

that the public mind is rapidly being enlightened as to the incidence and nature of infectious disease. That whilst it is advisable to increase that light, and direct it to proper efforts, it is quite equally desirable that the foolish panic and cowardly dread of this kind of disease now prevailing should not be fostered and pampered by two fussy legislation. Something must be trusted to education, and the diffusion of the knowledge of sanitary science amongst all classes, the poor especially. The time will come when the public will render intelligent aid to the authorities in these matters; whilst if their ignorant fears be now played upon to a greater extent than necessary, they will take refuge in evasion or opposition to even reasonable measures.

I am, Sir, your obedient servant,

WILLIAM STRANGE, M.D.,

Worcester, March 1st, 1880.

Medical Officer of Health.

### "THE CORONER'S FUNCTION."

*To the Editor of THE LANCET.*

SIR,—The scheme propounded in your leading article on the "Coroner's Function," for combining certain State duties under the office of the Medical Officer of Health, is one which commends itself as being both practicable and as meeting many anomalies and deficiencies which now prevail in the varied administrations of the medical world.

I venture to add to your suggestions; and to draw from a similar proposal which I made in 1878 at the North Wales Poor Law Conference (see Report for that year), and in a paper published in the August (1879) number of the "Sanitary Record." Whilst advocating combined sanitary districts, it was proposed also to combine allied offices under the medical officers of health; and it was shown that by this combination sanitary work would be more efficient, and also that the present salaries attached to these various offices would yield a handsome income to an independent officer without further assistance from rates. The offices which it was proposed to combine under the medical officer of health are those of the "certifying factory surgeon," the "superintendent registrar of births and deaths," and that of "coroner." Each of these offices works in a manner in duplicate and anomalously, either with the functions of the Medical Officer of Health or with some other Court of Inquiry. Thus the Public Health Act, 1875, section 91, brings small factories only under the supervision of the medical officer of health, leaving the large ones under the certifying factory surgeon. And yet the medical officer of health is required by the Local Government Board General Order of Nov. 11th, 1872 (section iv., paragraphs 10, 14), to inquire into processes of trade, and to report upon appropriate means to prevent injury to health therefrom. Again, the medical officer of health is by the same general order (paragraph 14) called upon to deal statistically with the mortality in his district, his data being gathered from copies of the registers supplied him at the cost of the sanitary authority by the sub-district registrars. The superintendent registrars are not called upon to deal with the information their registers afford, and do but transmit the sub-district returns to the Registrar-General, and, as occasion may require, supply duplicate certificates to such persons as may require them. Obviously by combining these two offices with that of the Medical Officer of Health an administrative and pecuniary economy would be effected.

The Coroner's office, if its utility has not altogether ceased, is certainly in need of reform. At the present time important inquiries conducted in this court are for the most part repeated in either the police courts or by the Board of Trade. And for the less important inquests, a personal inquiry, conducted as by the procurator fiscal in Scotland, would meet every requirement, to which should be added, to complete the designs of the Registration Enactments, a similar inquiry into every uncertified death.

By collecting together under one administrator the scattered forces which have been called into existence for the protection of life and health, a greater proficiency will pertain to each office. By this means, and in the manner you, Sir, indicate, skilled medico-legal functionaries will fill the offices of the Medical Officer of Health. Ample work and remuneration are at hand from existing sources in limited and workable districts; and the whole should be under the control of a Minister of Health.

I am, Sir, your obedient servant,

Denbigh, Feb. 25th, 1880.

J. LLOYD-ROBERTS.

### THE TREATMENT OF ACUTE RHEUMATISM.

*To the Editor of THE LANCET.*

SIR,—Dr. Barton's wise remark about "the search for new remedies" is exceedingly well timed, and his brief record of his large experience exceedingly interesting; but his results would acquire a new value if he could only see his way to put them into a statistical form. The obvious answer to Dr. Barton's astonishment at my omission to mention iodide of potassium and opium is, that the scope of my paper was necessarily limited, and did not include either of these drugs.

Dr. Jacob states that "subsequent observers (to Dr. Fuller) have failed to secure by alkalies a like success." No doubt many have so failed, and I have distinctly said so; but, on the other hand, many eminent physicians have recorded most gratifying successes. Have the failures not been due in some measure to the lack of that care and assiduity which characterised Dr. Fuller's practice? Many surgeons fail to obtain the same brilliant results with the antiseptic treatment of wounds as my esteemed teacher, Professor Lister. But do they follow his practice rigorously in all its details? The percentage of cardiac complications in *all* the groups of cases of acute rheumatism treated by the salicylate of soda, to which Dr. Jacob refers, is greater than in Dr. Fuller's practice, with the single exception of the German group, which is less than a fourth of the number of Dr. Fuller's cases, and so may contain fallacies from which a large group is more likely to be exempt.

The error into which I have fallen in reading Dr. Pollock's "Notes on Rheumatism" is one which I greatly regret, but which I cannot regard as unnatural. I read his excellent *brochure* without prejudice of any kind, and I came to the only conclusion regarding his therapeutic leanings that seemed possible—namely, that he is a strong partisan of the new method of treatment. This being so, I examined his appendix in the hope of finding an exceptionally brilliant record of experience. I found, instead, "three fatal cases in a total of sixteen." I am always glad to hear of a low rate of mortality, and I need hardly express my pleasure in finding that the total was between sixty and seventy. Still, even this proportion of fatal cases is too high, in my opinion, to entitle anyone to speak of salicylate of soda in the unqualified terms employed by Dr. Pollock.

Dr. Whipple's explanation is gratifying; but he must remember that the mention of "no cardiac lesion" was made in the note of October 25th, while the cardiac affection to which I referred is spoken of in the notes of October 26th and 27th and November 4th. However, even admitting that I was led astray by the notes of his case, the question at issue is not seriously affected.

I had three objects in view in writing my paper:—1st. To show that the virtues of the new method have been vastly overrated, and its dangers greatly underrated. 2nd. To prove that the published results of other methods should not be despised. 3rd. To draw the attention of the profession to the importance of distinguishing clearly between continued and relapsing cases. It stands to reason that if a group contains a large proportion of relapsing cases, the average duration of rheumatic symptoms and the average residence in hospital must be greater than in a group which contains a small proportion of such cases. This consideration should be kept in mind in estimating the value of the statistics of St. George's Hospital and the Dundee Royal Infirmary.

I am, Sir, your obedient servant,

Dundee, Feb. 28th, 1880.

ROBERT SINCLAIR, M.D.

### THE STAMPING OUT OF RINGWORM.

*To the Editor of THE LANCET.*

SIR,—The profession is much indebted to Dr. Alder Smith for his valuable contribution to the subject of the treatment of ringworm, which has appeared in your columns lately. We have been taught some useful facts as to remedies, especially the mode of applying them, and the extent to which they may be pushed.

Even with the supervised and vigorous treatment which Dr. Smith's opportunities permit, ringworm, excepting in a few recent cases, is shown to take months to cure, while