citadel in Cairo, but no other cases have since arisen among the troops. Their health is stated to be excellent.

Deputy-Surgeon-General G. S. Ryerson, M.D., Canadian Militia, Toronto, who has recently been through a course at the Volunteer Ambulance School of Instruction, obtained a certificate of proficiency at an examination held before a special board of Army medical officers on June 2nd at the Station Hospital, Rochester-row, S.W.

The Rev. Sir Borradaile Savory, Bart., M.A., son of the late Sir William Savory, has accepted the acting chaplaincy to the Volunteer Medical Staff Corps (the London companies).

Surgeon-Lieutenant-Colonel W. Campbell, of the Grenadier Guards, has been again selected for the post of Principal Medical Officer at the Bisley Rifle meeting.

The Hampshire Militia Medical Staff Corps will be encamped at the Royal Victoria Hospital, Netley, from the 3rd to 29th prox.

Correspondence.

"Audi alteram partem."

"ISOLATION AND THE PUBLIC HEALTH ACT."

To the Editors of THE LANCET.

SIRS,—Dr. Benham, in your issue of the 13th inst., calls attention to the important subject of isolation in infectious diseases. No two opinions can exist as to the importance of early diagnosis and the wisdom of removal to an isolation hospital of cases of small-pox and typhus fever; yet in cases of scarlet fever, diphtheria, and enteric fever something may be said against indiscriminate removal. I believe the practice of removal to hospital after the receipt of the notification certificate differs almost in every district according to the opinions held by the medical officer of health or sanitary authority. I know that some medical officers of health believe that every case of infectious disease should be removed to hospital for isolation and treatment, so that I am pleased that Dr. Benham has received a reply from the Local Government Board which leaves one to imply that the consent of the medical attendant should be sought before removal. The Notification Act, 1889, was not passed for the purpose of enabling the sanitary authority to effect removal of *all* cases but to enable the medical officer of health to early become acquainted with outbreaks of epidemic disease. As an old sanitarian and a general practitioner but a young medical officer of health, I agree with many of Dr. Benham's reasons for allowing the treatment of infectious cases such as scarlet fever and diphtheria at home, although I do not believe that patients are longer in recovering when taken to hospital or that they have a better chance of recovery when left at home, and I cannot subscribe to the statement that it is an easy matter to isolate cases of scarlet fever or diphtheria completely in an ordinary dwelling house; but I do believe it can be done sufficiently, and this meets the requirements of the case. I have had as a private practitioner my own little "grievances" in reference to the removal of cases, and now as a medical officer of health have to do my duty and prevent the spread of infectious diseases among the rate-payers. Now unless my fellow practitioners give me a loyal support I cannot hope to do this. A short experience which I will relate I have every reason to be satisfied with, and as my sanitary committee are desirous of keeping down the expenses of the infectious disease hospital from a rate-payer's point of view I must do what I can to encourage my medical brethren to treat as many cases as they can outside, providing sufficient isolation is possible, only removing such cases as they request. When I took office small-pox and typhus fever were rampant, and scarlet fever was prevalent in different parts of the town. I called my *confrères* together and laid down a line of action which I intended to follow—namely, to take into hospital only cases of small-pox and typhus fever, and till these no longer occurred other infectious cases would require to be treated at their own homes, and I trusted my *confrères* would assist me, especially in regard to isolation in the patient's own homes. Expressions of opinion were given, and some thought isolation in a cottage impossible, but all agreed to assist me as far as they could. I was willing to see all doubtful cases of typhus fever or

small-pox with them and to ensure early removal. One of my sanitary inspectors was given the extra duty of visiting periodically and systematically all houses in which scarlet fever was present in order to see that everything was being carried out as far as could be under the circumstances, and supplying an abundance of disinfectants. In four months I was enabled to report to my committee that small-pox was stamped out and typhus fever had disappeared, scarlet fever being kept within bounds. The only cases of infection spreading was in the same house, just as we have had since even after early removal to hospital, where the other children had been allowed to associate with the patient; but we had some good cases of sufficient isolation in very poor homes and in insanitary houses where the mother nursed the patient in a separate room and carried out all our instructions. Now that I have my scarlet fever block ready for cases I find that mild cases of this disease are difficult of diagnosis, and that it is better to leave the patient under the medical attendant till all doubt disappears rather than expose the child to infection in the hospital, and put the landlord and sanitary authorities to needless expense in stoving and cleansing the house if the previous diagnosis is not confirmed. If all private practitioners were like Dr. Benham and would take the trouble to insist on the "necessary precautions" being taken, they would lighten the hearts and lessen the responsibilities of medical officers of health in preventing the spread of these infectious diseases and would retain their own private cases as well as teach parents and guardians that they have a duty towards those entrusted to their charge. The importance of the subject is my apology for the length of this communication.

I am, Sirs, yours, faithfully,

WM. BERRY, F.R.C.S.Irel., D.P.H.,
Wigan, June 15th, 1896. Medical Officer of Health of Wigan.

