

was responsible for the complete reduction of the pyrexia, but whether or not such was the case the noteworthy fact remains that marked delirium was present in a patient with pneumonia while the temperature was at 97°. The delirium continued as the temperature rose the same evening, but disappeared as it again fell early the next day at the onset of the crisis of the disease. If delirium and irregular pulse can exist in pneumonia with a temperature of 97°, obviously pyrexia and serious symptoms are not synonymous terms. The toxins that produce cerebral disturbance and cardiac weakness also give rise to fever, but they can injuriously affect the centres of vital activity without the aid of a high temperature.

A fatal ending is not due to the raised temperature. Any patient previously in good health could withstand for seven or eight days a temperature between 102° and 105°. Neither is it due to the cutting off of a large breathing area, since in the large majority of instances as soon as the crisis occurs the patient is out of danger, in spite of the fact that the affected portion of lung remains for several days after as useless as before. Death is due chiefly to the action of toxins upon the heart. The cyanosis of the later stages of pneumonia does not in the main indicate the deleterious effect of lung consolidation upon the pulmonary circulation; it points rather to cardiac failure, due to the action of poisons upon the heart muscles. Very shortly after these toxins cease to be produced the heart recovers sufficient strength to force the blood rapidly enough through the unaffected portions of lung to secure average oxygenation, and the cyanosis disappears.

At present pneumonia antitoxins do not appear to have been successful, and we are left without any scientific and reliable method of treatment. In the absence of any such method it behoves us to be careful not to run the risk of diminishing the patient's powers of resistance to the disease by the administration of powerful drugs.—I am, etc.,

Clifton, Bristol, Dec. 22nd, 1894.

THEODORE FISHER.

MEDITERRANEAN FEVER.

SIR.—In the ninth edition of Roberts's *Practice of Medicine* I see a special account of Mediterranean fever has been given under the head of Miscellaneous Diseases. I would therefore plead for a special place for this disease in the *Nomenclature of Diseases*. I do not think it necessary to wait till the whole entity of this affection is recognised, for at present it may be returned under the head of Simple Continued Fever, or Remittent Fever, and so help to swell the number of these affections unfairly. I would suggest that on page 7, par. 17 of the *Nomenclature of Diseases*, Typho-malarial Fever be erased and Mediterranean Fever substituted.

The number of cases from Mediterranean fever—shown in official returns—could then be bracketed under the heading of Enteric Fever, but would still be kept separate. The strong resemblance between enteric fever and Mediterranean fever is now generally recognised.—I am, etc.,

December 28th, 1894.

MELITA.

SUPPOSED EXCEPTION TO COLLES'S LAW.

SIR.—Mr. Albert Lucas has, by quoting one sentence of my letter and suppressing the rest, made me appear to agree with him that his quoted case is an exception to Colles's law. I can only reiterate that I quite fail to see that Mr. Lucas has produced any satisfactory evidence to prove that the child was suffering from hereditary syphilis, and I may further state that I do not believe that up to the present a case has been quoted which upon thorough investigation has proved an exception to the above law. In the recently issued edition of Mr. Alfred Cooper's work on *Syphilis* we have fully dealt with this question and discussed the weak points in some of the principal recorded cases.—I am, etc.,

West Halkin Street, S.W., Dec. 29th, 1894.

EDWARD COTTERELL.

SIR.—Before joining in the discussion on Mr. Lucas's case I have awaited his reply to the criticisms upon it. Although the details he furnishes of an important case are exceptionally meagre, I can see no inherent impossibility of its being one of congenital syphilis, notwithstanding the high authority of Mr. Hutchinson to the contrary. If we are to summarily class every instance of syphilis in an infant as undoubtedly

belonging to the acquired variety merely on the grounds of a faulty family history and that no symptoms had been observed before the age of six months by a hospital mother, then acquired infantile syphilis would be far from a rarity.

I suppose that I may take it that my own is one of the "several other narratives of supposed exception to Colles's law" alluded to by Mr. Hutchinson. It was published in much detail in the *Lancet* of June last, and so fully and ably discussed by Dr. George Ogilvie, the weight of whose criticism I freely acknowledge, that I feel any further lengthy allusion to it here unnecessary. I may perhaps claim for it that it stands on a surer basis than the one recorded by Mr. Lucas. In it there was a history of snuffles and rash on the buttocks at a few weeks old—a combination that, taken with the later symptoms, affords every ground for the assumption of a syphilitic manifestation. It was seen by perhaps a dozen qualified observers, three or four of whom had had exceptional experience in infantile syphilis, and by no one of them was any doubt thrown upon my interpretation of the case. The infant then had every prominent symptom of congenital syphilis, and it might have been painted as an absolutely typical example of the complaint.

After my paper, too, was written and sent off to the *Lancet*, another case of syphilis presented itself at the Shadwell Children's Hospital, under one of my colleagues, that seemed to throw additional light on my one. This case was one of a little girl with secondary syphilis and a chancre of the vulva, who came from the same house as my infantile patient. From what I gathered from Dr. Ware, then resident medical officer, this latter case threw grave doubts on the history furnished to me about my own, and tended to confirm what I had deduced on clinical symptoms only. For obvious reasons I cannot give details, nor can I claim undoubted proof for my case from them, for undoubted proof in the matter would have compelled the moral necessity of the institution of criminal proceedings on the part of the hospital authorities. Enough, however, was inferred to prove that, as regards the denial of syphilis by the hospital class, had a certain psalmist lived in these latter days, he need not have tendered any apology for explosive haste in pronouncing on the mendacity of his fellow beings.

That infants occasionally acquire syphilis by accident goes without saying. But accidental syphilis is rare enough in adults, and as infants are exempt from the usual sources of inoculation, such as drinking vessels, pipes, fowl shaves, etc., it is evident that examples of it should be still rarer in them. My own experience of infantile acquired syphilis is limited to seven or eight cases, but even this number I consider an exceptionally large number for a single observer. The whole point at issue in the discussion turns upon the possibility of differentiating between the symptoms in the acquired and congenital forms. In my own cases I had no difficulty in this respect, and although a congenital case may assume some of the aspects of an acquired one, I repeat my disbelief in the symptoms of the latter so closely assuming those of the typical ones of the former as to lead to any confusion. If, however, the symptoms in the two varieties are so identical as to be practically indistinguishable, then it is incumbent on the preachers of the universality of Colles's doctrine to furnish evidence of a primary sore or source of infection in every case they publish of the acquired form. The mere fact of an infant having been vaccinated, along with a defective family history and a tardy notice of any symptom, will not now suffice.—I am, etc.

Upper Berkeley Street, Jan. 1st.

J. A. COUTTS.

ASSOCIATION OF QUALIFIED ASSISTANTS, JUNIOR MEDICAL OFFICERS, AND *LOCUM TENENTES*.

SIR.—I shall be pleased to receive the names of gentlemen who are favourable to the formation of such a society, stating their views on the subject, also giving their qualifications and addresses, so that I shall be enabled to ascertain whether such an association as the above would meet with the approval and co-operation of a sufficient number to warrant my calling a meeting in London to consider and thoroughly discuss this new departure in all its important bearings.

Personally I think such an association rightly managed might do an immense amount of good and useful work, and