

be worked in by scientific surgeons, in none of which has success been greater than in that in which Mr. Lawson Tait has made his name as an operator. We shall then also be in a better position to form an opinion as to which of the above-mentioned extremes Mr. Lawson Tait's methods make the nearer approach, and possibly we may find that his successes are to be explained to the minds of the followers of Sir Joseph Lister by discovering that the water dressing and the poultice of our early days are held in as much detestation by him as by themselves.—I am, etc.,
Netley. W. F. STEVENSON, Surgeon-Major M.S.

CAUSES OF DIPHTHERIA IN ANIMALS AND IN MAN AT BUENOS AYRES.

SIR,—The summary published in the BRITISH MEDICAL JOURNAL of October 25th by Dr. James T. R. Davison, of Buenos Ayres, giving the results of his painstaking investigation on the etiology of diphtheria in that city, contributes further to corroborate the views which I have ventured to submit to the profession on several occasions during the last nine years. The facts from which I deduced my hypothesis may be found in the BRITISH MEDICAL JOURNAL, July, 1881: "On the Fungoid Origin of Diphtheria"; also in a paper on the same subject read at the annual meeting of the Association at Brighton in 1886, and in "Diphtheria in connection with Damp and Mould Fungi," in *Transactions of the Epidemiological Society*, 1887. The propositions which I seek to substantiate are the following: that the essence of diphtheria consists of mycelial vegetation; that the spores of various common moulds or hypomycetous fungi, as distinct from bacteria or fission fungi, may originate and transmit the disease; that these innocent forms of mould may acquire toxic properties by growth in noxious media; that the pabulum from whence is elaborated the pathogenic virus is decomposing organic matter under certain conditions; that these conditions are, abundance of moisture, a warm temperature, absence of sunlight, and a stagnant and peracid state of the air.

In my series of cases given in illustration of diphtheria in connection with damp and mould fungi, the various animal materials which fed the fungus growth were: hair and size on the plaster of wet walls; fleeces of sheep-wool and decaying woollen clothes; the dung and exuviae of pigeons and fowls; hams and bacon in a dairy overhanging the milk bowls; percolation of liquid manure from dungheaps polluting the drinking water; whilst the most common vegetable habitat was rotten woodwork within dark and damp houses.

The facts gathered by Dr. Davison are in favour of these propositions, though it is true they point only to the direct infection of children from hens, horses, and other animals kept in the damp unpaved back yards or "patios" adjoining the houses in the city. These animals, it seems, become a prey periodically to diphtheria. But to verify the final cause one has to refer the inquiry backwards a step—to the animals themselves. How in their case do the throats become invaded by the adventitious growth? Does it arise from infection by germs of an antecedent epidemic lurking on the premises? Or may it not rather be that during the decomposition of the organic refuse so circumstanced as Dr. Davison describes there is an evolution of virus potential for mischief, which may be transmitted by the spores of the various mould fungi which commonly attack putrescent matter.—I am, etc.,

Earl's Court Road, S.W.

MICHAEL W. TAYLOR, M.D.

ASYLUM ATTENDANTS.

SIR,—As my letter of October 11th has elicited some rather personal retorts, allow me a few words of explanation.

The charge of "sheer ignorance" with which Dr. Harold Shaw has seen fit to taunt me is irrelevant. As a matter of fact, I knew the poor girl to be phthisical, though the incident occurred within (I think) the first three days of my taking charge. My contention is that no woman with a competent knowledge of nursing could have been guilty of such a blunder, however ignorant the medical officer. My opinion of asylum attendants is not derived from my experience of a single asylum, and I cannot withdraw my allegation that the female nurses, however good-tempered or willing, are as a rule totally ignorant of sick nursing. Dr. Harold Shaw says: "Most are agreed that when persons bodily ill, whether sane or insane, need nursing, it is best, if possible, to have as nurses persons who have been specially trained for that purpose." He thus concedes the sole point which I tried to emphasise.

Your correspondent "Ex Novo Crede Nihil" says he hardly understands how it would be possible to cleanse a "wet and dirty case" without stripping the patient naked. He must have very little acquaintance with the methods of hospital nursing. This patient, and others in a similar condition, were habitually stripped naked on the cold floor of a draughty lavatory, and bathed, often with cold water. Would any trained hospital nurse have permitted such treatment?—I am, etc.,
Stamford. REGINALD FARRAR, M.A., M.B.Oxon.

PIRATICAL AMERICAN PUBLISHING.

SIR,—It may interest your correspondents Dr. Murrell and Dr. Lloyd Tuckey to know that the "brainwork stealing" industry of the United States of America is not only regarded as an honourable mode of acquiring dollars by those engaged in it, but is a protected trade. A duty of 25 per cent., *ad valorem*, is imposed upon all English books. It is cheaper for the American citizen to have his books at the mere cost of paper, and binding, and printing. The publishers can obtain larger profits when they have no author to recompense, and hence protected "brainwork stealing" is in the meantime legitimate. *The Texan Cowboy* in his autobiography gave up all connection with the western cattle trade four or five years ago because, as he says, "Now that honourable cattle stealing has come to be regarded as a crime, I think it time to turn my thoughts into healthier channels." When the American people come to regard "honourable" brainwork stealing as a crime, publishers engaged in the same sort of business will probably turn their thoughts "into healthier channels," but not before.—I am, etc.,
VATICAN.

NAVAL AND MILITARY MEDICAL SERVICES.

ANOTHER NON-COMBATANT!

THE *Indian Pioneer* of September 17th describes the position during the recent outbreak of the Lushai tribes as follows:

The forts, or stockaded posts, Chingsil and Aijal, were held by 300 frontier police, and at the time of the attack, when Captain Browne, the political officer, was killed in passing between these posts, Lieutenant Cole was in the former, and Dr. Melville in the latter—the only two European officers. This was accidental, but, as the *Pioneer* says, "fortunate in a way, as each fort has now a British officer to direct the defence; and though one of them is nominally a non-combatant, we know from past experience that the members of the medical service acquit themselves well when they join the fighting ranks."

What do Mr. Stanhope's "military advisers" say to this? A mere "doctor," little better than a camp follower, again thrown into a position where he must assume directly combatant functions and command! One would have thought from the evidence and instincts of these gentlemen, such a reversal of the order of things could not happen. Yet the *Pioneer* declares that, from "past experience," doctors under such circumstances "acquit themselves well." We fear the advisers to whom Mr. Stanhope has hitherto listened conveniently ignore experiences of the kind past, present, and certain to come, when these conflict with their own narrow prejudices and traditions.

A WORD OF WARNING.

At the opening address at St. Vincent's Hospital, Dublin, Mr. I. S. McArdle spoke as follows: "Many of you aspire to positions in the Medical Department of the Army.....In the army alone, and in our army alone of all the armies in the world, is the surgeon a nonentity. They are merely appendages, and they are treated as if non-essential to the wellbeing of the body of which they are a part and for which they have done so much. A spirit unworthy of Englishmen has sprung up in the ranks of the combatants, and apparently they wish to place the profession of arms on a pinnacle high above that of medicine.....There was a time when our best men thronged the home and Indian services, but the unsatisfactory state of these departments has caused a sad falling off in competitors.....The veriest pauper in civil life can select his own attendant; the poor soldier alone amongst men must be satisfied with what his masters provide.....So long as the service is so unpopular men of culture and great ability will seek elsewhere the position they are refused in our army.....A time will come when