fever before the occurrence of the rash. But with this an increase in respiration and a dry, hacking, laryngeal cough supervene. No physical signs exist in proportion to the respiratory quickening. The child is torpid rather than in the uneasy condition common in this disease in older persons, and may or may not refuse nourishment. The pulse is somewhat quickened and asthenic in nature; the temperature ranges variably; the skin is dry or may be slightly moist; no profuse perspirations have been observed as a rule. After a few days the fever has gone, but the child is left in a depressed bodily state, and the cough often remains and frequently assumes the paroxysmal type seen in whooping-cough, and is frequently followed, as in pertussis, by vomiting. The temperature runs up occasionally at night, at which time also the cough is most persistent. I may say that this cough is about as amenable to treatment as is that of pertussis, in my experience. One case, in which a faint erythematous blush of skin existed, was in my opinion influenza.—I am, Sirs, yours faithfully,

Feb. 8th, 1892. ARTHUR THOMSON, M.B., D.P.H. Camb.

To the Editors of THE LANCET.

SIRS,—In reference to your annotation in this week's issue of THE LANCET on Influenza in Children, I may mention that in this neighbourhood, though few children have been attacked, this winter the number of cases is greater than it was two years ago. One of the complications this winter, both in children and adults, has been the occurrence of otitis media. Of this I have seen no less than ten cases—seven in children and three in adults. In all the cases in adults and in four of the cases in children there was perforation of the membrana tympani, with serous or sero-purulent discharge. In two children and one adult both ears were affected. I do not know whether my experience has been exceptional, but, judging from the few cases of ear disease recorded, it would appear to be so. In THE LANCET for the last two years the only references I can find to this subject are: (1) A letter from Dr. Bronner of Bradford on March 8th, 1890; and (2) a paper on "Influenza and Ear Disease in Central Africa," by Dr. John Bowie, on July 11th, 1891. The cases I have seen are of the more ordinary kind mentioned by the latter, and not like the atypical cases mentioned by Dr. Bronner. As the complication is a somewhat serious one I venture to ask you to call attention to it. I should like to add that in the three years previously to last October I had seen only one case of otitis media in my practice; that occurred in 1890 during an epidemic of measles.

I am, Sirs, yours faithfully,

Feb. 10th, 1892. R. ACKERLEY, M.B. &c. (Oxon.).

To the Editors of THE LANCET.

SIRS,—As a constant reader and an occasional contributor to your pages for forty years, I may perhaps claim a right to put my *spoke* in this "wheel," or rather "woe," of mankind. In some hundreds treated by me with ten grains of soda salicylate and five grains of antipyrin, as long as pain and fever are present, followed by nux vomica, aromatic spirit of ammonia, and dilute phosphoric acid, as a recuperative tonic, with regular liquid nourishment every two or three hours, I have scarcely lost a case, and there are now five patients under my care whose average age is eighty-four years. I find tepid sponging, and when practicable a warm bath, great adjutants to recovery.

I am, Sirs, yours faithfully,

Cley, Norfolk, Feb. 10th, 1892. W. SUMPTER, M.D.

A SANITARY MODE OF SPREADING DISEASE.

To the Editors of THE LANCET.

SIRS,—Would it be asking too much of our sanitary authorities if we were to request that they would themselves refrain from the systematic neglect of obvious precautions against the dissemination of disease? As matters of health are now dealt with, a very great wrong is being done to the community under cover of rendering it a service. When a complaint of the presence of sewer gas in any house or locality is made, the drains, and not uncommonly the sewers, are opened; but, so far as can be judged by results, no effective means seem to be adopted to prevent the contamination of the atmosphere by this disturbance. Surely, it

ought to be a rule of practice among sanitarians that in the process of applying a remedy to existing evils, greater evils should not be created. A number of cases of typhoid fever have recently occurred in the metropolis and the suburbs in which the victims have distinctly contracted the malady when passing through public thoroughfares in process of disturbance for the purpose of repairing sewer pipes. Might it not be possible to saturate the earth, already probably poisoned, around a leaky sewer with carbolic acid or some other disinfectant before that earth is scattered with shovels on the surface of the roadway at the risk of infecting the neighbourhood? I am, Sirs, yours faithfully,

J. MORTIMER GRANVILLE.

Hanover-square, W., Feb. 8th, 1892.

"CONTAGIOUS SYMPATHETIC FEVER?"

To the Editors of THE LANCET.

