MEDICAL FEES AT CAMBRIDGE.

THE Syndicate appointed by grace of the Senate March 7th, 1861, to consider what Professorship should receive an additional stipend, what should be the amount of such addition in each case, and what would be the conditions under which it should be granted, have issued a report to the Senate, from which we extract the following section, interesting to medical undergraduates:—

"They recommend that the fee of £7 which has hitherto been paid by all candidates for the degree of M.B. on keeping their Act to the Regius Professor of Physic be discontinued; that a fee of £3 3s. be paid to the Professor by each student when his name is sent in for the first examination for the M.B. degree, and that a fee not exceeding £3 3s. be paid by every student who attends one or more courses of the Professor's lectures; and that, in lieu of the fee of £11 11s. heretofore paid to the Professor by candidates for the degree of M.D. on keeping their Act, a fee of £10 10s. be paid at that time to the Professor.

"As compensation for the loss which would result to the Regius Professor of Physic by the adoption of these rules, the Syndicate recommend that the sum of £50 per annum be paid to the Professor from the University chest."

POOR-LAW MEDICAL REFORM.

At a public meeting of the Metropolitan Poor-law Medical Officers, held May 10th, 1861, at the rooms of the Royal Medical Benevolent College, 37, Soho-square, it was unanimously resolved to adopt as the embodiment of their collective opinions, the following statement (here condensed) submitted to them by their committee. It was also further resolved, that all the Union Medical Officers should, through the several weekly medical journals, be solicited to forward, *within the course of one week*, to the honorary secretary, Dr. Robert Fowler, 145, Bishopsgate-street Without, E.C., any facts within their respective experience bearing on the suggestions of such statement, with a view to the said facts being laid as evidence before the Parliamentary Poor-law Committee:—

"The Committee of the Metropolitan Poor-law Medical Officers, having maturely considered the subject of Poor-law Medical Relief, in so far as it affects the position of the medical officers and the interests of the sick poor, are of opinion that the present system of administration of medical relief requires amendment.

"They submit the following suggestions as indicating the defects of the system, and the means for remedying the same; and recommend that evidence of as comprehensive a nature as possible be solicited from the Poor-law medical officers, having reference to such suggestions, which evidence may be ultimately submitted to the Parliamentary Poor-law Committee:—

"Suggestion A.—As regards the Sick Poor.

"1. That it is a source of injury to the poor, and a false economy to the ratepayers, for Poor-law guardians to make cheapness a ruling guide in their election of medical officers.

"2. That, in order to insure to the sick poor the full benefit of medical aid, the appointment of the Poor-law officer should be, *in all cases*, made permanent.

"3. That, for the same object, the medical officer of a district should have the power, in common with the medical officer of a workhouse, of ordering, in writing, whatever necessary diet or clothing he may think required for any pauper under his care, and that it should be the duty of the relieving officer to obey such order.

"4. That in some rural districts the distance between the poor and the relieving officer, or between the relieving officer and the medical officer, is too great, thereby causing the poor to travel an unnecessarily long distance for medical aid. The remedies for this are two—viz., 1, either to extend the power of giving orders to other parochial officials besides the relieving officer; 2, or by arranging that the relieving officer shall live, *whenever such is practicable*, within one mile of the residence of the medical officer.

"B.—As regards the Medical Officer.

"1. In common fairness to the medical officer, his appointment should be made, *in all cases*, permanent.

"2. That the present system of remuneration of the medical

officer is without any uniformity, equality, or any definite principle; some officers being paid by a fixed salary and extras, some by a fixed salary without extras, and a small number by the case; but the great majority are paid by a fixed salary, which usually bears no relative proportion to the amount of work performed. That the mode of payment by a gross fixed salary admits of the infliction of a great injustice on the medical officer, by the indiscriminate issue of orders which takes place.

"3. That in the great majority of instances the remuneration of the medical officer is inadequate for the services performed.

"4. That the only just and equitable mode of payment is by a certain fixed sum per case, in accordance with the recommendation of the Poor-law Commissioners in their Minute dated June 6th, 1839.

"5. That, at a minimum computation, no less a sum than 2s. 6d. per case in the metropolis, and than 5s. in the provinces, can compensate the medical officer for his services.

"6. That the medical officer of a workhouse should be paid to the same extent, both with reference to salary and to vaccination fees and other extras, as the district medical officer.

"7. That the list of 'operations and services,' detailed in Art. 117 of the General Consolidated Order, requires augmentation.

"8. That the medical officers, in consideration of the vast and important duties performed by them, the discomfort and difficulty and the great personal risk of life to which the performance of those duties exposes them—together with the minimum remuneration which they now seek—are fairly entitled to a superannuation allowance, in common with the members of the civil service.

