town of Bloemfontein. What was begun at Paardeberg was augmented and completed at Bloemfontein, and a big epidemic of enteric fever among our troops, fatigued and exhausted by their previous hard services, was the result.

THE HEALTH OF PROFESSOR A. W. HUGHES.

Professor A. W. Hughes of King's College reached Southampton from South Africa on Oct. 19th. Though suffering from enteric fever he was safely brought to London and placed under the care of his colleague, Dr. Nestor Tirard. During the past week his condition has caused great anxiety owing to certain conditions which have complicated the course of the fever. These conditions—viz., engorgement at the base of the right lung and phlebitis—have occasioned great weakness of the circulation; at the present moment, however, we are informed that though Professor Hughes is still extremely weak there is good hope of his recovery, the immediate urgency of the symptoms having passed.

ARMY MEDICAL SCHOOL, NETLEY.

The following is a list of the surgeons-on-probation for the Royal Army Medical Corps who have been nominated by the Secretary of State for War on the recommendation of the medical schools of the United Kingdom:—H. R. Bateman, M.R.C.S., L.R.C.P., McGill College, Montreal; J. B. Cantley, L.S.A., St. Bartholomew's Hospital; H. A. Davidson, M.B., Ch.B., Aberdeen University; T. Finucane, M.B., B.Ch., R.U.I., Queen's College, Cork; J. L. Jones, L.R.C.S. Irel.; H. G. Pinches, M.R.C.S. Eng., L.R.C.P., St. Thomas's Hospital; W. Riach, M.D., D.P.H. Edin., Edinburgh University; G. F. Sheehan, L.R.C.P., L.R.C.S. Irel.; S. B. Smith, M.D. Dub., Trinity College, Dublin; W. M. B. Sparkes, M.R.C.S. Eng., L.R.C.P. Lond., King's College Hospital; T. F. White, L.R.C.P., L.R.C.S. Irel., Dublin; W. L. Steele, M.R.C.S. Eng., L.R.C.P. Lond., University College Hospital; A. J. W. Wells, M.R.C.S. Eng., L.R.C.P. Lond., St. Bartholomew's Hospital; A. R. C. Parsons, M.R.C.S. Eng., L.R.C.P. Lond., King's College Hospital; and E. W. Powell, L.R.C.S., L.R.C.P. Edin., Queen's College, Cork.

DEATHS IN THE SERVICES.

Deputy Inspector-General George Thomas Galbraith on Oct. 24th at Stirling, in his eighty-third year. He entered the service in 1841 and retired with the rank of Honorary Deputy Inspector-General in 1868. He served with the 99th Regiment in the New Zealand war and was present at Ohaeawi and Ruapekapeka, receiving the medal. He was the senior medical officer present during the greater part of the operations in the southern district of New Zealand at several skirmishes in the Valley of the Hutt, also at the Horokiwi on August 6th, 1846. In 1860 he was with the expeditionary force in the North of China (medal).

Surgeon-General Jones Lamprey (late), A.M.S., in his 78th year, on Oct. 29th, at his residence, Portland-terrace, Southsea. He joined the service as assistant surgeon in 1850 and retired in 1889, after reaching the rank of Surgeon-General. He served with the 67th Regiment throughout the campaign of 1860 in North China, including the action of Sinho, the taking of Tangku, the storm and capture of the inner Taku Fort, and the surrender of Peking (medal with clasp). He also served in the operations against the Taeping rebels in 1862, including the recapture of Kading.

Captain P. H. Whiston, R.A.M.C., has been chosen one of the officers of the guard of honour in connexion with the inauguration of the Australian Commonwealth.

An analysis of the occupations of the officers and men of the City Imperial Volunteers published in the *Times* shows that among the officers there were one medical student and one surgeon. In the ranks there were 11 men connected with the medical profession.

WEST OF ENGLAND EYE INFIRMARY, EXETER.—The annual meeting of the friends of the West of England Eye Infirmary was held on Oct. 26th, under the presidency of the Rev. E. Chatterton Orpen. The medical report stated that 2845 patients had been under treatment during the past year. The financial statement showed that the total receipts amounted to £1392 and that there was a favourable balance of £86. The chairman stated that the first two sections of the new buildings were now nearly completed. He added that the cost of the new premises would be about £16,000, towards which £8000 had been at present contributed.

Correspondence.

"Audi alteram partem."

"APPENDICITIS."

To the Editors of THE LANCET.

