the former to the Medical and the latter to the Surgical Division of the Hospital: Surgeon-Lieutenant W. K. Steele and Surgeon-Lieutenant J. Clarke.

Correspondence.

"Audi alteram partem."

THE BRITISH MEDICAL BENEVOLENT FUND: AN APPEAL.

To the Editors of THE LANCET.

SIRS,—Although you are so generous in the help which you give to members of the profession who are in distress, I venture to ask you to allow me again to appeal through your columns for the British Medical Benevolent Fund, since that is the only fund to which those who are reduced to permanent poverty are able to apply for relief. Our methods of working are well known and we are giving at present 108 annuities of £20 or £26 to those applicants who are over 60 years of age, while grants varying from £5 to £20 are made at the meetings of the committee every month. Last year 157 grants were made, amounting to £1617. This year £1436 have been voted to over 100 applicants and at the last meeting of the committee at the beginning of this month our balance was only £29 0s. 11d. and in order to meet the urgent demands on our funds we were obliged to borrow from the annuity fund a sum of about £100, which will have to be repaid at the first opportunity.

It may seem incredible that so many members of the profession or their widows and families should sink low enough to require such help as we are able to give, but if we consider that doctors are more liable than men in any other profession to death in early or middle life, that often it is expected that they should be married, and that they have no pension to look forward to or any money coming in during illness or holiday, it will be seen that a man may easily die before being able to make any good provision for his family, or that all his savings may be spent during illness or for the education of his children. It must also be remembered that the majority of our annuitants are the widows and unmarried daughters of medical men and that though they may have supported themselves up to middle life, if they have the misfortune to live to old age or to be incapacitated by illness work becomes impossible, savings are exhausted, and friends die off, and many who have been in fairly good positions find themselves, through no fault of their own, with nothing to look forward to but such help as charity can give. I am, Sirs, yours faithfully,

Nov. 29th, 1899.

W. H. BROADBENT.

P.S.—Subscriptions or donations may be sent to Dr. Samuel West, 15, Wimpole-street, honorary financial secretary, or to myself at 84, Brook-street.

"GONORRHOEAL RHEUMATISM."

To the Editors of THE LANCET.

SIRS,—In THE LANCET of Nov. 25th Mr. Christopher Heath (in commenting on Mr. Moynihan's Clinical Lecture) says that he teaches "that gonorrhoeal rheumatism is a mild form of pyæmia due to the purulent secretion within the urethra"; and I agree that Mr. Heath's description would apply to the majority of cases of this affection. But sometimes the pyæmia is from the first of a severe type. A few years ago I saw a young man who, when in excellent health, contracted gonorrhoea, and who was shortly afterwards attacked with severe rigors and fever, followed by effusion into several joints and acute suppuration of one knee-joint. I opened the joint freely and gave exit to a large quantity of pus; fortunately, by drainage and antiseptic irrigation, the suppuration was soon brought to an end and the patient recovered with a perfectly moveable joint and was able to resume active military service. Quite recently I had under my care in St. George's Hospital a man, aged 28 years, who was admitted with gonorrhoea and balanitis, accompanied by rigors, high fever, and delirium, and the formation of large abscesses in the subcutaneous and intermuscular cellular tissue. He was at once given five-grain doses of quinine every four hours and the abscesses were opened and washed

out; but secondary abscesses in the lung and suppurative pleurisy supervened and rapidly proved fatal. The history of this case seemed to point clearly to the pyæmia having had its origin in gonorrhoea.

I am glad that Mr. Heath insists on the value of quinine in this affection and upon the avoidance of splints and the adoption of early use of the joint, to which, I think, may be usefully added hot bathing and friction to the joint and muscles. But I cannot agree with Mr. Heath in recommending that no attention should be paid to the urethral discharge, for if the pyæmia is "due," as he says, "to the purulent secretion within the urethra" it seems reasonable to wash out the urethra with an antiseptic solution and to get rid, if possible, of the source of infection—a treatment which has certainly seemed to me to favour recovery.

I am, Sirs, yours faithfully,

WARRINGTON HAWARD.

Green-street, Grosvenor-square, W., Nov. 25th, 1899.

THE EVILS OF CANVASSING.

To the Editors of THE LANCET.

SIRS,—The Accrington Medical Dispensary was established in 1874. The income in 1894 was £600 per annum. Adult members paid 4s. and those under 12 years of age 2s. The medical officer had held the appointment for 17 years and was allowed private practice. The members consisted of well-to-do families, tradesmen, and town councillors.

