317 were suffering from fever in March last, one of the driest months of the year, when the Nile was about at its lowest. The Egyptians, British, and blacks suffer from fever in these southern provinces. The sanitary improvement of the country will evidently take a long time and will be a very costly undertaking.

THE PHILIPPINES.

General Otis in his last despatches regarding the American troops in the Philippines states that the rainy season has for the time being caused a suspension of military operations in the field. The sickness among the American force amounts to about 12 per cent. and is mainly attributable to the arduous work of the soldiers and the climatic conditions to which they have been exposed.

The Queen has given her authority that the following officers may accept and wear the Insignia of the Order of the Brilliant Star of the Third Class, conferred upon them by His Highness the Sultan of Zanzibar for distinguished bravery before the enemy under fire whilst in command of Zanzibar troops lent by His Highness for Lieutenant-Colonel MacDonald's expedition in British East Africa and Uganda:—Captain George Somers McLoughlin, D.S.O., R.A.M.C., and Captain John David Ferguson, D.S.O., R.A.M.C.

Correspondence.

"Audi alteram partem."

"HUNTER v. CLARE."

To the Editors of THE LANCET.

SIRS,—I am sorry to read in THE LANCET of June 24th in your leading article a repetition of certain statements regarding the Hunter case which have been in circulation for some time and which gravely prejudice the actual facts of the case. I am afraid you have been misled by your reporter, for although in my speech in the discussion at the General Medical Council on June 8th I gave in fullest detail the facts I am now about to refer to they did not find a place in your greatly abridged report of that discussion. Readers of your leading article unless cautioned certainly will be misled into the belief that the General Medical Council prosecuted Mr. Hunter for calling himself "physician"; that it did so on the opinion of Mr. Muir Mackenzie; and that it "did so with some infelicity" as Mr. Hunter "was a man whose prosecution would settle a vexed point." This position is contrary to fact.

The fact is that Mr. Hunter was misrepresented to the General Medical Council in November, 1897, by the legal advisers as being a quack practising under an American bogus M.D. degree and the lawyers asked the Council to prosecute him on that understanding under Section 40 of the Medical Act, 1858. This was the first and last the Council as such ever heard of the matter. Certainly the Council never in November, 1897, as your leading article would suggest, heard Mr. Mackenzie's "opinion," which opinion seems to have been read at some time or other to the Penal Cases Committee when they undertook the prosecution. If the Council had heard that opinion they would have learnt therefrom the important fact which was kept from them—viz., that Mr. Hunter was a registered practitioner and was an L.S.A.

The second question on which your article is seriously misleading is who is responsible for Mr. Hunter being prosecuted for calling himself "physician." You would seem to suggest to the profession that it was the General Medical Council; this is not the case. I proved in the Council chamber on the 8th of this month in the presence of the solicitor, who did not venture to controvert a single one of my statements, that the law officers (and especially the solicitor) were responsible for this prosecution, and I proved that the Council had never heard it suggested at any time that Mr. Hunter should be so prosecuted.

There is yet a third point on which your article is misleading in that it suggests that the General Medical Council is responsible for Mr. Hunter's appeal being resisted in the High Court and your article indicates that the Council wished to try "to get a somewhat small question at law settled." I proved on June 8th in the Council by extracts

from the Penal Cases Committee Minutes (which were unaccountably omitted from the President's narrative of the case) that the only persons responsible for the absurdities which occurred in the Court of Appeal were the Penal Cases Committee and further I showed that the Penal Cases Committee without any statutory authority or power whatever ordered the appeal to be resisted and the case taken to the High Court. The money of the profession, therefore, has been wasted by the Penal Cases Committee without any authorisation from the Council and it will be interesting to find whether any attempt will be made next year to compel the profession to pay for an expense which the Council never authorised. As your readers will see at once this is a very serious matter, involving an improper expenditure of public funds, and will have to be dealt with by the financial authorities of the Council and the Council at the proper time.

I would like to take this opportunity of pointing out to you and to your readers that although I showed in the Council on the 8th inst. that the responsibility of this case rested wholly on the lawyers of the Council and on the Penal Cases Committee none of those officers were able to contest a single point, or even attempted to show cause why the stigma of this case should rest on the Council as a whole instead of on those who prosecuted the late Mr. Hunter, L.S.A.

I am, Sirs, yours faithfully,

June 28th, 1899.

VICTOR HORSLEY.

THE PREVENTION OF BERI-BERI.

To the Editors of THE LANCET.

