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

sea-bathing to be available in the morning. There is first-rate fishing in the neighbourhood, moorland walking within easy reach, and a capital lawn-tennis court in the hospital grounds. It is hardly necessary to remark that clerking, dressing, &c., done here are accepted by the Conjoint Board.

I am, Sirs, yours faithfully,

RUSSELL COOMBE, F.R.C.S., House-Surgeon.

Devon, Jan. 28th, 1890.

LIVERPOOL.

(FROM OUR OWN CORRESPONDENT.)

The Local Medical Charities.

THE annual meetings of the hospitals and dispensaries have been nearly all held, and the results appear to be in nearly all instances the same. A balance more or less large on the wrong side, reduced income, equal or increased expenditure. Although Liverpool has increased so enormously in recent years, the subscription lists of the medical and other charities have gradually diminished so as to be considerably less in amount than what they were years ago, when the population was less. Probably one cause is the increasing difficulty of finding persons able and willing to subscribe the traditional guinea, lesser sums being assumed to be unworthy of offering or acceptance. This is a mistake which should be at once rectified. Everyone who can subscribe an annual sum, however small, should be encouraged to do so, postal orders forming an excellent means of saving expense in collection.

The Influenza.

Cases of influenza still occur, and the number of persons attacked has been large; but the severe form has been seen in comparatively rare cases. In most of these recovery has taken place, the few fatal ones having been accompanied with some other disease, or with advanced years.

Efforts to Reduce Intemperance and Vice.

Liverpool has the unenviable reputation of being a very drunken city, though it is doubtful whether it is in this respect worse than other seaports. One of the most fruitful causes of excessive intemperance is the practice of publicans serving with drink men and women who are already drunk, selling drink to young persons, and in other ways violating the licensing laws. Recently, arrangements have been made by which all public-houses will be subject to more strict police surveillance. Already many convictions have taken place under the new system, in spite of the proverbial difficulty of proving that the person was drunk. Efforts to reduce the "social evil" is much more difficult. Unlike the police in a few other towns, those of Liverpool have no powers of entry into brothels except by warrant, while the difficulties of dealing with solicitation in the streets are very great. Captain Nott Bowen, the head constable, has issued two reports dealing with both these evils. In the one relating to prostitution he shows that the police have done all in their power to localise, and therefore minimise, the evil. But he strongly condemns the practice of driving the occupants of brothels from houses and streets in which they have long dwelt into streets respectably tenanted, which is the inevitable result. A reduction of brothels and prostitutes in the city would mean their increase in the suburbs, as has been the case with Manchester, Glasgow, Edinburgh, and elsewhere.

Liverpool. Jan. 28th.

MANCHESTER.

(FROM OUR OWN CORRESPONDENT.)

The Infirmary Site and St. Mary's Hospital.

At the monthly meeting of the infirmary board held yesterday, the decision of the committee appointed to consider the application from St. Mary's Hospital for a site in the infirmary grounds upon which to erect a new lying-in hospital was submitted and discussed. The proposal was rejected unanimously, ostensibly on the ground that the Board had no legal power to devote any of the land to purposes not connected with the infirmary, but really it was considered that to further curtail the already diminished

open space around the infirmary would be most undesirable, in the interests alike of the patients and of the public at large.

Influenza.

Notwithstanding the occurrence of a few cases of influenza and a large number of cases of catarrh &c., which in ordinary times would have excited no comment, it is tolerably certain that at present we have nothing worthy of the name of "epidemic." A conjoint meeting of health authorities, guardians, and medical staffs of our hospitals was held at the infirmary a fortnight ago, when it was arranged that in the event of any serious outbreak of the disease, necessitating action on the part of the above authorities, the corporation should provide the accommodation required for the more serious cases, but that medical attendance in the milder cases should be undertaken by the various medical charities. Hitherto no special action has been needed. Even the Literary and Philosophical Society has not escaped the fashionable epidemic, but at its last meeting the subject of influenza was under discussion, chiefly from its historical point of view.

Sanitation.

Last Saturday evening the annual meeting and dinner of the Manchester centre of the National Association of Sanitary Inspectors was held at the Grand Hotel. The Right Honourable J. T. Hibbert, formerly president of the Local Government Board, presided, and after allusion had been made to the improved status and ability of inspectors, he made some cogent remarks upon the condition of our rivers, especially the Irwell, pointing out that nothing less than combined effort along the whole watershed of the river could suffice to render this inky and malodorous stream satisfactory. Mr. Alderman Schofield (late chairman of the Corporation Health Committee), in replying to the toast of the Corporation, pointed out, in extenuation of the notoriously high death-rate of Manchester, that it was to a large extent fallacious to think we were so very much worse than other great urban communities. Manchester was almost entirely an urban city, with no suburban population, the suburbs adjoining not being included within the city boundaries; the consequence was that all the better and well-to-do classes lived outside the city, leaving within its boundaries chiefly the poor and ill-conditioned classes. If the city with all its suburbs could be taken as a whole, and the death-rate estimated on the whole population of what is really Manchester, the death-rate would show up very much better.

Overpressure and Backward Children.

A conference of those interested in preliminary education was held last week at Owens College, to consider if any and what means should be adopted to meet the defects in our present system of education as it affects backward and dull children. It was stated that considerable hardship is inflicted upon a small minority of children whose brain power, without being actually defective, was of a very low grade, and that the rigid rules of the code now in force prevented justice being done to such children. Some of the speakers who had practical experience in the matter stated that very little special action was required, but that more individual discretion should be given to the teachers in grading their scholars, and some additional help by increase of staff allowed to meet the exceptional needs of dull and unintelligent scholars.

Salford Fever Hospital.

The sanction of the Salford Town Council was obtained at its last meeting to the scheme for erecting a new fever hospital, though not without protest from some members at the great cost estimated for the same. The new building will consist of three pavilions, containing six wards and two isolation blocks for doubtful and other cases, with the necessary administrative offices, &c., complete. The cost of the site is £13,000, and the total expenditure will reach some £50,000, which, as the accommodation provided for this sum will be only 184 beds, makes a total cost of more than £270 per bed, comparing very badly with the magnificent hospital at Hope, which cost less than £100 per bed.

Medical Society.

At the annual meeting of the Medical Society a satisfactory report of the past year was presented. The number of members is now 284, and the library contains nearly 30,000 volumes. A serious proposal was put forward to