M. HAFFKINE.

We are very sorry to learn that M. Haffkine is compelled to leave India owing to impaired health, attributable to the effects of an attack of climatic fever contracted in Assam. By his exhibition of self-sacrifice and enthusiasm in prosecuting the work he had undertaken in India M. Haffkine is well entitled to the esteem in which he is evidently held in that country. He has been indefatigable in his labours, has spent a large sum of money, and has sacrificed his time, and now his health, in the cause he had at heart. We sincerely join with his many friends in wishing him a speedy restoration to health.

MEDICAL REFORM IN INDIA.

We learn from the Anglo-Indian papers that a movement has been started among the native medical element in Bombay for the separation of the civil and military medical services, with reconstitution of the civil branch and the advancement and recognition of its subordinate grades. A committee has been formed for the purpose, and a preliminary meeting held for settling the outlines of a programme of medical reform in India, and for the organisation of local committees at different centres in India and the formation of a fund are contemplated.

TYPHOID FEVER AT POONA.

There has been a considerable amount of enteric fever at Poona of late, and some fatal cases have occurred among the officers at that station.

The Surgeon-Major-Generalship at Gibraltar has been transferred to Devonport, and the medical charge at Gibraltar will be held by a Surgeon-Colonel.

Correspondence.

"Audi alteram partem."

"MERCURY IN HEART DISEASE."

To the Editors of THE LANCET.

SIRS,—I have been much interested in reading Dr. W. Murray's article under the above heading in THE LANCET of Sept. 28th. I concur fully in his opinion of its great value in all cases of heart disease where passive congestion and œdema are present. I well remember a remark of Dr. Stone, at St. Thomas's Hospital, concerning the value of the well-known pill containing equal parts of squill, digitalis, and blue pill. "Both Dr. Murchison and I," said he, "highly appreciate this prescription. But he will only allow any potency to the digitalis there is in it and forgets all about the blue pill, whereas I, perhaps, am liable to think too little of the digitalis and place all my trust in the mercury." My own experience leads me also to think far more highly of mercury (or calomel) in the treatment of passive cardiac congestion than of digitalis. Dr. Murray believes it has a peculiar tonic action on the heart itself. Though not denying such action, I do not see that it is necessary to explain the efficacy of the drug in these cases. Water-logged tissues can only exhibit a feeble vitality. The water-logged lungs, liver, kidneys, pancreas, intestinal and lymphatic glands can, therefore, but feebly perform their nutritive functions. Food will thus be imperfectly assimilated and effete material imperfectly removed. The circulation of the resulting poisonous matters in the body will still further paralyse all its functions, including that of the already weak heart, and, what is of still greater importance in this respect, nature's endeavour to prevent the circulation of these poisons, by constricting the peripheral arterioles, will double and treble the heart's labour. Common-sense reasoning would urge us not to drive the heart, but rather to relieve it of all unnecessary labour. This is what mercury does by its unique power of stimulating all glandular organs. It urges them to healthy metabolism, notwithstanding their œdematous condition. Hence the ptomaines vanish and with them the constriction of the arterioles, freeing the heart of half its labour. It is thus I would explain the excellent action of mercury in the case so well detailed by Dr. Murray, and also in one I have recorded on page 389 of "Essays in Heart and Lung Disease," which is briefly this: "A man with double aortic disease had orthopnoea and ascites, as well as general œdema.

He was given cardiac tonics for three days with no relief, the urine remaining at twenty ounces. I then gave him a third of a grain of calomel every two hours; the urine at once rose to over 100 ounces, and in ten days the œdema and orthopnoea were quite gone, the heart was calm, and the pulse, which had been small and hard, was large and duly soft."

I am, Sirs, yours truly,
Birmingham, Sept. 28th, 1895. ARTHUR FOXWELL.

"OVER-OPERATING IN GYNÆCOLOGY."

To the Editors of THE LANCET.

SIRS,—Mr. Lawson Tait, in his letter in THE LANCET of Sept. 21st, speaks of the "bagatelle risk of 1·6 per cent. mortality." Does he remember the mortality of about 15 per cent. in an institution in this town for the establishment of which he is responsible? Mr. Tait writes as though abdominal sections were resorted to chiefly for the removal of pus. It has been observed here by myself and others that ovaries and tubes said to be diseased have after removal proved to be not only free from pus, but from any sign of disease sufficient to justify the operation.

I am, Sirs, yours faithfully,
Southampton, Sept. 28th, 1895. J. F. BULLAR.

"A RARE FORM OF SKIN DISEASE FOLLOWING THE EXTERNAL APPLICATION OF IODINE LINIMENT."

To the Editors of THE LANCET.

