Correspondence.

"Audi alteram partem."

"BODY-SNATCHING."

To the Editor of THE LANCET.

SIR,—I should like to add a word or two supplementary to your article entitled "Body-Snatching." Having been the medical superintendent for some years to one of our parochial infirmaries, I cannot without the deepest regret recall the time when every obstacle was placed in my way by some members of my board to making post-mortem examinations, and upon one occasion I was denied assistance, and told that I might place the "*copse*" on the table myself (which I did). I pocketed the insult, and was amply repaid from a scientific point of view by the result of my investigation. I would ask, Sir, can nothing be done to alter the present régime of these noble institutions now springing up in all directions in this great metropolis? I need scarcely say that the medical superintendents of these hospitals have fields hitherto unparalleled for clinical and pathological investigations, if untrammelled by petty and short-sighted government. Will the Local Government Board help us? No! And why? Because they are afraid to act from political motives. I have no doubt in time the guardians will be brought to see that these asylums are not work-houses, and that they can only be governed and utilised, for the benefit both of the pauper and the ratepayer, by giving to the medical officer supreme control. For my own part I have the greatest confidence in the good common-sense of these local governing bodies, but for the present in this direction they are *misdirected*.

Believe me, very truly yours,

THOMAS STRETCH DOWSE.

Old Burlington-street, Nov. 1878.

METROPOLITAN AMBULANCES FOR INFECTIOUS DISEASES.

To the Editor of THE LANCET.

SIR,—I observe in one of your leading Annotations last week some remarks on this subject, and the experience of the Port Sanitary Authority should, I think, assist in giving them weight. The sanitary district of the Port of London is surrounded by forty-six health authorities, to any or all of whom we are, it may be, at some time indebted for the use of an ambulance. All riparian authorities, through their administrative officer, are always most ready in giving us aid. But in many cases no ambulance exists; of course no ambulance can be lent, and we are sometimes sorely pressed as to what to do, wanting to remove, say, a small-pox patient to the nearest hospital without risking the safety of the shore population. I am sure that the Port Sanitary Authority would very gladly aid in the settlement of "a satisfactory ambulance system" that should be utilised for all classes of the community. The riparian districts abutting on the Thames between Teddington and Ramsgate include, of course, all varieties of port sanitary authorities, and it is lamentable to find how few out of the number above-mentioned have any proper ambulance for the removal of contagious cases.

I am, Sir, your obedient servant,

HARRY LEACH.

Albert Mansions, Victoria-street, S.W.,
November 16th, 1878.

"ENTERIC FEVER IN INDIA."

To the Editor of THE LANCET.

SIR,—Your journal of the 9th reached me last evening, and I cannot tell you how annoyed I felt on reading your review of Dr. Gordon's report—being one of the medical officers who served in the Madras Presidency during the time alluded to. As you "leave it to the officers whose accuracy is impugned to refute his conclusions," I shall attempt, without a day's delay, to do so. If I understand your critique aright,

there are two points in the report I should like to notice, besides giving vent to righteous indignation.

First, he states that in the "Indian climatorial fevers of non-specific character," by which, of course, he means malarial, "similar intestinal lesions to those of typhoid have been frequently observed." It really is too ridiculous at the present day to be obliged to argue against such an assertion, but as our diagnostic powers have been so trampled on, I must point out to your readers his mistake. In vol. ii. of "Trousseau," p. 364, is stated, "dothinenaria may at first simulate intermittent fever, and intermittent fever may likewise at the beginning of the attack simulate dothinenaria." A case of this kind came under my notice in his presidency. I was handed over the charge of the case by a European major, who told me at the bedside the patient was suffering from country fever. A day or two after I informed him that I thought it was typhoid, and I gave my reasons. The case was isolated, and patient died on the 13th day from intestinal hæmorrhage. The post-mortem showed a most characteristic typhoid gut, which I took several hundred miles to Madras to show my colleagues. Now, does Dr. Gordon mean to say that this was a climatorial fever, with a gut lesion similar to enteric? If so, I leave your readers to judge between us. Again, I know that remittent fever is confounded with typhoid. For instance, I was called in consultation with two very senior men to see a son of a captain in the Madras staff corps. I was told by them that the boy was suffering from remittent fever. It was the fourteenth day of the disease; there was sordes on the lips and teeth, the tongue was dry and brown, the abdomen was large and tympanitic, there were spots, diarrhoea, and a stool shown me was most marked. However, when I mentioned typhoid they would not hear of it; one said the spots were caused by the flannel night-shirt, and the other symptoms were in like manner explained away. This is another example of the climatorial fevers.

Secondly, his view is that though 175 cases and 54 deaths occurred, there were only seven at all like typhoid, and consequently there must have been 168 errors in diagnosis. What monstrous assurance is implied in this. Does he imagine that those who treated the cases were nearly all incapable of distinguishing a tubercular from a typhoid ulcer, or a case of poisoning from the same disease. Besides, how can he explain the post-mortem reports? From a private case-book I have at my elbow, I could convince you and your readers of the absurdity. As I feel I have taken up too much of your space already, I will give but one case to show that we were not all fools who diagnosed those 175 cases. Recorded in 1874:—"A well-marked case of typhoid; highest temperature 105°, profusion of spots, deafness, subsultus, &c.; noted on account of the temperature being higher in the morning than in the evening on the fifteenth, sixteenth, seventeenth, and eighteenth days of disease. The man having died on the twentieth day, it may be that this is a most unfavourable symptom.—Post-mortem: Lower part of ileum studded with ulcers, and intestine of a peculiar slate colour." From what I have stated it may fairly be presumed that more typhoid occurs than what is actually shown in the returns, and, also, I think, it may be concluded that the post-mortem appearances in the 54 fatal cases must have been similar to the two I have cited; indeed, remembering the report of the post-mortem appearances we had to forward to Madras, which I think came into use in 1872, I can't understand one being so blinded by a theory as not to see in them the most positive proof of typhoid.

Yours, &c.,

UNKNOWN.

November 10th, 1878.

DETACHMENT OF RETINA.

To the Editor of THE LANCET.

SIR,—In your issue of October 12th last there is a communication headed "New Operation for the Cure of Detachment of Retina," which mentions a case in which subretinal serous fluid was let out through a scleral incision with excellent result. The operation is, however, incorrectly described as new, having been practised by Sichel in 1859, and subsequently by many others.

As the improvement in this case is far in excess of any previously recorded, it would be of value to have some more