to quote from one of the sentences, "not quite satisfactory." There was no reporter present at the inquest, hence the meagre report in the *Manchester Courier*, whence your correspondent acknowledges he obtained his information. The symptoms were very fully described. There is no difficulty in examining the locality, and I shall be happy to show your correspondent round, when I have no doubt he will be satisfied as to there being a poisonous flora. There are two open spaces, both called Gorton Park, one of which is kept like any ordinary park, and is situated in Manchester, while the park into which deceased went consists of very rough land, partly waste, and is situated in Gorton. I had full notes of the case, which I destroyed only a day or two before your correspondent's paragraph appeared, and which I would have been happy to place at his disposal; but as his taking notice of the affair is rather belated I am deprived of the pleasure of satisfying his curiosity as to the symptoms, and can now only refer him to Taylor's Jurisprudence, where the description of henbane poisoning corresponds to what I observed in this case.

I am, Sirs, your obedient servant,

Gorton, Sept. 17th, 1895.

B. W. MACARTHUR.

"OVER-OPERATING IN GYNÆCOLOGY."

To the Editors of THE LANCET.

SIRS,—I have perused the correspondence on this subject with interest, great, but strongly mingled with regret that what has been said so often on the other side should have had so short a remembrance and should have made so little impression. As regards all novelties there are two notable tendencies in the human mind, the first being to run into too great extremes, and the other to resist all things that are new and to be obstinately satisfied with things as they are. Happy are those who can safely steer a middle course. I am curious to know why gynæcology should be picked out now as the special field for opprobrium. No reason has been given, and none can be shown, save that it is the newest field of progress. But it is not far to go back to the introduction of such simple proceedings as tenotomy, concerning which I am sure all of us over fifty can remember how the streets and the lanes were scoured for the squinting and the club-footed; how they were impelled to come in, and how many a decent eyesight which could have been improved by a proper set of lenses was irretrievably ruined by division of the internal recti tendons; how many a useful talipal foot was effectually lamed by unwise division of ligaments and tendons. The physician stands aghast at the apparent ease and certainty with which an operation is recommended and performed in cases which used to haunt his consulting-room for months and years, and the operating surgeon listens with ill-concealed impatience to the pleadings of the physician for a little more waiting, and another try at this, that, or the other form of expectant treatment; whilst there is a third party to the argument who boldly set forth their theories and practice, that whilst pus in the breast should speedily be evacuated, so long as it remains in the pelvis all is well. Of the last the less said the better; it is but a matter of time for their entire disappearance from the discussion. The question lies between the two former, and the pity of it is that both are covertly influenced by another failing of humanity, the difficulty of seeing the whole of a question, and possibly by the still lower motive and belief of the financial taint, each for himself and against the other. This has never been openly stated in the present issue save by Sir William Priestley himself. It was at a meeting of the Obstetrical Section of the International Congress in 1881, in the discussion of a paper which I read on Removal of the Uterine Appendages, in which Sir William said that he feared that in such operations there might be a tendency to recommend them under the influence of a prospective fee at the conclusion of the case. As an answer I told a story, the details of which were quite as well known to Sir William as to myself—a story which showed that the facts and conclusions run exactly the other way. We had under our joint care a lady who had a bleeding myoma and immense wealth. I had recommended removal of the appendages—a course not approved of by Sir William and not favoured by the patient and her friends, and therefore not pressed by me. The result was she remained under my care (occasionally, when death from hæmorrhage was imminent, joined by Sir

William), and in bed most of the time, for about thirteen years, when the climacteric relieved her from her severe symptoms at the age of sixty-three or four. During that time her illness cost thousands of pounds, a proportionate share of which fell to the lot of Sir William Priestley and myself. If I had operated on her—with a bagatelle risk of 1·6 per cent. mortality—I should have had probably 150 guineas and Sir William about as much more at the end of a successful case (and I do not think that a fatality would have altered the amount), or somewhere about a fifth of what we actually did get.