POINTS IN THE NEW LONDON UNIVERSITY QUESTION.

To the Editors of THE LANCET.

SIRS,—I crave space to consider the proposed enlargement of the present London University for the reasons that it will affect and revolutionise the position of a large portion of medical practitioners who are merely London diplomates as compared to those holding London degrees. It is an epoch-moving reform, which will or ought to give us all our proper degreed status as Doctor, as in most other countries, to be definitely grasped and respected by the public, and giving all members of the profession an equal chance of soaring in the estimation of their own ranks or attaining the highest positions of merit and importance, which under the present invidious restrictions is a galling impossibility. The common name "diploma" is now the equivalent of many a low distinction obtained by, say, plumbers from the Institute of Hygiene, or given to trade fitters at exhibitions, or even received by the *officiers de santé* in comparison to the higher grade French degrees. This is all apt to rankle, though borne with benign toleration. The adoption of the Lord Cowper Commission's proposals would tend to alter, ameliorate, and heighten our general professional status, and it would at last make the capital of England a university centre, which I venture to say is none too soon, though it is quite English to be behind the times. It would also combine the enormous and especially medical-teaching capacities of this metropolis into a real and complete London University, which would likely achieve for itself a world-wide and hereditary reputation, especially if from the start it should be under munificent and Governmental endowment.

The high principle and faithful devotion of some of our leaders in the just cause of reform of the London University shows, from their very status, that the isolated monopoly of the present class of degree holders will not be encroached upon by the movement, and the quality and facility for passing future brimful examinations without specially practical study is speciously safeguarded and assured to those to whom it appeals. It is to be hoped that now the scheme has actually been brought forward in the House of Commons the noble efforts of our able leaders will not tire or despair of moving all their ingenuities to convince those in Council and of our able Parliament of the necessity of this advance; and if they need any voice or action from members of our London medical colleges it would be not only our interest and advantage, but a high-toned duty on

our part to help with our support. In the comparative study of the European universities I find that they have been chiefly founded in one faculty—e.g., Paris, divinity; Bologna, law, &c.—so on this score it will not be out of the way for medicine to play an absorbing and an important rôle in the present proposed reformation.

It is also important to realise that women will be largely admitted if the present scheme be carried through. I have generally heard expressed that woman's late and prominent efforts in the universities were quite a new phase of pretty and probably fleeting activity; but my information now goes to prove that this is not so, and I hope that in this connexion it may be worth recording that in the very first universities ever formed in Europe they were allowed equal entrance with men, and for the immediate period success attended their impulsive energy. In the case of Salerno "*Trotula*" is a distinguished example, for she wrote (circa A.D. 1059¹) a treatise on "*Medicine and Diseases of Women*," introducing as a new feature the work of Latin and Greek writers, for the nonce discarded in the great Salerno medical school in favour of their own particular hygienic methods. In Paris Héloïse was an early and a brilliant student of the university which was founded by Abélard to whom she wrote her well-known letters. I also venture to cite below extempore lines written by her (A.D. 1122) on a unique vellum funeral roll about the Abbot of Savigny, Vital, with grief and its futility as the difficult theme. Other great women writers since those lapsed days were debarred from university distinctions, but in all probability in the new university their work, beside that of the men, may be fraught with the most momentous importance and renown to themselves, and prove an honourable distinction to have freely permitted their admission. In conclusion, I would press upon our great leaders the important claims of the diplomates of the London Colleges of Surgeons and Physicians, and trust that the ultimate university authorities will have pointed out to them the justice of the claims of the Members and Licentiates to participate in a retrospective clause, which will entitle them to proceed to the Doctorate degree, either by an original thesis or by a final examination, for clearly the movement for a medical faculty at any rate arose in great part out of their disabilities. In fact, it will hardly be fair if this point be not acceded to, for it will allow similarly trained men to obtain degrees in medicine over and above the former titles.

I am, Sirs, yours faithfully,

Upper Woburn-place, W.C.

H. ELLIOT-BLAKE.

(Copied from the original in Paris.)

"Flet pastore pio grex desolatus adempto,
Soletur miseras turba fidelis oves.
Proh dolor! hunc morsu sublatus mortis edaci.
Non dolor aut gemitus vivicare queunt,
Ergo quid lacrimæ, quid tot tantique dolores
Prosunt? Nil prodest hic dolor imo nocet.
Sed licet utilitas ex fletu nulla sequatur,
Est tamen humanum morte doloris patris.
Est etiam gaudere pium; si vis rationis
Tristitie vires ad nichilare queat.
Mors etenim talis, non mors sed vita putatur;
Non moritur mundo, vivit ipse Deo.
Oret pro nobis; omnes oremus et ipse Christum
Et nos ad vitam perveniamus. Amen."