"9. That in order to facilitate the carrying out of the foregoing suggestions and recommendations, it is highly necessary that the powers of the Poor-law Board be consolidated and extended, especially those relating to the Poor-law medical officers and the sick poor."

Correspondence.

"Audi alteram partem."

"WHAT IS PROOF OF LIVE-BIRTH?"

To the Editor of THE LANCET.

SIR,—In reference to the remarks on this subject in your number of the 11th inst., p. 469, on the decision of Vice-Chancellor Sir J. Stuart, in the case of Brock v. Kellock, I select two instances from my note-book, which, if they do not affect the theoretical distinctions attempted to be drawn between physiological and legal life, have at least a practical bearing on the subject.

On the 14th of July, 1849, Mrs. F——, the mother of a numerous family, gave birth to a female child, at the end, as she believed, of only eighteen weeks; and appearances strongly corroborated her opinion. Some time after the supposed dead child was placed aside, my attention was called to it in consequence of some convulsive movements observed by the attendants; and subsequently, for more than half an hour, the heart evidently pulsated, and convulsive action of the body continued to be distinctly observable. The action of the heart was evident to the eye by the pulsation it communicated to the chest, as well as to the hand placed over the cardiac region.

On Oct. 25th, 1852, I was called to see Mrs. D——. Before my arrival the membranes had given way, and I found her labour rapidly progressing with a breech presentation. The funis ceased to pulsate rather more than eight minutes before I could extricate the head. The child, when born, was perfectly corpse-like, and the limbs flaccid. It was placed in a hot bath, and I perseveringly inflated the lungs, through the nostrils, for full twenty minutes before any sign of change occurred; after which time the lips slightly coloured, then a feeble sigh was noticed; soon afterwards the lips and face were more evidently tinged, and gradually the corpse-like condition of the body gave way, and ultimately respiration was established. The inflation of the lungs was steadily continued for more than three quarters of an hour before this was effected.

I shall not enter on any nice distinctions required by the laws of inheritance as to the kind of evidence necessary at birth to prove a child being alive or dead, but merely suggest two opposite conclusions at which we might have arrived in reference to the cases here given.

In the first, so extraordinarily premature, the child was born *alive*, and lived more than half an hour without respiration, unless we *assume*, physiologically, from the action of the heart, that this process necessarily existed, though too feebly to be observed by the senses; but then, in ordinary cases, we must be guided by the senses, and judge of a child's state by them.

In the second, the pulsation of the funis ceased between eight and ten minutes *before* the head was born, and no signs of arterialization were evident for full twenty minutes *after* it was born, and respiration was not established until three quarters of an hour after birth.

In this case, if the artificial respiration had been discontinued at the end of forty minutes, the child would have been reported "still-born,"—as hundreds undoubtedly are,—and Dr. Robert Lee would have been complacently satisfied with a certificate to that effect; but it was continued five minutes longer, and the child breathed. Dr. Lee says that "respiration is necessary to establish the fact of live-birth." If so, it is clearly not necessary to the existence of life; and this child, now alive and well, was dead in law, if not in fact, for nearly one hour after it was born.

I am, Sir, your obedient servant,
West Lodge, Frome, May, 1861. JAMES HURD, L.R.C.P. Edin.

To the Editor of THE LANCET.

SIR,—If a child is born, but neither moves nor breathes, and shows no other sign of life except "a slight pulsation at the cord" (funis), ought I to consider such a child to be born alive, and write a certificate accordingly?

I am, Sir, your obedient servant,
Savile-row, May, 1861. ROBERT LEE, M.D.

THE RECENT EPIDEMIC AT HARROW.

To the Editor of THE LANCET.

SIR,—Should you deem the following account of an epidemic which has lately broken up the School at Harrow of sufficient interest, may we beg you to give it insertion in an early number of your journal.

The first case which came under our notice, and from which we date the origin of the epidemic, was a boy aged twelve. A week after his return to school we saw our patient for the first time, and found him suffering from an attack of unmistakable scarlet fever, with its characteristic rash well developed, and with ulcerated throat. After an illness of unusual severity and of somewhat malignant type, attended with almost unbroken delirium during thirty-six hours, and with other symptoms of disordered sensorium, he slowly recovered, but not before two of his attendants had imbibed the poison, which developed itself as true scarlet fever in the one, and as ulcerated throat, with fever, but without any eruption, in the other. This case was followed by twelve other examples of genuine scarlet fever, occurring at various intervals during the progress of the epidemic. In some of these the disease ran a severe, and in one, where the patient was a weakly and delicate boy, a fatal course. But in the remainder (which amounted to upwards of a hundred cases) the malady assumed a very anomalous character, and was attended in its onset, progress, and decline by symptoms of great variety and irregularity.

