Correspondence.

"Audi alteram partem."

THE EPIDEMICS IN THE NORTH OF EUROPE.

To the Editor of THE LANCET.

SIR,—The accompanying account of post-mortem appearances observed by Dr. Kremiansky at the 1st Military Hospital of St. Petersburg during the past winter appearing to me to be of much interest in connexion with the epidemic of cerebro-spinal meningitis now prevailing in some parts of Prussia, I beg, at the request of its author, to submit it for publication in THE LANCET. The communication is a preliminary one only, hurriedly translated from the original Russian, and sent to me at the moment of my leaving St. Petersburg. I have therefore so far remodelled it in reference to style as appeared strictly necessary to fit it for publication in your valuable journal. It is not stated how many of the patients died of one or other of the forms of continued fever prevailing at the time, but an official return from the various hospitals for about the same period gives 1183 cases of typhus and relapsing fever, with 147 deaths, as occurring in the 1st Military Hospital.

I am, Sir, your obedient servant,

G. WHITLEY, M.D.

Warwick-street, Pall-mall East, May 15th, 1865.

Hæmorrhagic Inflammation of the Dura Mater (Pachy-Meningitis Hæmorrhagica Interna) during the present Epidemic of Typhus and Relapsing Fever at St. Petersburg.

Hæmorrhagic inflammation of the dura mater has been met with so often and in such an acute form in the post-mortem examinations made by me in the 1st Military Hospital of St. Petersburg during the past winter, that the affection must necessarily be looked upon as a real epidemical phenomenon. It first appeared in the autumn of 1864, and was nearly simultaneous with the increased intensity of the typhus epidemic, and also with the appearance of the relapsing fever. From the beginning of September to the middle of March I have found it in 49 cases after death. During the month of September I opened 114 bodies, of which 6 were affected with the disease; in October, 16 out of 100 were affected; in November, 8 out of 126; in December, 1 out of 98; in January, no case out of 110; in February, 9 out of 108; and up to the middle of March, 9 out of 64 sections. The hæmorrhagic inflammation of the dura mater was principally met with amongst persons who had died from typhus or relapsing fever. From the very first appearance of this morbid change I showed it to several of my colleagues, and soon after exhibited ten preparations to our academical professor of pathological anatomy, T. Illinsky. I was in no haste to publish my observations, being anxious first to study well this important and rare phenomenon; but hearing that the hæmorrhagic inflammation of the dura mater observed by me was not noticed in any of the other hospitals at St. Petersburg, I hasten to make my observations known, previously to bringing my further investigations to a final result. Another inducement to publish these observations is the circumstance that we have facts to prove that this form of inflammation is connected with intoxication, and even that the epidemic character of it arises from the abuse of spirits amongst the mass of the population. Notwithstanding the assertion that this morbid change has not been observed in the other hospitals of St. Petersburg, I can certify that it was met with by Professor Illinsky in the 2nd Military Hospital and in the Workmen's Hospital of St. Petersburg.

This inflammation of the dura mater presents, on section, the following characteristics:—The internal surface of the dura mater (on the top and sides of the hemispheres of the brain) is covered here and there with a thin layer of yellowish deposit, which is covered over with light reddish spots, more or less closely grouped together. These spots vary in size from that of a poppy-seed to that of a millet-seed or pea, and some were even larger. If this deposit is not thick, and the reddish spots are not large, as is generally the case in the first stages of this inflammation, the blood which pours out of the sinus of the dura mater on its section, and out of the vessels of the pia mater on the extraction of the brain, and flows upon the internal surface of the dura mater, so entirely obscures the above-mentioned deposit that it is with difficulty observable, unless its surface be carefully washed with water. When

washed, a deposit, which consists of tender, villous, dendroid, reddish excrescences swimming under the water, remains on the surface of the dura mater. Further, a turbidness and succulence is sometimes to be seen on the internal surface of the dura mater, which is often stretched, and gives on section a turbid serous fluid. In this fluid are found swimming blood-corpuscles and epithelial cells that have undergone fatty degeneration.

The principal part, however, in all this process belongs to the hæmorrhage which arises from the ruptured vessels of these tender, newly-formed textures, and which extends to an enormous quantity. When this hæmorrhage occurs, the internal surface of the dura mater is lined with a thick layer of coagulated blood and with the above-mentioned newly-formed textures. Without doubt, this extravasated blood may produce a fatal compression. When the hæmorrhage was not great, as was most frequently the case, an abundant serous exudation existed instead of the coagulated blood; but the exudation produces a similar compression of the brain.

There is little doubt that this collection of morbid lesions observed by me on the internal surface of the dura mater is the commencement or acute form of the hæmorrhagic inflammation of that membrane so well described by Virchow, and by which he explains the origin of the hæmatoma duræ matris internum and of the apoplexia intermeningealis.

