only the fleas, but also *Tricodectes latus* (the common louse of the dog) play the part of intermediary host of a hæmatozoon of the dog. 2. That this hæmatozoon is not *Spiroptera sanguinolenta* (Rudolphi) living in the walls of the œsophagus and of the thoracic aorta, but *Filaria immitis* (Leidy) or *Filaria hæmatobia* (Gruby and Delafond), which has been found by Ercolani and others to have its abode not only in the right cavities of the heart, but more often in the subcutaneous tissue of the dog. 3. That pulex, as it is announced by Grassi, as well as tricodectes (Melnikoff), are the intermediary host also of *Tænia cucumerina*. Thus we have a new and double example of an intermediary host that is ectozoon of the ultimate bearer of parasite. This condition explains how *Tænia cucumerina*, as well as *Filaria immitis*, may be found in great numbers in a single dog. I have examples of dogs that contained in the intestines more than a hundred individuals of *Tænia cucumerina*, and equally Grubb and Pourquier state that they have found one hundred individuals of *Filaria immitis* in the right cavities of the heart of a single dog.

But the new facts reinforce even more the hygienic precept for man of giving great attention to the cleanliness of the domestic dogs, and to limit, as far as possible, a close intimacy with this animal.—I am, etc.,

Dr. P. SONSINO.

11, Via San Lorenzo, Pisa, June 23rd.

P.S.—I may add that Bancroft, of Brisbane, in Australia, since 1879, had argued that the common louse of the dog (*Tricodectus latus*) is the immediate bearer of the larvæ of *F. immitis*. See a paper by the late Dr. Cobbold, "Observation on Filariæ," communicated to the Quekett Microscopical Club in February, 1880.

IRISH DIPLOMAS AND ENGLISH INSTITUTIONS.

SIR,—Your correspondent "Unionist" might with advantage have informed himself on the subject of which he wrote, before committing himself to the statement that "Licentiates of the Dublin College of Surgeons are alone entitled to hold the position of surgeon to an Irish county infirmary." Permit me to inform him that, from the year 1765 to 1876, the College possessed this privilege simply because for the greater part of that period, and until the passing of the Medical Act, no other means existed of guaranteeing the competency of a surgeon in Ireland, but in the latter year an Act was passed which opened up these institutions to all duly qualified surgeons. The College might have successfully resisted the passing of this measure, but it refrained from doing so, feeling that the monopoly could not be defended on the principle of justice, inasmuch as the *Medical Register* now affords the necessary guarantee of competency. The action of the College on this occasion supplies a good example for the English monopolists to follow if they are minded to act fairly towards their Irish and Scotch brothren. The exclusion rule which exists in English hospitals is as much an anachronism as the Irish county infirmary rule, and as its existence cannot be defended I am quite confident that none but those interested will approve of its perpetuation.—I am, etc.,

Dublin. ARCHIBALD H. JACOB, F.R.C.S.I.

SIR,—Your correspondent "Unionist" is in error when he states that "the Licentiates of the Dublin College of Surgeons are alone entitled to hold the post of surgeon to an Irish county infirmary." Such exclusiveness was terminated in Ireland by an Act of Parliament known as Meldon's Act.

Our contention is that, as territorial restrictions have been abolished by law as far as the public service and hospitals under Government control are concerned, they should no longer be upheld in the laws of any hospitals, either in England or Ireland. They have been abolished already in Ireland; we hope that ere long they will be abolished in England also.

The Council of our Association, at a recent meeting held in Cambridge, ordered a "statement" to be printed which embodies the arguments, from the Irish diplomate's point of view, against such restrictions. If any of your readers will furnish us with his address, we shall gladly forward him a copy.—We are, etc.,

JAMES STEWART, } Hon. Secs. Irish Med. Schools'
P. S. ABRAHAM, } and Graduates' Assoc.

30, Sackville Street, Piccadilly, W., July 9th.

ADDISON'S DISEASE.

