

they, having the run of all the London hospitals, will be in a much better position to suit you at the same cost. So one more link with the past will have been broken. I cannot do better than sign myself with the old hospital motto,

I am, Sirs, yours truly,
"DARE QUAM ACCIPERE."

Feb. 11th, 1894.

THE FUNCTION OF THE MEDICAL OFFICER OF HEALTH.

To the Editors of THE LANCET.

SIRS,—I enclose a letter which the clerk of the Garstang rural sanitary authority has just received from the Local Government Board in reply to a complaint of mine about the conduct of the medical officer of health in visiting and examining my private patients without my knowledge or consent, or without asking the consent of the patient or his friends. The medical officer of health declined to refer the proceeding to your decision or to that of any medico-ethical association, but claimed compulsory powers to examine all cases under the Public Health Act. The decision is the clearest and most definite the Local Government Board have yet given on the subject, and no doubt you will bring it before your readers and make some observations on it, as there is a good deal of doubt as to the duties of the medical officer of health in such cases.

I am, Sirs, yours truly,

Garstang, Feb. 11th, 1894. J. J. GORHAM, M.A., M.D.

Local Government Board,

Whitehall, S.W., Feb. 2nd, 1894.

SIR,—I am directed by the Local Government Board to advert to your letter of Dec. 28th last with reference to the representations which have been made by Dr. Gorham of Garstang as to the action of the medical officer of health for the Garstang rural sanitary district in visiting certain of his patients. As regards the general question of the medical officer of health's duties in connexion with cases of infectious disease I am to state that the Infectious Disease (Notification) Act, 1889, makes no difference in those duties, but merely extends his information as to the existence of cases of infectious disease. His duties as regards such cases are prescribed by Article 18 (6) of the Board's Order of March 23rd, 1891, of which a copy is enclosed.

It appears to the Board to be undesirable that the medical officer of health should in general undertake a personal diagnosis of the notified cases in order to test the accuracy of the certificates. In some cases, as where there is reason to doubt the good faith of the certifier or where the disease is one which in itself is or, owing to the attendant circumstances, threatens exceptional danger to the community, it may be desirable that the medical officer should make a personal diagnosis, but it must be remembered that this can only be done with the consent of the patient or those having charge of the patient, and that the medical practitioner in charge of the case should always be communicated with and his cooperation secured if possible.

I am, Sir, your obedient servant,

(Signed) ALFRED J. ADRIAN, Assistant Secretary.

J. Noble, Esq., Clerk to the Rural Sanitary Authority of the Garstang Union.

"THE CONDITION OF CHRIST'S HOSPITAL."

To the Editors of THE LANCET.

SIRS,—As the note in THE LANCET of to-day on the question of the "Condition of Christ's Hospital" evidently arises from a wrong conception of the scheme suggested by the Council of Almoners to the Commissioners of Sewers (for which scheme I am in a great measure responsible), and also suggests that it may be a "tinkering process," may I simply state the following facts:—1. That the specifications and plans submitted to the Commissioners are for a thorough reconstruction of the entire drainage system with new pipes and fittings throughout, proper manholes, and efficient ventilation of all the drains, as also absolute disconnexion from the street sewers, together with a reconstruction of all the water-closets and their approaches. 2. That the plans and specifications first sent in were subsequently submitted to the opinion of the well-known sanitary expert, Dr. Louis Parkes, lecturer on hygiene at St. George's Hospital. 3. That Dr. L. Parkes suggested certain improvements and wrote an additional report, which has been forwarded to the Commissioners of Sewers, and has given his written opinion to the council of Christ's Hospital that if the works suggested by us, and modified as he desires be carried out they will fully satisfy all the sanitary requirements and also comply with the notice under the Public Health Act served on Christ's Hospital by the Commissioners of Sewers. In my very responsible position here, and with a thorough knowledge of the existing defects in our sanitary system, it is hardly likely that I should give my unqualified approval to any half-measures; and the readers of THE LANCET and the public generally may rest

satisfied that no "tinkering processes," "by which risks to the health and life of the Bluecoat boys would be run," have ever been suggested by—Yours faithfully,

H. ALDER-SMITH, F.R.C.S., M.B.Lond.,

Medical Officer to Christ's Hospital since 1870.

Upper Wimpole-street, W., Feb. 10th, 1894.

* * We are very glad to receive the disclaimer of any intent upon the part of the hospital authorities to sanction half-measures, but our note was not intended to contain the reflection that has been seen in it.—ED. L.

"EXPERIMENTAL DEGENERATION OF THE PYRAMIDAL TRACT."

To the Editors of THE LANCET.

