

2nd and 3rd, and that a fourth patient, the son of a woman named McKnight, who lived in the house, also fell ill with the disease on December 3rd. It was, however, proved that up till December 8th both Mrs. Patten and Mrs. McKnight assured the inspector that everyone in the house was perfectly well, and the actual condition of things was not discovered till December 9th, and no medical man was called in. Patten was fined the full penalty of 40s. and costs, and McKnight 20s.

At the annual dinner of the Royal Southern Hospital, the speakers bore witness to the excellent instruction and opportunities for practical work to be found in the hospital. Dr. A. Barron, in replying to the toast of "The Medical School," spoke of the need that existed for the establishment of a bacteriological laboratory in connection with University College. The gathering was one of the most successful and enjoyable of the kind that has been held for some years.

On December 15th there was a clinical evening at the Medical Institution, when a number of interesting and instructive cases were exhibited. This is the first occasion on which a meeting of this kind has been held at the institution, and the excellence of the clinical material, as well as the large attendance of members, will, it is hoped, encourage the Council to repeat the experiment.

CORRESPONDENCE.

AMINOL.

SIR.—In the BRITISH MEDICAL JOURNAL of December 17th, Mr. Wollheim, in answer to a letter of mine which you kindly inserted in your issue of December 10th, explains what needs no explanation and omits to explain what is in want of explanation. I had stated that aminol, in the strength of 1 in 600, does not kill the spores of anthrax in eight—nay, not even in twenty-four—hours. It kills the sporeless bacillus anthracis, the staphylococcus aureus, etc., after prolonged exposure; one hour for sporeless bacillus anthracis, two or more hours for staphylococcus aureus, are practically prolonged exposure. These last statements Mr. Wollheim reiterates without, however, mentioning the former—that is, the resistance of the spores.

Now, what Mr. Wollheim might have explained is this: (1) Why does he call aminol of the strength of 1 in 5,000—that is the strength of the samples advertised—"a true disinfectant," knowing from my reports that such a strength, or one very near it, does not kill the staphylococcus aureus in eight hours? (2) The leaflet, on which my name is introduced in a seemingly misleading manner and without my authority, and which accompanies the samples, gives in the form of a motto a quotation from Koch, to the effect that no disinfectant can be called a true disinfectant that does not kill spores; yet, notwithstanding the fact that aminol, even in the strength of 1 in 600, fails to kill the spores of anthrax in twenty-four hours, the aminol solution of the strength of 1 in 5,000 is described as "a true disinfectant."—I am, etc.,
Dec. 20th. E. KLEIN.

"NECROSING ETHMOIDITIS": A DISCLAIMER.

SIR.—In the BRITISH MEDICAL JOURNAL of December 17th Dr. Woakes has, in a letter to you on the subject, made me responsible, from a pathological point of view, for the existence of a disease of the nose called by him "necrosing ethmoiditis." This is a responsibility I cannot assume.

In 1888 I received from Dr. Woakes certain specimens, twenty in all. Many of them were in one bottle, others arrived later, singly or by twos and threes; they were described to me as portions of the ethmoid bone removed during life from patients suffering from "necrosing ethmoiditis." As far as I could ascertain, there was no clinical history obtainable of each specimen. The specimens varied in size, some being mere fragments, while the majority were about one-third of an inch broad by about one inch long. They were examined microscopically by means of a large number of sections made transverse to the long axis. In nineteen of them the mucous membrane was diseased, showing a greater or less degree of sclerosis, or of increase of myxomatous tissue. In one the mucous membrane was normal; in four cysts were

found; in two necrosis of the bone was present, the arteries in these specimens being greatly thickened, and their lumen nearly occluded; in eighteen specimens there was no necrosis of the bone, which, in eight of these specimens, was quite normal, and in ten was undergoing absorption in parts. In the absence of any recorded clinical history of the cases it was impossible to decide to what the necrosis observed in the two specimens mentioned was due; in the remaining eighteen specimens it was, however, a definite fact that no necrosis of the bone was present, after an exhaustive examination of the large pieces of ethmoid bone I had to report upon.

I cannot see in what way these results confirm the existence of "necrosing ethmoiditis."—I am, etc.,

Mansfield Street, W., Dec. 19th.

SIDNEY MARTIN.

CHICKEN-POX AND SMALL-POX.

SIR.—My recent experience of small-pox in Lymm has led me to address the following letter, which will sufficiently explain itself, to the Local Government Board. It opens a practical consideration, the importance of which cannot be exaggerated, upon which your animadversions or those of your correspondents cannot fail to be interesting and beneficial.—I am, etc.,

Lymm, Dec. 12th.

JOHN M. FOX.

"To the Secretary of the Local Government Board.

"SIR,—In reference to the outbreak of small-pox in Lymm recently reported to the Board, there is a matter of such extreme practical importance which has come under my observation, that I think it right, without further delay and in anticipation of a further report, to bring it also under the notice of the Board.

"I refer to the perplexingly various forms which small-pox is now found to assume in vaccinated persons. The diagnosis is thus rendered increasingly difficult; and mild but real cases fail to be notified, to the great subsequent damage of the community, and no less discredit of sanitary administration.

"Under these circumstances I think it most desirable that chicken-pox should be included in the scheduled list of diseases made subject to compulsory notification. In this event eruptions of doubtful significance would be brought under the notice of the medical officer of health, who would assist in determining whether the suspicious case should be dealt with as one of small-pox or not. I shall strongly advise all my authorities agreeably to this view.

"I most respectfully submit this as a most urgent, practical matter, calling for the immediate consideration and action of your honourable Board in the interests I have named.—I have the honour to be, Sir, your most obedient servant,

"JOHN M. FOX,
"Medical Officer of Health Mid-Cheshire
"Combined Sanitary District."

THE PREVENTION AND TREATMENT OF PERITONITIS.

SIR,—Without necessarily accepting the theory of peritonitis as propounded by Mr. Lawson Tait, I can, from my own experience, strongly confirm all that he has said with reference to its treatment by purgatives. With regard to preventive treatment, I think that flushing the peritoneum has done a great deal towards averting it in operative cases, by removing putrescible matters, such as pus, cyst fluid, etc. At the Women's Hospital in this town, a simple apparatus is used to carry out the flushing process. Hot and cold water are led into a mixing ball, into the top of which a thermometer is inserted, the hot water, at the required temperature, being taken from beneath by a tube attached to the flushing cannula. Surely this flushing treatment is a distinct Listerian precaution!—I am, etc.,

Derby, Dec. 13th.

T. HENDERSON POUNDS, F.R.C.S.

SANITARY REFORM IN EGYPT.

SIR.—Mr. Alfred Milner is quite right in saying that the Sanitary Department of Egypt requires more backbone, but the expression is open to misconstruction. The backbone that is required is money; and of that fact no one can be