

annual rate of 1·8 per 1000, the rates from the same diseases being 1·8 in London and 2·3 in Edinburgh. The fatal cases each of "fever," whooping-cough, and diarrhoea showed an increase upon the numbers in the previous week, and that of scarlet fever a decline of 2. The 28 deaths from "fever" in the thirteen weeks ending last Saturday were but half the number in the first three months of the year. Six inquest cases and 4 deaths from violence were registered; and 55, or more than a third, of the deaths were recorded in public institutions. The deaths of infants showed an increase upon recent weekly numbers, whereas those of elderly persons had declined. The causes of 21, or 13 per cent., of the deaths registered during the week were not certified.

### THE SERVICES.

WAR OFFICE.—Army Medical Staff: Surgeon-Major F. Alfred Turton has retired upon temporary half pay.

ADMIRALTY. — The following appointments have been made:—Surgeon Henry W. D. Walsh, to the Bermuda Hospital; Surgeon Michael J. McCarthy, to Hong-Kong Hospital; Surgeon Samuel Keays, to Plymouth Hospital; Surgeon T. Dunlop, to the *Icarus*; Surgeon G. C. Ward, to the *Alecto*; Surgeon J. Barry, to the *Banterer*; Surgeon W. G. E. Smith, to the *Flying Fish*; Surgeon Thomas M. Sibbald, to the *Duke of Wellington*; and Surgeon and Agent Charles Harrison, to Castletown, Berehaven.

INFANTRY MILITIA. — 3rd Battalion, the Connaught Rangers: Surgeon George W. Hatchell is granted the honorary rank of Surgeon-Major.

RIFLE VOLUNTEERS. — 2nd Volunteer Battalion, the Duke of Cornwall's Light Infantry: Acting Surgeon John Henry Jenkins resigns his appointment; William Nettle, Gent., to be Acting Surgeon. — 1st Volunteer Battalion, the Lincolnshire Regiment: Surgeon and Honorary Surgeon-Major C. B. Moody resigns his commission; also is permitted to retain his rank, and to continue to wear the uniform of the Battalion on his retirement. — 1st Sussex: James Turton, Gent., to be Acting Surgeon.

## Correspondence.

"Audi alteram partem."

### THE APPROPRIATION OF PATIENTS BY CONSULTANTS.

To the Editor of THE LANCET.

SIR,—Will you allow me to bring under your notice what I call the absorbent action of consultants as exerted on patients introduced to them by general practitioners? A few weeks ago I felt specially sore on this point, as within a short period previous to that I had discovered that three patients, whom I had introduced to as many consultants, had been blandly absorbed by these gentlemen as their own exclusive property. It is fair to say that in one of these cases the consultant has since given me a full explanation of the circumstances. This was not my first experience of such treatment, but the accidental occurrence of three cases was the immediate cause of my then soreness. I frequently have heard of similar cases from my neighbours, and there can be no doubt that there is no longer that perfect safety in calling in a consultant that used to exist. This, it seems to me, is a matter much to be regretted, not only because it increases the hardships of our professional existence, but because it indicates a certain loss of tone in the moral fibre, and must, if carried on, finally land us in a death-clutch at each other's throats. No longer shall we be able to trust a brother practitioner to see a patient for us if we are ill; no more shall we find available that outside assistance on which, in cases of emergency, we have been accustomed to rely—in a word, it will be "every man for himself."

In California there is a process called "jumping a claim." Land in the gold districts is there taken up by parties of two, three, or four, and it is no uncommon thing for a small party to awake one fine morning and find a notice on their claim to the effect that a larger party has taken it. On remonstrance, it is customary for the larger party to produce their revolvers, and to remark that, their numbers

being four, five, or six, as the case may be, to the original party of three, four, or five, it will be best for the rightful owners to depart. This is about our position with regard to consultants. We find our patients being assimilated by them, and in view of their moral revolvers—in other words, this titles, their position, and their prestige—we are obliged to recognise the futility of resistance, and resignedly to see our patients "jumped." Whether the struggle for existence in the upper ranks of the profession is the real cause of this behaviour, or whether it is ignorance of the ethical laws which swayed the conduct of our ancestors, the result is the same: there is a loss of tone, and the gentlemanly honour of the profession loses its lustre. Men are too ready to believe what patients say of their doctors. There is no subject on which the laity so unblushingly lie as on that of their relations with their doctors. Does a patient owe a doctor a bill and on that account for very shame hesitate to call him in, he will tell another doctor that his reason for changing is on account of some error of his original doctor. If a consultant asks a patient who comes for a second consultation without his regular adviser the reason of this absence, he is most probably told that the patient and the doctor have quarrelled, whereas the real reason is that the patient thinks to save the double fee. And so it is in many other instances, so that now I, for one, never believe what a patient tells me about doctors.