SIRS,—In reference to the letter from Professor Horsley in the last issue of THE LANCET, I beg leave to state that when I recommenced the observations to which he refers I was unaware that anyone in Professor Horsley's laboratory or elsewhere had undertaken similar work, or was thinking of so doing. In October last Professor Boyce, on my meeting him at the Physiological Society, asked me whether I was working at the subject in question, and received from me a perfectly open reply about my work; it was at that time, and from Professor Boyce, that I first learned that work of a kindred scope was going on in Professor Horsley's laboratory. My own work had then been in progress several months. I felt surprised that Professor Horsley should not have mentioned the matter to me, but I supposed that he would do so prior to publishing the work. In the middle of the fourth week of January last Professor Boyce paid a visit to my laboratory on a different matter, but while there he told me that the work in question would appear that week. I again thought I should hear from Professor Horsley at once, and, not hearing, towards the end of that week I wrote the statement of my results, which appeared in THE LANCET of Feb. 3rd. As to Professor Horsley's assertion that I had told him some time ago that I had abandoned the work I have no recollection of having made that statement. It is true that, as is clear in my original note, I had given it up at one time, a time when there was in my experience no sufficiently sure method of tracing the degeneration; but on the introduction of the more suitable method it was only natural that I should open investigation by aid of it. It is on no account to be inferred from the above that I admit for one moment that Professor Horsley has any exclusive right to this research. As for his claim to its initiation, it is true that some years ago he addressed to me a letter on the subject, for which, perhaps, he can remember I wrote and thanked him at the time; but the problem had already been the subject of experiment altogether prior to his writing to me on the point. Professor Horsley has brought into the issue between himself and me the name of Professor Boyce. I have myself in consequence been obliged in this letter to make use of Professor Boyce's name. I wish at once to assure him that I should have scrupulously avoided such reference had it been possible.

I remain, Sirs, yours faithfully,

Feb. 13th, 1894.

C. S. SHERRINGTON.

GENERAL PRACTICE, THE CLUB, AND THE HOSPITAL.

To the Editors of THE LANCET.

SIRS,—We all know that hospitals are abused and in some cases very much abused, but the assumption that the general practitioner is the chief sufferer from this abuse does not seem to be altogether justified. In the case of special hospitals it is the medical staff who suffer by giving advice to people who are able to pay for it and who would pay for it if they found that the advice could only be obtained in that way. In the case of the special hospitals it is not a question between the hospital and the general practitioner, but merely whether the patient is to go to the hospital or to pay properly for the advice of the surgeon. Possibly the general practitioner has more to complain of in the case of the general hospitals, but there is a set-off in regard to whatever loss he may sustain through hospitals of any kind in the fact that the vast majority of patients who attend hospitals are persons belonging to clubs. The hospitals, therefore, do a large part of the work which the general practitioner is paid for, and

which, in their absence, he would be called upon to do in fulfilment of his contract with the club.

It would be easy to ascertain the number of club members attending a hospital, to calculate the amount of work saved to the club practitioner, and to strike a balance between the certain gain, and possibly loss, he may incur by hospital work. While this investigation is in progress the club practitioner might well turn his attention to the abuses of the club system, for which he is responsible, and from which he loses incalculably more than by all the abuse of all the hospitals together. In this neighbourhood considerably more than one-third of the population obtain their medical advice and medicine for the contract sum of a penny a week or less, and every medical man is perfectly well aware that the system is scandalously abused and that there are very numerous instances of thoroughly well-to-do people taking advantage of these clubs. Again, we all know that during the last twenty-five years wages have greatly increased; still the club payments remain the same and have not increased within the memory of living man. Let the club practitioners raise their charge, if only by a halfpenny a week, and there will be an enormous increase of professional income without any hardship to the poor; and let well-to-do persons be informed that they can no longer be treated by charity. The present pressure of work on club practitioners is so great that they cannot in many instances do it properly—a fact which may have some influence on the number of persons attending the hospitals. We must unite and work for the common interest, then the club system will easily be improved.—I am, Sirs, yours truly,

Southampton, Feb. 10th, 1894.

J. F. BULLAR.

"LIGATURE OF THE INTERNAL ILIAC ARTERY."

To the Editors of THE LANCET.

SIRS,—In the last issue of THE LANCET, in an annotation under the above heading, the case operated on by Mr. Pitts is mentioned as the *first* case of the "transperitoneal" or "diaperitoneal" method. I wish to point out that Mr. Treves had a case in 1889, and I have recorded another successful case last year by the intra-peritoneal plan, and there may be others. These patients were relieved, not cured. Mr. Treves' patient lived a year. The last account of my own leads me to believe that the pulsating tumour for which the operation was performed is growing again. The ligation operations may give immense relief, but are not adequate for the cure of malignant growths unsuitable for removal, though possibly the removal might be attempted after ligation. The difficulty of the operation is to avoid the large and swollen vein. It will be interesting to learn the facts and sequel of Mr. Pitts' case.—I am, Sirs, yours truly,

Feb. 13th, 1894.

