Surgeon R. B. Erskine is granted the honorary rank of Surgeon-Major.—1st Devonshire: Peter Maury Deas, Gent., M.D., to be Acting Surgeon.

ENGINEER VOLUNTEERS.—1st Cheshire: Surgeon and Honorary Surgeon-Major C. H. Higgins, M.D., resigns his commission; also is permitted to retain his rank, and to continue to wear the uniform of the corps on his retirement.

RIFLE VOLUNTEERS.—1st Dorsetshire: Acting Surgeon C. W. Parkinson to be Surgeon.—1st Volunteer Battalion, the Hampshire Regiment: Surgeon B. N. Earle is granted the honorary rank of Surgeon-Major.

Correspondence.

"Audi alteram partem."

THE CHARTERHOUSE SCHOOL.

To the Editor of THE LANCET.

SIR,—In consequence of your notice this week, and for the benefit of those amongst your readers who are interested, I think it well to acquaint you with the details of all cases of sore-throat which have occurred at Charterhouse since the present term commenced, on May 14th. They are divisible into three series:—

1. From May 14th to June 10th four cases of sore-throat came before me for treatment; one catarrhal pharyngitis, three subacute tonsillitis, occurring in different houses and attended with no complication.

2. On June 10th I was called upon to see a case in one of the eleven boarding-houses, which I immediately diagnosed as diphtheria. Two days later a second case of undoubted diphtheria (the boy occupying the next cubicle to the first) occurred in the same house; and within two more days I saw eight other sore-throats elsewhere, which had no local manifestation of diphtheria save congestion (i.e., no membrane), but all their owners had albuminuria. The simple fact of sore-throat being associated with albuminuria was sufficiently striking, and the persistence of the albumen for several days with a subfebrile temperature, taken together with the presence of two marked cases of diphtheria in another part of the school, left no room for doubt as to the nature of the eight sore-throats. These occurred in three separate houses—five in one, two in another, and one in a third. As yet no case has developed any of the paralytic phenomena which are apt to supervene upon diphtheria.

3. Since June 14th I have seen nine cases of sore-throat, one being acute tonsillitis, four mild tonsillitis, and four simple pharyngitis. None have been associated with albuminuria, only three with any rise of temperature, and their distribution has not been specially localised.

It is unnecessary for me to state how the cases of diphtheria were managed; this has been clearly enough brought to light by the recent correspondence in *The Times*, notably in the letters of Dr. Bristowe and Mr. Noble Smith. Suffice it to say, that every case occurring between June 10th and 14th was called diphtheria, and the immediate removal of each from the boarding-house recommended; that the heavy responsibility he was taking upon himself was impressed upon each house master concerned; that each was urged to acquaint the friends of his sick pupils with the nature of their illness; and that it was earnestly advised that the general *exeat* on June 26th should be stopped, not on account of measles, but on account of diphtheria.

But I am anxious to explain that I have long discarded the term "diphtheritic sore-throat" as a dissimulation; all sore-throats are diphtheria or not diphtheria. And so deeply am I impressed with the feeling that an exceedingly mild sore-throat may be the means of conveying diphtheria, that at Charterhouse I am in the habit of advising the isolation of every case of sore-throat, whatever its species. Hitherto my powers have been limited to giving advice; I am in hopes that the recent stir will secure for the future its acceptance by those few house masters whose wisdom has led them to act in opposition to it.

Inasmuch as the head-master has asked for the services of the Local Government Board, I see no present need for publicly discussing the etiology of the outbreak.

In conclusion, allow me to express, through your columns, my sense of deep gratitude to those medical friends who have felt it necessary to support me by their testimony on the present occasion.—I am, Sir, yours faithfully,

July 18th, 1886.

C. HAIG-BROWN, M.D.,
Medical Officer at Charterhouse School.

THE APPROPRIATION OF PATIENTS BY CONSULTANTS.

To the Editor of THE LANCET.

