

Imagination is said to have a wonderful influence upon diseases of this kind, but we all agree that it cannot be originated unless the virus be introduced from a rabid animal. We certainly have to thank M. Pasteur for kindly undertaking the treatment of cases sent to the Pasteur Institute. Sir James Paget, when speaking at the Mansion House on July 1st as a delegate from the Royal Society, said that the meeting recorded its conviction that the efficacy of the antirabic treatment discovered by M. Pasteur is fully demonstrated. This is most satisfactory so far, but our object should be to afford protection and to do all in our power to prevent the disease, and it is simple enough to muzzle dogs, as they do not object in the least; in fact, they can be taught to fetch their muzzle.

Whether a patient follows M. Pasteur's treatment or not, I maintain that whenever he has been bitten by a rabid animal or one suspected of having rabies the wounded part should be at once excised, and the raw surface freely treated with caustic, potash, nitric acid, the actual cautery, etc. I have found sucking the wound immediately and applying nitrate of silver successful treatment. I may here mention a case of a soldier in India, who was bitten on three different occasions by a rabid dog on the hands and fingers, when the above named treatment was adopted with success. Dogs are frequently reported to be suffering from rabies when some other disease exists; for example, I have seen distemper in dogs show symptoms analogous when the disease is centred in the nervous system, and this is not an infrequent occurrence.

ANTIPYRIN IN CANCER OF THE CERVIX UTERI.

MR. M. V. C. MARQUIS, L.R.C.P., L.R.C.S., L.F.P.S., L.M., etc. (Bombay), writes: I find it highly advisable for the benefit of the patients, and for further experiments, to communicate to the profession the favourable result I have obtained of antipyrin, admirably subsiding the pain immediately after its administration in a case of cancer of the cervix uteri; though this beneficial effect was of a short duration, still it was of great importance and satisfaction to the patient. Being summoned to see an European lady, come from Port Natal, apparently under 40 years of age, I found her suffering from cancer of the cervix uteri in an advanced stage. She complained of severe lancinating pain, worse at nights, disturbing sleep, and of intense fever of the discharge, and of many other things. She also stated that, having consulted with several other physicians, she had obtained no relief. The characteristic severity of the pain and fever of the discharge had reduced the patient to a pitiable condition. It occurred to me that antipyrin perhaps would do her some good, so forthwith I prescribed ten grains of it to be given at once in my presence; and great was my surprise, still greater being the satisfaction of the patient, to see the pain, which was so severe just before, stopped altogether immediately. Now I repeat the same when the pain comes on, and have seen no unpleasant symptoms arising attributed to antipyrin. I shall communicate my further results.

LONDON CEMETERIES AND SO-CALLED BURIAL REFORM.

MR. JOHNSON HERBERT (Whitley) writes: In a recent issue of the JOURNAL I noticed that the Home Secretary, at the instance of Mr. Byron Reed, M.P., acting on behalf of the Church of England Burial Reform Association, published returns of the number of bodies at present interred in the principal metropolitan burial places. The total number of bodies registered as buried in metropolitan cemeteries is given as 1,276,875, although I am inclined to think the above figures are very much below the mark. It would appear the Association proposes to approach the Government with a view to obtaining fresh legislation preventing burial in improper soil, overcrowding, etc. The published returns of the Home Secretary cannot fail but to be of the greatest possible use, as far as London is concerned at any rate, and I would suggest that similar and correct returns be asked for of all the burial places throughout England, Ireland, Scotland, and Wales. I think there can be no two opinions but that fresh legislation is urgently required, only it must be conducted on safe lines; in which case I do earnestly trust that the Government will be solely guided in this serious matter by the ripe opinions of genuine sanitarians, most of whom, I am happy to say, are amongst the first rank in our own profession.

I have come to the conclusion long ago that the Church of England Burial Reform Association know practically nothing whatever about the sanitary aspect of the disposal of our dead, and in fact have, in my humble opinion, for a number of years now, been doing a vast amount of harm, by advocating a system of burial in our graveyards, whereby the dead are harming the living by destroying the soil, fouling the air, contaminating water springs, and spreading broadcast the germs of disease.

LEPROSY AND FOOD.

DR. N. S. DURRANT, Government Medical Officer (Carriacou, Grenada, West Indies) writes: With reference to the remarks in Mr. Hutchinson's first article concerning leprosy originating from the use of certain articles of food, perhaps you might consider the following observations worth noting. I was summoned to see a woman afflicted with anæsthetic leprosy, whose fingers and toes had long since departed, and whose feet were dwindling away. She wished to show me a large ulcer on the sole of her foot, and for that purpose removed a bread poultice, and threw it out of doors, where it was greedily devoured by the fowls.

I cannot help thinking that if any such fowl was killed shortly afterwards, improperly cleaned (especially an organ such as the gizzard), and perhaps imperfectly cooked, on a bacillus theory it might infect some individuals with defective gastric secretions not powerful enough to destroy the germ, and such opportunities of infection would frequently enough occur in places where leprosy was endemic, and this might originate it in Europeans, resident in such localities apart from any accidental inoculation. The use of pork where leprosy exists might also convey the disease.

As the majority of the blacks in this island, and in Grenada, live on salt fish and Indian meal all the year round, if salt fish did originate it, it should be more common. Heredity, inoculation, and a possible cause such as narrated, I believe to be almost the sole means by which leprosy is spread and continued.

COMMUNICATIONS, LETTERS, etc., have been received from:

Dr. Julius Althaus, London; Dr. T. B. Satterthwaite, London; Dr. Fitzgerald, Folkestone; Surgeon-Major Sheehy, Highgate; Mr. Brindley James, London; Surgeon W. S. Reade, A.M.S.; Dr. Karl Grossmann, London; Our

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BOOKS, ETC., RECEIVED.

The Diseases of the Madras Famine of 1877-8. By Alex. Porter, M.D., F.R.C.S.I., M.R.I.A. Madras Government Press. 1889.
What to do in Cases of Poisoning. By William Murrell, M.D., F.R.C.P. Sixth edition. London: H. K. Lewis. 1889.
A Textbook of Organic Chemistry. By A. Bernthsen, Ph.D. Translated by George M'Gowan, Ph.D. London: Blackie and Son. 1889.
Windows of Character and other Studies in Science and Art. By Professor Edward P. Thwing, M.D., Ph.D. New York: Holbrook and Co. London: S. W. Partridge and Co.

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