could corroborate the remark of Dr. Stewart respecting the change which occurred in the intestine in distinct cases of typhoid fever being often very early developed. In one case, a woman who was washing on the Friday, died of fever on the following Monday, and both sets of glands were completely hypertrophied. Mr. Sankey then made some remarks on the necessity of observing a number of cases of fever before we could arrive at a just knowledge of the exact nature of the disease, from the eruption, and said, that cases were constantly admitted into the Fever Hospital, certified, too, by medical men as cases of "fever," which turned out to be bronchitis, pleurisy, or some other local affection.

Dr. Baly observed, that if the statements made by Dr. Jenner respecting the connexion of certain kinds of eruption with distinct kinds of fever, were admitted to be correct, then the additional facts, that cases of typhoid and typhus were rarely sent from the same house would go far to prove that these fevers depended on different and distinct causes. His experience in some measure corroborated this; for in 1848 and 1849, 117 cases of fever occurred in the Millbank Penitentiary at the time that typhus and typhoid fever were epidemic without. Twenty of these were fatal, and in all the mesenteric and Peyer's glands were affected; they were all cases of typhoid fever. His experience regarding the presence and nature of the eruptions present in fever agreed, in the main, with that of Dr. Barclay: many cases might occur without any kind of eruption whatever.

Dr. West remarked that the remittent fever of children had not been alluded to in the discussion. This fever amongst the poor was often fatal, and his observations had led him to the same conclusion as Barthez, that it was of the same nature as the typhoid fever of Louis. The same appearances, allowance being made for age, were observed during life, and when fatal, the same appearances after death; the characteristic eruption, however, was often wanting. He recollected no case of remittent fever in a child in which typhus fever was present in the same house, and the converse of this also obtained. These facts, so far as they went, bore on the difference between typhus and typhoid fevers, and confirmed the view advanced in the paper by Dr. Jenner.

Mr. SANKEY, in answer to a question from Dr. Webster, said, that in speaking of cases being admitted into the hospital under certificate from medical men as cases of "fever," he meant they were not instances of fever, according to the views of himself and Dr. Jenner. The question as to what is fever, was an open question. The hospital admitted all cases of febrile disturbance of a contagious nature, or likely to become so. Thus small-pox, rheumatism, and acute inflammatory diseases of the chest, had been lately admitted.

Dr. HEALE said that he recollected the time when it was said that fever could not exist without some acute lesion of the internal organs being present. He did not therefore think it very disparaging to the profession to occasionally confound cases of pneumonia, bronchitis, &c., with cases of genuine fever.

Dr. WEBSTER inquired whether Dr. Jenner regarded typhus and typhoid fevers as contagious. Other causes, as overcrowding, might produce fevers.

Dr. BARCLAY had drawn up a table specifying the proportion in which the two kinds of eruption occurred at different ages. From ten to twenty years there were five of the florid and three of the dark; from twenty to thirty, there were seven florid, and three dark; from thirty to forty, five and three, and from forty to fifty, five and five. The age and constitution of the patient influenced the colour of the eruption, which he regarded as independent of the specific contagion, and dependent on casual and other causes.

Dr. MERVYN CRAWFORD regarded the difference of opinion expressed by the physicians to St. George's and the Fever Hospital as depending on the different circumstances in which they saw cases of fever,—in one, crowded together, and of course exposed to the more condensed poison of the disease; whilst in the other the cases of fever were placed in various parts of a common ward, and the poison thus mitigated. He had the same difficulty as Dr. Barclay in recognising the exanthem. He regarded the eruption as an accidental phenomenon, modified and determined by the state of ventilation, and by locality.

Dr. JENNER, like others, had seen cases of typhoid fever in which there was no eruption; and he spoke now of the spots, when present, only as a means of diagnosis. It must be remembered, that in scarlet fever and measles the exanthem was occasionally absent; and this would serve to point out the inconsistency of those who sought to associate typhus and

typhoid fevers, because occasionally there was no eruption. The mulberry spots in typhus, at first, in many cases, bore a close resemblance to the rose-coloured spots of typhoid fever; so that in a few cases they might be regarded as exactly similar. His experience, however, fortified by 2000 cases, enabled him to assert, that if by the eighth day of the disease the eruption presented the true typhous character, then, if death ensued, intestinal lesions would not be discovered. Dr. Baly's cases, to be of any service in determining the diagnostic value of the eruption must be confined to the fatal cases, where the after-death appearances were described: and these appearances had not been mentioned by him. With regard to the opinions of Dr. Crawford, respecting the influence of impurity of the atmosphere and locality on the eruption, he might state, that the Fever Hospital received patients from all parts of London, and its neighbourhood. Personal observation of houses, in these various localities, had not enabled him to observe any difference in their hygienic conditions. It must be self-evident, that no very great impurity of atmosphere existed in the Fever Hospital, when no such change as that mentioned by Dr. Crawford, he, Dr. Jenner, could distinctly deny, ever occurred. He agreed with Dr. West, that infantile remittent fever was really typhoid, and never gave rise to typhus. He reminded Dr. Stewart, that, in his published essays, he had described a fatal case of typhoid fever from relapse, in which the eruption appeared for the second time. The fact of Dr. Christison having suffered three times from typhus fever, was no evidence that typhus fever occurred more frequently than typhoid fever in the same person: because he might have had the three different forms of fever under discussion, all of which Dr. Christison might regard as simple continued fever. After some remarks on the concurring testimony of Dr. Gerhard, Dr. Shute, Dr. Stewart, and himself, respecting these fevers, he observed, that it was a frequent occurrence in the Fever Hospital, for patients affected with typhus and typhoid fevers to lie side by side in the same ward, each disease preserving its own peculiar symptoms.