SIR,—I have read with much interest the correspondence in your columns relative to the absorption of patients by consultants. Perhaps you will allow me to state how the matter appears to an experienced patient. To begin with, I absolutely deny that I am in any way the property of the general practitioner who usually attends me. When my digestion goes astray, or my respiratory organs are attacked by the cold, or I think that my kidneys are out of order, I send for him, conduct a joint examination of myself and my secretions with him, and take his medicine. When more serious and obscure ailments seize me I either send for him with a view of settling on the consultant to be resorted to, or I go straight to the consultant and take his advice, afterwards telling my usual attendant what I have been doing and what advice I have received. If I propose a joint consultation between him and the consultant, I usually observe that it vexes him, and that if he goes it is at a sacrifice of time, patience, and, I suppose, money. He has usually said: "Go yourself, and say 'so-and-so,'" giving me some technical details and phrases in which he thinks me imperfect. Our relations are affectionate and enduring, but I have never surrendered my liberty of roaming over the whole profession for advice if I consider that my physical interests require it. I cannot understand how any general practitioner in fair practice can find it worth his while to attend a patient to a consultation in the consultant's quarter, unless he happens to live in that quarter himself. As to the cry of graspingness which has been raised on behalf of the general practitioner, my experience is that in London it is far more profitable in the long run to be a general practitioner in a good neighbourhood than a consultant, however, strong his professional position, unless he happens to be a society physician or a crack operator. I happen to have known a good deal of the behind-the-scenes misery of men occupying a position of national, and indeed international, fame, who are being worried and skinned alive by money lenders to keep up a position in hopes of attracting paying patients who never come.

I am, Sir, your obedient servant,

July 21st, 1886.

AN EXPERIENCED PATIENT.

THE PREVENTIVE TREATMENT OF SYPHILIS (?)

To the Editor of THE LANCET.

SIR,—The case published by Mr. Jennings in THE LANCET of the 17th inst. is instructive, as showing how very easily a lesion on the penis, due to some other cause, may be mistaken for a hard chancre. In the case reported there can be no doubt that scabies was present. The absence of evidence of that disease in the interdigital clefts is far from being uncommon, even in well-marked instances. In very young children the buttocks are often the parts earliest attacked.

In the second edition of his "Epitome" Tilbury Fox has stated: "Two or three cases of scabies limited to the penis have recently come under our notice." "In two, suppurating buboes were produced by the irritation, and the disease was thought to be syphilitic." "The diagnosis was rendered easy by the absence of any concomitant evidence of syphilis."

The supposed chancre had apparently been destroyed before the case was seen by Sir William Jenner. The diagnosis of syphilis rested, therefore, upon Mr. Jennings. Accepting his version of the facts, Sir William was no doubt justified in suggesting "the free exhibition of mercury internally."

Now for the evidence of syphilis:—

1. The supposed chancre appeared nearly three weeks after suspicious connexion. "The lymphatic glands in both inguinal regions were slightly enlarged. The physical condition of the lesion on the penis led me to consider it a

hard chancre not yet arrived at maturity." I should be glad to know whether the lymphatic glands are usually or ever affected within "three or four days" of the appearance of the sore? and whether a sore in the "immature" stage has ever been known to cause such enlargement? On the other hand, it is common to find glandular enlargement as the result of the intense irritation set up by the *acarus*, and there is no reason why such should not have been the origin of the enlargement in this case.

2. "The internal use of mercury was discontinued after six weeks." Why? The customary period for administering mercury after a suspicious sore is considerably longer than that number of months, and in this case mercury was given "in order to combat the effects of any portion of syphilitic virus already absorbed." However, in spite of this, the patient soon regained his usual health, and "none of the secondary manifestations of syphilis have appeared." Probably the result would have been the same if the treatment had been restricted to the judicious application of sulphur ointment.

The only conclusions I can draw, therefore, are: 1. That the enlargement of the inguinal glands resulted from some irritation other than that of an *immature* syphilitic sore. 2. That the sore was not syphilitic at all, but was merely an extension of the scabies from the "loins, buttocks," or neighbouring parts. 3. That the appearance of the nodule "at the precise spot" where the penis had been abraded was a mere coincidence. 4. That the semi-indurated, raised nodules, with surrounding inflammatory zones, so often seen in scabies, may, when seen in suspicious spots, not infrequently be mistaken for chancres, and may thus subject the patient to the application of a cautery and to a free exhibition of mercurials.

I am, Sir, yours faithfully,

Pall-mall East, July 19th, 1886.

ARTHUR HARRIES, M.D.

To the Editor of THE LANCET.

