us in the arduous task we have undertaken. We are conscious that without the loyal co-operation of all sections of the profession we shall not be able to accomplish any good results. At the same time we must not lose sight of the fact that in everything connected with hospital administration the public are as much interested as the medical men. Our aim, I think, should be to prove to the satisfaction of the supporters of the hospitals that the reforms advocated will benefit their institutions and make them more serviceable to the class for whom they were originally established.

I am, Sirs, yours faithfully,

Cardiff, Oct. 27th, 1896.

T. GARRETT HORDER.

P.S.—I have just received the following letter from Lord Tredegar, which you may think worth reproduction: "I sympathise most fully with the objects of the association, as I have so many applications for orders for various hospitals to which I subscribe from those who are quite able to pay their own doctors, and I shall be glad to become a member."

"THE NEW POOR-LAW OFFICERS' SUPERANNUATION ACT."

To the Editors of THE LANCET.

SIRS,—In THE LANCET of Oct. 17th you publish a letter from Mr. Rutherglen, the chairman of the Poor-law Superannuation Bill Committee, and as it appears to be of the nature of a reply *inter alia* to a letter of mine, I venture to ask you to insert the following remarks upon it.

My letter dealt with the Act from the point of view of the nurses employed in the Poor-law service. Mr. Rutherglen in his letter mentions "young ladies who are burning to enter the noble profession of nursing" as carried on in workhouse infirmaries. These ladies must have entirely consumed themselves, for I have excellent authority for stating that it is a constant complaint on the part of guardians that they cannot get suitable young women to take up nursing. This is to be expected if one remembers the lack of professional stimulus, the overwork, the annoyances and restrictions to which in many (especially country) workhouses they are subjected, and the want of sufficient inducements to trained nurses to encourage them to enter the Poor-law service in view of the extensive demand for their services in other posts in which they are not only well paid but well treated. Mr. Rutherglen suggests that, if it was difficult to get nurses to enter the Poor-law service with "deductions from their salaries under the Poor-law Superannuation Act," as now appears in the advertisements for them, guardians would have to offer an increased salary to compensate them for these deductions. This way of meeting the difficulty is not one likely to be accepted by guardians. It means, of course, that the superannuation payments would then come out of the rates. Under the old law retiring allowances were, in small part, paid by the guardians out of the rates. The rates have been relieved of all responsibility for this in the future, and it is highly improbable that guardians will voluntarily take upon themselves to burden the rates with payments for persons whom they have only just engaged and who have no equitable claim of this sort upon them. Mr. Rutherglen classes porters, nurses, and female servants together. This is a wrong classification. Porters and servants are capable of doing their work long after nurses can do theirs efficiently. He would put on the medical officer the onus of certifying that a nurse who wished to retire earlier was unable to do her work efficiently, although such a certificate might be directly opposed to the ideas of the guardians, and though these last are more given to neglecting their medical officers' advice than taking it. Mr. Rutherglen persisted in leaving out of his draft rule any "contracting-out" clause for nurses, and now he wishes to shift the responsibility for the retention of worn-out nurses from his own shoulders to those of the medical officers.

A very serious consequence of making the superannuation fund a local one instead of a general one is this, that guardians will have to take care that the estimates on which the superannuation calculations are made are not falsified through too many persons being on the local fund at the same time. Thus they will certainly take on young nurses in place of women who are near the age of forty, and if a nurse at or after the latter age has to leave an infirmary or, as Mr. Rutherglen puts it, "in later years is compelled through widowhood or any other cause to re-enter it she will find it

uncommonly hard, if not absolutely impossible, to get a post." If, on the other hand, a nurse is near her superannuation age and the fund is being rather heavily pressed guardians will be very likely to get rid of her on some trivial excuse. Another result is that a nurse will have necessarily to spend the last twenty years or so of her life in the same infirmary, and will be at the mercy of every one who, being in authority, wishes to "put upon her." Mr. Rutherglen speaks of "a certain superannuation," but, oddly enough, says that "the whole principle of the Act is based upon the theory that only a comparatively small proportion of those who contribute will ultimately need superannuation." This is not exactly the way in which the payment of superannuation money may be made a pleasant task to those who have to do so. The truth of the matter is that Mr. Rutherglen and the other permanent officials are in quite a different position from nurses. They enter the Poor-law service as a profession, outside of which they have no hopes and no interests. Nurses, on the other hand, enter it when they do so either to get a training or in order to supply temporary necessities, not with any idea of remaining in it for any number of years. The Superannuation Bill Committee tried, according to a statement of a member of it,¹ to meet each class by separate provisions, but failed to do so. Of course, this would have meant a large deduction from their salaries if, for example, the clerks to the guardians had to supply their own superannuation fund, since they formed a body whose members retained their posts habitually for a great number of years, lived comparatively easy lives, and were very likely to become each and all of them entitled to superannuation allowances, therefore other classes less likely to do so had to be dragged in. Mr. Rutherglen refers to the manner in which the Bill was got through both Houses without amendments, as had been promised, the insertion of a "contracting-out" clause. Mr. Rutherglen can only redeem his promises in this direction by assisting in getting an Amending Act passed next session, for it is evident that the Bill could not have come on if these amendments had not been agreed to privately, and the Bill should, therefore, have been withdrawn when it was found, as Mr. Rutherglen says was the case, that these amendments could not be inserted on account of want of time. In this case deeds will be better than promises.

