THE BELGIAN DOCTORS' AND PHARMACISTS' RELIEF FUND.

A MEETING of the Executive Committee of this Fund was held at the offices of THE LANCET on Monday, Oct. 21st, Sir RICKMAN GODLEE being in the chair.

The HON. SECRETARY reported that the 12 City Livery Companies had been approached with a request for financial help. No answers had been received from four of the Companies, and in the case of the remainder the reply amounted to a qualified refusal in all except one.

The munificent gift of £200 monthly from the American Red Cross was gratefully acknowledged by the Committee. Mr. Ernest P. Bicknell, Commissioner for Belgium of the American Red Cross, wrote to the chairman in August last announcing this intention, and asking to be kept informed of the progress of the Fund. A statement of the activities of the Fund and its existing position having been sent to him by the Hon. Secretary, a letter was received from the American Red Cross confirming the subsidy of £200 per month to the Fund until the end of the year, and alluding to a possibility of its continuance for a longer period. The Committee, while acknowledging with gratitude this magnificent gift, felt certain that the British medical and pharmaceutical professions would continue to contribute their share to the Fund.

In regard to the new situation created by the Allied advance, Sir RICKMAN GODLEE understood that local Belgian Committees would continue to act in the regained territory, although doubtless the need would not be so urgent as in the parts of Belgium still occupied.

The HON. TREASURER presented an audited cash statement from Dec. 1st, 1917, to August 31st, 1918, showing that £3924 0s. 3d. had been expended in relief and £161 0s. 7d. in administration, including the cost of the recent Special Appeal, leaving a balance in hand of £1289 17s. 1d. He added that the first part of the Second Appeal in the New Year had brought in about £963; the circular letter to the medical profession then produced a further £1715; and a special article in the medical press £1455; a total of about £4134—a sum exceeding the auditors' statement, inasmuch as £286 had been subscribed since Sept. 1st. The monthly payments, which began in May, were bringing in £16 3s. 6d. per month.

It was decided to continue to send to Belgium a mensuality of £400 a month until the end of the year.

URBAN VITAL STATISTICS.

(Week ended Oct. 19th, 1918.)

English and Welsh Towns.—In the 96 English and Welsh towns, with an aggregate civil population estimated at 16,500,000 persons, the annual rate of mortality was 20·7, against 12·6 and 15·1 per 1000 in the two preceding weeks. In London, with a population slightly exceeding 4,000,000 persons, the death-rate was 20·1, or 6·2 per 1000 above that recorded in the previous week; among the remaining towns the rates ranged from 5·4 in West Bromwich, 6·0 in Smethwick, and 6·4 in Rotherham, to 46·0 in Birkenhead, 46·2 in Liverpool, 48·3 in Gloucester, 58·3 in Southampton, and 68·6 in Portsmouth. The principal epidemic diseases caused 212 deaths, which corresponded to an annual rate of 0·7 per 1000, and included 89 from infantile diarrhoea, 61 from diphtheria, 20 from whooping-cough, 16 from measles, 15 from scarlet fever, and 11 from enteric fever. The deaths from influenza numbered 1895, and included 371 in London, 215 in Liverpool, 178 in Portsmouth, 81 in Southampton, 71 in Hull, 69 in Sheffield, and 62 in Cardiff. The 1241 cases of scarlet fever and 1205 of diphtheria under treatment in the Metropolitan Asylums Hospitals and the London Fever Hospital were 93 and 23 above the respective numbers remaining at the end of the previous week. The causes of 55 deaths in the 96 towns were uncertified, and included 21 in Liverpool, 5 in Birmingham, and 3 each in Portsmouth, Hull, and South Shields.

Scotch Towns.—In the 16 largest Scotch towns, with an aggregate population estimated at nearly 2,500,000 persons, the annual rate of mortality was 28·3, against rates steadily increasing from 10·6 to 24·7 per 1000 in the five preceding weeks. Of the 1303 deaths from all causes, 63 were classified to influenza, which was also stated as a contributory cause in 426 deaths classified to other diseases; in the previous week these numbers were 45 and 339 respectively. The 820 deaths in Glasgow corresponded to an annual rate of 38·4 per 1000, and included 10 from whooping-cough, 5 each from diphtheria and infantile diarrhoea, and 1 from measles. The 83 deaths in Edinburgh were equal to a rate of 13·0 per 1000, and included 2 from whooping-cough and 1 each from scarlet fever and diphtheria.

