

SHIP-SURGEONS.

To the Editor of THE LANCET.

SIR,—Will you allow me, through the medium of THE LANCET, to bring the following circumstances under the notice of any members of the medical profession who may be thinking of going to sea as ship-surgeons?

Last March I sailed from Liverpool to Calcutta as surgeon in a line steamer. Unfortunately I signed articles without having first seen the vessel, and on going on board I found there was not (as is the custom in nearly every other company) a regularly appointed surgeon's cabin. I mentioned this matter in the office, and was told that I would have one of the saloon cabins assigned to me, and that I would "be made comfortable." Things went on tolerably satisfactorily until on the voyage home at one of the ports touched at we embarked two or three additional passengers, when I was ordered by the captain to vacate my cabin and remove forward and share that occupied by one of the junior officers, a small, badly lit, and badly ventilated apartment. This proceeding was quite unnecessary, as we had only nine passengers on board and the ship is certified to accommodate twenty-one. I appealed to the captain, but obtained no redress, as he chose to appropriate for his sole use one of the largest of the saloon cabins, though provided with an excellent cabin for his special accommodation. To say nothing of the indignity put upon me by this transaction, I suffered by it great inconvenience and some actual loss. I had no place either to keep my medicines or to see patients; and when I mention that of the latter three were suffering from venereal disease, you will easily understand the necessity for some private place to see them in; additionally, owing to the very limited space, I had not sufficient room for my clothes, and was obliged to be a pensioner on the kindness of the occupants of other cabins for somewhere to put my things, some of which, in consequence of being so much scattered about, got lost, and others were damaged.

On arriving home I wrote to the owners, asking for some compensation for the treatment I had received and the loss I had sustained, and though I have written twice subsequently they have not thought fit to reply to my letters. I therefore feel it my duty to ask you to publish this statement in the hope that my unpleasant experiences may be the means of causing others who may sail as surgeons in line steamers to have a satisfactory arrangement beforehand as to their treatment and accommodation.

I am, Sir, yours obediently,
Dublin, Aug. 6th, 1883. E. H. LINDSAY, L.R.C.P. Edin.

AD CORRIGENDUM.

To the Editor of THE LANCET.

SIR,—Allow me to inform you that the quotation in THE LANCET of the 23rd ult. from the *Bombay Gazette*, does not convey a representation either accurate or adequate of the facts concerned. Had you been made acquainted with all the data regarding the matter in question (purely one of discipline) more reserve, I doubt not, would have been exercised before admitting into your columns so *ex parte* a statement as the one alluded to.

I am, Sir, your obedient servant,
Bombay, July 10th, 1883. H. V. CARTER, M.D.

* * We shall be glad to insert any statement Dr. Carter would like to make.—ED. L.

ON MILK DIET AND THE USE OF ANTI-PYRETICS IN ENTERIC FEVER.¹

[LETTER TO PROFESSOR GAIRDNER, BY J. W. ALLAN, M.B.,
SUPERINTENDENT AND PHYSICIAN TO THE CITY OF GLASGOW
FEVER HOSPITAL, BELVIDERE.]

DEAR PROFESSOR GAIRDNER,—In reply to your note regarding the diet of enteric fever cases, I can only say that as yet I know of nothing which can take the place of milk. You taught us that milk was the food for fever patients, and my clinical experience has not shaken my faith in your teaching, but, on the contrary, has confirmed it. No doubt objections are urged against the use of milk in enteric fever,

but I think that these objections either disappear or are reduced to very small bulk when closely investigated. As you ask for a short note, I shall be as brief as possible in discussing the subject.

Patients often object to milk. They say that it gives them "a bad taste in the mouth," that it makes the tongue and throat thick and glutty, and that it causes sickness. But we know that the "bad taste in the mouth" and the glutty state of the throat are due, not to the milk, but to the patient's condition. As to the sickness and vomiting, these may be due either to the irritable condition of the fever patient's stomach, or to the fact that pure—i.e., undiluted—milk or too much milk has been taken. If a person suffering from fever is allowed to slake his thirst with undiluted sweet milk, it is easy to understand that the overtasked stomach will soon reject its contents. It is clear that when the patient is thirsty the milk must be diluted with water, and this dilution must be in proportion to the patient's thirst. I do not think that any relative proportion can be fixed for the milk and water, nor that the amount of actual milk can be reduced to a hard and fast allowance. On these points, as in stimulation, "each case must stand on its own merits." But I should incline to put the maximum daily allowance of pure milk at, say, four pints. Of course it is clear that when a patient drinks little milk copious dilution is out of the question. When the patient's stomach is very irritable and vomiting persists, we add lime-water to the milk in varying proportion, from a tablespoonful to the mug up to "half-and-half." The results as a rule are satisfactory, and I think that this safe and simple remedy should never be forgotten. Soda-water in the milk is also good; ice is often very useful; but I have great faith in the value of lime-water in these cases. I have said that the patients often grumble against the milk. What would they like? Cold water, lemonade, &c. But we know that there is not much nourishment in water or lemonade. Certainly they could not take the place of milk. Occasional moderate drinks of cold, and more especially iced, water are very grateful, and I believe beneficial, to the enteric fever patient. Lemonade I fight shy of because some patients will not taste milk if they are indulged in lemonade, and I think the latter is apt to cause flatulence. It has been urged that milk in undigested curdy lumps and masses passes from the stomach into the bowels, and there gives rise to pain, flatulence, and severe diarrhoea. I do not doubt that this sometimes occurs, and I will even admit that in some cases such an occurrence may occasionally be unavoidable. But I am convinced that, as a rule, this misfortune is due to the same causes and is amenable to the same remedies as the vomiting to which reference has already been made. In a word, I think that when this happens the patient has been drinking rich or undiluted milk, or that he has loaded his stomach with too much at a time. The remedy is to dilute the milk, add lime-water freely, and to drink in moderate draughts.