SIRS,—In the interesting address on the above-named disease in THE LANCET of Oct. 27th (p. 1181) by Mr. Littlewood he says that the whole subject of appendicitis is of recent development—15 or 20 years at most. I felt quite staggered when I read this, remembering that it is 55 years since I was a student and at that time it came into the regular medical course, besides being the subject of clinical lectures in the ward and post-mortem room. When a few years later I started in practice I saw several cases in consultation. Typhlitis was a well-known recognisable complaint and its true cause was discovered after death in the shape of a calculus. But I will give a few extracts from Bright and Addison's "Practice of Medicine" which has the year 1836 (64 years ago) on its title-page denoting the time of its publication. In this volume there is a chapter on Inflammation of the Cæcum and Appendix Vermiformis, occupying six pages. It commences: "That portion of the intestine which is lodged in the right iliac region is frequently the seat of inflammation and affords peculiar symptoms with which it is right the student should be well acquainted." The writer then fully describes the symptoms, saying that the patient after suffering severe pain in the abdomen becomes very ill with chills, sickness, &c., when there is found a hardness and tumefaction in the right iliac region, the local peritonitis may become general and fatal, or an abscess may form which when opened gives exit to a foetid pus owing to its being mixed with feculent matter. The discharge may continue for many weeks and the patient sink from exhaustion; in other cases the abscess closes and perfect recovery is obtained. After this description follows a paragraph headed "Morbid Appearances." "From numerous dissections it is proved that the fæcal abscess thus formed in the right iliac region arises in a large majority of cases from disease set up in the appendix cæci. It is found that this organ is very subject to inflammation, to ulceration, and even to gangrene, and moreover that it is occasionally thickened and ulcerated from tuberculous deposits, if the peculiar diathesis favours that change, so that this little worm-like body is often detected in the midst of the abscess, with a perforation at its extremity; or by ulceration in its parietes, a considerable portion of it, nearly or entirely separated, is found in a disorganised condition amongst the pus and fæces which fill the abscess. In other cases the appendix is truncated within a short distance of its origin from the cæcum."

The next paragraph is headed "Exciting Causes." "It is possible that the secretions of the appendix itself may sometimes become diseased; at other times oval masses of fæces or foreign substances have been detected in the appendix, but one of the most common causes is undoubtedly the formation of a peculiar concretion which is moulded to the extreme cavity of the canal and which is composed of coats or layers of the earthy phosphates with occasionally layers, probably, of animal secretion or feculent matter." Then further particulars are given, followed by the treatment.

All this I was taught as a student; it is, therefore, needless to quote much from my own lectures on Pathological Anatomy published in the year 1859—more than 40 years ago. There I have a chapter headed Inflammation of the Cæcum and Appendix. "The affections of this part of the bowel are so frequent and important that it is necessary to speak of them separately. When an inflammatory process has been confined to the coats of the gut itself the term *cæcitis* or *typhlitis* has been given and when the cellular tissue around is specially involved *perityphlitis*. It is not clear, however, that any one form of disease is here intended by those who make use of these expressions or that idiopathic inflammations corresponding to these frequently occur, for we know, indeed, that the diseases of the part arise generally from some prior morbid process in the appendix." I then give further particulars about the wax-like secretion which forms in the appendix and afterwards becomes earthy and how this from its form and consistence was

often thought to be a date stone which had fallen into the pouch.

Those who know me never regard me as a "*laudator temporis acti*," and therefore, without any such feeling in the matter, I unhesitatingly state that no new fact or any development whatever with respect to appendicitis has been brought to light since the description of the disease more than half a century ago. The only novelties are a new name and a new treatment by the surgeon's knife. The name I dislike, as I have always considered that the nomenclature of disease should be clinical and not pathological. I trust that Mr. Littlewood will not view my remarks in the light of a criticism on his admirable essay but only as adding further to the history of a very interesting and important complaint. I am, Sirs, yours faithfully,

Grosvenor-street, W., Oct. 27th, 1900.

SAMUEL WILKS.

THE ALLEGED EXISTENCE OF A "FOURTH DISEASE."

To the Editors of THE LANCET.

SIRS,—My attention has been called to an article by Dr. Clement Dukes, "On the Confusion of Two Different Diseases under the Name of Rubella (Rose-rash)."¹ In this article the writer claims to have established the proposition "on definite and analysed grounds that two clearly distinguishable diseases exist." The great importance of such a proposition demands much fuller criticism than the article in question appears to have received. None of your correspondents challenge Dr. Dukes's deductions and Sir William Broadbent even goes so far as to say that he accepts them "without hesitation." I venture, however, to think that the profession in general will require very much fuller investigation into such an admittedly difficult subject before it will be equally prepared to commit itself.

If we analyse Dr. Dukes's paper we find that he records three series of cases—(1) supposed "fourth disease" alone (16 cases); (2) scarlet fever concurrent with supposed "fourth disease" (31 cases); and (3) supposed "fourth disease" alone (19 cases), in which nine of the cases had had rose-rash on some previous occasion. On these three series Dr. Dukes bases his claim to have discovered a new disease. Let us take them separately. The first series of cases occurred in 1892. Dr. Dukes's diagnosis at the time was rose-rash of the scarlet fever variety. Eight years later he modifies his diagnosis and describes them as being the "fourth disease." No reasons for this are given, so for the sake of argument let us consider his original diagnosis as correct and regard them as having really been rose-rash.

