Hôtel Dieu Hospital said of himself that he had hydrophobia, but his true ailment was gastric fever. Last year, he was also received at the Necker Hospital for simulated rabies. M. Dujardin-Beaumetz terminated his report by stating that, since January 1st, 1886, 90 persons had been bitten; one among these did not go to be treated at M. Pasteur's laboratory, and he died.

At a recent meeting of the Academy of Sciences, M. Marey presented a work by M. Guérard, chief engineer of the port of Marseilles. The facts collected by the author demonstrate that the cholera-epidemics of 1884 and 1885 were aggravated, and extended further after violent storms. The epidemics were especially virulent in the localities near the old port. M. Marey's theory that cholera is spread by means of water is confirmed by the facts exposed in the work by M. Guérard.

CORRESPONDENCE.

☞ To Correspondents. ☜

Our correspondents are reminded that prolixity is a great bar to publication, and, with the constant pressure upon every department of the Journal, brevity of style and conciseness of statement greatly facilitate early publication. We are compelled to return, and hold over a great number of communications, chiefly by reason of their unnecessary length.

THE VITALITY OF PATHOGENIC MICRO-ORGANISMS IN WATER.

Sir,—Messrs. Crookes, Odling, and Tidy having recently published the results of some experiments which they have made on the vitality of the bacillus anthracis in London water, I should like to offer the following remarks. The behaviour of various pathogenic micro-organisms in water has, during the past three years, formed the subject of experiment by several authors, including Koch, Cornil and Babès, Nicati and Rietsch.

Within the last two months, no fewer than three papers bearing on this subject have been published, two of them in Germany by Drs. Wolffhügel and Meade Bolton respectively, whilst the third by myself, "On the Multiplication of Micro-Organisms," was communicated to the Royal Society at their meeting in June last. In this paper, I have recorded a large number of experiments, made both with the mixtures of organisms found in various natural waters, as well as with three well characterised forms which are associated with disease, namely, Koch's "comma" spirillum of Asiatic cholera, Finkler-Prior's "comma" spirillum of European cholera, and the bacillus pyocyaneus, which produces the greenish-blue colouring matter frequently present in abscesses. The methods of research, which have been independently selected both by Wolffhügel, Meade Bolton, and myself, are identical, and consist in the examination, by gelatine-plate cultivation, of waters purposely impregnated with the organisms in question. This method is obviously the one which most recommends itself for the purpose, as it not only enables one to ascertain the presence or absence of the organisms, but also of quantitatively following their multiplication or reduction. I may mention that these three organisms present great differences in their behaviour under similar circumstances; thus the bacillus pyocyaneus is possessed of far greater vitality in water than either of the other two, its presence being demonstrable even in distilled water after fifty-three days in numbers exceeding many-fold those originally introduced; Koch's "comma" spirillum, on the other hand, was in the purest forms of potable water, no longer demonstrable after the ninth day, whilst in London sewage it was found in largely multiplied numbers after twenty-nine days, whilst Finkler's spirillum could in no case be detected after the first day, and frequently not even on the day of inoculation. A curious phenomenon, which my experiments, as well as those of Wolffhügel and Meade Bolton, have brought to light, is that, when organisms of this kind, which are not the natural inhabitants of water, are introduced into this medium, a large proportion of them are frequently at first destroyed, a greater or less multiplication in their numbers often subsequently taking place.

The bacillus-anthracis, as is well known to bacteriologists, appears in two very distinct forms, the bacillus-form and the spore-form, and these present very great differences in their powers of endurance, the former being destroyed with comparative ease, whilst the spores are remarkable for their vitality. Mr. Crookes and his colleagues have apparently experimented with the bacillus-form of anthrax only, which they state is rapidly destroyed when introduced into London water; but Dr. Meade Bolton, who has dealt with anthrax in both its forms, has shown that the spores of anthrax retain their vitality, even in distilled water, for upwards of ninety days, and that it is only the bacilli which rapidly perish in some kinds of potable water. In polluted well-water, Meade Bolton has also shown that even the bacilli are persistent for upwards of ninety days, and the spores for nearly a year, whilst Wolffhügel has found that, in polluted river-water (the river Pauke, in Berlin), even when diluted ten-fold with distilled water, the anthrax-bacilli undergo extensive multiplication.—I am, sir, your obedient servant, Percy F. Frankland.

Normal School of Science, South Kensington Museum, S.W.

THE "DURATION OF INFECTIOUSNESS IN MEASLES," ETC.

Sir,—Will you permit us to correct the misconception which may possibly arise in the minds of those who read Mr. Raven's paper, published in the Journal of July 24th, in which he states, "According to a code of rules issued by the medical officers of schools, a pupil is allowed to rejoin his fellows in three weeks from the date of the measles rash."

The wording of our code is as follows (page 20): "A pupil may go home, or rejoin the school, after measles, in not less than three weeks from the date of the rash, if all desquamation and cough have ceased." And it is further pointed out that this rule, in common with the others given as applicable to the cases of the different infectious diseases under discussion, is a safe one to adopt, "provided patient and clothing are thoroughly disinfected."

The recommendations contained in the code were formulated only after long and anxious deliberation extending over many months, and after consultation with numerous recognised authorities throughout the country. Their aim is to indicate so much as is sufficient, and not more than is necessary, in the way of safeguards against the admission and the spreading of infectious disease in schools. But they are, of course, subject to modification in accordance with the increase, and the increasing precision, of medical and hygienic knowledge.—We remain, etc.,

Alder Smith } Honorary Secretaries, Medical Officers
C. E. Shelly } of Schools Association.

London.

ABUSE OF TEA.

Sir,—Would you kindly allow me to draw attention to the fact that, among women at least, the abuse of tea frequently leads to the abuse of alcohol? My experience in connection with a home for inebriate women has led me to this conclusion. Many of the inmates, indeed, almost all of them, were enormous tea-drinkers before they became victims to alcoholic dipsomania. During their indulgence in alcohol, they rarely drink much tea; but, as soon as the former is cut off, they return to the latter. In many instances, alcohol was first used to relieve the nervous symptoms produced by excessive tea-drinking.

In some cases of dipsomania we find it beneficial to exclude tea from the dietary; in others, its use appears of decided service in warding off the alcoholic craving; but, even in the latter cases, it must be given in measured moderation. The antagonism between tea and alcohol has long been observed.

One of my neurotic patients informs me that she always drinks less wine at dinner when she omits afternoon-tea. The habit of taking "a drop of gin" in a cup of tea arises from the experience that the nervous effects of the tea are thereby diminished. On the Continent, the same observation has been made with regard to alcohol and coffee, as the almost universal conjunction of coffee and cognac abundantly testifies.—Yours, J. Muir Howie.

86, Prince's Road, Liverpool.

UNSATISFACTORY INQUESTS.

Sir,—"Probe," who alludes, in your issue of July 24th, to the "curious want of information" shown by another of your correspondents in this matter, appears to have some curious ideas himself as to the duty of a medical man in cases of sudden death. He says, for instance, that one medical man, on being called to a child found dead beside the mother in bed, gives a casual look, and reports to the police; thus securing his guinea at the inquest; while another, who examines the child, is enabled to attribute the death to impaction, say, of a milk-curd, and so misses his fee. But surely an inquest would be held in the latter instance. A certificate of death to the effect that a child—or a man, for the matter of that—had died choked, would, I should imagine, be certain to be refused registration.

As to his remarks about the want of disinterestedness on the part