From all the researches that I know to have been made as regards this form of inflammation of the dura mater in Germany, France, and England, it appears that the disease has almost always gone through a chronic process; that the chronic hæmorrhagic inflammation of the dura mater was almost always accompanied by more or less important cerebral symptoms, such as headache, vertigo, disorder of the intellect, attacks of apoplexy, and sudden death resulting from one of those attacks. Such, at least, is the opinion of Virchow, G. Weber, Schubert, Ogle, Brunet, Lancerot, and others on the subject. Although Lancerot affirms that this inflammation may be recognised during life by the above-mentioned symptoms, his own investigations show that the lesion was known principally after death only.

Having dissected about 1000 cadavera in the 1st Military Hospital from June, 1864, to the middle of March, 1865, and taken notes of the post-mortem appearances in them, I possess a rich store of materials to illustrate the character of the epidemic typhus and relapsing fevers, and also their mortality.

I will endeavour to publish my observations as soon as circumstances will permit me.

St. Petersburg, March 27th, 1865.

T. KREMIANSKY, M.D.

To the Editor of THE LANCET.

SIR,—In a letter which you did me the honour to publish in THE LANCET of May 20th, I showed that Dr. Tweedie's clinical observations of fever in 1829 were utterly inconsistent with certain remarks contained in his letter which appeared in THE LANCET of May 13th, 1865.

Your readers cannot fail to perceive for themselves that Dr. Tweedie's letter in THE LANCET of May 13th is, in several particulars, equally inconsistent with his letter in THE LANCET of May 27th. 1. In the former we are told that in the fevers of this country, although the brain is very often the part on which the intensity of the fever poison seems to fix, yet that on examination of this organ after death, with the exception of "occasional patches of lymph," the only appearances to be noted are "vascularity of the cerebral substance and sub-arachnoid and interventricular serous effusion," signs which every pathologist believes to be quite independent of inflammatory action. In the latter letter (not in the former, as Dr. Tweedie now states) we are told that "arachnitis" is "a not very uncommon lesion in the more severe cases" of typhus. 2. In the former letter Dr. Tweedie states that he has never met with "suppurative meningitis" as a lesion of genuine typhus in this country. In the latter letter he endorses his own observation and those of Dr. Southwood Smith made in 1829, to the effect that he has met with suppurative meningitis of the brain and spinal cord in typhus. 3. In the former letter he maintains that "suppurative meningitis," as distinguished from meningitis with exudation of plastic lymph, is "the prominent characteristic of the Dantzie disease." In the latter letter it is stated that the essential lesion of the Dantzie disease is "the effusion of plastic lymph or of pus.

Further, in his second letter Dr. Tweedie argues that epidemic cerebro-spinal meningitis is "*invariably*" characterized by "tetanoid symptoms, analogous to those of strychnine poisoning." Before he again commits this opinion to paper, it would be well for him to study the elaborate researches on the epidemics in question published by continental and American writers, or even the accounts of the present epidemic in Northern Germany, which have appeared in the French and German journals, because he will then find that he is entirely mistaken. Again, though Dr. Tweedie may never have seen tetanic symptoms in the typhus of this country, his experience, however extensive, entitles him to speak only for himself. Tetanic symptoms have been observed in typhus by many physicians whose accuracy of observation cannot for a moment be doubted.

Lastly, and this is the most important point, we have now Dr. Tweedie's authority for the extraordinary assertion that true arachnitis is a common lesion in severe cases of typhus. I do not agree with Dr. Tweedie. On the contrary, every modern pathologist, on whose opinion reliance can be placed, knows that *under ordinary circumstances* true arachnitis is the rarest possible lesion in typhus. But it is obvious that if dependence is to be placed on Dr. Tweedie's extensive experience, it goes farther than anything that Dr. Murchison has advanced to establish the close relation, if not identity, of typhus and epidemic cerebro-spinal meningitis. Moreover, if cerebro-spinal arachnitis be so common a lesion in typhus, as Dr. Tweedie would have us believe, it is difficult to understand on what ground it is maintained that tetanic spasms, which are common symptoms of arachnitis, may not often occur in typhus fever.

I have the honour to remain, Sir,

Your obedient servant,

A MEMBER OF THE PATHOLOGICAL SOCIETY.

London, May, 1865.

NAVAL MEDICAL SERVICE.

To the Editor of THE LANCET.

SIR,—Just now, while the subject of the "grievances" &c. of the Army Medical Department is receiving—deservedly so—such a share of attention both at home and abroad, I cannot refrain from making public the facts of a case which have recently come to my knowledge, for the benefit and guidance of any of my young medical friends who may contemplate entering upon a naval medical career.

Badly as army surgeons are treated by "the powers that be," I doubt if any one of them has had to complain of such insulting and intolerant treatment as is exemplified in the following case. The truth and accuracy of the details may be relied upon.