Being misled by the advertisement I applied for the post and was appointed after a very short time. I found out that it was simply a medical aid association which depended for its support entirely upon canvassing and, recognising the attitude of the General Medical Council, I thought it advisable to cease my connexion with it notwithstanding the appointment was worth £300 per annum. I commenced practice in the town and the committee commenced legal proceedings against me, and after being put to the expense of £250 which they had accumulated from the members' subscriptions the dispensary post became void for a time. A new committee was formed and they set to work to canvass the town. A medical officer was advertised for at one-third the salary I received and from 100 applications one was appointed. The appointment was worth to me about £300 per annum, and at the present time my private patients are canvassed and several have joined the dispensary who never hesitated to pay the usual medical fees. I find that the Royal College of Surgeons of England have resolved that any Member acting for any friendly society, whether registered or not, is liable to have his name erased. I entirely agree with the resolution. At the same time other Colleges should have the same restriction or the General Medical Council should pass a similar resolution. If so it would put an end to a practice which from the few months' experience I had is not only detrimental to the dignity of the medical profession but injurious to the public. It is my intention to bring this systematic canvassing under the notice of the Council and I should esteem it a favour if you could give any information as to the way to proceed. I am, Sirs, yours faithfully,

J. NIELD COOPER, M.R.C.S. Eng.

Accrington, Nov. 20th, 1899.

* * Our correspondent should send a full account of the matter to the Direct Representatives.—ED. L.

THE WORKING OF THE NEW VACCINATION ACT.

To the Editors of THE LANCET.

SIRS,—Are we as ordinary general practitioners to remain cowed into perpetual silence over the daily robberies committed on us by Act of Parliament? Is it possible that the unwritten laws which make us reasonably courteous one to another may be broken by our very neighbours, also by Act of Parliament, and no stronger protest made than a few amiable complainings in your estimable journal? Since the holidays terminated and the hot weather departed the public vaccinator finds time to redouble his depredations. It is useless to give instances, since such things are not only known but suffered. Those who can well afford to pay, and who do pay for everything else medical, are being persuaded by people who creep into their houses to have their

infants vaccinated behind the backs of their usual medical attendants.

The manner of the thing is discreditable and the men are doing what is both unfair and unprofessional. It is quite time, Sirs, to ask you to raise your voice stronger and stronger against this unfraternal business.

I am, Sirs, yours faithfully,

GEORGE J. B. STEVENS.

Newington-green, N., Nov. 24th, 1899.

* * Our opinions have been expressed upon information in our possession. If Mr. Stevens will give us facts that would strengthen our views upon the working of the new Vaccination Act we shall be obliged. The Act is as yet in its infancy and to allot violent praise or blame to it would be premature, but we have indicated our belief that its working will lead in some hands to professional difficulties. Our correspondent writes as though he were smarting under some personal wrong.—ED. L.

THE INFLUENCE OF BOARD SCHOOLS IN THE SPREAD OF DIPHTHERIA: THE OUTBREAK AT THE HEBER-ROAD SCHOOL.

To the Editors of THE LANCET.

SIRS,—I enclose a copy of a report that I have made with regard to Heber-road Board School and I do so for the reason that the circumstances under which the school was closed were rather exceptional—I mean the discovery of diphtheria bacilli in the throat of a child actually attending school. I am not aware that previously any examination has been made of this kind in children who were actually at school at the time. Since the closing the incidence of the disease is decidedly changed, for we now find that the primary cases are chiefly among those who are not school attendants.

I am, Sirs, yours faithfully,

FRANCIS STEVENS,

Medical Officer of Health.

Vestry Hall, Camberwell, S.E., Nov. 22nd, 1899.

[COPY.]

Nov. 1st, 1899.

DEAR SIR,—I have to report that since Oct. 2nd there have been 27 primary cases of diphtheria at the Heber-road Board School and that the incidence of the disease has been especially on the infants' department and to a lesser degree on the girls' department. The total number of primary cases notified in the parish for the similar period was 159, the aggregate of both primary and secondary cases being 179. From the inquiries I have made at the houses and at the school I find that the first one in a household to be attacked was in the infants' department in 20 instances, while in the remaining seven the illness started from one who was attending the girls' school. In no instance was anyone in the boys' department the first to be attacked. The average attendance for the infants' school for the week ending Oct. 27th was 599, and the infants in two classes were especially affected, and to a lesser degree was a third division involved.

The disease being decidedly on the increase I made arrangements on Oct. 27th to take some cultivations from the throats of five children taken at random from two classes where the disease, judging from the notifications received, was most prevalent at the time. This was accordingly done on Oct. 30th, and the result of the examination by Dr. Bousfield showed that in one case diphtheria bacilli were present; in another specimen their presence was doubtful; while in three the specific micro-organisms were not discovered. To my mind, however, the one positive result is worth more than the four negatives, for it points absolutely to the fact that there is one child at least attending the school with the throat containing the organisms which are considered to be the cause of the disease, although the characteristic clinical signs were absent. It is difficult to contend that this child happened to be the only one affected out of 55 who were attending these two classes on Oct. 30th. I am quite alive to the factors which render school-closing in a crowded locality a much less satisfactory measure than it would be in the country, but so far as I can make out after a consideration of the milk-supply and of the various other places of meeting where infection might be conveyed I have come to the conclusion that attendance at the infants' department of Heber-road Board School, and to a lesser degree at the girls' section, is the principal factor common to all the cases I have mentioned.