Irish Towns.—The 295 deaths in Dublin corresponded to an annual rate of 38·6, or 14·0 per 1000 above the rate recorded in the previous week, and included 8 from infantile diarrhoea, 4 from whooping-cough, and 1 from diphtheria. The 83 deaths in Belfast were equal to a rate of 11·0 per 1000, and included 5 from infantile diarrhoea and 2 each from scarlet fever and diphtheria.

Correspondence.

"Audi alteram partem."

A NEW TYPE OF INFLUENZA.

To the Editor of THE LANCET.

SIR,—Surely we are seeing a type of influenza quite different from anything we have seen before. Side by side with influenza of the ordinary type we are meeting with cases which exhibit the following symptoms and physical signs. Within a few hours of seizure the patient's temperature runs up to 105° or over, while the pulse ranges round 90; a high temperature with a slow pulse; the lips and face exhibit marked cyanosis, and epistaxis frequently occurs. In the course of a day or two the patient begins to spit up a quantity of frothy sputum tinged with bright blood. In spite of the fever the pulse is regular, of good volume, and fairly strong, and the rate is generally below 100, at times below 90. On examination the area of cardiac dullness is not increased, and there is no evidence of distension of the right side of the heart. For the first day or two the physical signs in the lungs are very indefinite and point to capillary bronchitis rather than to a broncho-pneumonia; later on there may develop signs of patches of consolidation. During the past six days among a large number of patients I have seen about a dozen cases such as I have described. In two instances I have seen the changes exhibited on the post-mortem table. In both cases the lungs were emphysematous and showed signs of recent pleurisy. Scattered patches of purpura were present. On section patches of capillary bronchitis appeared to surround small patches of consolidated lung, which sank in water; distinct areas of hæmorrhage into the lung tissue were present. I well remember the severe epidemic in 1889-90, and attended a large number of cases, but the signs and symptoms to which I refer, and which have been exhibited by patients I have attended during the past few days, are quite new to me.

Are we dealing with a new organism or with the recognised organisms of influenza which have for some reason attained greater virulence?—I am, Sir, yours faithfully,

Oxford, Oct. 23rd, 1918.

WM. COLLIER.

NASO-PHARYNGEAL INFECTION AT THE ONSET OF CEREBRO-SPINAL FEVER.

To the Editor of THE LANCET.

SIR,—I do not intend to be drawn into a long correspondence upon side issues. If, however, you think that the scientific basis of the discussion has any general interest I will re-state my case shortly and, I hope, clearly as follows:—

Origin of discussion.—Statement made by Lieutenant-Colonel M. H. Gordon: "Every case of cerebro-spinal fever is an instance of a carrier developing the disease." This was a statement of epidemiological importance. Exactly similar views were also held by two authorities quoted by Surgeon S. L. Baker and myself in No. 17 of the Special Report Series of the Medical Research Committee.

Cause of the discussion.—Observations made by Temporary Surgeon Baker and myself published in THE LANCET of Oct. 20th, 1917. These had the effect of disputing the scientific accuracy of the above statement of Colonel Gordon.

1. Twenty-six cases of cerebro-spinal fever were swabbed before the onset of the disease. All were negative. The number has since mounted to 43.

2. Four hundred and eighty-five proved carriers failed to develop cerebro-spinal fever. The number has since mounted to about 700. These carriers were both chronic and transient.

Beginning of the discussion.—Statement in a letter to THE LANCET by Colonel Gordon that we had misunderstood him. We thought we had not, and therefore did not reply, to avoid a polemic.

Outbreak of polemic.—Letter by Major J. Dorgan to THE LANCET nearly a year later, also disputing Colonel Gordon's statement. In the course of his argument he made, independently, exactly the same points as we did and another point relating to the presence of meningococci in the throat after the onset of the disease. On this matter we agree with Colonel Gordon rather than with Major Dorgan, but not for the reasons Colonel Gordon advanced and against which I protested in THE LANCET of Sept. 14th.