I have mentioned the "double fee." There is no doubt that this fact, that when a patient is accompanied by his own medical adviser a fee of two guineas is charged when if he went alone he would only have to pay one, goes a long way to account for the action of the patient. As has been frequently observed, this method of procedure is a little difficult to explain, for when the medical or surgical particulars of the case are ready cut and dried there cannot be so much for the consultant to do as when he has to ferret them out for himself. And, sad to tell, by this increase of charge the consultant lays himself more open to be assailed by temptation, as men will always try to get as much as they can for as little as possible. Altogether, Sir, what with absorbent consultants, prescribing chemists, and pay wards at the hospitals, the general practitioner's outlook is not cheerful. Cannot you help us? A few words from you may make the consultants more careful and more willing to observe the good old rule by which one medical man, in times now nearly gone, would absolutely refuse to see a patient to whom he had been introduced by another without the knowledge and consent of that gentleman. After all, this is only another reading of a still more ancient rule which bids us do to others as we would they should do to us.

I am, Sir, yours truly,

Holloway-road, N., July 6th, 1886.

W. HENRY KESTEVEN.

### THE RECENT CHOLERA SCARE AT QUEENSLAND PORTS.

To the Editor of THE LANCET.

SIR,—As some doubt seems to have been expressed in certain quarters as to the nature of the symptoms, supposed to be those of cholera, which have recently been manifested in the latter part of the outward voyage on certain Queensland Government emigration steamships, and which proved fatal to several of the emigrants on the *Dorunda*, it would be interesting to inquire whether there could be any other cause tending to modify the diagnosis, for it is well known, as Dr. F. Roberts remarks in his "Handbook of the Theory and Practice of Medicine" (3rd ed., p. 226, vol. i.), that "intense gastro-enteritis, excited by poison or some other irritant, has been mistaken for cholera." As I happened to be temporarily filling the post of surgeon to an outward-bound steamer, calling at Queensland ports, which immediately succeeded the *Dorunda* at Batavia at the time of the occurrence—viz., at the close of last year and the commencement of the present,—it may be presumed that the inquiry is not without some personal as well as public interest. The medical officer of health at one of the Queensland ports, who had acquired considerable practical acquaintance with the symptoms of cholera during a residence in Central America of some years, expressed to me very decided doubts as to the accuracy of the diagnosis, though I think I am not now justified in mentioning his name. Hearing by telegram of the fatal sickness which had occurred on the *Dorunda*,

and being warned—too late, however—not to enter the harbour of Batavia, we were not without some anxiety lest we ourselves should suffer in like manner—a fear which appeared not wholly unfounded on the occurrence of several cases of severe colic, of a nature somewhat mysterious in origin, but happily more or less readily yielding to medical treatment, some time after leaving that port.

In a previous letter in your columns (see THE LANCET, April 24th last) your readers may have noticed my mention of what appeared to afford ground for suspicion as to the cause of the symptoms which came under my notice, and which I suggested as probably due to zinc-poisoning, a view which received confirmation on referring to the researches of M. L. L'Hôte in *Comptes Rendus*, in the decomposition of water by zinc in the presence of iron, and from the manifest presence of the injurious metal in a sample of the water we had been consuming, which I had reserved and submitted to chemical test after my return home; the possible cause of the epidemic having been first suggested by one of the ship's engineers, who was aware of the presence of zinc anti-corrosive plates affixed inside the boiler we had been using for condensing purposes. Since somewhat similar symptoms, but fortunately not fatal, have more recently occurred on board the Queensland Government emigration steamship *Quetta*, which you have remarked as being in all probability not of a choleraic nature, it would be interesting, from a medical aspect, to inquire whether these ships also have, in like manner, zinc anti-corrosive plates in their condensing boilers, which, supposing the invention of modern application, would excite greater suspicion if the ships in question are of more modern construction than others in the line of service. If so, we arrive at what would seem to be an interesting confirmation of a probable cause of certain symptoms which, even though fatal in several cases on board the *Dorunda*, have at least been adjudged by certain individuals to possess some difference in type and duration as compared with those usually manifest in epidemic cholera. Apart from the enfeebling character of a tropical voyage on the average British unacclimatised constitution, which might be supposed to predispose the system to epidemic and other prejudicial influences, in support of the idea suggested as to the probable cause of the symptoms, which give rise to very considerable anxiety and apprehension in Queensland, and which would seem, in case of recurrence, in danger of seriously impeding commerce, it is well to remember that the symptoms appear to have arisen shortly after leaving Batavia, or even before arriving at that port, in the case of the *Quetta*, or, as it is presumed, after the consumption of condensed water—for it is not now usual, I believe, to take in supplies of that commodity at the port of Batavia,—and, as it appeared to me, amongst a section of the ship's company consuming the water most freely, and where, perhaps, the accommodation was not quite so good, or the diet-table so liberally varied.

