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.

must, unknown to some, have been concealed under one cover when, as described by Dr. Woods, they were "carried almost unanimously," and this is the only way in which I can reconcile his statements with those of my correspondents. But why this gentleman, who entered the profession but three years since, should have thought it worth his trouble to write to you, I fail to comprehend. However, to clear the subject quite up, I subjoin, for the information of himself and others, and without further comment, what the *two proposers* and the *seconder* of the resolution in question have written to me about it. Mr. Hentsch writes as follows:—

Southampton-street, Camberwell, S.E., Dec. 28th, 1889.

DEAR DR. CARPENTER,—As to the question you put to me I have to say that my "amendment," which was proposed for me by a member of the Association, was just as you have stated it in THE LANCET of the 21st inst.—viz.: "That this meeting considers Dr. Rentoul's scheme to be impracticable, and that, even if practicable, it would be disadvantageous to the great bulk of the general practitioners." Dr. Campbell Boyd proposed this for me, and Dr. Paramore seconded it, and spoke effectively in favour of it. I did not "withdraw" it, as stated in THE LANCET by Dr. Hugh Woods, nor alter it in any way whatever. Moreover, no one had any right to alter it without my consent, and this I never gave, nor was I asked to give it. Mr. George Brown states, in the *Hospital Gazette* of the 21st inst., that the said meeting gave Dr. Rentoul's scheme its *coup de grâce*. What has Dr. Hugh Woods to say in contradiction to Mr. Brown?

I am, very obediently yours,
JOHN PAGE HENTSCH.

And Dr. Campbell Boyd, of Denmark-hill, writes to me: "The meeting appears to have ended in a 'fog.' One thing I am clear upon—viz., I did *not surrender* any amendment, or concede any alteration," &c. Also Dr. Paramore, of Gordon-square, wrote to me: "I certainly laboured under the impression that I seconded the resolution" (in point of fact, it was an *amendment* to a resolution moved by Mr. Nelson Hardy.—R. H. S. C.) "which was proposed by Mr. Campbell Boyd at the request of Mr. Hentsch. I certainly agree with the resolution, and am not aware that the resolution was altered before I seconded it. The so-called insurance against sickness, or what is termed the p ovident principle, is a delusion and a snare," &c.

I am, Sirs, yours faithfully,

Stockwell-road, S.W., Dec. 30th, 1889. R. H. S. CARPENTER.

* * We have omitted certain portions of the above letters which we consider irrelevant to the main issue.—ED L.

CABS AND INFECTION.

To the Editors of THE LANCET.

SIRS,—In the paragraph which appears in your issue of Dec. 21st, in which the question of the removal of infectious cases and the subsequent disinfection of the conveyance is discussed, you seem to have overlooked the fact that the Metropolitan Asylums Board has, by the passing of the Poor-law Act of 1889, obtained legal authority to deal with this whole question. The Board has now issued a code of regulations, a copy of which I enclose. From it you will see that henceforward not only is any infectious patient, whether pauper or not, entitled to admission to the Board's hospitals, but also that the Board's ambulances can be sent at any time anywhere within the metropolis, and in special circumstances even outside it, to convey infectious cases from any one point to any other. The fixed charge is 5s. If, therefore, in the future, persons suffering from dangerous infectious disorders are removed otherwise than in ambulances provided by the Metropolitan Asylums Board, the responsibility will rest with those who refuse to avail themselves of the facilities which have now been placed at the disposal of the public. I enclose also copies of the various reports on the subject which have from time to time been under the consideration of the managers. A perusal of them (the earliest of which dates so far back as December, 1886) will show that for a long time past the managers have recognised not only the hopelessness of attempting properly to disinfect public vehicles, but, what is more to the point, the importance of prohibiting the conveyance of infectious cases therein altogether. It was only the want of adequate legislative authority which debarred the managers from taking earlier action in the matter.

I am, Sirs, your obedient servant,

AUGUSTUS C. SCOVELL,
Chairman of the Ambulance Committee.

Metropolitan Asylums Board, Dec 31st, 1889.

THE BRITISH MEDICAL ASSOCIATION.

To the Editors of THE LANCET.

SIRS,—For some time past considerable dissatisfaction with the management of the *British Medical Journal* has been felt by a large number of the members of the Association, and for this reason individual members have from time to time resigned, among such being Sir William Jenner, Mr. W. S. Savory, and Mr. Hulke. During the course of this month the resignations of the following members have been sent in to the President of the Council of the Association:—

J. Matthews Duncan.
Thomas Bryant.
Robert Liveing.
Christopher Heath.
W. A. Meredith.
Berkeley Hill.
T. Pickering Pick.
W. Morrant Baker.
H. G. Howse.
Edmund Owen.
A. E. Cumberbatch.
Charles Henry Ralfe.
Edgcombe Venning.
Thomas Whipham.
Percy Boulton.
R. Brudenell Carter.
Eustace Smith.
C. Stonham.
W. S. A. Griffith.
Wm. H. Bennett.
Edwin Hollings.
Bernard Pitts.
R. Marcus Gunn.
W. H. Allchin.
John B. Potter.
Octavius Sturges.
Edward Liveing.
Robert Boxall.
John Langton.
T. Gilbert Smith.
Howard Marsh.
Warrington Haward.
H. Cripps Lawrence.
Richard Barwell.
G. R. Turner.
Walter H. Jessop.
A. H. N. Lewers.

R. Douglas Powell.
Henry Sewill.
H. Quarry Silcock.
A. J. Pepper.
George Lawson.
John Williams.
G. V. Poore.
G. A. Heron.
George H. Bailey.
Angel Money.
Bilton Pollard.
Frederick Treves.
A. T. Norton.
J. Ernest Lane.
William H. Brace.
Robert Cory.
Frederick E. Webb.
D. E. Seton.
William Lang.
George Dickson (Glasgow).
A. Pearce Gould.
J. Robert Walker.
Norman M. MacLehose.
G. L. Abraham.
John Cahill.
Druce J. Slater.
A. Dunbar Walker.
Rayley Owen.
Wm. Henry White.
William Gill.
Thomas Lawrence Read.
Alfred B. Duffin.
W. Pugin Thornton.
John Anderson.
Jeffrey A. Marston, Surgeon-General.

We are, Sirs, yours faithfully,

W. H. ALLCHIN.
W. A. MEREDITH.
JOHN WILLIAMS.

Queen Anne-street, W., Dec. 31st, 1889.

MANCHESTER.

(FROM OUR OWN CORRESPONDENT.)

The Infirmary and St. Mary's Hospital.

A PROJECT which has been talked of for some little time back assumed definite shape at the last meeting of the Infirmary Board, when a communication was submitted from the chairman of St. Mary's Hospital, asking the infirmary authorities to grant them a site within the infirmary grounds for the new St. Mary's Hospital which it is in contemplation shortly to erect in place of the old building in Quay-street. It was stated in this communication that the new hospital, if erected, would be absolutely and entirely free from any care or responsibility to the infirmary, and no financial aid is asked. It is suggested that the beds in the infirmary now devoted to diseases of women could be discontinued and used for other patients if the new hospital were erected in close proximity to it, and that the interests of the students and medical school, no less than those of the public, would also be better served. Little discussion took place as to the proposal, but the matter was referred for consideration in committee. There would appear, however, to be strong reasons for not carrying out such a scheme. Within the past decade much of the open space around the infirmary has been covered by new buildings, additions to