A blank translation running:—

"The vanished shepherd of his flock is mourned,
Let faithful throng console your deepened sorrow.
Oh, cruel fate! him, seized by the grasping jaws of death,
But neither grief nor groaning can avail that life
Nor tears; why, therefore, great and many wails?
'Tis useless, rather sore distress.
But though no usefulness is gained from sobs,
'Tis but a human phase to grieve a father's loss.
In pious duty may we yet rejoice; for if the mind
Can bridge the tide of sadness
We view a death like this as yet a life esteemed;
And, dying in this world, his resurrection is in God.
Pray he for us and pray we all that he as
Well as we may come to life. Amen."

THE DEGREES OF THE UNIVERSITY OF LONDON.

To the Editors of THE LANCET.

SIRS,—From papers sent to me by the clerk I observe that at Convocation, to be held on June 23rd, the resolution as under is to be moved by Mr. Spratling:—

"That the excessively high standard maintained by this University in conferring its highest degrees has worked an injustice to many of

its graduates and is the main cause of the agitation from which the University is at present suffering. That steps be therefore taken to co-ordinate these degrees with those conferred by the other British universities: 1. That for this purpose powers be obtained to confer the title of 'Fellow of the University' upon all graduates who up to the present have attained, or shall in the future attain, to the highest degree in their several faculties, according to the present high standard. 2. That the degree of Master or Doctor be conferred upon all Bachelors in the several faculties who have reached, or shall hereafter reach, such a standard in Honours in their final examination as the Senate may deem adequate."

Some years ago Convocation discussed the same subject very fully at a large meeting and rejected a similar resolution, and I myself travelled a long way and at considerable inconvenience to vote against it. I object to the resolution above on the following grounds. First, I do not wish to be credited with or have attached to my name any title I have not earned by hard study and a legitimate and searching examination; and it is just "the excessively high standard maintained by this University in conferring its highest degrees" which renders them, in my estimation, of supreme value, and places them above all others in this or any other country. Secondly, I object to gentlemen, Bachelors of the University, obtaining the higher degree without having undergone the like study and the like examination, for I look upon such a proceeding as unjust to myself and my *confrères* in the medical faculty. I trust, therefore, that the proposition No. 5, to be moved at Convocation next Tuesday, will meet general and successful opposition.

I am, Sirs, yours faithfully,

Truro, Cornwall, June 16th, 1896.

WM. DALE, M.D. Lond.

CHOLERA IN EGYPT.

To the Editors of THE LANCET.

SIRS,—From the spring of 1884 to the autumn of 1895 Egypt remained perfectly free from malignant or Asiatic cholera. During this period of eleven and a half years not one single death was attributable to the disease throughout the length and breadth of the land. In September, 1895, suspicious cases occurred at Menzaleh, but it was not until Oct. 12th that cholera was unmistakably recognised. Writing on Jan. 28th, 1896, Dr. Rogers Pasha says: "I have no doubt that when the full report of the present epidemic comes to be written the probability, if not the certainty, of the introduction by pilgrims will be fully established." The disease rapidly spread over the Delta and even reached Cairo, but by the end of January, 1896, one place alone remained infected. For a period of ten or eleven weeks there was absolutely no cholera in Egypt except at Alexandria, where fresh cases continued to occur at short intervals. It was not until the latter part of April that the provinces became re-infected, the contagium this time appearing to be more virulent than at first, probably on account of the increasing stagnation of the water-supply. For the sake of brevity I have stated my argument in dogmatic fashion, but writing at a distance and with necessarily imperfect knowledge I am quite prepared to accept correction. My suggestion is that cholera, having been imported in the first instance from the Hedjaz, was successfully dealt with except in Alexandria, where it continued to smoulder for close on three months after it had been extinguished elsewhere, and that re-infection of the rest of Egypt subsequently took place from this secondary focus.

Alexandria has the misfortune to be very badly sewered, and it is in this wealthy town also that the rights conferred by the capitulations especially hamper all efforts at sanitary reform. To the best of my recollection the cholera epidemic of 1883-84 lingered in Alexandria long after it had worn itself out in the country generally, but unfortunately I have no means of verifying my impression. The money loss to Egypt from an epidemic of cholera is very great, but if the sanitary department were adequately financed (to use the expression of a recent writer in the *Pall Mall Gazette*) it should be possible in this respect to safeguard the national treasury. Perhaps in this connexion you will allow me to quote from a paper of mine which saw the light in 1892:—

"From a cosmopolitan point of view it is evidently high time that one of two things should be done in the interests of the health of the world. The pilgrimage should either be abolished or else subjected to efficient sanitary control. Till one or other of these measures is adopted Europe can never be safe from the attacks of the most deadly of pestilences. The present epidemic at Hamburg and elsewhere most unquestionably owes its origin to the Meccan pilgrimage. The Hadjis on their return along the various caravan routes have spread the germs of the disease broadcast, and though for this year the virulence of the outbreak

¹ Darenberg: Ackermann.