

a specific diseased condition. It sometimes has a specific origin, but the specific nature is limited to that particular origin, and does not belong to the membranous tracheitis.

I am, Sir, yours obediently,

Finsbury-circus, March 23rd, 1875.

WALTER MOXON.

SELF-SUPPORTING HOSPITAL AT BRIGHTON.

To the Editor of THE LANCET.

SIR,—It seems from a letter in your last number from Dr. Kebbell, the senior physician to the Sussex County Hospital, that the reform of our medical charities is obstructed by a difference of opinion as to the persons entitled to hospital or dispensary relief, and he indicates five separate classes, respecting each of which he asks for an opinion.

Dr. Kebbell's first two categories—domestic servants and mechanics earning less than 30s. a week—are included in one general answer. Persons of this class cannot afford to pay even the most moderate professional fees. Combined with the diminished receipts and increased expenditure in other ways which illness entails, the "doctor's bill" crushes thousands of working-class families, and places medical practitioners in the painful position of dunning for bad debts, and rendering services which they know can never be paid for. The remedy is a small monthly payment, on the principle of mutual assurance, to obtain medical treatment in sickness; or, if this insurance has been neglected, an equivalent for it in the shape, say, of a shilling for the first, and sixpence for every subsequent attendance. One or more provident dispensaries should be affiliated to every general hospital, or incorporated with it on the Royal Albert Hospital (Devonport) plan, and a charge, say, of five shillings a week should be made on every in-patient who could afford it, on the Boston principle.

Dr. Kebbell's third category is, "persons who employ and pay a general practitioner in the country, but who are constantly going long distances by railway to get advice and medicines for nothing at some neighbouring charitable institution." This is an instance of the demoralising influence of our vast system of gratuitous medical relief. In London persons constantly pay in omnibus fare, for the privilege of waiting for hours in a crowded out-patient department, more than would secure them prompt attention for a month at a neighbouring provident dispensary, with the additional advantage of attendance at their own homes if necessary. These of course should pay in one or other of the ways above described.

The fourth class is that of "members of benefit clubs who have a regularly-appointed medical man." If members of such benefit clubs wish also to avail themselves of the skilled professional assistance at hospitals and dispensaries, by all means let them do so, but they ought not to have it for nothing. They should pay as above suggested.

The fifth and last are "the strictly pauper class, who have no regular means of subsistence, and who get parish relief." This should be decided on purely medical grounds. If the case is one which, on account of its difficulty, gravity, or other peculiarity, requires hospital treatment, it should be admitted either without payment or at the cost of the guardians; but if it is an ordinary case, it should be remitted to the parish doctor.

I am, Sir, yours, &c.,

London, March 13th, 1875.

C. E. TREVELYAN.

"SPURIOUS HIGH TEMPERATURES."

To the Editor of THE LANCET.

SIR,—The importance of the temperature of the body as a means of diagnosis is so well known to the public that deception is occasionally practised without one being always alive to it. I therefore venture to relate two or three instances.

Some years ago a female patient at the German Hospital, suffering from headache and occasional hysterical attacks, accompanied with slight increase of temperature, exhibited, after a fortnight's stay in the hospital, sudden elevations to 105°, 106°, and even 107° F., at irregular intervals. One

day, just before my visit, the temperature had been marked at 107°. As the pulse, however, scarcely exceeded 100, and as the skin did not feel preternaturally hot, and the respiration was likewise tolerably calm, I took the temperature again, keeping my eye on the instrument, and found it to be 99°. The same result was obtained on all the following days with the same precaution.

This patient had no doubt noticed the great interest with which the higher temperatures of other patients in the same ward were watched; she had also heard our remarks about some rare cases of transitory pyrexia in connexion with hysterical attacks, and the wish to render herself interesting naturally arose. To be a puzzle is the greatest aim of some minds.

The second case was that of a young lady who, in consequence of an affection in the upper part of the left lung, had spent three winters abroad. As the disease was perfectly quiescent, and as no fresh symptoms had occurred for two years, it was considered unnecessary that she should leave home in 1871, contrary to her expressed wish. In November, however, I was asked by her medical attendant to see her, because the temperature had been for a fortnight abnormally high—namely, between 100° and 102·5° Fahr. However, when I examined the temperature under the tongue, it was only 99°. I suggested that the temperature should in future always be taken in the mouth, mentioning at the same time that it would be imprudent to let her travel in a feverish condition. From this day the temperature never rose above 99·2°.

