

diseases the result of defective excretion in this climate seem to resemble the symptoms of malaria as made known to me; but I prefer, having never been in a tropical country, to ask for the opinions on this subject of those who can speak from practical experience.

*To the Editors of THE LANCET.*

SIRS,—In your issue of Jan. 18th I was interested in Mr. Richmond's article on the "Prevention of Influenza," and particularly where he refers to eucalyptus oil, which I also have found of much benefit in the treatment and in the prevention of the disease. I mentioned to you a fortnight ago that I was using eucalyptus oil for inhalation, but since that time I have had a very large number of cases of severe epidemic influenza, undoubtedly of Russian type, and have been able to observe how rapidly the frontal headache, the uneasiness in the nostrils, and the feeling of oppression in the chest are relieved by inhaling the steam from the oil. I direct it to be used as follows:—Put half a teaspoonful of the oil in a quart jug of boiling water, and inhale the steam for five or ten minutes at intervals of two or three hours. I recommend others in the house of the patient to have a few inhalations each time it is used, and I have noticed that the cases, after the first, are never so severe. I have myself suffered from two attacks of influenza although using the eucalyptus inhalations, but in my case there was no severe frontal headache and no running at the eyes or nose. I had all the other symptoms, followed by great prostration and considerable loss of weight.

I have found further that salicylate of soda (pure) is by far the best diaphoretic. I give twelve grains every three hours, and find that a temperature of 104° is reduced in from six to nine hours to the normal. In a few cases the salicylate has disagreed with the patient, but salol is a substitute which is always borne on an irritable stomach, and is not much inferior as a febrifuge. It must always be remembered that a warm bed and plenty of soothing drinks are necessary whichever treatment is adopted.

I am, Sirs, yours faithfully,

Hawick, January, 1890.

JOHN R. HAMILTON, M.D.

*To the Editors of THE LANCET.*

SIRS,—In THE LANCET of Jan. 25th Dr. H. P. Hawkins has partly detailed seven out of 900 cases of influenza admitted to St. Thomas's Hospital presenting a more or less patchy erythematous rash. It would have been more satisfactory if Dr. Hawkins had also described what other symptoms were present (or absent) in these cases, as his statement, that the rash has "probably no relation to the [or "a"?] specific disease—influenza," can hardly be allowed to pass unchallenged. Kindly permit me briefly to state the leading symptoms of the following case, which was unique amongst several occurring in my practice. A lad, aged thirteen, was suddenly seized in school, about three in the afternoon, with severe headache, malaise, and vomiting. Next morning I observed on his chest, back, and limbs a most pronounced scarlatiniform rash, disappearing on pressure; and his face presented a bluish-red colour, which was specially remarked upon by his parents. He complained much of pain in the head, abdomen, and loins, and had vomited several times; temperature 103.4°. No sore-throat or bronchial catarrh whatever. Next day the rash was more patchy, and the skin was moist; temperature 101°. By the third day the patient was practically convalescent. There was no desquamation. The remarkable features of this case were: (1) the sudden invasion of the disease, which characterises *la grippe*; (2) the absence of bronchial catarrh; and (3) the transient existence of a scarlatiniform eruption. In conclusion, I may say that no medicine was prescribed.

I am, Sirs, yours faithfully,

Jan. 27th, 1890.

A. G. AULD.

*To the Editors of THE LANCET.*

SIRS,—The following personal experience may possibly be of interest at the present moment. On Sunday last I was walking from one patient's house to another, when I suddenly felt a cold "creeping chill" down the spine, which was followed, as I walked along, with a general feeling of being cold all over. I also had a sudden sharp pain in the frontal region, but quite momentary. After seeing the rest of my

patients as quickly as possible, I returned home and took some hot soup and a glass of hot and strong whisky-and-water, which quickly removed the feeling of chilliness. Finding I had a temperature of over 102°, I took 15 grains of antipyrin, followed in a few minutes by 8 grains of quinine, and went to bed "between the blankets," heaping on coverlets until I began to perspire. It was then 2.30 P.M. At 7 P.M. I took 5 grains more of quinine, and again at night. I had rather a restless night, but in the morning my temperature was normal, and I managed to do a long day's work. This morning I am comparatively well. I am still taking quinine. Did I "scotch" the enemy? Out of a list of fifty-eight patients, I find twenty-nine of them are suffering more or less from the prevalent "malarial fever."

I have had various types of the malady to contend with, the principal complications being pneumonia, intense headache, "utter prostration," and "colic." For the headache I found menthol and salicylate of soda the most useful remedies, but quinine has been my sheet anchor; and all my cases are doing well. "Champagne and oysters" and "good feeding" seem to be absolutely necessary in many cases.

I am, Sirs, yours faithfully,

Upper Clapton, Jan. 14th, 1890.

MEDICUS.

## MEDICAL EXPERT EVIDENCE.

*To the Editors of THE LANCET.*

SIRS,—In your annotation under the above heading you draw attention to the case recently heard before the Recorder of Bradford, and your remarks possess for me special importance. You say that the interests of justice require that expert evidence should be equally available for those against whom sanitary authorities proceed, as well as for the authorities themselves. Apply this dogma to a supposed case exactly analogous to that under consideration. Assume that a corporation—say of Birmingham—decides to close a slaughterhouse on account of its unsuitability for such a purpose. The owner or occupier appeals, and asks the medical officer of health for Leeds to inspect the premises, and, if he can, to give evidence against the Birmingham corporation. Is the medical officer of health for Leeds bound to go, even without the consent of the corporation, whose servant he is, and inspect these premises, knowing that they have been condemned by the medical officer of health for Birmingham? If he declines, is he endeavouring to defeat the ends of justice? I must confess that such an idea seems to me preposterous, and yet your approval of the Recorder's remarks points to this conclusion.

You then go on to say that the proper remedy is that the witnesses should appear, not on behalf of one side or the other, but on behalf of the court. With this opinion I fully concur, and it may interest you to know that it was suggested to the Recorder of the Bradford corporation that he should ask the Local Government Board to nominate a medical assessor, who would be able to appreciate the evidence of the different medical witnesses at its true value. To this the Recorder would not agree unless both parties so requested, and the suggestion therefore fell to the ground. The work of a medical officer of health is often difficult enough, but it will be rendered doubly so if his efforts to protect the public health are in danger of being thwarted by the members of his own profession.

I am, Sirs, yours faithfully,

JAS. MACLINTOCK, M.D., B.Sc.,

Bradford, Jan. 28th, 1890.

Medical Officer of Health, Bradford.

## UTILISATION OF COUNTY HOSPITALS AND ASYLUMS FOR TEACHING PURPOSES.

*To the Editors of THE LANCET.*

SIRS,—Referring to Dr. Campbell's letter in your last issue on the above subject, may I point out that the Devon and Exeter Hospital offers unusual advantages for teaching purposes. The hospital possesses 218 beds (the average of those mentioned by Dr. Campbell is 130). There are four asylums (one, the Devon County Asylum, possessing 950 beds) within easy reach; two are within walking distance. Full facilities are given to students, the number of out-door pupils being unlimited, and two in-door pupils being received at very moderate fees, which include board, residence, and washing. It is near enough to the coast for