service. It has been raised from 12s. to 20s. per diem, and is a boon that the officers of the department have regarded as a *summum bonum* for the last twenty years or more. If "Y." can point to an equally good retirement in any other department of the army I am much mistaken.

It is not easy to reason with mere assertion, and "Y.'s" statement that retired medical officers will still be subject to Whitehall-yard, will be restricted to residence in these islands and debarred from the privilege of commuting their half-pay, I can only meet by asking him to be so good as to quote his authority for it.

It is true officers who retire before the age of fifty-five are liable, till they reach that age, to be called on to serve in cases of national emergency. It is possible that is what "Y." considers being "still subject to Whitehall-yard." If it is, I can only say I know no medical officer who would, under such circumstances, act with less loyalty and patriotism than was shown by the rank and file of the reserve forces in 1878. For the residence restricted and the commutation debarred I am not able to find any clause in the Warrant, and until some authority is given I must regard the statement as without foundation.

Sick leave, "Y." says, has been *nominally* extended, but he adds, "a medical officer cannot claim the privilege on the decision of the Medical Board." Neither can any other officer. Medical Boards have only the power to recommend that leave be granted. The Commander-in-Chief grants the leave. Before November 27th, 1879, Medical Boards could not recommend more than six months' leave for medical officers; but clause 44 of the Warrant expressly states that, on the recommendation of the Director-General, such sick leave may be extended for a second period of six months on full pay. Such an act of justice was beyond the power of the authorities prior to the appearance of the Warrant.

"Y." asserts that exchanges were allowed before the date of the Warrant, and here again he compels me to point out to him an inaccuracy. It is notorious in the department that exchanges have not been permitted for some time past, save under exceptional circumstances, and clause 33 of the Warrant specially provides for their sanction in the future.

"Y." is singularly fortunate in having been so well acquainted with the terms of Indian service that qualify for promotion to the administrative ranks before the Warrant made them officially known. Clause 21 of the Warrant is the first official intimation the Department has received on the subject as far as I am aware.

"Y." affirms that soldier servants were allowed prior to the Warrant. Were they? How? When? Where? The conditions of service in the Army Hospital Corps distinctly forbade the employment of the men as officers' servants, and if a medical officer could not obtain a servant from his own corps, I know not how he could get one from another. It has happened several times within my knowledge that medical officers have endeavoured to get servants and have failed. Clause 10 of the instructions by the Secretary of State on the Warrant grants medical officers the option of employing soldier servants from the Army Hospital Corps, or drawing the allowance if they prefer to do so.

That, I think, is the last of "Y.'s" criticisms that concerns me, saving those he passes on the quotations I ventured to make. While I regret that "Y." fails to see their application, I cannot take up your space in explaining them to him; but it is unfortunate he should have troubled himself about them, since he confesses his inability to apply them.

I am, Sir, your obedient servant,

Jan. 12th, 1880.

VERAX.

NAVAL MEDICAL DEPARTMENT.

To the Editor of THE LANCET.

SIR,—Now that important concessions have been granted to the Army Medical Service, to rescue it from the lamentable condition into which it had fallen, it is time something were done for the Naval Medical Service, which is fast drifting into the same state.

The conditions of life are so much more irksome and disagreeable on board ship than they are on shore, that, to obtain men of equal abilities, a higher rate of pay and better retirement must be given to the naval man than to his brother officer in the army.

One great cause which has prevented men from coming into the navy has been the want of faith shown by the

Admiralty in not carrying out the promises given in their Circulars from time to time. Admiralty Circular dated the 7th of October, 1875, and headed "for information of candidates," states, in Paragraph 2: "Fleet Surgeons rank with Commanders according to date of commission"; and, again, in Paragraph 7: "Medical officers have cabins according to their relative rank in the service."

Now, this Circular, issued in 1875, has never been put in force. After four or five of the best cabins have been selected and marked for certain officers, the medical officers have then their choice, according to seniority. In H.M.S. *Euryalus*, the flagship on the East Indian station, the commander, paymaster, navigating officer, chaplain, bandmaster, and captain's steward have cabins on the main deck, whilst the old, white-headed fleet surgeon, who is years senior to all the officers mentioned, is delegated to a cabin on the lower deck, where the scuttle can never be taken out at sea, and where it is impossible for a man advanced in years to live without serious injury to his health.

Two fleet surgeons have already been invalided from that ship in eighteen months, and it is stated that the third, who has just gone out, is not likely to last long.

The same conditions as to cabins obtain in several other ships, such as the *Boadicea*, *Bacchante*, *Pallas*, *Hercules*, and many more, where the paymaster, navigating officer, and chaplain, if of only one day's standing, get cabins before the fleet surgeon, no matter how many years seniority he may have.