SIRS,—I would venture to ask you to draw the attention of the profession, especially of its members who work in the East or are concerned with the diseases of merchant sailors, to a very careful paper in the *Archives de Médecine Navale* for March, written by Dr. Laurent of the French Government Service in Siam, on the Prevention of Beri-beri by the Increase of Fatty Foods in Dietaries. He had two epidemics to deal with. The first, at Chantaboun, concerned a party of 260 native soldiers. 140 were bachelors; 100 used only their service rations, 47 of whom were attacked, or 47 per cent.; 40 boarded out, paying a little more for their extra food, of whom three were attacked, or 7½ per cent. 120 were married; two were attacked, or 1½ per cent.; among the 120 wives there were no attacks.

In their food only can he find a difference between these groups. The married suffered equally with the others from exposure and chill, had similar houses and the same water, but were more crowded in their huts. On the whole, too, it is probable that they had less food, but what they had was more oily—more like the food generally used by the natives. These soldiers complained of the beef which they got. It was not, they said, fat enough to be eaten with their rice; "too strong" for them. He largely substituted pork in their rations for beef, and the epidemic, which had lasted a month and was increasing, ceased suddenly. A little later he visited the prison at Pulo Condor and found another epidemic in progress; this too, though more severe than the first, stopped, as he says "brusquement" when an issue of one and a half ounces of lard with fresh vegetables and fish was given daily and 10 oz. of pork were served out five times a week. The conclusion from his paper is that beri-beri is an infectious disease attacking people who are reduced in health by a diet wanting in fat. He notes that the service ration of these soldiers was poorer in fat than the diet of the natives' unfettered choice—beef, and, if I may judge by experience of beef issued elsewhere in the tropics, poor beef, taking the place of the pork and duck which these people so constantly use.

This conclusion that a diet lacking in fats predisposes to beri-beri is specially interesting as it is not, so far as I can see, at variance with any successful measures which have been taken to prevent beri-beri. This etiology is hinted at in Hirsch's book and strong facts are quoted in its support, but as it is not the only or even the exciting cause it is rejected by his too exclusive analysis. The need for an increase in fats is rarely discussed, but never denied when a new dietary to prevent beri-beri is being arranged. Fats are, however, generally increased, though more stress is laid in the papers on the larger quantity of proteids.

Without further experiments we cannot be certain of this

but it is worth noting that the Japanese Navy considers itself to have lost beri-beri by an improved dietary¹ introduced in 1884 when everything was increased and milk and tea were added; in that year they had 137 cases of beri-beri per 1000 men (formerly 324 per 1000). In 1885 rice was reduced, wheat and bread were added, and the vegetables were increased by a half and milk was raised to a pint and a quarter daily. In that year only 6 cases per 1000 were treated and only 13 per 1000 were fresh cases. Fat was increased here with the other things, but Dr. Laurent at Chantaboun has made the experiment with fats alone. This theory also gives us an explanation of the occurrence of beri-beri in ships at sea. One must assume that the ship has in some previous voyage become infected. How difficult it is to prove this even in recent cases is shown in Worthington Smith's letter in the *British Medical Journal* of Nov. 5th, 1898—ships changing name and nationality. The disease is then in the ship,² and when provisions begin to run short (and fatty foods are apt to run short earliest after vegetables and fruit) beri-beri breaks out, the crew being now predisposed.

We might, perhaps, thus explain the occurrence of beri-beri in the Richmond Asylum,³ as the dietary there was very poor in fats and the disease, being it is necessary to suppose introduced in 1894 or earlier by some old sailor, found a capital soil and flourished exceedingly. Anyone referring to the above quoted paper will see that in the Richmond Asylum the only fatty food issued, except perhaps the nightly cocoa, was eight ounces of bacon for men and less—seven ounces—for women; and it is perhaps worth noting that the incidence on women was far greater than is usual. Further, to stop it in Siam Dr. Laurent gave pork every day or else 50 ounces a week. There is perhaps an omission in the report, as I think the Local Government Board diet for aged and infirm approves the issue of half an ounce of butter daily which is not mentioned in the paper quoted—*voilà l'occasion* of a crucial experiment that might be made in the Richmond Asylum.

Dr. Laurent's investigation is most thorough and his report detailed and, to me, convincing. The importance of the matter leads me to beg you to notice his paper and so give his views and observations the widest publicity.

I am, Sirs, yours faithfully,

W. E. HOME, M.D. Edin.

H.M.S. *Tamar*, Hong-Kong, May 11th, 1899.

* * We have already drawn attention to Dr. Laurent's paper, *vide* THE LANCET, April 15th, p. 1045, and June 24th, p. 1731.—ED. L.

"INSTRUCTION IN TROPICAL DISEASES."

To the Editors of THE LANCET.