In the third case a lady, who had had intermittent and remittent fever in India and in Rome, was said to have a relapse of her old complaint, having every afternoon and evening severe shivering, followed by great heat (104·5° to 106°). When I visited her during the pretended attacks, I found the spleen not enlarged, the skin not hot, the pulse only 95, and the temperature in the mouth 99·2°, after having been found to be 105° in the axilla a quarter of an hour before my arrival. After this the temperature was always taken in the way described, and the fever kept away, although no special remedies were used.

I cannot say how in these cases the fictitious temperatures were produced—whether by hot flannels or hot bottles, or other means. The heroes of Egyptian Hall or those of the spirit-rapping *séances* could, I have no doubt, find various means. Friction of the bulb will produce some rise. A very thin bulb might possibly be compressed, but not that of an ordinary thermometer.

Whenever there is cause for suspicion from the contrast between the alleged temperature and the other signs—viz., pulse, respiration, and state of skin,—the temperature ought to be taken in the mouth or rectum, and the eye and hand of the medical man ought to be on the instrument.

I am, Sir, your obedient servant,

HERMANN WEBER.

Grosvenor-street, Grosvenor-square, W., March 12th, 1875.

"DEATH BY STARVATION IN PRISON."

To the Editor of THE LANCET.

SIR,—Under the above heading you comment in your issue of the 20th inst. on the death of a poor girl who died in the hospital, to which she was transferred from the prison. I beg to state for your information that an official inquiry was held by the coroner before Her Majesty's Attorney-General into the circumstances of the case, and after a careful investigation the jury returned a verdict of "Death from natural causes."

I was the medical officer who attended at the inquest, and never made use of the word "debility," so freely made use of and commented upon by some of the writers in the Jersey papers, so that the "debility" or starvation theory, out of which so much capital has been made, is entirely due to the imagination of the writers of these papers. The girl's death was solely attributable to congestion of the lungs, and the "half-a-pint of water" allowed in twenty-four hours is also one of the inventions had recourse to in order to write sensational articles upon the death of this unfortunate waif, who passed her life either in begging or stealing; this being, I may add, the third time she appeared on a charge of theft; and the bread-and-water diet she had whilst

she was in prison was very probably a more regular and substantial meal than she was in the habit of getting. Without entering more at length into the circumstances of the case, I may be allowed to state that H.M. Attorney-General, whilst condemning the bread-and-water diet, found nothing whatever in the other circumstances relating to the treatment of this girl during her confinement to warrant any interference on his part, which he would most undoubtedly have offered had the deceased suffered the cruel and inhuman treatment so much spoken of.

Lastly, the girl was visited by the medical officer of the prison, and died twenty-four hours after her admission into the General Hospital, and her body, far from being emaciated, was very fairly nourished.

I remain, Sir, your obedient servant,

Jersey, March 25th, 1875.

AMIRAUX GODFRAY.

* * We are sorry that Mr. Godfray's letter does not give us more details of the nature of the illness in this case, of the amount of medical attention given to it, and of the modification of the bread-and-water diet ordered by the medical officer in favour of a dying girl. Mr. Godfray seems, indeed, to admit that this was the only food, and so much better than her ordinary diet as to be good enough. We greatly regret that Mr. Godfray should even appear to defend such a diet in such a case. The fact that he does so is most serious. Notwithstanding his letter and the verdict of "Death from natural causes," the case is one that needs further investigation, and will, we trust, be brought under the notice of the Home Secretary.—ED. L.

UNQUALIFIED SHIP-DOCTORS.

To the Editor of THE LANCET.

SIR,—With regard to the subject which you permitted me to introduce to the readers of THE LANCET on the 13th inst.—viz., medical men practising afloat whose names are not registered as required by the Medical Act of 1858,—I see that the honourable member for Gravesend has asked for a return of the number, ages, and nationalities of persons who have served in the British Merchant Service during the last two years as surgeons, whose names do not appear in the Medical Register.

If I understand the purport and intent of the Medical Act of 1858, all those persons whose names do not appear in the Medical Register, which is compiled under authority as a public index and reference, are, *ipso facto*, persons not duly qualified, and by the same Act no other persons than those whose names are registered are permitted to grant certain certificates; but it is notorious that persons other than registered and qualified persons have been permitted to grant certificates, and such certificates have been, and are, received precisely as if such certificates were genuine and valid documents; am I not, therefore, entitled to ask, "*Quis custodiet ipsos custodes?*"

To me, as a master mariner, to whose care large numbers of persons are being constantly entrusted, among whose ranks an epidemic may at any time break out, it is a question of the gravest importance that all irregularities shall be made impossible, and I maintain that the Board of Trade is guilty of a gross dereliction of duty, since wherever I seek information on this subject, either in Liverpool or London, the very politest reply that I receive is a shrug of the shoulders, which pantomime I have not as yet been able to interpret. I therefore intend to practically raise the question by refusing to allow any medical man to sign my articles as a "seaman" whose name is not to be found in the Medical List, which act will at once raise the question in such a practical way as will at once expose the gross abuse.