SIRS,—There is a good deal of vague speculation at the present time, in both lay and medical journals, as to the *fons et origo* of the disease called influenza. Few are satisfied either with the name or with the treatment, and it goes without saying that if the former be empiric so must the latter be, and the profession and the public must be dissatisfied accordingly. It is therefore necessary to formulate a name which will at once express the disease and indicate the lines of treatment. It is with this object in view that I venture to classify the disease as a "contagious sympathetic fever." That it is contagious there can be no manner of doubt: the evidence is overwhelming, and the degree of contagion is in direct proportion to the cubic space of the dwelling and the number of its inmates. A large experience of the three epidemic periods of 1890, '91, and '92, amongst the ill-housed labourers of Dorset, has proved this to my own mind as clearly as a problem in Euclid. Whatever the nature of the poison, its strength and virulence are intensified by overcrowding, bad ventilation, and defective sanitation. In this respect it reminds one more of typhus fever than anything else; its sudden incidence, accompanied with high fever, frequent delirium, epistaxis, dusky lurid flush of the face, suffused conjunctivæ and bright shining, almost glassy, eyes, a not infrequent dull scarlet eruption, and occasionally bullæ on the feet and herpetic eruptions about the face, nose, and chest, all together point to the baneful action of some noxious poison which appears to gain entrance to the body and thence to the blood through the ordinary channels of respiration, and which at first stimulates and quickly depresses the heat-producing centre of the nervous system. So prompt and powerful is this primary stimulation if the poison be at all concentrated, that the reaction is immediate and profound. The initial headache is succeeded in from twelve to twenty-four hours by intense prostration, with muscular pains, chiefly of the lumbar region, but often general; and with these more crude manifestations of the second stage we have exhaustion of the involuntary muscular system, as seen in the heart-muscle and sometimes in the gastro-intestinal, when the latter is primarily involved. Were the disease out-and-out typhus fever, no doubt the initial fever would be more gradual and persistent, but as regards the resulting depression the similarity is beyond dispute, and the same treatment is required in both. There is nothing so marked in the present, and indeed in the recent, epidemics as the strongly "sympathetic" character of the complaint. From the very outset, the entire sympathetic chain appears to be involved, and this will go far to explain the visceral complications and the primary headache. Undoubtedly there is at first high arterial tension, but this speedily gives way, with or without treatment, and then succeeds the more dangerous period of local congestions and embarrassed circulation. It is towards the end of the first or the beginning of the second stage that fainting takes place, unless indeed the heart be already weak and gives way at the outset; so also is it about this time that cough supervenes, or it may be vomiting and purging. Thus we have a contagious sympathetic fever resembling typhus fever, which may prove abortive or follow the course indicated. The extent and variety of the sequelæ prove that individual proclivity and climatic conditions play an important rôle in the determination of the result. In fact, I believe, one might say with a strong degree of probability that most of the secondary symptoms of the disorder are due to the conditions named, to which might be added the age and habits of the individual. It is just as difficult to save an old and

decrepit man or woman from this insidious complaint as it is to cure a case of typhus fever above fifty or sixty years of age, and both are alike destructive to the weak and debilitated at all ages. Influenza (so-called) is not *per se* a grave disease to the young and strong, if ordinary care be taken; but to all others it is of fearful significance under all circumstances. Stripped of its sequelæ and its complications, it is a comparatively simple disease, and by no means difficult to treat if due care be taken to support the patient from the beginning of the second stage; nor is any special remedy wanted to cut it short, as it is essentially of short duration as a contagious sympathetic fever. Of course, this description ignores the quality of the contagion or poison. But to practical physicians this is of small account; and were the alleged germ or microbe demonstrated beyond question, and even an extract of it prepared for injection, it would be of little avail apart from those measures of prevention and cure which are within the reach of all.

I am, Sirs, yours faithfully,

London, Jan. 25th, 1892. ALEX. MCCOOK WEIR, M.D. &c.

"DEATH CERTIFICATES BY UNQUALIFIED ASSISTANTS."

To the Editors of THE LANCET.

SIRS,—Kindly allow me to make a statement in reply to some remarks concerning me that appeared in an annotation in THE LANCET of last week. It seems to me that those remarks are based on two assumptions, both of which are incorrect. First, I deny that Mr. Austerberry is, or has been, my assistant during the last twenty years, throughout which period I have never employed an assistant. Second, Mr. Austerberry has never had authority from me to attach my name to a death certificate, or to any document whatever, and that until a report of the inquest appeared in our local daily paper I was unaware that he had ever done so. I know nothing whatever of deceased, nor of the club to which she belonged, and I can conscientiously affirm that for many years I have never given a death certificate without having personally visited the patient. This statement should exonerate me from all responsibility as to the death certificate referred to.

I remain, Sirs, yours truly,

Hanley, Feb. 8th, 1892.

ARTHUR GOODWIN.

** We have great pleasure in publishing the above disclaimer, and sympathise with Mr. Goodwin in the annoyance to which he must have been subjected by the errors in the report which formed the basis of our remarks.—ED. L.