SIR,—In a letter under the above heading in your issue of the 17th inst., Mr. Jennings claims to have succeeded in curing syphilis, but I venture to think that he has failed to prove his contention. On reading his letter, the first question which naturally rises is this, Was the single case on which he bases his opinion really one of syphilis? The diagnosis of this disease from the chancre is a matter of great difficulty, and is often impossible. Although in his case the glands were enlarged, we are not told whether they exhibited the characteristic specific *induration*; while, on the other hand, the irritation of the scabies might have caused them to enlarge temporarily. The absence of other diagnostic signs certainly leaves it a matter of doubt whether he was really dealing with a case of syphilis or not. But if we accept the case as one of syphilis, Mr. Jennings has surely confused the issue by the use of mercury, for it is an accepted fact that if mercury be given in the primary stage, it may abort the secondary symptoms, though sooner or later signs of the syphilis will appear. The patient would require to be kept under observation for years—for a lifetime—if we are to be sure that the syphilis has been cured. Syphilis is not a continuous disease, but is liable to varying periods of activity and quiescence, periods the length of which may be affected by treatment. The primary sore is the local manifestation of a general disease which has existed for several weeks before the appearance of the chancre, so that Mr. Jennings' "prevention of syphilis" would seem in any case to be a misnomer, while the "cure" is open to doubt. The poison having entered the body several weeks before, can it reasonably be expected that the destruction of the chancre will cure the disease? Why should not the enlarged glands be also attacked by the thermo-cautery? Hill applied nitric acid to a torn frænum twelve hours after connexion, and Diday applied caustic to a chancre six hours after its appearance, yet in both secondary symptoms followed. But, after all, the treatment suggested is hardly new, for as far back as 1840 it was proposed to cut out the chancre. I have seen the chancre cut out in several cases, and I have myself removed it more than once, but in all the cases the secondary symptoms followed in due course. Kölliker has reported eight cases where the chancre was early excised, in five of which syphilis followed, and in the remaining three cases we may claim some allowance for errors in diagnosis which

are certain to occur even with the most careful observer. This, then, is a more thorough test than Mr. Jennings' solitary case. The removal of the chancre, it has been asserted, modifies the subsequent syphilis, but this, I think, is still *sub judice*.

I trust the advice given in Mr. Jennings' letter will not be extensively acted upon until some more rigid experiment has demonstrated the accuracy of the deductions it contains. Were it widely followed, we should soon have the cautery applied to every venereal sore, and it would cause some patients much unnecessary pain and anxiety, while to others it would impart a feeling of security which subsequent events might prove to have been false.

I am, Sir, yours faithfully,

R. MCKENZIE JOHNSTON, M.D., F.R.C.S. Ed.

Edinburgh, July 20th, 1886.

To the Editor of THE LANCET.

SIR,—I read with interest the notes on "The Preventive Treatment of Syphilis," by Mr. C. E. Jennings, in your issue of July 17th. I have met with five cases presenting signs similar, in so far as regards danger of specific poisoning, to the one he describes. In all of my cases there was a hard elevated nodule on the dorsum of the penis of the consistence of fibro-cartilage, and sufficient pain and inflammation surrounding the new growth to cause the patient to seek advice. The lymphatic glands in one or other inguinal region were in every case enlarged and painful on pressure. The nodules in my cases were about the size of split peas, distinctly circumscribed, but thinner at the margins than at the centre, and varied in position from the root of the penis to immediately behind the corona. All of my cases followed doubtful sexual intercourse, the periods of incubation ranging from ten to twenty days. At the time the first case of this description came under my notice I had under observation a case of gonorrhœa in which, as not infrequently happens, a hard thin plate-like body, about one-eighth of an inch in length and rather less in breadth, had developed in two days, and encircled the urethra immediately behind the frænum. The similarity in feeling of the two growths led me to think that probably they were of a similar nature, and that, although the nodule on the dorsum of the penis was due to a poison which had gained admittance into the system during impure intercourse, the virus was not that of syphilis. I accordingly ordered no antisymphilitic remedies. The nodule gradually disappeared, and was not followed by any secondary symptoms. I treated the other cases in a similar manner, with a like result.

I am, Sir, yours faithfully,

Llandudno, July 20th, 1886.

JAMES CRAIG, M.B.

LIVERPOOL.

(From our own Correspondent.)

THREATENED WATER FAMINE.

OWING to the long-continued hot weather, with absence of rain, we are again threatened with a water famine, and, greatly to the inconvenience of the inhabitants, the authorities have recently placed the city upon a half-service, which means that the supply of water is limited to the hours of from 5 A.M. to 5 P.M. Fortunately, a heavy thunderstorm has occurred to-day, and we are likely to have more rain. It is greatly to be hoped that the constant service will soon be renewed.

THE ELECTION OF MR. REGINALD HARRISON.

The news of Mr. Harrison's election to one of the vacant seats on the Council of the Royal College of Surgeons was received with great satisfaction in local medical circles. Admitting freely all the great services which the metropolitan Fellows have rendered to the profession in general and the College in particular, the presence of provincial Fellows on the Council of the latter is an arrangement, the justice of which has long been also admitted; and as Birmingham, Leeds, and Manchester have each for years had a representative, it is felt that it is now high time that Liverpool had also its local representative. Mr. Harrison is still in his prime, and it is hoped has a long and distinguished career before him.