Finally, I wish to say that personally I am in favour of compulsory superannuation under circumstances such as the present Act has to do with, but I most earnestly protest both against the manner in which this Act has been drawn up as regards nurses and similar officers, and also against the principle that guardians or any public body should be allowed to make their servants provide the whole of their superannuation funds out of their own pockets. It relieves such public bodies of the right, which in equity should fall upon them, of providing some part of the old age allowance of servants who have done good and long-continued work in their service.—I am, Sirs, yours faithfully,

South Hampstead, Oct. 20th, 1896.

ROWLAND HUMPHREYS.

"HORSE AMBULANCES."

To the Editors of THE LANCET.

SIRS,—Since October, 1895, when the need of such a vehicle in connexion with the local hospital, then lately opened, asserted itself, Blackpool has been in possession of a horse ambulance provided, maintained, horsed, and manned by the town council.

The ambulance was built in Liverpool; it is mounted on pneumatic tyres and is very light in draught and appearance. It can carry three patients in the recumbent position and is efficiently lighted and ventilated. It is furnished with all splints, bandages, tourniquets, &c., needed for the rendering of "first aid," as well as with the means of supplying stimulant if such be needed. The ambulance is under the direction of the Chief Constable (an enthusiastic ambulance authority) and is kept at the police headquarters, which is in telephonic communication with all parts of the district. When required it is sent out in charge of two police constables (specially expert ambulance men), a nurse accompanies it (from the hospital) if required, and a medical man can be picked up *en route* if necessary. There is also an arrangement whereby the use of the ambulance and the services of the

¹ Local Government Chronicle, Oct. 17th, 1896, p. 1005.

ambulance men may be procured on payment by private individuals for the removal of invalids to the railway stations, &c. The carriage is probably the most complete of its kind in the kingdom, embracing as it does all the latest improvements in equipment and design. As an example of enlightened public spirit you may deem this (in justice to the Blackpool corporation) worthy of record.

I am, Sirs, yours faithfully,

LEONARD MOLLOY, M.A., M.D. Dub.

Blackpool, Oct. 24th, 1896.

To the Editors of THE LANCET.

SIRS,—Your article on horse ambulances attached to English hospitals is instructive, especially as so few of these institutions appear to use them. May I extend your list by saying that the Wolverhampton and Staffordshire General Hospital has for the last three years had one in regular work, and it is becoming more and more appreciated.

I am, Sirs, faithfully yours,

Wolverhampton, Oct. 26th, 1896.

T. VINCENT JACKSON.

"ULCERATIVE ENDOCARDITIS TREATED WITH ANTI-STREPTOCOCCIC SERUM."

To the Editors of THE LANCET.

SIRS,—It is always a delicate and often a hazardous matter to express doubts as to the diagnosis of a case which one has not personally examined; but the case reported in THE LANCET of Oct. 17th is of such great interest and importance that I hope Dr. Sainsbury will not be offended if I ask him to give us some additional particulars regarding it. That this method of treatment is likely to be of use in some cases of ulcerative endocarditis is, I think, not improbable; but I must confess I feel some doubt as to the exact nature of Dr. Sainsbury's case. The chief cardiac alterations which seem to have been present were a double murmur over the apex and great increase of the cardiac dulness, the increase being chiefly upwards, for it reached the first left interspace. It is, of course, sometimes extremely difficult to differentiate endocardial and pericardial murmurs, and dulness extending up to the first interspace and rapidly subsiding under treatment is more suggestive of pericardial effusion than of enlargement of the heart itself. It is difficult to explain the rapid sub-idence of such extensive cardiac enlargement if it were due to ulcerative endocarditis. It is, of course, conceivable that the septic process in the heart might speedily subside under the anti-streptococcic treatment, but the damage to the valves which resulted from that septic process would probably remain; and if the valvular lesion remained the dilatation of the heart which it had produced (for I presume the cardiac dilatation would be chiefly due to the valvular defect rather than to changes in the cardiac muscle) would not be likely to subside in such a rapid manner. My object in writing this letter is not to imply that the diagnosis was wrong, but merely to suggest doubts which have occurred to my own mind and to ask Dr. Sainsbury (1) whether he is satisfied that pericarditis with effusion could be excluded; and (2) what was the condition of the valvular apparatus—(i.e., of the heart sounds) at the end of the treatment. He has omitted to mention this important point in his report.