NORTHERN COUNTIES NOTES.

(FROM OUR OWN CORRESPONDENT.)

Newcastle Royal Infirmary.

THE annual meeting of the Newcastle Infirmary was held last week, the Earl of Ravensworth presiding. The number of in-patients treated last year was 3295; the number of out-patients and casuals was 20,188. The number of deaths was 260, giving a death-rate of 7·89 per cent., but abstracting the deaths that took place within twenty-four hours of admission, the patients being moribund, the death-rate would be 6·19. A large number of cases of operation were of a very severe character, and such as a few years ago the ablest surgeon would have hesitated to attempt. Amongst other important abdominal operations there have been twenty-four for ovarian cysts, all the patients, with a single exception, having recovered. The financial state of the infirmary is, however, unsatisfactory, there being an excess of expenditure over income of about £2000 per annum. The workmen's subscriptions had amounted to £3200; the Hospital Saturday and Sunday Fund had contributed about £1100. Two large and special legacies had been received during the year—viz., £10,000 from the late Mr. John Fleming of this city, and £6000, being the larger part of the residue of the estate of the late Mr. Robert Walters, also of this city. With regard to a new infirmary building, the report goes on to say "that the committee, until they see their annual expenses met, cannot press upon the public

the necessity which exists for a new infirmary, and yet they cannot forget it." The present accommodation afforded by the infirmary is insufficient, and even to lodge the nurses an additional house has to be maintained. There is no isolation ward, which causes great inconvenience and anxiety, and the cost of continued repairs is very considerable. A new infirmary adapted to present requirements, the committee believe, would cause an annual saving. It transpired at the meeting that the estimated cost of a new infirmary would amount to about £140,000.

Lead Poisoning.

An inquest has been held respecting a female worker at one of our white-lead factories. Her age was nineteen, and she had worked irregularly at the lead for about twelve weeks. She had previously been a strong, healthy girl. She left off work for a week, and seemed well on the Saturday before her death. On Sunday she was seriously ill, becoming insensible, and had convulsions, from which she died on the Monday morning. The evidence of the surgeon in attendance showed very clearly that the convulsions (epileptiform) and her death were due to lead poisoning, and the verdict was in accordance. Another inquest has since been held on a married woman aged thirty, a worker at the same factory. Her husband said she had always been a healthy woman until she went to the lead works, where she worked about five months. After she had worked there nine or ten weeks she had bad eyes, and complained of her head. The surgeon to the works said he attended her first last September for neuralgia of the head, and that when called to her on the Tuesday before her death she had frontal headache; he saw her again the same night, when she was in a state of stupor after a fit. He thought her death, which took place on the following Thursday, was due to convulsions, originating from some disease of the brain. He did not treat her for lead poisoning, as there were no symptoms of lead poisoning at all in her case, and a verdict was given in accordance with the medical evidence. I always record cases of death where lead is the suspected cause in these notes. After all precautions are taken the loss of life to the female workers in the factories is very great, and of course it will continue until this labour is abolished; and the sooner this is done the better.

Durham County Hospital.

At the annual meeting of the Durham County Hospital, held last week, the report stated that 349 in-patients had been treated during the year, and 1098 out-patients, including 231 casualties. The financial state of the hospital was satisfactory. A discussion took place on the want of interest taken in the hospital by the general body of subscribers, and amongst other suggestions it was mooted that the hospital should be made free, and the ticket system abolished. Matters seem to be working now in this direction amongst many of our northern hospitals.

Sunderland: Remarkable Longevity.

During the week ending Jan. 30th 47 deaths have been registered as having occurred in the borough of Sunderland, giving a mortality of 18·5 per 1000. Of 16 deaths in the Bishopwearmouth south district, 7 resulted from old age, the aggregate number of years being 566, with an average of 80·6. The ages of 5 others who died in the remaining districts of the borough amounted in the aggregate to 367, with an average of 73·2. There have been no deaths from influenza during the past week.

Death of Mr. Henry Featherstonhaugh, M.R.C.S., late of Newcastle.

Mr. Henry Featherstonhaugh, formerly in extensive general practice in Newcastle, but who retired many years ago, died on the 1st inst. at his residence, Ravensworth-terrace, Gateshead, of pneumonia, after two days' illness. Mr. Featherstonhaugh was formerly house surgeon at the Gateshead Dispensary, and was well known and respected on both sides of the Tyne. He was in his seventy-seventh year, and has left a widow, but no children.

I am pleased to say that Dr. Heath of this city, whose serious illness was reported in our local papers a short time ago, is now very much better. He has been seen by Mr. Page and Dr. George Murray.

Newcastle-upon-Tyne, Feb. 10th.