I think that you, Sir, used to draw our attention to the familiar but instructive case of the teething child. The infant being out of sorts and irritable, the fond mother gives the unhappy little being the breast whenever it cries, the nipple being regarded as a panacea. We all know the results: vomiting, gripes, diarrhoea. It is simply an instance of a stomach overloaded with milk which cannot be digested, and is therefore got rid of by vomiting and purging. The case seems exactly parallel to that of the enteric fever patient who is gorged with pure milk.

We see that the patient frequently prefers water or lemonade to milk, but now let us ask what the physician would propose to substitute for milk. The reply seems to be "animal soups," let us say beef-tea and chicken soup. But neither chicken soup nor beef-tea is an equivalent for milk from a nutritive point of view, and patients in the acute stage of enteric fever do not generally relish these things; even very good beef-tea disgusts them; and we find that these soups have a very marked tendency to originate diarrhoea or to aggravate it if present. I am quite prepared to acknowledge that beef-tea and chicken soup may be admissible in enteric fever when cautiously administered along with milk: nay, more—I think they are useful in cases where constipation is a source of annoyance; but I am certain that they cannot take the place of milk, and in many cases their use is clearly contraindicated for the reason already mentioned—viz., their tendency to cause diarrhoea. No one would seriously propose arrowroot or cornflour as substitutes for milk, although sometimes they may be added to beef-tea with advantage. We come back to this, then, I think, that milk is the staple article

¹ Published with Dr. Gairdner's permission.

of diet in the acute stage of fevers, more especially enteric fever. In typhus and scarlet fever considerable latitude in diet may be permitted in some cases, even in the acute stage, such things as porridge and milk and tea and toast being frequently taken with relish, and apparently well borne and digested.

I may mention here, as an experience of this hospital, that if by accident our milk "turns," or we are disappointed in our supply, we are at our wits' end, for there is nothing that can take the place of the precious milk. And milk is not only a safe and suitable food for enteric cases; when diluted and iced, it is also a grateful drink, and it forms as well a valuable vehicle for stimulants, and even medicines. Where there is great prostration and exhaustion, egg-flip (composed of eggs, brandy, and milk) is excellent. Our experience clearly points to the fact that nothing but milk diet and fluids should be allowed till the evening temperature is steadily normal. If this rule is broken by way of concession to the patient's cravings for food "stronger" than milk, almost inevitably the penalty has to be paid. The temperature rises again; the patient is not so well; it may be that a "relapse" ensues. Chicken soup and arrowroot, or corn-flour and milk, are generally the first concessions in diet. Our nurses remark that common bread is very apt to induce a rise of temperature in the early stage of convalescence. The probability is that the patient "bolts" the bread without thorough mastication, and therefore it should not be given dry at first, but rather in the form of panada.

As regards the employment of antipyretics in enteric fever, I can only say that I have not much faith in the administration of such drugs as quinine and salicin. Of course, I do not mean to deny the interesting fact that these agents lower the patient's temperature, but I have not been able to satisfy myself that they really better the patient's condition. If the temperature went very high I might employ large doses of quinine or salicin, but in the great majority of cases I should certainly abstain from their use. I have no proof that they really improve the patient's state or shorten the course of the disease. Of the use of the cold bath in enteric fever, I have no personal experience, and therefore I shall say nothing concerning it. The warm pack has little or no effect in reducing the temperature, but I have found it to be a most valuable means of treatment in restless, irritable, delirious cases. The soothing effect is very striking. Sponging is a safe and simple method of relieving a feverish patient. Vinegar and tepid water may be employed. As a rule the process is enjoyed by the patient, who is cooled, soothed, and refreshed by the grateful application.