GEORGE WHERRY.

"DRUGGISTS' PRESCRIBING."

To the Editors of THE LANCET.

SIRS,—“W. M.” in his letter says there is no law to prevent druggists prescribing for patients. This is not correct. The Apothecaries Act, by its 20th section, imposes a penalty of £20 on persons so offending. Mr. Justice Cresswell's observations in the case of the Apothecaries' Company v. Lolinger are much to the point. “But a chemist,” says the judge, “is one who sells medicines which are asked for; whereas if you believe the evidence the present defendant himself selected the medicines and determined on which he ought to give.”

I am, Sirs, yours faithfully,

Feb. 5th, 1894.

M.R.C.S.

BIRMINGHAM.

(FROM OUR OWN CORRESPONDENT.)

Is Vaccination of an Infant an Assault?

WHAT has been aptly described as “a storm in a tea-cup” has just been settled in the County Court. A boy in the workhouse was revaccinated by the medical officer of that institution. An action for assault was brought, and the judge upheld the contention of the guardians that any technical assault was justified in the interests of the institution. The Divisional Court revoked this decision on appeal,

and remitted the case back to decide whether the boy was a consenting party. The jury this time, after hearing the arguments, came to the conclusion that the boy was a consenting party and that, having regard to the welfare of the workhouse, the operation was quite justified even if he had not consented. The verdict was therefore given for the defendant—the medical officer; it was also ordered that the costs of the two trials should be paid by the plaintiff, and that of the appeal divided. In the public safety this is a satisfactory conclusion to this long and vexatious case.

The Liabilities of Lead Workers.

A case of lead poisoning was the subject of an inquiry by the coroner on the 9th inst. The victim was a young woman aged twenty years, who was employed as a “dipper.” The Government regulations appear to have been carried out in due form by the firm in question, and it was pointed out that the deceased had been cautioned to discontinue her work for a time, but refused to do so. The verdict was in accordance with the evidence. Cases of this kind are comparatively rare, and are the more to be regretted since ample precautions are known and promulgated in the places where these occupations are carried out. Many diseases of this nature are more or less preventable; the intelligence of the workers in dangerous occupations appears to end in a familiarity which breeds contempt and occasionally death, as in this instance.

District Nursing Society.

The twenty-second annual meeting of this society was held on the 8th inst. The report showed that during the year 23,497 visits had been paid by the nurses. The expenditure had been £754 2s. 11d., and the income £997 15s., mainly due to a legacy. The society is doing exceptionally useful and valuable work.

Feb. 13th

NORTHERN COUNTIES NOTES.

(FROM OUR OWN CORRESPONDENT.)

Newcastle Children's Hospital.

THE annual meeting of this hospital was held lately at the Fleming Memorial Building, erected, it will be remembered, for sick children by the generosity of the late Mr. John Fleming of Newcastle. The report showed that the number of in-patients treated had been 545 and the number of operations 279. Reference was made to the death of Lady Armstrong, who for many years had taken much interest in the institution, to which she was a generous subscriber. The financial state of the hospital was satisfactory. A suggestion was made with regard to the propriety of removing the children's wards at the infirmary to the hospital, but no action was taken on it. In the course of the meeting a complaint was made of the diminution of the contribution from the Hospital Sunday Fund. Indeed, all our charities are asking “more” from this fund; but perhaps if our citizens could swell the resources of the fund the request might be granted.

Durham County Hospital.

The annual meeting of this charity has been held, and from the report it appears that 496 in-patients have been treated. The expenditure was slightly in excess of the receipts, which included a bequest of £450 from the late Mr. J. G. Hargreaves of Durham. The out-patients numbered 1161, an increase on the previous year.

The Carlisle Urban Sanitary Authority and the Notification of Fever.

A difference of opinion has arisen between a medical practitioner in Carlisle and an urban sanitary authority of that city with regard to the notification of a case alleged by the sanitary inspector to be one of scarlet fever. The gentleman in question distinctly states that he did not notify because he did not know, nor is he yet certain, that the case was one of scarlet fever. The whole matter rests upon the evidence of a sanitary inspector who thought it was scarlet fever and entered it as such. At all events the case was properly attended to and isolated as far as was practicable with a baby. The medical officer of health of the city, it seems, was not at all clear that the case was one of scarlet fever. He further said that the medical man in attendance was the person legally responsible. He could not give any evidence about it in a court of law, but the facts, so far as he knew,