In 1898 Messrs. Rose and Carless advised strychnine hypodermically for shock. In 1910 Mr. Rowlands and others say it is about the worst thing you can give. Obviously there is an error of observation somewhere. Meanwhile, the profession is reduced to a state of doubt on a very important point indeed—namely, the value of strychnine and other stimulants in cases of shock. Could not a Commission be appointed to attempt to settle a question as important as the rights and wrongs of vivisection or the action of chloroform? Dogmatism, immature and contradictory pronouncements, hamper us at every turn. It is so much easier to echo the cry of some enthusiastic injector of dog, guinea-pig, or frog, than to carefully, patiently observe and interpret clinical phenomena. Nowadays, when a lecture is elaborated in a few hours and a would-be epoch-marking book after a few weeks' sojourn in a reference library, let us remember that Copernicus, Newton, and Darwin were silent for more than twenty years, and that one of them was on his death-bed before his work was published.—I am, etc.,

Bedford, Cape Colony, April 5th. H. F. BELL WALKER.

THE COLLEGE OF SURGEONS' DISSECTIONS AND SURGERY.

SIR,—As a good knowledge of anatomy is essential to good surgery, no stone should be left unturned to place at the disposal of the profession first-rate anatomical preparations. The College of Surgeons possesses what is perhaps the finest collection of dissections in the world, and the benefits to surgery would be almost incalculable if good stereoscopic photographs of them were obtainable. They would be invaluable in anatomical museums, and are a necessity to enterprising practitioners. Moreover, they are known to and held in affectionate esteem by all graduates of the college, and would therefore be almost certain to sell well. It certainly does seem a pity that no one should benefit from them save those who live in London, and of these only the few who have the time to visit the museum.—I am, etc.,

London, S.W., May 3rd. CHAS. WRAY, F.R.C.S.Eng.

SCARLET FEVER.

SIR,—There can, I think, be little doubt that the large accumulation of vague knowledge on the subject of infectious disease generally, and especially of scarlet fever, is rapidly beginning to focus itself in a way which clears up much of the obscurity that has hitherto prevailed as to both the theory and the treatment of this class of diseases.

The recent publication by Dr. Milne of his epoch-making *Plea for the Home Treatment and Prevention of Scarlet Fever*[1] is one of the most important contributions that has been made to this desirable end. I have myself, no doubt in common with many other medical officers of health, hitherto hesitated to accept Dr. Milne's statements as to the results he has achieved by the methods of inunction and throat swabbing on which he relies, partly because I was not satisfied with the evidence on which they were founded, but mainly because they were in direct opposition to the view that has gradually come to be accepted as to the relatively small importance of the skin as a source of infection in scarlet fever. But in view of the very strong evidence which Dr. Milne now produces in the book referred to, not only as to his own experience of this treatment but of the opinions of medical officers of health and others who have had personal opportunity of observing its results at Ilford, I feel that scepticism is no longer justified, and that, whatever may be the theory of the inunction treatment, its efficacy is beyond question. I do not, of course, overlook the fact that swabbing of the throat with a 10 per cent. solution of carbolic oil is quite as much an indispensable element of Dr. Milne's treatment as the inunction with eucalyptus oil. But until some one can demonstrate as good results from the former method alone as Dr. Milne claims to have obtained from the combination of both, it must be admitted that the inunction method holds the field.

Its acceptance as a *vera causa* will be much facilitated if the difficulty about its assumed action in preventing the diffusion of infection by desquamation alone can be got over. And I think it can. Assuming, as we must, that the application of eucalyptus oil to the skin has a direct influence on the potency of the infection of the disease generally, and believing, as I myself do, that such effect is not due in any important degree to the mere mechanical influence of the oil in preventing the diffusion of the exfoliated particles of epidermis, except, possibly, for a very short period, before their infectivity is destroyed by light and air, and that we must still consider the discharges from the throat, nose, and ear as the main sources of infection, we must, whilst adhering to this opinion, also assume that it is in the highest degree probable that the active principle of eucalyptus oil itself, whatever it may be, is capable of absorption by the skin, and especially by the newly-formed layer of epithelium that is uncovered by the exfoliation of the old epidermis, and that in the modifying influence of this principle on the special infection of the disease in the tissues and blood of the patient is to be found the explanation of the benefits derived from Dr. Milne's practice of inunction.

On this point it is well to remember that, as is admitted, the method of inunction by eucalyptus oil, or by a fairly equivalent preparation (oleusaban), was strongly advocated by Mr. Curgenven many years before Dr. Milne adopted it. The force of this fact is the greater because Mr. Curgenven, I believe, relied solely on inunction with oleusaban, and did not, as Dr. Milne does, complicate the problem by the conjoined swabbing of the throat with carbolic oil. So that, putting these two experiences together, we seem to be driven to the conclusion that it is to the absorption of the active principle of eucalyptus oil, in several ways, as much as and possibly more than to the swabbing of the throat with carbolic oil, that the good results of Dr. Milne's treatment are due. Here we are much assisted in arriving at a conclusion by the illuminating views contained in the article by Dr. Edwards on "An Immunizing Subinfection in Scarlatina" in the JOURNAL of April 30th, p. 1048. There can be no question, I think, in the mind of any one who has had extensive opportunities of noting the infecting vagaries especially of scarlatina and diphtheria, that we have in these two correlated forms of infection to deal with pathological agencies which are not only capable of indefinite modification, in the way both of casual attenuation and energization, but that in their attenuated modifications they are capable of producing results on susceptible persons which develop corresponding degrees of immunity. These facts are so common that they may be said to have passed into the dominion of platitudes.

If this be so, it is easy to see that in the combinations of the practice advocated by Dr. Milne and of the theory as expounded by Dr. Edwards is to be found the key to the effective treatment of scarlet fever and to its practical suppression as a menace to the public health.

I think it necessary to add, in conclusion, that I am myself so strongly impressed with the importance of this matter that I propose at once to give Dr. Milne's treatment a fair trial, feeling that I am not justified in any longer refraining from doing so.—I am, etc.,

Gloucester, April 30th. FRANCIS T. BOND, M.D.Lond.

THE ROYAL COLLEGE OF SURGEONS AND DENTISTS.

SIR,—I think in the interests of British qualified dentists, especially those practising abroad, that the Royal College of Surgeons might be pleased to change the designation of their title from Licentiate to Master of Dental Surgery, or were it possible to even style them Fellows of the Royal College of Dental Surgeons. The opposition in dentistry is very strong, and American dentists hold the title of doctors of dental surgery. This gives them an apparent superiority over the Britisher, whose L.D.S. is considered by the public to be a lower qualification, and no doubt places them at a disadvantage. In British India, where no Dental Registration Act exists, the American dentists appear to have the monopoly of the practice, and the reasons are obvious—they are either better skilled, or their professional designation makes a more distinct impression. Of course, in America there are only Doctors or Masters in all faculties. I am not a dentist but am merely relating facts.—I am, etc.,

ALF. MCCABE-DALLAS, L.R.C.P.I., L M.Dubl. D.T.M.Liverpool.

Calcutta, April 21st.

[1] See also BRITISH MEDICAL JOURNAL, 1908, vol. ii, p. 1333.