

China for its issue as an ordinary ration the men were rendered quite incapable of military or any other duty, even of cleaning their horses, by its suppression. No opium being at hand, commissariat "indents" were made to the Medical Department for a provisional supply in quantities that were so excessive as very soon went far to exhaust the store. As soon as the opium ration was served out the temporary disability immediately disappeared. It is to be presumed that the consumption of the drug by these native troopers was comparatively moderate. They certainly were what Dr. Mouat terms as a class exceptionally bright and intelligent, "with broad frames, brawny muscles, pliant skins," and in every way unusually active and efficient soldiers. Yet their collapse on the cessation of the stimulant seems clearly to prove that, under the most favourable circumstances, the opium habit is injurious in a high degree to the nervous system and ought to be discouraged, in spite of fiscal and all other considerations, by any truly scientific code of preventive State medicine.

I am, Sirs, yours obediently,
R. LEWINS, M.D. Heidelb.,
Surgeon-Lieutenant-Colonel (Retired).

Nov. 14th, 1892.

DIPHTHERIA AND SEWER GAS.

To the Editors of THE LANCET.

SIRS,—Your reviewer of the recent "Treatise on Hygiene and Public Health" calls attention to a point of great importance, especially at the present time, when diphtheria is more prevalent in London than ever before. Is there a causal relation between sewer gas and diphtheria? As your reviewer says, some noted authorities say no. On the other hand, many say yes, besides Professor Notter; among them Drs. Thorne Thorne, Thursfield, Sykes, and Mr. M. Adams (see "Epidemics, Plagues, and Fevers"). I have been recently led to suspect manhole ventilators as a cause of diphtheria in this parish; and it has occurred to me whether the increase of diphtheria in London in recent years may not be partly accounted for by the increased ventilation of sewers—i.e., ventilation which allows the escape of sewer gas in improper places, without being sufficient to render it innocuous. It would be interesting if any who have studied this question would give their experience, and I should be much obliged for reference to any literature on the subject.

I am, Sirs, yours truly,
SIDNEY DAVIES, M.D. Oxon., D.P.H. Camb.,
Nov. 15th, 1892. M.O.H., Plumstead.

"ARREST OF HÆMORRHAGE AFTER TOOTH EXTRACTION BY HOT WATER."

To the Editors of THE LANCET.

SIRS,—Your annotation on the above subject leads me to think that the following illustrative case may be of interest to your readers. In April, 1891, while acting as "locum tenens" at Freshford, I extracted a tooth from a young woman. There was some bleeding at the time, but it had ceased before she went away. It soon recurred, however, and during the next three days she lost, at intervals, a large quantity of blood. The cavity was plugged several times by Dr. Flemming and by myself. Each time we succeeded in stopping the hæmorrhage, but it always recurred whenever the patient removed the plug, so that we were frequently being sent for. Finally, I decided to try syringing with hot water. I used water as hot as I could bear to put my hand into. Immediately on the first impact of the hot water the bleeding ceased. I desisted at once, but the oozing soon recommenced. I then syringed continuously for some four or five minutes. The hæmorrhage ceased, the gum became pale and eventually completely blanched. There was never any recurrence after this. The patient complained of no pain, no sloughing followed, nor were there unpleasant after-results of any kind.—I am, Sirs, yours faithfully,

H. WILLOUGHBY GARDNER, M.D. Lond.
Shrewsbury, Nov. 15th, 1892.

"ELECTROPATHIC ADVERTISING."

To the Editors of THE LANCET.

SIRS,—I beg to inform you that I have commenced an action for libel against the newspapers to whose article you refer in your annotation on "Electro-pathic Advertising" in

your issue of Sept. 24th, and I shall also hold you responsible. I request you to insert this letter in your next issue.

I am, Sirs, your obedient servant,
HERBERT TIBBITS, M.D., F.R.C.P. Edin., &c.
Welbeck-street, W., Nov. 14th, 1892.

CHOLERA AND THE GERM THEORY: A CRUCIAL TEST.

To the Editors of THE LANCET.

SIRS,—We have been recently informed that the Imperial Cholera Commission in Germany (a country which supplies us with such numerous therapeutic surprises) states that "wine—claret or hock—was found to kill the bacilli [of cholera] in a few minutes." Hitherto, when it was pointed out that in no single instance had the germ theory borne fruit in the treatment of disease, the excuse was pleaded that such agencies as destroyed the bacilli had an inimical effect on the system, and could not therefore be administered as remedies. Now here, according to this Imperial Commission, we have a totally different case. If cholera be due, as in Scotland we have been recently assured by Dr. Grainger Stewart, and as we are constantly being assured through all the medical journals at home and abroad, to the comma bacillus, and if claret or hock kills the comma bacillus in a few minutes, then claret and hock ought surely to cure cholera; here there can be no excuse that these beverages act as poisons to the system. Tea also, according to the same authority, killed the bacilli in one hour. If the Imperial Commission be right, and if the bacillary theory of disease be well founded, I submit that the cure of cholera should now be *un fait accompli*. If it be nonsense, as I believe it to be, then here we have another instance of the inanity of the whole thing. If, again, cholera be due to the presence of the comma bacillus in the bowels, why use tannin injections as recommended by Alexinsky of Jarsolaol (whoever he may be) and Professor Cantani of Naples, or why use astringents by the mouth? Would not purgatives to expel the bacillus be indicated? What with Dr. Brown-Séguard's "organic injection," injections of the juice of the thyroid gland, and of the serum of dogs and horses, truly the "science" of therapeutics may be said to be in a bad way.—I am, Sirs, your faithfully,

Glasgow, Nov. 11th, 1892. D. CAMPBELL BLACK, M.D. Glas.

"AN ACCIDENT UNDER CHLOROFORM."

To the Editors of THE LANCET.

SIRS,—In THE LANCET of the 1st inst. I find a note on "An Accident under Chloroform" by Surgeon-Lieutenant-Colonel Lawrie. I think this is the first accident of the kind ever recorded as having taken place in Surgeon-Lieutenant-Colonel Lawrie's practice of some scores of thousands of cases of chloroform administration. It is strange that it should have occurred after so much experiment, and so much assertion that if chloroform were only always administered everywhere according to the Hyderabad method its use would always be absolutely safe. If, however, such an accident can occur when the drug is administered under Surgeon-Lieutenant-Colonel Lawrie's personal supervision, and by one of his own students, it is clear either that the supposed safety of the drug has been exaggerated or that there are other reasons for its undoubted safety as administered in India compared with the conditions which obtain in England and in temperate and cold countries generally. Here in Madras, we have never had a death from chloroform, but we have had occasionally an "accident" similar to that described by Surgeon-Lieutenant-Colonel Lawrie, and in which a fatal issue has been averted by artificial respiration. My experience, as also that of Surgeon-Lieutenant-Colonel Lawrie, is very limited in regard to the administration of anæsthetics at home; and so I speak under correction when I say that if there is anything more puzzling than the safety of chloroform in India as compared with England, it is the extreme readiness with which apparently asphyxiated patients respond to artificial respiration here as compared with England.

I am convinced that our pure freely circulating air (for all operations are practically done in the open air); the dilute form in which the chloroform is necessarily administered owing to the high temperature of the atmosphere; the constitutional peculiarities of our patients, the result of dif-