SIR,—It has been one of my functions to endeavour to uphold the statement which I made at the time of Addison's discovery, "that the change in the capsule is peculiar, uniform in character, and primary in its nature" (Reynolds's *System*). Opinions adverse to this have continually arisen, but a thorough investigation of all the facts of the case have invariably overthrown them. The disease, as I have over and over again stated, is characterised in the first instance by the production of an albumincus material which greatly enlarges the organ; in this yellow nodules are formed, which, further caseating, constitute the tuberculous affection which Addison described. As far as I know, there has been no case yet reported in which bacilli have been found. This apparently tuberculous matter may undergo cretification or softening until no trace of the adrenal is left.

In the JOURNAL of June 30th a case is described by Surgeon Allan Perry of what he calls "sarcoma of the supra-renal capsules simulating Addison's disease," and adds the following quotation from Dr. MacMunn: "Many believe with Virchow that the train of symptoms, with bronzing of the skin, which are characteristic of Addison's disease, may be brought about by various morbid conditions of the adrenals." It is this opinion which I once more wish to controvert, and to maintain the opposite, as I have already stated in my text. I shall no doubt continue to do so until some fact is brought forward which will render my further endeavours useless. In the present instance I think Dr. Perry might well have been content to have allowed the case to stand as one of the more acute forms of Addison's disease as usually described, for he says the capsules were enlarged by a firm white structure, in which were imbedded yellowish nodules, and one of these was softening down. This is quite in correspondence with what I have said. Moreover, I might add that I know nothing of such a pathological fact in the history of tumours as a new growth entirely destroying two corresponding organs in the body and leaving no trace elsewhere.—I am, etc., SAMUEL WILKS.

Grosvenor Street, W., July 7th.

THE VARIETIES OF HEPATIC CIRRHOSIS.

SIR,—In the JOURNAL of July 7th, Dr. Saundby, referring to a paper of mine on the above subject, says that I was "evidently writing without ever having seen a case of true tubercular cirrhosis, as it is a universal affection of the liver." I certainly have not seen a case of general interstitial hepatitis due to tubercular disease; I do not think the evidence in favour of such a condition is clear, and a mere statement, even from Dr. Saundby, cannot annul the result of microscopic examinations. It is common enough to find extensive fibrous thickening round tubercular deposits, and in patients who die of phthisis there is often general cirrhosis; but this is due, I think, to obstruction to the flow of blood through the lungs, and indirectly through all the viscera, the kidneys and spleen generally being also affected; it is "cyanotic cirrhosis," in fact. Dr. Saundby continues: "He also says that acquired syphilis never causes cirrhosis; but in the paper of mine he is good enough to quote, though I can hardly believe he has read it, I published such a case." My real words were: "Acquired syphilis appears never to produce general cirrhosis;" that gummata form in the liver, and that waxy degeneration occurs as the result of syphilis, no one doubts. I cannot plead guilty to the heinous offence Dr. Saundby charges me with of not having read his paper; but the mere fact of his having "published a case" of "syphilitic cirrhosis" would not be decisive, unless there was absolutely no doubt as to the history; and if he will read his excellent paper again, he will see that in the case he considers so conclusive, the patient "admitted that he had drunk spirits freely;" and Dr. Saundby very truly observes: "It is difficult to say how much of the interstitial hepatitis was due to alcohol." How can such a case prove that general interstitial hepatitis is caused by syphilis? I have examined the lobulated cicatricial livers (such as those described by Lancereaux, etc.), and have found plenty of normal tissue; the syphilitic lesion may attack several foci, but cannot, in my opinion, be looked upon as general. The five cases given by Frerichs are good examples of the so-called proofs adduced; of these, two were inordinate drinkers, two had heart disease, and the other one had ordinary waxy liver. Like Dr. Saundby's case, they do not settle the question.—I am, etc., G. MUNRO SMITH.

Clifton, July 9th.

MODERATE DRINKING.

SIR,—As Drs. Isambard Owen and Holmes Joy object to my conclusion that the published returns of the comparative mortality of the abstaining and general sections of the United Kingdom and Temperance General Provident Institution (given in your columns by me) show the superior healthfulness of abstinence