of water were put into test tubes and sterilised in an autoclave. They were then inoculated with cholera microbes that had been cultivated for some days previously in very dilute peptone solutions. Immediately after the addition a test was made to see how many cholera microbes were present in a cubic centimetre of each of the specimens of water. At intervals other similar tests were carried out. The results are shown in the chart. It will be seen that (1) in Agra municipal water the cholera microbe nearly or completely dies out within two days, (2) that in Zemzem water on the other hand the cholera microbe reproduces vigorously. At first a slight diminution in numbers took place, but after this the microbe reproduced with facility. (3) In the Jacob's Koti water a similar reproduction of the microbe occurred.

If the above experiment can be taken as representing a natural occurrence, it may be expected that the cholera microbe would produce far more serious effects if it got into the Zemzem well than if it got into Agra pipe water. The latter water is derived from the Jumna, and is subjected to Anderson's purifying process before it passes into the pipes. Other experiments have shown us that probably the bactericidal action of Agra pipe water is also possessed to some extent by the original Jumna water, from which it is prepared. Control cultures were made, and proved that we had to deal with a pure culture of the cholera microbe in the above experiment.

A noteworthy fact may be seen from an examination of the appended curve, namely, that no definite relation exists between the chemical composition of the different specimens of water and their power of nourishing the cholera microbe. On comparing the data for the Zemzem water with those for the Jacob's Koti water, it is seen that the water that is better chemically is the better food medium for the cholera microbe. Further, the comparatively slight difference chemically between the Jacob's Koti water and the Agra pipe water gives no indication of the difference in their powers of nourishing the cholera microbe. It is conceivable that the application of this test on a larger scale might lead to an explanation of certain cases of "local immunity" against cholera.

A PROTEST AGAINST OVER-TREATMENT IN ECZEMA.

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THERE is no general formula for the treatment of eczema, and, to use a famous phrase, no one—not even the youngest among us—is infallible in his methods of dealing with it. Here, however, as in the case of other diseases, he will be most successful who tries to see things as they really are, and not in the light of any preconceived theory. Of the clinical facts of eczema we probably know nearly all that is to be known; of the laws which govern the evolution of the process we know something; of the pathological force which sets it in motion we know little or nothing. But if little is known a great deal has been imagined, and the subject has been enveloped in an atmosphere of hypothesis which in practice too often darkens counsel. The notion is still somewhat widely prevalent that eczema is the expression of a definite constitutional "dyscrasia," or in the language of the old pathology (from which the professional mind has not even yet altogether shaken itself free) the outward and visible sign of an inward "peccant humour" of some kind. This superstition, for it is nothing else—leads to errors in the treatment of the disease in two opposite directions—on the one hand of doing too little; on the other, of doing too much. Some, believing that the skin lesions act as "issues" whereby the supposed mischievous principle is withdrawn from the system, leave them untreated in the fear that the healing of them might cause "morbid determinations" to internal organs—a fear for which, according to my experience, there is simply no foundation. Others direct all their therapeutic efforts to forcing on what they call a "crisis," their plan of campaign apparently being to drive the enemy into the open country where he can (in theory) be crushed without difficulty. It is, naturally enough, at hydropathic institutions

that this method is most in favour, for there "critical eruptions" are among the usual incidents of the treatment, and therefore easily come to be looked upon as being an essential element in the cure. There is something seductive in the notion of bringing the disease to the surface, and there dealing with it in a summary fashion, but unfortunately the plan does not answer in practice. It is much easier to fan the flame of eczema than to subdue it. The "critical eruption" is very apt to forget that it is merely a strategical manoeuvre, and to behave exactly as if it were a natural exacerbation of the disease; like a foreign power called in as an ally it sometimes remains as a conqueror, more oppressive and more difficult to get rid of than the original enemy.

I have seen so many cases of eczema made worse by misdirected therapeutic energy that I think it my duty, for the credit of the profession as well as in the interests of patients, to say a few words of warning on the subject. The importance of avoiding this error has quite recently been impressed on my mind by the following case which I relate as a typical example of the evils of over-treatment in eczema. I give it as far as possible in the words of the patient, who is of intelligence and position:

On January 9th I consulted a doctor at the request of my friends, and told him of my complaint, which up to that time had been pronounced as gout coming out. The doctor told me I was suffering from eczema in an acute form, and put me on a diet and treatment. This, however, did not seem to be the correct treatment, for I grew rapidly worse and took to my bed. On March 9th I went on leave to my father's house, and there saw the family doctor, who at once recommended a course of hydropathic treatment. I went to a well-known hydropathic establishment on March 24th, being only then fit for travelling. I was on arrival put to baths and massage in all its forms. At 7 A.M. I had a glass of hot water, followed by a Russian bath at 7.30. At 10 A.M. I saw the doctor, and then had a sitz bath of oatmeal and boracic acid at 70° F. At 3 P.M. I had a cool pack to make me perspire freely, and then was at once given an oil enema. At 8 P.M. I had a series of bandages put on: (1) To the spine, between shoulders (bread and chille); (2) to the abdomen, to produce a crisis (bread); (3) to the anus, the part affected, to soothe (bread and boracic). If the irritation became intense at night I was to apply a solution of cocaine and water; if this was useless to use a solution of coal tar and olive oil. For insertion into the anus a suppository of cocaine, cocoa butter, and oil of olives. On these remedies I continued, with restricted diet—only fish and chicken, oat flour, hot water and dry toast, mutton once a day (meals three only)—till May 4th. My eczema when I went to the hydropathic institution consisted of an intertrigo at the anus and round the testicles slightly. When I left on May 4th I had a broad band on the abdomen, highly irritable and suppurating readily; the patch on the testicles had spread down along each leg; the patch round the anus had spread from the hips to a plentiful covering of each buttock. I could not sit or walk, and was forced to sleep in a standing posture, leaning my shoulders against the walls or balancing my legs and shoulders on to armchairs, with a support for the hollow in the back.

There is nothing remarkable about the case here recorded, but it serves to point a moral. A localised eczema had been aggravated by over-treatment till it was on the way to become general; the bread poultice intensified the inflammatory process and the bandages acted as vehicles for the conveyance of inoculable material to the parts to which they were applied. The dietetic restrictions helped to lower the patient's strength without having any beneficial effect on the disease. The plan of treatment, in fact, was founded on an erroneous notion as to the nature of the disease. It cannot be too strongly insisted upon that though some constitutional disorder, such as gout or diabetes, is sometimes associated with eczema and may indirectly react on the skin affection by its effect on the patient's health, eczema in itself is essentially a local catarrh, and as such should be treated by local remedies. Even in the use of these the practitioner should be guided by the spirit of Talleyrand's maxim: *Surtout, Messieurs, pas trop de zèle.*

Too much zeal in the use of strong remedies which cause irritation is more disastrous than the do-nothing policy of those who look upon eczema as a useful derivative. My own method of treating the disease has been fully described elsewhere, it need only be stated here that I trust mainly to local applications of antiparasitic substances, feeling my way with the greatest caution so as to destroy the agents which are causing the mischief without setting up additional inflammation. Constitutional treatment is employed only when there is a definite indication that it is required.

THE Gaskell Medal and Prize in Mental and Nervous Diseases has been awarded, after examination at the Royal Bethlem Hospital, to George W. F. Macnaughton, M.B., C.M. Edin.