The number of primary cases occurring at the other schools in the neighbourhood is exceedingly instructive. For the same period the maximum at any one school was three at St. John's School, while Goodrich-road Board School, which is situated near Heber-road and draws very much the same class of children, had no primary cases of diphtheria during the month. I therefore, as medical officer of health, advise that the infants' department be closed for a period of three weeks and my strongest reason is the discovery of the diphtheria bacillus in a child actually attending school. Will you therefore kindly put this report before the sanitary authority so that they may consider whether my advice is to be carried out and the infants' department of Heber-road Board School accordingly closed?

Your obedient servant,
(Signed) FRANCIS STEVENS,
Medical Officer of Health.

The Chairman,
Sewers and Sanitary Committee

"VACCINATION STATISTICS: A QUESTION OF ARITHMETIC."

To the Editors of THE LANCET.

SIRS,—Dr. Coupland's kindly letter, as well as your note appended to mine, would seem to call for some response from me. Although a little intimidated by your courteously worded reminder that THE LANCET is a strictly medical journal I venture to offer one.

Dr. Coupland thinks I can hardly be expected to follow your advice and analyse his invaded houses' table in order to determine the respective incidence of small-pox on each vaccinal class according to the proportionate numbers exposed. As the point of my criticism is that such incidence is not scientifically determinable by this table I might have said the same for myself, and I might also express surprise that my criticism should be met by further demonstrations on a method precisely the same as that challenged by me on the ground of its fallacious character. But I prefer to tell you, Sirs, that I occupied myself with the analysis you suggest last February. I soon found myself pulled up by those 653 cases described as "vaccinated at and after invasion," and I had to write to Dr. Coupland for enlightenment. This class had an attack-rate of 13 per cent. only, which is far below that of either the unvaccinated or the fully vaccinated class. I did not find that Dr. Coupland's report explained this. On the contrary, it seemed to puzzle him as much as it then puzzled me. Thanks to himself it now puzzles me a good deal less than I suspect it still perplexes Dr. Coupland. I wrote to him to ask how I was to construe the expression "at and after invasion." This was his courteous reply:—

You are right in thinking that the phrase refers to the invasion of the house and not of the city as a whole. The appearance of small-pox in a household was often the occasion for the vaccination of those members who up to that time had been unvaccinated.

Thus I had it from Dr. Coupland himself that the 653 persons described as "under vaccination at and after invasion" were not necessarily vaccinated before the epidemic; but only before it reached their own house. The small number of 653 was therefore quite reconcilable with what one knew from other parts of the report as to the vast amount of vaccination done during the epidemic. Vaccination was, in fact, running a race with the epidemic and trying (rightly from Dr. Coupland's point of view) to outstrip it. In the group to which the 653 belonged, there were originally, as Dr. Coupland now tells you, 2009 persons in all. Besides the 653 "done" when small-pox was actually in their respective homes, 1133 had been previously vaccinated. When they were vaccinated, we know not, but clearly the vaccinal classification of this whole community of 2009 was being rapidly altered in the face of the epidemic, so that in the end there remained only 223 in the unvaccinated class; and upon this small remnant are assessed the 191 attacks and 83 deaths that happened in the group during the whole time the epidemic lasted and which are now given as its unvaccinated attack and fatality rates. On the other hand, all who had got their vaccination over in the course of the epidemic—but 14 days before the invasion of their houses—were safely transferred to the vaccinated class, which was thus throughout the epidemic receiving additions to the number on which its attack-rate would eventually be assessed.

This process seems to account for two things noted but not satisfactorily explained in Dr. Coupland's report. At the same time it explains why the invaded houses table is absolutely untrustworthy as a means of determining, in your words, "what influence, if any, does vaccination exert in protection from variolous infection." First, it explains the puzzling fact of the small attack-rate of those "under vaccination." The cases "under vaccination" are so describable only for a period of 14 days, or whatever the incubation period of small-pox may be. Thus there is an important time-element modifying their attack-rate. (I do not remember seeing this explanation offered anywhere before. I hope it will prove a useful contribution to the controversy.) Secondly, it seems to account for what Dr. Coupland describes on page 178 of his report as "the singular results" of his analysis for the effects of hospital isolation and vaccination. Both vaccination and isolation were resorted to in the combat with the epidemic; but, says Dr. Coupland, "no matter what the conditions obtaining as regards isolation, the attack-rates are inversely to the