I am, Sirs, yours very truly,

Oct. 25th, 1896.

BYROM BRAMWELL.

"AN INVESTIGATION OF THE FRONTAL SINUSES IN 120 SKULLS FROM A SURGICAL ASPECT,

WITH CASES ILLUSTRATING METHODS OF TREATMENT OF DISEASE IN THIS SITUATION."

To the Editors of THE LANCET.

SIRS,—With reference to the above article, published in THE LANCET of Sept. 26th, I would like to say that I do not claim originality for the anatomical details contained therein. These and others had been published some five months before in the appendix to "Quain's Anatomy," which I had not seen until after commencing the above investigation. Professor Thane kindly lent me the frontal bones which he had used for the appendix and a number more, which I was able to study. My object was to point out those anatomical details which are of importance to the surgeon

and to "more fully demonstrate facts to which attention has already been drawn," &c. (*vide* end of paragraph). As the anatomical facts are in "Quain's Appendix" I am sorry I did not mention it. I would also refer readers interested in the subject to Hartmann's and Zuckerkandl's work in this region.

I am, Sirs, yours faithfully,

HERBERT TILLEY, M.D. Lond.

Welbeck-street, Oct. 28th, 1896.

THE MEDICAL STAFFS OF COTTAGE HOSPITALS.

To the Editors of THE LANCET.

SIRS,—The question at issue between the staff of the Willesden Cottage Hospital and those who are seeking to reform its administrative system may be briefly stated as follows. The Willesden Cottage Hospital has nine beds and a staff of eight medical men selected from the general practitioners in the neighbourhood. The rules of the hospital require that all patients admitted shall be treated by one or other of the gentlemen who comprise the staff. Practitioners in the district not on the staff have therefore to transfer their patients who obtain admission to the hospital to the care of one who may without offence be described as a rival practitioner. It is hardly necessary to point out to medical men that the continuance of a system such as this is undesirable. As a remedy to the evils incident to this system the memorialists urge the expediency of allowing each medical man in the district personally to attend at the hospital such cases of his own as are deemed suitable and can secure admission. They point out that this is in accord with precedent and with the intention of the original promoters of the cottage hospital system. The staff, in a reply to the memorial concurrently presented to the hospital council object to the Willesden Cottage Hospital being looked upon as a cottage hospital at all and state that a hospital serving a population of 60,000 or 70,000 is rather to be compared to a hospital in a town with a like number of inhabitants. They contend that it is impracticable to permit sixty or seventy practitioners all to attend at a hospital with only nine beds. At the same time they are willing that paying patients should be admitted under the care of their regular medical attendant. This is all that is pertinent to the discussion which is now being waged through the medium of the local press; and it is unfortunate that the staff and the council should have misunderstood the spirit in which the demand for reform was conceived. In your annotation on the subject you fall foul of the memorialists over a sentence which you consider calculated to injure the profession in the eyes of the public. The sentence runs thus: "Now it may be fairly said of any ordinary practitioner that if he cannot attend his own patient [in hospital] he would prefer to confide such patient to the care of one who could not from his position, willingly or otherwise, become a competitor with him in private practice." Having had a hand in the drawing up of the memorial I am free to confess that the principle implied in the sentence might have been better expressed. Beyond this I can see no impropriety in publicly expressing what is rightly felt and acknowledged to be a desirable distinction in medical men holding a hospital appointment. The contention of the staff that the Willesden Cottage Hospital is a cottage hospital in name only, and that it is analogous to a hospital in a provincial town, shows a misconception of the conditions attaching to practice in Willesden. The district is served by the large London hospitals and the cottage hospital is merely a supplement to them to meet those cases which properly fall to the care of the general practitioner. The staff is composed of general practitioners, not consultants, and it is improbable that the staff would be willing to observe the restrictions which rightly pertain to consulting practice. The practical difficulties are such as are met by every nursing home, and a casualty staff elected in rotation from the local practitioners would obviate the necessity for a paid resident. Two blacks never make a white, and it matters not whether local precedent be with them or not the principle for which the memorialists contend is one which stands at the threshold of professional harmony in the working of charitable institutions.

I am, Sirs, yours faithfully,

WILLIAM BUTLER, M.B. Glasg.

Oct. 7th, 1896.

* * We regret that this communication has been delayed in publication.—ED. L.