

tudinally, in more serious cases scorbutic symptoms manifested themselves. The glossal epithelium desquamated in patches, leaving the denuded surfaces of a red colour, and the fungiform papillæ about the apex became enlarged and prominent. The gums were swollen, and difficulty in mastication was complained of. Catarrh occasionally coexisted, and arose from the unavoidable exposure incidental to camp life.

The health of the patients rapidly improved, and no more cases of a scorbutic nature occurred after the addition of meat and vegetables to the previous ration.

I have observed cases presenting precisely similar appearances to those described by Dr. Hunter in the Andamans, and in Brahmin sepoys suffering from malarial cachexia, who limit themselves strictly to an exclusive grain diet.

In conclusion, Sir, I question the utility of applying a novel and what may be considered an inaccurate term (hyperæmia and not erythema existing) to what is but a prominent local symptom of a constitutional dyscrasia.

I remain, Sir, your obedient servant,

WM. A. LEE,

Surgeon, I.M.D., in Medical Charge Queen's Own  
Madras Sappers and Miners.

Cyprus, September 10th, 1878.

### ON DIPHTHERIA FROM A PREVENTIVE-MEDICINE POINT OF VIEW.

To the Editor of THE LANCET.

SIR,—When I directed your attention to the errors in the statistical basis of Dr. Thursfield's paper on diphtheria, I was inclined to believe that they were not his own, but that the most serious of them, at any rate, had arisen through the ignorance of some person commissioned to compile the tables from the Registrar-General's reports. His letter and lame defence, in your issue of the 31st August, shows that I am mistaken. The assumption that the population of certain counties has been "practically stationary" since 1871, in the face of the fact that in the ten preceding years it had been steadily increasing, is an error quite secondary in importance to the other as to the classification of the fevers. Yet I cannot but notice the specious character of the defence, which is this—"the period of eight years to which the statistics refer consists of parts of two decades." The fact is, Dr. Thursfield's series of eight years has *one year* in the one decade and *seven* in the other. The practical result of taking the population of 1871 as the average of those eight years is, in a series of eight numbers increasing in a constant ratio, to take the second as the mean.

But the other count of my indictment is of supreme importance. It was that the tables published by Dr. Thursfield as "Deaths from enteric (typhoid) fever" really comprise deaths from *all forms of continued fever*, and are derived from tables given by Dr. Farr in his annual appendices to the Registrar-General's reports. I never said they were taken from the report for 1876, but I copied the titles of those tables from it, as it happened to be at hand, and Dr. Thursfield, observing the year specified in the title, jumps at the opportunity of apparently putting me in the wrong, as it seems his paper was written before the 1876 report appeared. Still further to increase the impression of my inaccuracy, he says, "To a considerable extent the statistics were necessarily taken from the quarterly returns, and not, as stated by Dr. Russell, from the tables referred to by him in the annual report for 1876." Now those tables are to be found in the report for 1875, so that for only two out of eight years was it "necessary" for Dr. Thursfield to resort to the defective figures of the quarterly returns. It is, however, quite possible that he was not aware of the existence of such tables in the annual reports. But, after all, what does it matter whence Dr. Thursfield gathered those figures, when it is the fact that, wherever obtained, they represent, not "enteric fever," as he entitles them, but "fever," and are so designated by the Registrar-General in all his reports? Your readers have at least a right to protest against this change of designation. As Dr. Thursfield says, "statistics are one thing, and their interpretation is another." I am anxious that your readers should know what his statistics are, being satisfied that thereafter his interpretation of them will count for very little. He grandly adds, "I prefer statistics to analogy" (i. e., the analogy of Scotland), but most people will choose to be guided by a correct analogy

rather than by erroneous statistics; and until the English Registrar-General provides additional data, there can be no other statistics obtained regarding the comparative prevalence of the fevers in the large towns of England. Dr. Thursfield's position in relation to this cardinal doctrine of "preventive medicine"—the distinction of the fevers—is hard to determine. In Table 1, in his paper, there is a column headed "Deaths from fever," which is correctly copied from the Registrar-General, yet in the text he refers to it as showing the annual mortality from "typhoid fever." As we have seen in the other tables, he both entitles and refers to figures as composing deaths from enteric fever only, when they really include *all fevers*. In his letter he seems to plead that because in all his statistics as to the various localities "the same classes of disease" are included, therefore "the figures are absolutely correct." Yet in one part of his paper he states: "As typhus fever in its incidence and endemic form is connected with dirt and overcrowding, as in the same way enteric fever is connected with sewer-gas, so diphtheria in its incidence and endemic prevalence is specially connected with dampness of habitations"! It is impossible to reconcile Dr. Thursfield's etiological creed with his statistical practice. There is, on his own showing, exactly the same reason for classifying the two forms of fever apart as for separating diphtheria from either.

About the same time when your contributor was expounding those misleading tables before the Birmingham and Midland Association of Medical Officers of Health, Mr. Netten Radcliffe was lecturing at the Royal Naval College on "Sanitary Fundamentals." With your permission I shall conclude with a sentence from these lectures. "What is true of typhus and typhoid is true of all diseases which have been shown to be influenced by sanitary measures; and the supreme merit of the discrimination of typhoid from typhus in relation to hygiene was the clear and decisive proof then furnished that a true sanitary method must rest upon the discrimination of diseases; or, in other words, that the fundamental principle of true sanitary method was the discrimination of disease."

I am, Sir, your obedient servant,

JAS. B. RUSSELL,

Sanitary Department, Montrose-street, Glasgow,  
Sept. 6th, 1878.

### INDIAN BAEL.

To the Editor of THE LANCET.

SIR,—In reference to your notice of the observations of Sir Joseph Fayrer on Indian bael, permit me to add my testimony to its value, and to direct attention to its importance in the treatment of infantile intestinal mucous affections. My experience of it has been very considerable. Having observed the good results following its administration in the adult, it occurred to me, when I joined the staff of the Edinburgh Sick Children's Hospital in 1863, that it would be a good remedy in the catarrhal diarrhœas of children. In the chronic form of this affection I found it valuable, and in those cases which assumed the dysenteric character especially so. I give it sometimes alone, and in others in combination with sulphuric acid. In cases in which much irritability of the mucous membrane or prolapsus of the bowel is present, the addition of bismuth at the same time is advisable.

The preparation I have generally used is the liquid extract, prepared by Messrs. Gardner and Ainslie of this city. I have found it quite reliable. The chief objection to the liquid extract is the expense. The cause of the high price (eightpence per ounce retail) is, I am informed, the small demand for it. The proportion of rectified spirit in the Pharmacopœia preparation is not sufficient; a slight addition better preserves the extract. It should be more largely used in the catarrhal and dysenteric diarrhœas of infancy and childhood.

Yours truly,

Edinburgh, Sept. 18th, 1878.

R. PEEL RITCHIE, M.D.

### PHYSICIANS' FEES.

To the Editor of THE LANCET.

SIR,—Dr. Jeaffreson, in your last issue, asks the help of the "general practitioners" to improve the remuneration of the London consultants. Already the "general practitioners" are the best friends of their London brethren,