SIRS,—I was sorry to see in THE LANCET of April 8th a letter from Mr. M. D. Eder which will surely tend to minimise the importance in the eyes of the medical profession of England of a special education—or opportunity for education—in tropical diseases for those of us who are destined to practise our profession in warm climates. A very short time spent on the West Coast of Africa, and between two and three years of practice pursued in the Darien district of the Isthmus of Panama justify me, I think, in having formed an opinion on this point. The average man leaves for the tropics within a year or so of qualifying, and I know that for my part, from an examination point of view, I religiously skipped the pages of my text-book relating to dengue, verruga, yaws, and the like.

He who has never seen a case of yellow fever or a bilious remittent must, indeed, be a born diagnostician if he can (in some cases) discriminate between them in the first two days of illness. Many will be glad of the opinion of an "old coaster" on the first case of "craw-craw" they may meet with on the Benue river, and I can recall some half-dozen cases of the so-called bejuco sore of this district which 99 men out of 100 in England would swear to being a hard chancre. I missed my first case of beri-beri for a fortnight. The admission is painful, but the fact remains.

A month in the wards of a hospital for tropical diseases would help a man immensely, and a few lectures on what to look out for when he got to his destination would be of

more practical use to him than the half-dozen lectures on the pathology of exophthalmic goitre which he may have been supposed to have attended in his student days. But, seriously, our recognised authorities on tropical medicine admit how inaccurate our knowledge is of the various types of disease—and of fevers especially—met with abroad, so surely they and all interested in the study of tropical medicine will herald the opportunity for systematic research which the establishment of institutions such as those in Liverpool and London will afford. Incidentally I may remark that a year or so spent in the tropics soon after qualifying is one of the best trainings a man can have. He will probably be more or less isolated and will have to act on his own responsibility and without skilled assistance. He will learn to rise to occasions and will now and then have the opportunity of performing operations which, were he in England and possessed of any conscience at all, he would most likely relegate to the hands of a specialist.

I am, Sirs, yours faithfully,

J. H. L. TYLECOTE, M.B., B.Ch. Vict.,

Surgeon to the Darien Gold Mining Company.

Cana, near Panama, Republic of Colombia, May 19th, 1899.

THE SUPERFICIAL TREATMENT OF DEEP DISEASES.

To the Editors of THE LANCET.

SIRS,—While many, like myself, have doubtless read with pleasure the valuable practical remarks on treatment by Dr. Howship Dickinson in the Baillie Lectures published in THE LANCET¹ not a few must have been surprised at his sweeping condemnation of our old friends, poultices, blisters, and indeed external applications generally, in the treatment of deep disease. His argument really amounts to this—that the condition of internal organs cannot be modified by influences arising from the cutaneous surface. But both physiology and pathology tell us that through the nervous system, and more immediately the vaso-motor nerves, there is a constant correlation between superficial and deep structures. For good or for evil their joint action and reaction never ceases. Exposure to a chilly air when one is hot and perspiring, and especially if fatigued, will cause by reflex action contraction of the vessels of the skin and may determine congestion or even inflammation of abdominal, thoracic, or other organs. On the other hand, if the distension of the internal vessels has not gone beyond congestion a warm bath may by the dilating action of the superficial vaso-motor nerves determine an increase of the blood stream to the cutaneous capillaries, relieving the pressure on those within and permitting them to return to their normal condition. These simple illustrations may suffice to show the connexion between the skin as a whole and internal organs. But we now know that their relations are definite and local. Long ago the late Mr. Hilton, in his classical work on "Rest and Pain," foreshadowed the more exact observations of Head, Mackenzie, Starr, and others on the relation of the viscera, and even parts of them, to definite cutaneous areas. Thus it happens that a morbid state of, say, the stomach will sometimes reveal itself by pain or hyperæsthesia in the cutaneous district of its external neural correspondent—in the instance named between the left nipple and the umbilicus, and occasionally well round the sides of the chest at its lower part to the spine. At page 44 of the first volume of the Glasgow Hospital Reports I have discussed this subject at greater length.

The intimate association through the nervous system of deep-seated organs with definite cutaneous territories having been established it is easy to understand that there may be a very clear and decided action by blisters and other external agents on internal disease. In order, however, that the fullest benefit may be derived from their influence it is obviously important that whatever the application be, whether sedative or stimulant, it should be made to the portion of skin which has a special neural connexion with the internal structure in which the morbid action is situated.

I am, Sirs, yours faithfully,

Glasgow, June 19th, 1899.

ALEX. ROBERTSON.

¹ THE LANCET, July 9th, 1887.

² Lowson, Brit. Med. Jour., September, 1887.

³ Conolly Norman, Brit. Med. Jour., Sept. 24th, 1898.

¹ THE LANCET, June 10th and 17th, 1899.