travelling public to show up the farce of huge passenger steamships carrying a "sanitary officer" duly appointed by Her Majesty's Board of Trade, and emigration officers with written instructions to furnish direct to the Board every voyage sanitary reports in which to "make special mention of the ventilation, disinfection of the ship after contagious disease, and the complaints of emigrants," and yet that this Government official should be liable to instant dismissal by the shipowners without a day's notice or a day's pay should he dare to write a sanitary report (the penalty actually incurred in my own case in 1886). But the abuse has still deeper roots growing since 1885, when a steamship company drew the pen through these three vitally important clauses of the Board of Trade's instructions, and directed "such report to be sent in the ship's dispatch box, under cover, to the general manager," that official himself having said to me on one occasion, "We don't give any information about sanitary matters to the Board of Trade."¹ Yet, still more serious to relate, the Board of Trade Emigration officials at Liverpool have apparently acquiesced in this irregularity by accepting such reports, as respectfully pointed out in my letter to the assistant secretary, Marine Department, Board of Trade, dated Aug. 13th, 1889. What hope can there be of reform in the medical department of the British mercantile marine? None, I fear, from this side of the Atlantic; but the Americans will doubtless follow the precedent so successfully carried out in 1882, and once again appeal to the British Government through our Consul-General at New York. Nor will they forget to insist upon the appointment at Liverpool of a British medical officer of practical sea experience and technical knowledge to supervise the emigration on behalf of the United States.

I am, Sirs, yours truly,

Bootle, Dec. 28th, 1889.

C. H. LEET, F.R.C.S.

THE PREVENTION OF EPIDEMIC DISEASE.

To the Editors of THE LANCET.

SIRS,—It not unfrequently happens that public and private sanitary alterations are carried out before they have been considered in all their bearings, and result in bringing about more illness, anxiety, and expense than if the previous condition of things had been allowed to remain untouched, and I assert this more especially in respect of many of the main-drainage systems and the ventilation of the road sewers. As regards the former, when the closed sewers were in vogue we know that many houses which had previously been exempt suffered severely from attacks of epidemic disease, and now it is agreed on all hands that the road level ventilators, unless the sewers have a regular fall throughout, or there are exits for the gas on a higher level, are a source of serious danger and risk. Now a week or two back I happened to be at Kew, and inspected part of the main-drainage system which is being carried out. The sewers themselves no doubt are perfect, but the way in which the house connexions are arranged for is certainly open to serious objection, unless the work in each instance is supervised by the district surveyor, and the house drains are well trapped and ventilated. The houses around the green are almost all attached, with the w.c.'s, I believe, mostly at the back; consequently a small sewer, blind at one end and well ventilated, should have been constructed along the backs of the houses and made to enter the main sewer at the other end. In this way the connexions would have been easily made, the foundations of the old houses would not have been interfered with, there would have been no risk of an escape of sewer gas under the buildings, and the inhabitants would have been disturbed but little while the alterations were being made. Instead of this, the house drains will have to be carried under the houses to join the main sewer in front, there will be great chance of sewer gas escaping under the houses (unless the house drains are compelled to be laid in concrete), and the inhabitants will have to turn out while the work is being done. In many of these houses I know there have been no cases of infectious disease, except three or four imported ones, for about thirty or forty years; but there is great danger of an entirely altered state of things if the present scheme is carried out without very strict supervision.

I am, Sirs, yours faithfully,

Surbiton, December, 1889.

F. P. ATKINSON, M.D.

SCARLATINAL RHEUMATISM.

To the Editors of THE LANCET.

SIRS,—The following case will probably be considered worthy of record in your pages.

On Oct. 21st last I was called to see a child of four years of age. On examination the fauces were found congested, and the tonsils covered with a greenish exudation. The temperature was 100°. There was no rash and the skin was natural. I thought the case was one of exudative tonsillitis. Next day the throat was better; but on the third day a sister of eight years old was taken ill, with vomiting, roseoloid rash, sore-throat, and temperature 101°; on the fourth day this rash was erythematous. I then examined the boy's skin again, and was able to find distinct evidence of desquamation. The mother had complained on my first visit of sore-throat, and the fauces presented the same appearance as that of the boy—viz., greenish patches on the tonsils. She had never suffered from scarlet fever, and was sleeping with the children. I kept a careful watch over her, examining the skin, and taking the temperature every day. No rash appeared at any time; nor was the temperature raised. But on October 26th she complained of pains in the joints; there was no swelling anywhere, and a complete absence of the sour-smelling perspiration of rheumatism. Ten grains of salicylate of soda every four hours removed all pain, but on remitting the salt the pains returned. I thought it was scarlatinal rheumatism, and told her so. On November 4th she commenced to desquamate, and the flakes shed by the hands were of large size. Everyone knows that rheumatism is an occasional complication of scarlet fever; but in this case, if we except the atypical condition of the fauces, rheumatism was the most prominent, and by far the most persistent, symptom exhibited.

I am, Sirs, yours obediently,

Leyton, Dec. 1889.

B. MAYSTON BOND, L.R.C.P., &c.

RECIPROCITY IN MEDICAL QUALIFICATIONS OF THE THREE KINGDOMS.

To the Editors of THE LANCET.

SIRS,—In last week's issue of THE LANCET I read some very important observations of yours as to the reciprocity that should exist between the higher titles conferred by the several medical authorities in the three divisions of the kingdom, and with respect to this subject deem it my duty to draw your attention to a correspondence that will be found on pages 138 *et seq.* of the Minutes of the General Medical Council, vol. xxv., wherein the Council of the Royal College of Surgeons in Ireland invited visitation and inspection of their examinations for their Fellowship by the General Medical Council—a request with which, however, the Executive Committee did not see fit to comply.

I am, Sirs, your obedient servant,

RAWDON MACNAMARA,

Representative R.C.S.I. on General Medical Council.

Dublin, Dec. 26th, 1889.

THE PROPOSED "PUBLIC MEDICAL SERVICE."

To the Editors of THE LANCET.

"'Tis strange there should such difference be
'Twixt tweedledum and tweedledee."

SIRS,—In my letter to you of the 21st inst. it was stated that at a meeting in the previous week of the Metropolitan Branch of the British Medical Association it was resolved, by an "overwhelming majority," that Dr. Rentoul's proposed "Public Medical Service" would be impracticable and disadvantageous to general practitioners. Dr. Hugh Woods, has written to you in your last issue to contradict this. He asserts that this resolution "was withdrawn, and a vote disapproving only of the section of Dr. Rentoul's resolutions, which refers to a 'Public Medical Service' was substituted," and which, he adds, "was passed almost unanimously." If it be true, as asserted by Dr. Woods, that two resolutions were proposed, it is clear that they were substantially the same, that they both referred to Dr. Rentoul's "Public Medical Service" scheme; and that they both condemned it. If two did exist, they

¹ Vide pamphlet, page 42.