Dr. P. M. STEWART, in answer to Dr. Crawford, respecting the influence of impurity of the atmosphere on the intensity of the fever poison, said it was not so attributable, according to the evidence of the experience of the Edinburgh Infirmary. He had frequently visited that hospital along with the late Dr. Reid, and the patients were there distributed as they were in St. George's and the Middlesex Hospitals, and yet the same symptoms were there observed as in the Fever Hospital, in London, which now was well ventilated with pure air. Although Dr. Crawford had not found typhoid fever at Munich, he (Dr. Stewart) had found typhus and typhoid fever in the hospital at Stuttgart; in Paris, where no cases of typhus fever had yet been seen, there was a strong impression that the two fevers were essentially different. In no other great city of the world were the two fevers so nearly allied in numbers as in London, and hence the facilities for studying their essential characters were great.

Correspondence.

"Audi alteram partem."

MEDICAL FEES AT ASSURANCE OFFICES.

To the Editor of THE LANCET.

SIR,—Some few weeks since I forgot my usual quiet habits, so far as to send you a correspondence between myself and the Temperance Provident Institution, 31, Moorgate-street, which you were pleased to review in a very unmistakable way. I feel unwilling to intrude in your valuable periodical again, but the letter of "Fiat Justitia" (or as it should have been, *Fy Justice*, I know ye not) in your last number, roused my indignation, as it must that of every honourable man.

As regards his puny attempts to show that the medical attendant should be paid by his patient, if paid at all! I have nothing to say, as you, Sir, have long settled that question theoretically, and we, Sir, are now in a fair way to settle it practically. I am sorry to agree with "Fiat Justitia," that we have rogues in our profession, but at the same time am proud to say they are rare exceptions. But when he is so barefaced as to state openly in the first periodical connected with our profession, that we ought to give our services to assurance-offices for nothing, my indignation attains the boiling point; and I can only suppose that he is some official connected with

a non-paying office, and that you have allowed him to flounder in your pages for the purpose of showing him up; and I have no doubt under your paternal care it will be done effectually.

Let us be true to ourselves, and all offices must soon pay us for our opinions; but if we submit to oppression from public bodies, our profession will soon become a trade, and a very low one.—I remain, Sir, your obedient servant,

Montgomery, Dec. 1849.

J. P. WILDING.

ON THE "PARISH-DOCTOR" SYSTEM.

To the Editor of THE LANCET.

SIR,—Amongst the foremost of the discontented are what are significantly called the "parish-doctors;" men, who, with a suicidal determination, have sealed their own doom, degraded the profession, and tacitly submit to the insults of a grinding, and in many instances, an "ignorant board of guardians!" (what a misnomer as far as the poor medicals are concerned.) Now, Sir, what do these men deserve but to be valued according to their own measure? They accept, and in many cases eagerly seek, the appointment of surgeon to the union; they are previously acquainted with the ridiculous remuneration—with eyes wide open, they see the vast extent of ground, the immense population, whom they undertake to attend for a certain paltry amount—to call it a remuneration would be absurd—by doing which they acknowledge their services to be worthless; how can they expect an extra pittance for extra duty. No, Sir, their verdict must be "felo-de-se," *ex nihilo nihil fit*.

For pity's sake, whilst there is a stir made in medical reform, let us, one and all, try to upset such an iniquitous system, which is degrading to ourselves, murderous to the poor, and disgraceful to us as a nation. Those entitled to reward are they who have been obliged to attend to the poor without any remuneration; for the former undertake to do so, whilst with the latter, it is only their philanthropy and humanity that urged them to it. But, Sir, let us away with rewards; they are seldom bestowed in the right quarter; they are generally a mixture of favouritism and humbug. Let us take care of our own interests, combine as one to demand our own rights; defy the boards of guardians, and then we shall have no need of the humiliating cry of "rewards to cholera doctors."

I am, Sir, yours obediently,

Erith, Kent.

G. WIGAN.

DISLOCATION OF THE SHOULDER.

To the Editor of THE LANCET.