I am, Sir, yours, &c.,

March 23rd, 1875.

A SHIPMASTER OF 1843.

MR. C. YEATMAN has given £100 to the Endowment Fund, and £50 to the Building Fund, of the Boston Cottage Infirmary.

THE COLLEGE OF SURGEONS.

At a meeting of the Council of the Royal College of Surgeons of England, held on Wednesday last, some important matters bearing on the Conjoint Examination Scheme were discussed. A report was received from the President on his interview with the President of the Royal College of Physicians, respecting the resolutions accepted by the Council on the 14th of January last as a basis for conference with the other authorities co-operating for a Conjoint Scheme.

At the same meeting, on the motion of Sir James Paget, a Committee was appointed to consider and report to the Council on the best means of giving effect to the new bye-laws ordained by the Council on Dec. 10th last, relating to Examiners and Examinations in Anatomy and Physiology.

Medical News.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine and received certificates to practise on March 18th:—

Evans, Thomas, Pwllheli, North Wales.
Hallowes, Miller Coleman, Devonshire-street, Islington.
Houlbrook, Edward, Caius College, Cambridge.
Morris, George, St. Mary's Hospital, Manchester.
Paxon, Herbert Elliott, Dorking, Surrey.
Pettigrew, Augustus Joseph Walford, Warwick Villas, Hounslow.

The following gentlemen passed the Primary Professional Examination on the same day:—

James Brett, Birmingham; Alfred Chas. Parker, Guy's Hospital; Arthur William Prichard, Bristol Hospital; William Henry Smith, St. Mary's Hospital; Edmund Geo. Carruthers Snell, London Hospital.

FOOT-AND-MOUTH DISEASE has, it is stated, broken out with great violence over the whole of Sutherlandshire.

DR. STRONG, Croydon, has been elected Vice-president of the Royal Masonic Benevolent Institution for aged Freemasons and widows of Freemasons of Croydon.

THE Corporation of Dublin, in view probably of the high death-rate of the city, and convinced of the necessity of doing something in a sanitary direction, have resolved to apply to the Government for a loan of £500,000 to carry out the proposed drainage works, with power to rate the Castle and other Government buildings towards the payment of the loan. The works are expected to be completed in five years.

Medical Appointments.

ANDREW, H., F.R.C.S.E., has been appointed Medical Officer of Health for the Truro Urban Sanitary District: £50 for one year; acreage 1103; population 10,899.

BALLANTYNE, A., M.D., L.R.C.S.Ed., has been appointed Medical Officer to the Dalkeith Union Poorhouse, vice Thomson, deceased.

BARBER, J., M.R.C.S.E., has been reappointed a Surgeon to the General Infirmary, Sheffield, upon the expiration of his seven years' term of office.

BARLOW, T., M.D., M.R.C.P.L., M.R.C.S.E., has been appointed Assistant-Physician to the Hospital for Sick Children, Great Ormond-street, vice Gee.

BARTOLOMÉ, M. M. DE, M.D., has been reappointed a Physician to the General Infirmary, Sheffield, upon the expiration of his seven years' term of office.

CAMERON, C. A., L.K.Q.C.P.I., F.R.C.S.I., has been appointed Professor of Chemistry at the Royal College of Surgeons, Ireland, vice Reynolds, resigned.

CHAMBERS, J., M.D., C.M.Q.U.I., has been appointed Professor of Anatomy in the Indiana Medical College, Indiana State University, U.S.A.

CHRISTOPHER, W., M.R.C.S.E., has been reappointed Medical Officer and Public Vaccinator for the East Budleigh District of the St. Thomas Union, Exeter.

COLMAN, T. J., M.D., M.R.C.S.E., has been appointed Medical Officer for No. 3 District of the Clifton Union, vice Fendick, resigned.

DICKSON, H., M.B., has been appointed Assistant Medical Officer to the Bristol Lunatic Asylum, Stapleton, near Bristol, vice Draper, appointed Medical Officer to the Redditch and District Medical Association.

DOBELL, H. B., M.D., M.R.C.P.L. (for sixteen years Physician), has been appointed a Consulting Physician to the Royal Hospital for Diseases of the Chest.

EVANS, W. H., M.R.C.S.E., L.R.C.P.Ed., L.M., has been appointed a Surgeon to the St. John's-wood and Portland-town Provident Dispensary, vice Britton, resigned.