SIRS,—Perhaps you will permit me to draw attention to a few points in connexion with Dr. Dobie's interesting case published in THE LANCET of Sept. 28th. In 1890 I pointed out that many drugs and specific poisons had the power, when introduced into the system, of irritating any or all of the channels of excretion. In this way we get dermatitis, bronchitis, dyspepsia, diarrhoea, nephritis, and so on in connexion with gout, ptomaines, exanthems (such as scarlet fever), and various drugs. Iodine is one of the drugs that seems to be capable of inflaming any of the excretory outlets. Its excretion, when not carried out by the kidneys, gives rise to the interesting group of symptoms known as "iodism." It has, moreover, actually been detected in the pustules of some forms of iodine rash. For some years I have been on the look-out for iodism where there was distinct evidence of kidney inadequacy. In Dr. Dobie's case there were albuminuria and signs of advanced kidney disease. My suggestion is that the iodine was absorbed into the circulation by the skin, that it was not excreted by the usual channel, the kidney, and that the severe general subsequent dermatitis was due to an attempt of the skin to throw off the irritant iodine; that the rash was, in fact, caused by excretory irritation.

I am, Sirs, yours faithfully,
Pump-court, Temple, E.C., Sept. 28th, 1895. DAVID WALSH.

"THE FIFTH YEAR OF MEDICAL STUDY AND PUPILAGE."

To the Editors of THE LANCET.

SIRS,—With regard to devoting six months of the last year of pupilage in the practice of a general practitioner, alluded to in your most interesting leading article in THE LANCET of Sept. 28th, is there anything to prevent the pupil, after he has qualified, returning to the scene of his last days of pupilage, taking advantage of the six months' introduction he has had to the patients of the general practitioner, and commencing a practice on his own account?

I am, Sirs, yours truly,
Park-street, Windsor, Sept. 27th, 1895. W. B. HOLDERNESS.

"HOSPITAL ABUSE AT BRIGHTON."

To the Editors of THE LANCET.

SIRS,—The committee of management of the Sussex County Hospital have noticed with much concern a paragraph in THE LANCET of Sept. 21st, founded on a letter in a local newspaper, on alleged abuse of the charity by patients able to pay for medical attendance. Such a statement in the leading medical journal, if allowed to go

unquestioned, would be more than likely to act prejudicially to the interests of the hospital, and though the committee would have welcomed the opportunity of reply previous to this publication they now hasten to lay before the Editors the following facts, which they trust may receive their attention, and should such commend itself to them induce some favourable notice in the next issue of THE LANCET. Before proceeding further the committee would point out a misleading statement in the letter above alluded to. The writer states: "The patients are drawn from a population of 150,000," though he goes on to mention: "Some of the patients are from other parts of Sussex;" as a matter of fact the Sussex County Hospital is for "the sick and lame poor of all nations," and from the figures of the first six months of the current year it is shown that 35·8 per cent. of the in-, and 21 per cent. of the out-patients were derived from places quite outside the towns of Brighton and Hove. The possibility of such abuse has from time to time received anxious considerations by the managing governors, and last year a subcommittee endeavoured in the most painstaking way to elicit the actual state of affairs in respect to this matter. The correspondent, quoted in THE LANCET, gives as an instance of abuse a supposititious case of hospital treatment of a child of a workman in receipt of 35s. or £2 a week, and yet there may be circumstances—to wit, a large family, other home sicknesses, operations, special treatment or nursing required, &c.—which may make the case, not only deserving of such treatment, but one that no hospital could refuse. The subcommittee, wishing to start on some definite principle, primarily laid down a scale as to what should under ordinary circumstances constitute a claim for admittance—say, a weekly income of £1 or less for single men, £1 2s. 6d. for married men, and an extra 2s. 6d. each for every child not earning a livelihood. As the circumstances, &c., of in-patients can during their residence in hospital be looked into, and their numbers are comparatively smaller, the inquiry was confined to the out-patient department. Several weeks letters of recommendation were carefully scrutinised, those not fully filled in were sent back for further particulars, and in certain cases were referred to the honorary medical officers in charge of the cases for their opinions as to the nature of the complaints and their claim for hospital treatment. In addition to this, the subcommittee took 100 letters pertaining to out-patients from Brighton and Hove, and personal inquiries were made into these through the Charity Organisation Society, clergymen of their parishes, their own houses, and other channels as to the verity of particulars given, and the justice of giving gratuitous treatment. To enter into the very many other particulars of this inquiry would extend this letter to inordinate dimensions, and the committee of management, therefore, merely quote the final result as given in their last annual report: "A searching scrutiny was made this year by a subcommittee, which showed that 96 per cent. of the cases were entirely fit and proper subjects for gratuitous treatment, and though in the remaining 4 per cent. sufficient evidence could not be obtained, it was thought that even in these cases, were closer scrutiny possible, it might be shown that several could be received without any abuse of the charity." It may here be mentioned that in the early part of 1894 an urgent appeal accompanied the annual report, urging all subscribers to exercise a closer supervision over all letters of recommendation granted by them. Were this alleged abuse merely applicable to the charities quoted by the aforementioned writer of the letter, such would be of much greater weight, but it equally applies to all hospitals in the kingdom, and was prominently brought out as regards London in the inquiries made by the Lords' Committee. As regards the Sussex County Hospital, the facts herein narrated show how alive the managing governors are to check any such abuses, but the difficulty is very great, and the inquiries, both in reference to the patients themselves and the subscribers who recommend them, require delicacy and tact. Instead of dissolving the subcommittee at the end of the inquiry, it was considered that it would be politic and useful to keep it on in permanence for any further matters that might occur in reference to the same subject, and the committee can only say that if anyone will acquaint them with any case of abuse or suggest any practical remedies, such will receive their earnest attention and grateful thanks.