SIR,—I have to thank Dr. Selkirk for the handsome manner in which he has mentioned my name. Last week's LANCET contains a paper from that gentleman, in which he refers to one of mine, also published in your journal, upon "Reduction of Dislocated Shoulder-Joint."* To be brief, the method in question consists in placing the heel in the axilla, and instead of the surgeon making traction with his arms, he ties the towel behind his back, over the lumbar region, thereby gaining any amount of power necessary for reduction. Dr. Selkirk observes, that "the operator's limb fails to keep up a sufficient amount of counter-extension;" but, I would submit, is counter-extension absolutely required? I have reduced this dislocation some eight or nine times in the last dozen years, but have never had recourse to it; although in a very athletic person, such as his patient, it might possibly be required. If necessary, it could easily be employed in conjunction with this method, by passing a towel round the shoulder, previously placing a pad in the axilla, and tying it to some fixed point, in a line with the extending power; extension being made by means of one limb, with the heel in the axilla, and counter-extension with the other, placed against some immovable object. I have received so many assurances of the success of this method, that I cannot help thinking Dr. Selkirk is somewhat singular in his opinion.—I am, Sir, your obedient servant,

Faversham, Dec. 1849.

W. N. SPONG.

NOTE FROM MR. WOOD, OF OXFORD, IN ANSWER TO MR. WADDINGTON, OF MARGATE.

To the Editor of THE LANCET.

SIR,—I was much surprised, by a statement made by your correspondent, Mr. Waddington of Margate, in his letter published in THE LANCET of Dec. 8th, that he did not believe that the cholera had any premonitory symptoms; in fact, that there

was no connexion between diarrhoea and cholera. Now, this point I take to be one of the most important connected with the late epidemic, and one on which it is most essential that the profession should be fully satisfied; for it is in the stage of diarrhoea that this awful disease can be most effectually combated, as was shown by the great diminution in the number of cases of cholera in many towns, as soon as house-to-house visitation was adopted, and the very numerous cases of diarrhoea thus discovered were submitted to treatment.

In the county prison here the two diseases appeared simultaneously; every case of cholera, fourteen in number, was preceded by diarrhoea of longer or shorter duration, varying from six hours to four days, while nearly all the prisoners suffered from the latter disease, fifty-nine of them in a form sufficiently severe to render it necessary to record their cases. The disease varied in severity from a slight bilious purging to a very close approximation to true cholera, being attended with cramps and rice-water evacuations.

As a proof of the identity of the cause of the two diseases, if not of the diseases themselves, I may mention, that after the lapse of a week without a new case of either, no less than seven prisoners were attacked with diarrhoea on the night between the 30th of September and the 1st of October; one of them passed into cholera in the course of a few hours, two others had the diarrhoea in its most severe and threatening form, while the remaining four were set to rights by a dose or two of ordinary diarrhoea medicine. I find also from the returns in the hands of the honorary secretary of the Oxford Board of Health, that nearly all the cases of cholera which occurred in Oxford—one hundred and forty-four or thereabouts in number—were preceded by diarrhoea, of which latter disease, no less than three thousand cases were attended at the expense of the Board.

Of course I do not for a moment doubt the correctness of Mr. Waddington's statement, as far as his own observation goes; but his experience clearly differs from that of the profession generally; and, in my humble opinion, the importance of the subject is so vast, and the necessity of a clear understanding of the intimate connexion ordinarily existing between the two diseases so urgent, that I have ventured to trouble you with these few remarks.—I am, Sir, your obedient servant,

Oxford, Dec. 1849.

JOHN F. WOOD, M.R.C.S.

ASSISTANT-SURGEONS IN THE NAVY.

To the Editor of THE LANCET.

SIR,—Allow me to send you some extracts from a letter received by me, a few days since, from a fellow-student at University College, now serving in the Royal Navy as an assistant-surgeon.

I inclose my name and address, and can certify you of the *bond-fide* nature of the communication.

I am, Sir, your obedient servant,

December, 1849.

M.D.

The writer excuses himself for neglect of correspondence, and adds:—

"H.M.S. ———," "Bashika Bay," Nov. 18. 1849.

"Knowing my character so well as you do, how easily it is acted on by any unpleasantness in the gun-room mess, I am certain you would wonder how I could have gone through all I have had to suffer for the last six months. Sometimes I fall into quite a desponding state, and wish I could by any means obtain some other employment, for this, without a doubt, is the most disgusting service a medical man, or any one in that line, could enter. If I had my time to go over again, I would sooner beg my bread from door to door, than enter a gun-room mess as an assistant-surgeon." . . . "Something must surely soon be done for us. It cannot last much longer as it is at present. Men of spirit, like Englishmen, cannot surely be found to enter the service in spite of all the warnings they have received."

To the Editor of THE LANCET.

SIR,—I am desirous of offering a few remarks on the unfair treatment accorded to the medical officers of the Navy, by the Lords of the Admiralty, as respects promotion for special service. It is scarcely credible, yet it is true, that the medical officers of the Polar expeditions receive no promotion on their return to England, whilst the other officers, for the most part, are advanced in rank. It is not, therefore, surprising that Dr. John Robertson, Mr. Robert Anderson, and Mr. E. Adams, the surviving medical officers of Sir James Ross's expedition, are allowed to occupy the same rank which

* THE LANCET, vol. i. 1848, fol. 607.