It is now time that something was done about this question, the above-mentioned Circular, as it now stands, being simply an attempt to lure under false pretences young medical men into the naval service.

Your obedient servant,

January 14th, 1880.

ARGOSY.

BIGELOW'S OPERATION.

To the Editor of THE LANCET.

SIR,—I should be obliged if you would allow me to supply an omission, for which I owe an apology to Sir Henry Thompson.

In a clinical lecture published in THE LANCET of January 10th, I enumerated, as I imagined, all instances that had been recorded of the performance of Bigelow's operation by English surgeons.

The largest group of cases—namely, thirteen—by Sir Henry Thompson escaped my notice; they were published in the *British Medical Journal* for August 2nd, and they form part of the collection of thirty-one cases referred to by Sir Henry in last week's LANCET. I regret that I should have omitted to mention these cases, but it was due to my absence from this country at the time they appeared.

I am, Sir, yours, &c.,

Stratford-place, W., Jan. 19th, 1880.

THOMAS SMITH.

"THE SUNNY SOUTH."

To the Editor of THE LANCET.

SIR,—Your article in THE LANCET of the 29th of December, on the so-called "Sunny South," would lead those at home to think we were having an exceptionally severe winter, whilst, on the contrary, we have had up to this, with the exception of one or two days, the most beautiful weather I have ever known. Neither lemons nor oranges have been injured here; and, as an instance of the mildness of the climate, I may mention that two weeks ago peas in full blossom were to be seen in an open field in the East Bay. It is quite true that the Princess of Monaco was interred during a snowstorm, but then it was of very short duration, the snow disappearing almost as soon as it fell, and differing in this respect from many of the other health resorts on the Riviera.

During the month of December we have had twenty-six bright sunny days, two on which rain fell, one snow and two cloudy; on only two nights did the thermometer go below freezing point, and then only one or two degrees. The mean daily temperature has been 46·3° Fahr.; maximum in shade 59°; minimum 30°.

The six days of the new year have been very beautiful; and indeed, looking back on the past three months, I do not think we have had six days on which the greatest invalid

could not have sat with pleasure and advantage basking in the sun in the beautiful gardens of the Casino here.

I am, Sir, faithfully yours,

Monte-Carlo, Jan. 7th, 1880.

T. HENRY PICKERING.

AN ITALIAN SCOURGE.

(From a Correspondent.)

NINETY-SEVEN thousand Italians (so I gather from the Report lately issued by the Minister of Commerce and Agriculture) are at this moment dying of pellagra. About one-half of the provinces of Italy are desolated by this scourge. The number of the victims represents 3·62 per 1000 of the total population of the Peninsula, or 0·21 per 1000 more than the worst cholera epidemic that ever swept over France. If we restrict our consideration to the infected regions only, the proportion becomes still more terrible, and oscillates between a maximum of 11·76 per 1000 in Lombardy, 11·08 per 1000 in Venetia, and a minimum of 0·09 per 1000 in Latium. In France, in the cholera visitation of 1834-35, the proportion in the infected departments only was 10·42 per 1000 of the population for the sick, and 4·73 per 1000 for the dead.

From the Mantuan Commission appointed to inquire into the subject I gather that pellagra, considered *per se*, is so extended and so manifold in its symptoms as to appear—so far as its external phenomena are concerned—a general malady of the organism. Its developments are principally found on the skin, the mucous membrane of the mouth and the entire alimentary canal, in the muscular system, and in the nervous system in its threefold sensory, motor, and psychical relations. For the most part its victims betray the first inroads of the disease by stupefaction, giddiness with a sense of traction from behind, and a general enfeeblement of the organism. On the approach of spring the parts of the skin most exposed to the sun, the backs of the hands and feet, the face, the neck, and the median part of the chest at the parting of the shirt, show an erythematous discolouration, with desquamation of the cuticle, and more rarely, in the severer cases, rough nodosities, vesicles, and puckering. Corresponding characteristic alterations manifest themselves later in the mucous membrane of the lips, the mouth, and the fauces, and then there supervenes a profuse, obstinate, exhausting diarrhoea. The patient, becoming always feebler, is no longer fit for the slightest exertion; he totters rather than walks, with knees semiflexed and curved, till finally he falls forwards and lies with his mouth in the dust. The skin of the entire body becomes of an earthy colour and hangs in loose folds, the muscles are attenuated, and the whole person becomes lean or emaciated, if indeed he does not rather acquire a tumefaction, down-dragging and semi-transparent, from the infiltration of the subcutaneous tissue with serosity. The *pellagrosi* complain for the most part of a pain as if from confusion on the head and spine, which often radiates in zones around the abdomen and is prolonged to the thighs; of a formication and sense of heat at the extremities, and of an internal tremor often visible in the hands and tongue. They have often a burning sensation in the stomach, ascending the œsophagus; while not unfrequently there is laboured breathing which sometimes approaches absolute apnoea. The sight becomes clouded, the hearing first troubled with rumbling noises and then blunted. The heart's impulse gets weaker and diminished in bulk as the organ sometimes shrinks along with the other muscles; the radial pulse is feeble and generally rapid, with venous stasis indicated by the diffused leaden colour, mottled with sporadic sanguineous blotches, sometimes small sometimes large, on the skin and mucous membrane. In many cases of pellagra, sometimes from the beginning, occasionally later in the progress of the disease, there is mental alienation, which may break out in sudden paroxysms and assume every form, from laughing and loquacious maniacal exaltation to the gloomiest and fiercest melancholy, with suicidal, incendiary, and homicidal tendencies. More often, however, it begins with hebetude or slowing of the intelligence, and a prostrate apathy of mind which becomes true lypemania with stupor, and betrays itself in delirious words and deeds, in fear of persecution and in hopeless despair.