Without appearing to prejudice the interests of our ship-builders, whose marvellous works we so much admire, and who would be the first to desire to remedy any palpable error in construction affecting the health of the passengers or crew, or, by raising an unfounded alarm, to interfere with the freedom of invention or of commerce, it might seem that an official inquiry might be instituted on the lines above suggested with manifest advantage, in order to prevent, if possible, the perpetuation of an injury to the health of the sea-going community, and others who may have to depend upon supplies of condensed sea-water for consumption from time to time; and should confirmation be given to a supposed assignable cause of symptoms of illness giving rise to alarm, it is manifest that the inquiry will not be futile. Should, however, there appear to be insufficient ground for an official inquiry on the subject, I should feel glad to receive any information as to the presence of zinc plates in the condensing boilers of the ships in question, or bearing on the subject generally. Whilst in pursuit of the medical investigation, any information tendered by those members of the profession who may have had the charge of the ships where the illness has occurred or of the Brisbane Quarantine Station, or who have had to do with the inspection of the ships of the line where illness has occurred, in their official capacity as port sanitary officers, communicated to your columns, will, I doubt not, be of interest to many of your readers.—I am, sir, yours faithfully,

JOHN WARD, M.D., ex-M.O.H.

Sutton Coldfield, Birmingham, June 15th, 1886.

JOHN HUNTER.

To the Editor of THE LANCET.

SIR,—I beg leave, through you, to tender warm thanks to Mr. Charles Hawkins for having just published in your columns a very remarkable letter from John Hunter to the governors of St. George's Hospital. The great surgeon's writings often leave much to be desired. He was a deep thinker and an untiring worker, but neither a wide reader nor a facile exponent of thought. On the latter point judgment must be expressed with reserve, because facts fail through the deplorable destruction of much of John Hunter's manuscript by Everard Home. That the loss was irreparable is beyond doubt, but whether the papers burnt were rough notes or finished essays it is impossible to say. The letter which you now publish was written some months after John Hunter's last communication to the Royal Society, and not many weeks before his death. It is rich in evidence of philosophic spirit, of enthusiasm for professional work, and of public disinterestedness. Mr. Hawkins tells us that the letter is one of a series in his possession, and that he may print the whole correspondence. By doing so I venture, through you, to assure Mr. Hawkins that he will be rendering a very great service to all students of surgical history. As the editor of Sir Benjamin Brodie's writings, and as one of the comparatively few surviving links between the epoch immediately succeeding the Hunterian and our own times, Mr. Charles Hawkins must possess a store of information which would be priceless now, and irrecoverable unless he place it on public record.

I seize this opportunity for referring to one item in Hunterian history on which information is much needed. John Hunter's wife, sister of Sir Everard Home, bore him four children, of whom two died young; the other two, Agnes and John, were said to be living in 1835, when Henry Ottley wrote the life of Hunter prefixed to Palmer's edition of his works. The Annual Register for 1793, the year of John Hunter's death, states that he left a son in his twentieth year, then at Cambridge. That son, according to information kindly supplied to me by Dr. William Hunter of Rothesay, entered the army, rose to the rank of colonel, and left a daughter, named after his sister Agnes. But I can obtain no further reliable information. Anyone able to supply it will, I am sure, be welcome to your columns.

I am, Sir, your obedient servant,

Birmingham, July 4th, 1886.

SAMPSON GAMGEE.

A MISTAKE, A DEDUCTION, AND A MORAL.

To the Editor of THE LANCET.

SIR,—The general brevity of our English summer renders us very liable to forget the fact that in weather such as we are now experiencing the extreme heat of the sun's rays may, without the exercise of due care, be very powerful of harm. A brief mention of the following case will illustrate my meaning, and may not merely be of interest, but, should the weather continue, may also be beneficial in helping others to form at once a correct diagnosis, where I must confess I at first decidedly failed.

On Sunday evening, July 4th, I was called to see Alfred L—, aged four years, a well-nourished, healthy-looking child. His parents, who were very anxious about him, told me he was taken ill on Friday, July 2nd, until which day he had been in his usual health. The only history I obtained of the illness was that he was very restless on Friday evening, shivered slightly, and then became feverish, thirsty, and complained of his throat. I found him lying on his side with his face away from the window, and nearly buried in the pillow. The thermometer registered his temperature at 104° F. His skin was very hot and dry, tongue coated with a white fur, pupils dilated, breathing rapid, and *alæ nasi* working.

Remembering the prevalence of east and north-east winds, I thought I had to deal with a case of pneumonia or capillary bronchitis. And here comes the harm of forming an opinion before examination. The percussion note was apparently good and breathing vesicular. But I was prejudiced, and at times I thought I detected slight roughness in the breathing on one side, while I fancied the puerile breathing was almost bronchial over one back. However, the signs