases of inversion, reducing them both, although one subsequently died; or if he called in question the proceeding of Professor Simpson when he similarly tried it. What kind of emotion did he exhibit to Courty, who records three cases of ablation by the elastic ligature; or would he be astounded to know that ablation has been advocated as even a first resource! It would be interesting to know his feelings if he heard of a death after the operation for shortening the round ligaments, or after one for the radical cure of hernia. What a painful impression must Dr. Emmet have produced in Dr. Aveling's mind when he proposed to open the base of the bladder as an aid to reduction.

I have myself seen three cases of inversion: one, many years ago, died of hæmorrhage and exhaustion; one I reduced by taxis; and the present one. The true interests of gynaecology, I am satisfied, tend to be more advanced by the frank and candid narration of cases than by dogmatic assertions of a universal remedy for every case.

I am, Sir, yours, &c.,

Birmingham, Nov. 11th, 1885.

EDWARD MALINS.

HYDROPHOBIA.

To the Editor of THE LANCET.

SIR,—I note with some interest your important remarks (*THE LANCET*, Saturday, Oct. 24th, 1885) on rabies, and upon hydrophobia consequent upon the bite of dogs in a rabid state. This disease has been prevalent in this country for the past two or three months, more especially in the Eastern Counties; but our attention has been more painfully directed to it by five inquests which have been held in this district upon children whose deaths have been attributed to this cause. Science has not yet discovered any cure for this dire disease, but it may be worth while to commit one or two ideas to paper upon this subject. Hydrophobia does not always attack immediately, but there is a variable latent period, and, if so, can we employ that time by preventive measures profitably? Excision of the tissues in the neighbourhood of the wound would hardly remove the conical-shaped puncture of a dog's tooth. Sucking the wound would depend for its performance upon its position in the human body. The point is clearly to destroy or remove the poison and some of the tissues with it. This is constantly attempted by the application of caustic nitrate of silver, but is a useless measure, as the salt acts far too feebly and superficially. The best caustics are solid carbolic acids, strong nitric acid, or strong sulphuric acid, if at hand and under proper guidance. But the best local treatment, because it is at hand in every house, is the actual cautery. A piece of thick wire—e.g., a skewer—heated to a white heat in the flame of a candle or lamp, should be carefully applied to all the punctures and neighbouring parts without hesitation. If this does not prevent an attack supervening, it should be treated as a zymotic disease of the worst type. Inject hypodermically small quantities of carbolic acid, sulphurous acid, morphia to allay irritation—may be, inhale chloroform; saturate the atmosphere of the patient's room with creasote or carbolic acid, keep the patient warm, and wait for elimination (which will probably never come), and be careful how you feed the patient.

I am, Sir, yours truly,

F. EACHUS WILKINSON, M.D., &c.

Nov. 1885. Senior Medical Officer of Health, Lewisham District.

THE CHOLERA AT GIBRALTAR.

To the Editor of THE LANCET.

SIR,—Will you permit me space for a few lines? Gibraltar has been visited with cholera of a malignant type, though occurring in sporadic and isolated cases. The visitation has been influenced by the exceedingly satisfactory sanitary condition of the town. Gibraltar is but three miles long and a quarter of a mile broad, and has a population something like 30,000, so the Sanitary Commissioners and other public sanitary servants deserve immense credit for their increasing labours, which have been attended by such a happy result. About thirty cases have occurred on the Rock and twenty-one deaths, showing an unusual mortality. All the cases have been traced to infection from without, or to gross carelessness on the part of those attacked in neglecting the onset of diarrhoea, drinking to excess, and eating such things as uncooked vegetables and unripe or overripe fruit.

And now I come to the particular object of this letter. In all cases of diarrhoea, which have been very common here during the prevalence of cholera, I found first treatment always successful if taken in time. I see in *THE LANCET* of Oct. 10th, in a communication from its Italian correspondent, the result of the treatment of cholera by Dr. Tunisi of Vicenza, and my limited experience here is in entire accord with his. A very sudden death from cholera took place here quite recently. The officer attacked had suffered from diarrhoea for about a week off and on before his death, and was thrice cured by me with McNamara's pill (one grain of powdered opium and three grains of acetate of lead). He however disregarded my solemn advice, did his duty, and ate and drank unadvisedly; and, finally, crowned his carelessness by not seeking advice till next morning, though terribly ill the whole night. He was collapsed when I saw him, and, in my opinion, beyond medical help. He died in twenty hours, though treated in accordance with McNamara's plan conscientiously carried out to the last.

I am, Sir, faithfully yours,

J. HOYSTED,

Gibraltar, Oct. 22nd, 1885.

Surgeon, Medical Staff.

AN IMPROVED METHOD OF OPERATING FOR CLEFT PALATE.

To the Editor of THE LANCET.

SIR,—The plan of inverting the head while operating for cleft palate is not a new one, so far as Manchester is concerned. For several years past I have invariably adopted it. I do not, indeed, allow the head to hang over the end of the table, but over a number of pillows placed under the chest, the vertex resting on the table. As Mr. Collier says, "there is thus much less trouble with the blood, while the parts concerned are also below the knife, instead of above it."

I am, Sir, yours truly,

Manchester, Nov. 9th, 1885.

JAMES HARDIE.

EDINBURGH.

(*From our own Correspondent.*)

MEETING OF THE MEDICO-CHIRURGICAL SOCIETY.

THE first meeting of the Medico-Chirurgical Society for the present session was held on Wednesday, Nov. 4th. Several interesting pathological preparations were exhibited, and amongst them a bullet extracted from the internal condyle of the femur by Dr. MacGillivray after it had lain in that position for thirty years. A number of very excellent microphotographs were exhibited by Dr. Troup, illustrative of the appearances of certain constituents of sputum obtained from various sources. The retiring President of the Society, Dr. Littlejohn, then delivered his valedictory address, which contained much interesting matter relating to practical hygiene. He made special reference to the thorough system of notification and isolation of cases of infectious diseases which has long been carried out in Edinburgh under his direction, with the best results as regards the maintenance of a low death-rate in the city and the prevention of

¹ Diseases of Women, third edition, p. 232.

² Edinburgh Medical Journal, Sept. 1881.