About a month ago a petty officer, belonging to one of her Majesty's ships lying in an East Indian port, was brought forward by the surgeon of his ship to be invalided to England in consequence of prolonged ill-health. An Invaliding Board, or "Board of Survey" as it is called in the navy, was ordered to assemble and decide upon his case. Unlike similar boards in the army, *executive* officers as well as medical sit as members. The board duly assembled, and consisted of six officers—viz., three executive (one post-captain and two commanders) and three medical (two surgeons and one assistant-surgeon).

The result of the deliberations of the board was that the members were equally divided in opinion. Two executives and one medical recommended that the man should be detained for further treatment; and, on the other hand, two medical and one executive were of opinion that the man should be sent to England without delay for change of climate.

Will it be credited when I state that the opinions of the executives were allowed to outweigh those of the medical, and the unfortunate man has actually been detained in this grilling climate for further treatment?

The result of this Board of Survey most clearly proves that such boards in the navy are a farce, or something worse; and the publication of the facts must open the eyes of many at home to the very unenviable position a medical man must occupy who has tamely to submit to such shameful treatment, and whose opinion, on a *purely medical* question, is considered quite secondary to that of a post-captain.

In such a service I am now quite prepared to hear of the "officer commanding," in his visit to the "sick bay," directing the surgeon to put up a fracture according to some plan of his own, or administering a wiggling that the medical officer dared

to persevere with the use of calomel when he considered tartar emetic more needed!

From the result of this board it will at once be seen how unnecessary and *inconvenient* it would have been had a president sat with a casting vote.

In conclusion, I say, Pause, young medical aspirants, before you enter a service in which such things can come to pass.

I am, Sir, your obedient servant,

India, April, 1865.

A SURGEON IN THE EAST.

SMALL-POX *VERSUS* INSANITY.

To the Editor of THE LANCET.

SIR,—A direct reply to my letter of the 6th ult. appeared in your journal of last week. Before I asked publicly the question, I had asked privately several medical men who were unable to answer it. I will read Dr. Prichard's work when I have a little leisure, and thank Dr. Davey much for the information he has so kindly given. In the meanwhile I do not deem it at all necessary to make any further remark, more than to say that the object of the letter was, first to obtain "truth," secondly to say how pitting might be prevented, and thirdly to invite a discussion, and so produce a permanent good, by giving me an opportunity to suggest that there be appointed a lecturer on insanity in every medical school in London, and that examiners on insanity should constitute a portion of every examining board in medicine throughout the United Kingdom. I hope you will think favourably of this.

I am, Sir, your obedient servant,

May 30th, 1865.

C. BROOM, M.R.C.S.

To the Editor of THE LANCET.

SIR,—Your impression of May 6th contains a letter from Mr. Broom, headed "Small-pox *versus* Insanity." May I ask you to find room for a few remarks on this subject.

Small-pox first broke out in the asylum at Northampton on the 19th of December of last year, and between then and the 21st of January we had fifteen cases, all, excepting one, of a very modified character. Four cases, however, occurring in the week ending January 21st, and one being confluent, I deemed still further isolation even than had already been resorted to, necessary, and, with the valuable aid of Mr. Godfrey, who acts as architect to the asylum, we built in four days a temporary hospital on the farm for thirty beds, to which all the small-pox cases were removed. This measure quite arrested the spread of the malady. But entirely to cut off the institution from risk of contagion, the committee deemed it advisable that a special medical man should be appointed solely to visit this hospital. It was for this duty that Mr. Broom, exactly one week after the last case had occurred, was invited from London.

My reason for giving you this long account is to show that Mr. Broom could scarcely have seen the patients in the acute stage of the epidemic, and that had his experience of insanity extended over more than one month's attendance on a dozen chronic cases, he would have known that, in patients whose mental alienation chiefly characterized itself by noisy excitability and restlessness, any acute febrile attack attended or followed by debility will often quiet them, in much the same manner, I apprehend, as three grains of antimony will, but that as soon as the lowering effect of the *materies morbi* has passed off they are as noisy, excitable, and restless as ever. I watched very closely to find if delusions were ever lessened by the disease, but I never satisfied myself that they were.

As regards the prevention of pitting, when Mr. Broom came to Northampton, I told him that I had been using olive oil, and he continued its use. As he very truly says, it certainly has a soothing effect and cools the parts; but as to any power of preventing pitting, I doubt it. There was but one patient with confluent small-pox, and olive oil in his case has certainly not removed "blemishes which might have been prevented had only the means been applied."

I am, Sir, your obedient servant,

S. W. D. WILLIAMS, M.D., L.R.C.P.L.,

Acting Physician-Superintendent.

General Lunatic Asylum, Northampton, May, 1865.

LONDON HOSPITAL.—At a recent meeting of the governors, Dr. Head and Dr. Palfrey were admitted as candidates for the vacant office of Obstetric Physician. Dr. Palfrey having intimated his intention to retire, a meeting will be held on the 7th inst. for the election of Dr. Head.