If the financial motive is to govern us then I shall go in for tinkering with everybody, for prompt and speedy cures do not pay half as well, and the incident of every operation death involves a heavy financial loss. Let us suppose that the utmost of the charge made against operating gynæcologists is true, and that occasional errors, diminished rapidly by increased experience, have occurred by the performance of operations proved or believed afterwards to be unnecessary—are these more than the inevitable blunders inherent to everything that is human, especially in such a branch of life as surgery, which is in itself so hateful that nothing but wild enthusiasm would ever enable a man to follow it? Let the excess of zeal be corrected, but let it be by instruction in wisdom and righteousness, and not by abuse and ill-treatment. Let the correction be made by those who do not live in glass houses, and who may, therefore, have some likelihood of being able to throw stones without risk of retaliation. Such are certainly not the physicians whose utterances we hear of in anonymous articles, nor are they the authors of behind-the-back slanders. The operating surgeons can certainly lay against such the charge of acts of omission and neglect of canons clearly established, which acts tend to the most frightful disasters. Less than a month ago I waited daily for a summons to a distance to remove a suppurating ovarian tumour. The operation was postponed day after day by a physician who ruled that the patient was not fit for an operation so long as she had a pulse of 130 and a temperature of 104°F., and that we must wait till she improved in health. In vain I pleaded that a return of health was impossible so long as she had pints of pus in her abdomen, and, therefore, I was not surprised, but was exceedingly angry, to receive a telegram from the medical attendant, "—died this morning." How long is this sort of thing to go on? How long is my reiterated question to remain unanswered, "Why is there to be one canon of surgery for the knee-joint and another for the pelvis?" My colleague, the physician in this case, would promptly have called in someone to evacuate pus if it had been found in the buttock, why should the mere presence of the os innominatum have induced him to prevent me doing the same thing when I found pus on the other side of it?

I could narrate a very long list of cases of this type—so long and ghastly a list that I am convinced that if every shred of gossip that has been uttered against every abdominal surgeon in England, and in order to swell that list thoroughly I will include myself, were true and thoroughly established, it would not weigh a stone against a hundredweight for the mischief done to surgery, to our patients, and to us by the persistent "Wait, wait, wait" of the tinkers.

I am, Sirs, yours faithfully,

The Crescent, Birmingham, Sept. 14th, 1895. LAWSON TAIT.

"BERI-BERI."

To the Editors of THE LANCET.

SIRS,—I have more than once drawn attention to the fact that though the above disease is very seldom seen in England yet it must be evident to all that year by year we hear of more cases. Various are the signs and symptoms and still more various are the treatments. Having seen some hundreds of cases in Upper Assam, to which place it had come by importation, a few words may be of use to junior medical officers either in Assam or on board ship. The first point noticed with those stricken with beri-beri was their "anæmic appearance," which did not yield to a treatment of iron or arsenic; the patient gradually became worse, fever, dropsy, and dysentery came on, ending in death. A post-mortem having been obtained after great difficulty, hundreds of worms were found in the intestines, but for the most part in the duodenum, these small thread-like worms being found in balls, one ball containing over 250.

The best treatment I found to be the exhibition of large doses of thymol, ninety grains or more—given in three doses of twenty grains, thirty grains, and forty grains respectively—in twelve hours, followed by ol. ricini if required. The natives called this the "puggla" or "mad medicine," on account of the sensations. All the motions were collected on muslin and washed, when hundreds of these little worms were to be seen. A few weeks on tonics and good food put the poor patient all right again. Ship medical officers on their voyage home from India and other hot climates should look well into any cases of anæmia amongst the native crew, as all who have any experience of coolies and their black brothers know how easy it is for drinking water to be infected by anyone suffering from this disease. I have some of these worms, and anyone wishing to see them can do so on writing to me.—I am, Sirs, yours truly,

A. WILBERFORCE SHEPERD,
Medical Officer of Health, Cowbridge.

September, 1895.

A WARNING.

To the Editors of THE LANCET.

SIRS,—May I state through your columns that it has come to my knowledge that a certain individual unknown to me has been sending begging letters signed with my name to various medical men stating that I have been suffering from nephritis and albuminuria and am in straitened circumstances, and asking that money should be sent to me at Great Ilford, Essex? The whole story is a fabrication, and I hope none of your readers have been taken in by it.

I am, Sirs, yours truly,
Micklegate, York, Sept. 17th, 1895. D. S. LONG, M.D.

"SPECIALISM IN MEDICINE."

To the Editors of THE LANCET.

SIRS,—Specialists as a class aspire to a position of leadership in medicine, or, at all events, in certain branches of it. Nevertheless, "A Specialist," in THE LANCET of Sept. 14th, appears to justify acts of dishonesty on the part of his *confrères*, which he makes no attempt to deny, by bringing a countercharge of exaggeration against the rank and file of the profession. Nor does the case he cites necessarily support his charge. For, even assuming that he was right and the case was one of "simple sore throat," and not "diphtheritic," it does not follow that the "neighbouring practitioner" was not acting *bonâ fide* when he pronounced it the latter. Allowing, however, that "A Specialist's" construction of the incident was correct, it must be remembered that among so large a body of men as general practitioners black sheep are sure to be found. As to homœopaths, whose ways he quotes, these no more concern the present issue than do those of quacks.