I have tried to keep to the two points indicated in your note—viz., milk diet and antipyretics in enteric fever. There is nothing new in my experience; I have made no discoveries; I am still guided by the old landmarks. In conclusion, I shall say that there *may* be a more suitable diet than milk for fever patients, but it has not been discovered as yet. Your affectionate old pupil,

JAMES W. ALLAN.

City of Glasgow Fever Hospital, Belvidere, Jan. 20th, 1882.

LIVERPOOL.

(From our own Correspondent.)

THE NEW HOSPITAL AMBULANCE.

A FEW weeks' experience of the new ambulance has sufficed to prove its value to the Committee of the Northern Hospital. With the assistance of the telegraph it has been brought ready to the scenes of several severe accidents within an almost incredibly short time, and patients with severe injuries have been removed in it to the hospital with as little suffering as was possible. It is to be hoped that the time is rapidly approaching when the ambulance will be an admitted necessity of every Liverpool hospital, and not, as at present, the luxury of one.

THE RECENT ANNUAL MEETING OF THE BRITISH MEDICAL ASSOCIATION.

The fifty-first annual meeting of the British Medical Association has come and gone; and on the whole it has been generally considered a great success. The local papers commented very severely upon the disorder which prevailed at two of the general meetings. But it must be remembered,

however much the disorder is to be regretted, that it would be impossible to introduce subjects of a similar burning character to homœopathy and the Contagious Diseases Acts among any body of professional men without even stronger expressions of disapproval; and considering how much there was to be done in so short a time, it seems only reasonable that the minority should give way to what proved to be an overwhelming majority. With these exceptions everything, from the opening service to the mayor's reception at the town-hall, was most harmonious as well as successful. Bishop Ryle, who has a son at Guy's Hospital, was particularly happy both in his sermon at the opening service and in his speech at the banquet.

DISPOSAL OF VEGETABLE REFUSE.

The discussion of this question at the Public Medicine Section was very opportune at the present time. In Liverpool it has not been found feasible to empty dry ashpits so frequently as is the practice in London and elsewhere. The result is that, unless vegetable refuse be burnt or mixed with a very large quantity of ashes, it becomes a most intolerable nuisance, as well as a source of danger. The general opinion of medical officers of health would appear to be in favour of burning; but the ordinary kitchen fires are ill-adapted for this purpose.

THE ASSIZES.

At the recent trial of the men arrested in Liverpool and St. Helen's, charged with treason-felony, Dr. J. Campbell Brown, of the Liverpool University College, and Dr. Dupré, of the Westminster Hospital, gave evidence as to the explosive nature of the material found in the possession of the prisoners. The former gentleman discovered, by experiments with some taps, also found on the prisoners, the means by which the explosion could be timed so as to occur after an interval sufficient to allow of the escape of the person depositing the explosive. One of the prisoners was acquitted, the others were sentenced to penal servitude for life.

GLASGOW.

(From our own Correspondent.)

THE ROYAL INFIRMARY.

AT a meeting of the Directors of the Royal Infirmary, Dr. James Provan was appointed to the recently created office of Dispensary Physician for Skin Diseases; Dr. John Barlow was elected Lecturer on Physiology, in the room of Dr. W. J. Fleming, resigned; while the other medical officers were re-elected.

HOSPITAL ACCOMMODATION FOR INFECTIOUS DISEASES.

The question of the provision of adequate hospital accommodation for infectious diseases is one which at present attracts considerable attention here. A short time ago Dr. James B. Russell, medical officer of health for the city, issued a very interesting "Memorandum" on the subject, in which he states that "the aggregate fever requirements of Glasgow cannot be estimated at less than 550 to 600 beds." This is independent of 150 beds provided against small-pox. The aggregate hospital accommodation recommended by the Royal Commission for London equals 1.33 per 1000 of the population, with space to extend to 1.48; that now recommended for Glasgow is 1.31 to 1.41. Dr. Russell suggests that this accommodation should be supplied in the form of two separate hospitals of about 300 beds each. These suggestions have so far been responded to by the Town Council that arrangements have been made for the erection of additional pavilions in the grounds of the present fever hospital at Belvidere; this will enable the authorities to deal with 390 cases of fever. The 210 beds still required will be provided when a suitable site has been selected. A new departure is indicated in the published sketch of the official scheme above alluded to; it is proposed to erect at Belvidere two separate buildings for the accommodation of private beds for paying patients. These beds will doubtless be a great boon to many, especially of the "lodger" class, as nothing could, as a rule, be more wretched than the condition of those who have to depend on landladies for nursing in prolonged illness.

While engaged in the consideration of these and other health matters, the Town Council agreed unanimously in increasing the yearly salary of Dr. Allan, Superintendent