The second series is the one to which Dr. Dukes attaches chief importance, and he considers that it alone is sufficient to establish the existence of the new disease. He says of it: "This epidemic proves incontestably that, besides scarlet fever, there is another malady, which I have provisionally named the 'fourth disease,' and that the one affords no protection against the other." This is a series of 31 cases in which seven boys had scarlet fever alone, 14 boys had supposed "fourth disease" alone, nine boys had scarlet fever shortly following supposed "fourth disease," and one boy had supposed "fourth disease" shortly following scarlet fever. Now, unfortunately, Dr. Dukes gives us very little information as to the clinical features of the supposed cases of "fourth disease" in this outbreak. He merely informs us that he was "summoned to a consultation on account of an epidemic which was regarded as the scarlatina variety of rose-rash (rubella)." No evidence whatever is adduced to prove that the cases were not rose-rash beyond Dr. Dukes's opinion to the contrary. Yet, although there is nothing at all inconsistent with the view that the epidemic was merely rose-rash concurrent with scarlet fever, we are expected to admit the existence of a new and hitherto unrecognised disease.

We now come to the third and last series of cases and here Dr. Dukes would strain our credulity to the uttermost. This was an outbreak affecting 19 boys, beginning on March 19th, 1900, and ending on April 1st. According to Dr. Dukes this was "clearly an epidemic of the 'fourth disease' alone." He describes it as follows: "The illness resembled scarlet fever more closely than any other series of cases I have yet seen, due not only to the marvellous

resemblance between the rash and that of scarlet fever, but also to the copious desquamation of the skin which in some instances succeeded."

In a *résumé* of the cases in this series we are told that the eruption "in nearly every case was very full and quite characteristic of scarlet fever. In fact, if ten experts had inspected the skin and made no other investigation all would have diagnosed the eruption as that of scarlet fever." The fauces were red and swollen. The temperature ranged from 99.4° to 104.2° F. The desquamation in some cases was very profuse, in one case the skin actually peeling off in sheets. The incubation period, one of the very few characteristics in which (according to the table given by Dr. Dukes) the "fourth disease" differs markedly from scarlet fever, *could not be ascertained in this series*. Lastly, not one of the 19 cases had previously had scarlet fever. Of the remaining points noted in connexion with this series there is not one at all inconsistent with the view, which I think most unbiased men will hold, that the outbreak was nothing more or less than simple scarlet fever. Dr. Dukes attaches importance to the fact that although the cases were sent home on April 3rd, the parents being informed that the epidemic was not scarlet fever, only one case came to his knowledge during the holidays which was diagnosed as scarlet fever. So far as this is positive evidence it supports the view that the cases were only scarlet fever, whilst in so far as it is negative evidence it proves nothing. This much is certain—that if this last series of cases is "fourth disease" there is not the least danger of the new malady being confused either with rose-rash or with measles. And yet Dr. Dukes tells us that it is what has hitherto been regarded as merely a variety of rose-rash and that children who are supposed to have had measles three times have really had English measles, German measles, and "fourth disease." Could anyone possibly mistake for measles or rose-rash such a disease as the one just described? Moreover, this last series of cases so closely resembling scarlet fever clearly differs very considerably from the first two series which resembled rose-rash; hence we can only conclude that there are two varieties of the new disease, differing from each other at least as much as the two varieties of rose-rash which Dr. Dukes has tried to split up.

There remains Dr. Dukes's table in which he sets forth the specific differences, as he sees them, between rose-rash, "the fourth disease," and scarlet fever. As regards the differentiation of the "fourth disease" from scarlet fever the principal point of distinction would appear to be that the incubation period in the former is from nine to 21 days, the same as in rose-rash, yet, as already pointed out, this important point of distinction was not ascertained in the last series of cases which so closely resembled scarlet fever. Another alleged distinction is that the duration of infectiousness in the "fourth disease" is only from 10 to 21 days. We may reasonably ask how Dr. Dukes has ascertained this with such a short experience of the disease. So, also, as regards the statement that its season is "spring and summer." Some stress is laid on the fact that the tongue, though it may be furred, is never a typical "strawberry" tongue. I think that most will agree with me that the typical "strawberry" tongue is too often absent in scarlet fever for much importance to be attached to its absence in a short series of cases. The alleged enlargement of the glands would at first appear of some importance, yet in another part of the paper Dr. Dukes says that in his experience "the lymphatic glands are always enlarged and tender whenever a copious eruption occurs on the skin from any disease." It would take too long, however, to criticise the various points seriatim. Most of them on examination will be found to be distinctions without any real difference; and, after all, the total number of cases of the supposed new disease on which the table must have been based is far too small for it to have much value. The first series, which occurred eight years ago and was diagnosed at the time as rose-rash, may fairly be excluded from the case, and the second series was so complicated with scarlet fever that many of the cases must have been valueless.

To briefly summarise, the weak points in Dr. Dukes's thesis are: 1. There is no proof that the first series of cases of supposed "fourth disease," diagnosed eight years ago as rose-rash, included anything other than rose-rash. 2. There is no proof that the second series of cases of supposed "fourth disease," running concurrently with scarlet fever, included

¹ THE LANCET, July 14th, 1900, p. 89.