Pellagra runs, usually, a slow course, lasting for years, during which it betrays itself in attacks which may continue for months, and which occur most often in spring and summer, less frequently in winter, and still less so in autumn, and which recur always at the same season in successive years, with graver and more extended virulence. Like every other malady, pellagra renders the system more liable than it would otherwise be to noxious influences; and so it frequently happens that in its progress other common maladies supervene, especially those of the respiratory organs. It is computed that in more than one half of the cases of death among the pellagrous, intercurrent disease of the lungs is the proximate cause. But, independently of that, there are cases of pellagra in which it assumes an acute form, either from its commencement or in a more or less advanced state of its chronic course. The malady then takes in some measure the aspect of typhoid (*tifo-pellagroso*), and is generally fatal. In these cases, as in those of a persistently slow course, death most often happens from an intractable diarrhoea, which has exhausted the patient.

The grand cause of this frightful malady is the exclusive consumption, as food, of maize generally in a deteriorated condition, while minor or concurrent causes are the excessive labour to which the Italian rustic is subjected, and the unhealthiness of the hovel in which he lives. "Bad alimentation, bad lodging, excessive work,"—it is to these that with monotonous persistency the sanitary returns attribute the epidemic. The remedy belongs, therefore, to the State rather than to medicine, and obviously consists in so improving the material condition of the Italian labourer as to enable him to earn more and to live better, as regards food, dwelling, and occupation. According to the suggestions of the Commission, his wages can only be heightened by diminishing competition, and competition is to be diminished by encouraging emigration. Having thus reduced the number and enhanced the earnings of the labourers, the Government should next make it compulsory on their employers to provide salubrious houses for them. Under these conditions of better fare and superior home-comforts pellagra would be reduced to the proportions of a sporadic and occasional skin disease, which the physician could treat with some prospect of success. Till they are provided, however, the scourge will prevail unchecked, and the malady remain an opprobrium, not of the healing art, but rather of the State.

Obituary.

WILLIAM BUDD, M.D.

DR. WILLIAM BUDD was born at North Tawton, in Devonshire, in 1811; his father was a medical practitioner of high repute, and he himself was one of a distinguished family of nine sons, seven of whom entered the medical profession. It is worthy of note that five members of this family were Wranglers.

During the period of his medical education Dr. Budd spent four years in Paris, at the Collège de France and the Ecole de Médecine, and also studied in London and Edinburgh, and in 1838 he obtained his degree at the University of Edinburgh, carrying off the gold medal for his essay on Rheumatic Fever. After this he was appointed physician to the *Dreadnought*, and about this time published in the Medico-Chirurgical Transactions a paper on the Symmetry of Disease, which attracted considerable notice. Soon after coming to Bristol he was appointed physician to St. Peter's Hospital, and in 1847 obtained the post of physician to the Bristol Royal Infirmary, which he held till 1862, when he was made consulting physician to that institution. For some years he occupied the chair of Medicine at the Bristol Medical School. In 1870 he was made a Fellow of the Royal Society. At length his incessant activity of body and mind began to tell upon him, and about seven years ago he was forced to retire from professional life. The rest which he thus obtained, however, did not restore him to health, and gradually increasing weakness resulted in his death at Clevedon, on the 9th inst., in his seventieth year.

After settling in Bristol, Dr. Budd speedily obtained a large practice and a very wide reputation as a consulting