I am, Sirs, yours faithfully,
Brighton, Sept. 28th, 1895. W. H. ORTON, M.A., Secretary.

* * We are happy to give insertion to the above letter and are satisfied that the committee of the Sussex County Hospital

are anxious to restrict the use of that institution to fit cases. We agree that even with 40s. wage there may be elements of sickness or misfortune in a family entitling it to consideration, but these cases are rare; and we are still of opinion that the committee will best command the respect of their supporters by keeping a very strict eye on persons abounding in every community who take as a charity that for which they should pay.—ED. L.

"RETURN" CASES OF SCARLET FEVER.

To the Editors of THE LANCET.

SIRS,—In THE LANCET of June 22nd last you published an article by Dr. A. K. Chalmers in reference to the reappearance of scarlet fever in a household shortly after the return of one of the inmates from hospital. *Appropos* of this subject the following case will be interesting. A child returned home on Aug. 31st last, after a residence of nine weeks and three days in a scarlet fever hospital. The nightgown and one or two small articles were returned to the mother, with a form stating that the said things had been properly disinfected and were free from risk of causing infection. This was on Saturday. On the Monday a sister of the patient wore the nightgown that had been returned from the hospital two days before. On the Wednesday night, forty-eight hours later, she was seized with sickness. On Thursday morning I was called to see her. On Friday morning the rash had appeared. I certified it as scarlet fever, and the child was removed to the hospital, where she died. I am not aware of any scarlet fever cases at all close by; the child that had come back was quite free from desquamation; it was holiday time, so school had nothing to do with it. There remains only the possibility of infection through the nightgown brought from the hospital. *Post hoc* is not always *propter hoc*, but in this case there is no doubt whatever in my mind that that is how the disease was produced. There can be no question that disinfection is thoroughly and efficiently carried out. Whence, then, the failure? I venture to suggest that the air in and immediately around a fever hospital is so full of germs that drying linen becomes reinfected. If so, either all articles must be destroyed, or disinfected elsewhere than at the hospital, and must be returned direct to the patients' homes without being taken again to the hospital. This is the second occasion within a few months in which the return of one of my patients from hospital has been signalled by a second outbreak in the same house. In both cases the homes and infected articles were disinfected on the removal of the first patient, and remained free from suspicion until the return of that patient. The importance of this subject justifies wide discussion.

I am, Sirs, yours faithfully,
Herne Hill, S.E., Sept. 26th, 1895. E. PAGET THURSTAN, M.D.

"THE EFFECT OF THYROID EXTRACT IN MYXŒDEMA COMPLICATED BY ANGINA PECTORIS."

To the Editors of THE LANCET.

SIRS,—May I point out regarding Dr. H. C. L. Morris's interesting note in THE LANCET of Sept. 28th on the above subject that the pathology of his patient's case is probably neither difficult nor puzzling, and that there is no need to invoke the aid of the nervous system? For many years I have been pointing out¹ that the high blood pressure which is the cause of the angina is nearly always the result of excess of uric acid in the blood. I have also pointed out² that extract of thyroid gland is practically equivalent to uric acid as regards both its physiological and pathological effects. Given these two points, the pathology of this case is simple enough—the uric acid or similar xanthin compounds contained in the thyroid extract entered the blood, raised the pressure, and made the angina worse. But, as Dr. Morris points out, Professor Schäfer has recently shown that thyroid extract lowers blood pressure, and it is quite true that it shares this effect with uric acid and the whole of the xanthin group. But it is also true that this primary fall of blood pressure is followed later by an equally constant and fully equivalent rise, and it is during this secondary rise of blood

¹ Uric Acid, second edition, pp. 111 and 191.

² *Ibid.*, p. 72.