I am, Sirs, yours faithfully,
Sept. 17th, 1895. A GENERAL PRACTITIONER.

TYPHOID AND CONTINUED FEVERS AMONGST OUR SOLDIERS AND SAILORS IN THE MEDITERRANEAN.

(FROM AN OCCASIONAL CORRESPONDENT.)

THE following facts, which are believed to be as correct as they can be obtained otherwise than from official sources, are certainly suggestive both as regards the nature and the amount of illness which has recently been prevalent in the Mediterranean, and as to the manner in which the convalescents therefrom are sent home.

The Peninsular and Oriental steamship *Valetta* arrived at Plymouth on the night of Sept. 10th last, having on board a complement of some 300 persons, including the crew and numerous first- and second-class passengers. The *Valetta* was on a voyage from Bombay to London and after discharging some passengers at Brindisi had called at Malta on Sept. 3rd. She there took on board a number of so-called convalescents from the naval and military hospitals.

These were brought to the ship in a large barge covered with an awning, and the majority of them were so ill that they had to be carried on board in cots. This work was done by a party of sailors detailed for the purpose from a man-of-war in the harbour. Amongst the invalids were four naval officers (all of whom were so ill as to require to be carried on board in cots), and the remainder were sailors and soldiers of various grades, seventeen in all. The four officers were accommodated in the first-class saloon cabins and the other invalids amongst the second-class passengers, of which the ship carried 120, nearly every berth being full. Almost without exception the invalids put on board had been suffering from fever, either typhoid fever or that form of continued fever known as Mediterranean fever. Of the officers three were admittedly recovering from true typhoid fever, as was probably also the case with the fourth.

The stimulating effect of the prospect of going home and sea air had speedily a beneficial effect on most of them. One officer improved rapidly and another was soon able to be on deck, though evidently very weak; but one was not able to leave his berth at all during the voyage, and another, though he managed to get up and walk with assistance on to the tender at Plymouth on Sept. 10th, had only been able to get on deck a few times previously. The invalided sailors also markedly improved in health. Cots were sent on the tender to meet the invalids landing at Plymouth, but were only used in the case of one officer. In this case the patient was in an acute stage of illness on the day of landing, with high temperature, &c. (104° F. the previous day), and other symptoms of severe relapse. The other invalided sailors, although looking very ill, had improved considerably on the voyage. The invalided soldiers went on to London. They did not appear to have improved so much. Those able to get on deck presented a miserable appearance, and four of them had been unable to leave their berths during the greater part of the voyage.

After discharging the invalided sailors and some passengers at Plymouth the *Valetta* proceeded to London and reached the Albert Docks on the morning of Sept. 12th. Even at that date two of the soldiers were very ill; one had only been able to get on deck on the previous day, and another had not been able to leave his berth at all since he was put on board at Malta. These soldiers did not know whether they were bound for Netley or where, though probably someone eventually met them on landing. As regards medical attendance and diet, the invalids were most carefully and ably looked after by the surgeon of the ship. The provision made for nursing in the case of the soldiers was *nil*, and the four who for a long time were unable to leave their bunks or wash themselves had to depend upon the good offices of their fellow sufferers or of the passenger stewards. The sailors (officers and men) were somewhat better off, as amongst the sailors invalided with fever was a naval sick bay steward from the *Ramillies*, who was really convalescent and who was of great service to those requiring nursing assistance and in directing the stewards upon whom the carrying out of various sick-room details necessarily fell, especially in the case of the invalid officers.

The above facts suggest two chief points for consideration. How far, having regard to the travelling public, is it justifiable for such cases to be transmitted in an ordinary passenger vessel, and how far is it proper for the sake of the patients themselves that they should be sent a voyage under such conditions? Although that form of continued fever from which the majority of the cases referred to above had suffered, and known variously as Mediterranean fever, Malta fever, typho-malarial fever, &c., has admittedly a very close resemblance to typhoid fever, and by some medical officers of experience is considered as identical with that disease, though modified by local climatic conditions, it is not usually considered communicable; there were, however, amongst the invalids carried on board at Malta undoubtedly several cases of true typhoid fever, and the natural history of this disease certainly indicates that it is most undesirable that those performing any office of nursing in such cases should have anything to do with food distribution except under very strict conditions of disinfection and precision in cleanliness. The use of the terms "convalescents" and "non-infectious fevers" gave a large amount of very salutary confidence to the other passengers in the vessel, but no precautions were taken to isolate any of the latrines, and the ship stewards, who were said to do various nursing