Onset.—In several, febrile disturbance more or less severe, languor, lassitude, and slight sore-throat ushered in the complaint; in others, a feeling of giddiness, slight headache, nausea, and in two or three cases actual syncope, marked the commencement of the affection; while in a third and much larger class the eruption was preceded by no premonitory symptoms, but developed itself while its victim was in the enjoyment of apparently perfect health, the remark of a companion, "How red your face is!" being often the first intimation of its presence.

Eruption.—Nor were the features of the epidemic, considered in its cutaneous aspect, less varied than its modes of onset. In some few the eruption presented a great resemblance to that of measles, and an experience of it limited to these instances would have unhesitatingly said that it was rubeola; but these were the exceptions. Between this extreme and the genuine cases of scarlet fever mentioned above there existed several varieties—slight indeed, and almost inappreciable in individual cases, but which, shading off one into the other, formed, when viewed in reference to the whole, connecting links in the chain of an epidemic which clearly began as scarlet fever. Thus, commencing with cases in which the eruption

consisted of numerous patches of aggregated, scarcely raised points, of a reddish hue, scattered over the face, trunk, and extremities, with interspaces of healthy skin, the affection appears to have passed through a *second* phase, in which slight redness occupied the intervals between the spots, to a *third* form, in which the patchy appearance was lost in a general and diffused redness, and finally merged into the genuine scarlet fever eruption.

Course.—Amongst the cases distinguished by a true scarlet-fever rash, some ran their course with, some without, fever; in a few, fever and ulcerated throat were developed without any eruption; while the irregular forms were attended for the most part by no febrile disturbance.

The duration of the anomalous rash was uncertain: in some cases it disappeared in twenty-four hours or sooner; but in most cases it continued four or five days, and then gradually faded. Frequently slight enlargement of the tonsils, and occasionally swelling of the cervical glands, accompanied the eruption; a previous attack of scarlet fever secured no immunity from it; youth was especially susceptible of the poison, yet a maturer age was by no means free from it; its subsidence left the subjects of its attacks weak and depressed, though its course was for the most part mild and unattended by any constitutional disturbance; desquamation in the anomalous forms was the exception—it occurred, however, in several instances; the period of incubation varied from eight to fourteen days; albuminuria was never discovered.

A careful consideration of these facts, with due attention to the features and character of the collective whole rather than to the peculiarities of individual cases, can leave little doubt, we think, that the affection was not roseola, as affirmed by some, nor rubeola, as asserted by others; but an anomalous and modified form of scarlet fever: and we may, in conclusion, press the consideration of the following points in confirmation of this view:—

1. No case was known to have occurred until ten days after the return of the boy who suffered, as mentioned above, from undoubted scarlet fever, and whose attendants were taken ill, one with the genuine fever, the other with *scarlatina sine eruptione*.

2. Throughout the whole course of the complaint, from time to time, and in various houses, cases of true scarlet fever sprang up.

3. Of these last, many could be traced to no other source than contact with an individual suffering from the anomalous rash; and, conversely, many irregular cases appeared to originate from the contagion of regular ones. The most remarkable instance of this was the case of two brothers and a sister. During the convalescence of the latter from genuine scarlet fever, the younger brother became affected with an anomalous variety; upon which it was ascertained, for the first time, that the elder brother had some weeks previously suffered from a similar rash, but, from feeling and seeming quite well, he had been allowed to go out, and no medical advice had been taken.

4. The irregular eruption was attended by no coryza or catarrh, the usual concomitants of measles; and developed itself, in two or three cases, in individuals who had suffered from rubeola a few months previously. It is somewhat difficult to believe that the system should be liable to infection by the same poison after so short an interval.

5. In a few cases the irregular variety came out fully, but in the course of a day, or two days, passed into the genuine scarlet-fever rash.

We are, Sir, yours obediently,

THOMAS HEWLETT,

THOMAS BRIDGWATER,

Surgeons to the Harrow School.

Harrow, May 11th, 1861.

MILITIA SURGEONS.

To the Editor of THE LANCET.

SIR,—I would trespass but for a few lines to bring before the notice of the profession and the general public the way in which the present Secretary for War seems determined, in every way he can, to lower and insult the medical men, both in the Army and Militia. I need not allude to the recent circular which has caused so much indignation amongst the medical officers throughout the army. I wish to mention a similar instance, on the part of this Minister, whereby he endeavours to lower the position of the Militia surgeon.

Several of the regiments are this year called out for preliminary training of recruits; and a circular has been addressed to the commanding officers, informing them that cer-