

tension, which affects to a very important extent the intracranial circulation.² And when my researches come to be published in full it will, I think, be evident that there is not only a diurnal fluctuation in the excretion of uric acid, with a maximum excretion in the alkaline tide of the morning and a minimum excretion in the acid tide of the evening and early night, but that there is also, for similar reasons, an annual fluctuation in excretion, with a maximum in the warm months (April to July), when the acidity of the urine is at its lowest and the alkalinity of the blood at its highest point, and a minimum in the cold months (November to March), when the urinary acidity is greatest and the alkalinity of the blood least. In the daily cycle the excessive excretion in the morning is, as I have shown,³ largely dependent on the retention of the previous evening and night; so in the yearly cycle the excessive excretion in the warm months is largely dependent on the previous retention in the cold months. Your correspondent specially mentions the onset of hot weather, and this is very interesting, because it is just with the onset of the heat and the first great fall in the acidity of the urine that the great rush of stored uric acid into the blood will take place. Then, again, 6 A.M. to 12 noon—the most frequent time for the fatal act—is also just the time of the largest daily excretion of uric acid—i.e., the time when there is most of it passing through the blood—and the facts I have collected will, I think, fully bear out this observation. In contrast with mental depression and suicide, gout shows us the effects of the opposite, or retention, end of the excretion cycles, for as regards the day its temperature is highest and the pain greatest in the evening and night, and lowest, and the pain least, in the hours of the forenoon; and, as regards the year, Sydenham is very emphatic as to February (towards the end of the retention period) being the month for first or most severe attacks, while he is equally careful to point out that if attacks are absent, or if chronic gout ever relaxes its hold, it is in the warm summer months. As to “lunar development” I have nothing to say, unless the moon is one of the factors in the weather; but valleys are generally more relaxing (equal plus perspiration lowered, acidity of urine, and increased alkalinity of blood) than elevated regions, even if blood pressure does not rise and fall with atmospheric pressure; and Scotland, as I have elsewhere pointed out, is “the land o’ cakes,” but not of roast beef, so that diet may to some extent account for the racial differences your correspondent notices. I am, Sirs, yours truly,

Aug. 7th, 1894.

ALEXANDER HAIG.

THE NORTHERN WORKHOUSE NURSING ASSOCIATION.

To the Editors of THE LANCET.

SIRS,—The revelations that have taken place in regard to the treatment of the poor in some of our workhouses must have convinced a great many people that poor Tom Hood’s poem containing the line

“He’s only a pauper whom nobody owns”

is too true, not only as regards the dead, but unfortunately still more so as regards the living. The public conscience appears to have been aroused, and there is a strong desire that something should be done to make our workhouse infirmaries worthy of being what they really are—the State hospitals of England. The object of the Northern Workhouse Nursing Association is to attain this devoutly to be wished for consummation, and for several years they have been doing their best to improve the nursing in workhouses by providing trained nurses thoroughly acquainted with the duties in a workhouse. It has been found by experience that nurses trained in first-class workhouse hospitals, like Birmingham, Chorlton, Manchester, Marylebone, and several other places, are better suited for the work than those obtained from general hospitals. Already the association has been able to provide twenty-three unions with nurses, and in only one union has there been any friction between the association and the guardians, and in that case we think the public will scarcely blame the association when they know the manner in which the nurses were treated. For instance, the stove upon which the nurses cooked their food was in their bedroom, the paupers’ bath-room answered a double purpose, serving as it did as a pantry in which to keep the nurses food, such as it was. The cleanliness of the

institution can be judged from the fact that one nurse was considered extravagant because she wanted the counterpanes in the lying-in ward to be washed at least once in three months on hygienic grounds. Draw sheets were washed in the patients’ lavatories and dried at night in the patients’ day-room. Hot water was only available for the bath-rooms once a week. Not long since a very experienced union clerk expressed the opinion that the greatest impediments to the employment of trained nurses in workhouses are the master and matron. In some of the large workhouses the persons occupying the positions named are ladies and gentlemen, but even then it is only in very rare cases that the matron understands anything about really scientific nursing, and unfortunately they are too often ignorant of their own ignorance, and do very much less than they might do to make the nurses comfortable. It is impossible to imagine a more short-sighted policy on the part of guardians than that of neglecting to make proper provision for the comfort of their officials. I remember Mr. Basil Caine once saying that “it pays the public to make their officials comfortable, because by so doing they attract the best class of officers, and therefore the work is better done.” Now, if we are to make our workhouse nurses comfortable it will be necessary to place the government of the sick wards on a basis similar to that in force in Scotland, where the board of supervision require one trained nurse for every twenty cases, and if the number amounts to upwards of sixty a lady superintendent must be appointed in addition, and in these cases the matron has no authority of jurisdiction, and of course no responsibility. If the Local Government Board would issue a similar order the work of the Northern Workhouse Nursing Association would be made much easier in one direction, and it would also be made much easier in another direction if the public would assist us financially. The association is doing its best to assist alike the guardians, nurses, and the sick poor, but funds are needed to carry on the work, as the training of each nurse costs about £20. Knowing as we do the good work that has been accomplished we feel that we have a right to appeal to all sensible people to assist in doing our best to cause these horrible workhouse scandals to be only a sad memory of a melancholy past and not a dreadful reality of the present.

I am, Sirs, yours faithfully,

JOHN MILSON RHODES, M.D.,

Chairman of the Northern Workhouse Nursing Association.
Barton Arcade, Manchester, Aug. 6th, 1894.

“THE NEW MEDICAL DEFENCE ASSOCIATION, LIMITED.”

To the Editors of THE LANCET.

SIRS,—In your last issue the secretary of a new medical defence association not only challenges the Medical Defence Union to publish its financial position, but also denies the truth of your just opinion that the floating of a new company to form a third society of the kind is quite unnecessary, since the present machinery is so very efficient and active. The Medical Defence Union has already in the journals and at the recent annual meeting of the British Medical Association widely published its present flourishing financial state, but the council is glad of the opportunity afforded by Mr. Chaldecott’s letter to do so once again and as clearly and prominently as possible, the more especially as the facts entirely corroborate your views. We may observe that, as Mr. Chaldecott knows well the answer to his first question is contained in the balance-sheet and financial statement published some six months ago in the Council’s Report for 1893. No further notice of this or of his second question, which contains two assertions directly contrary to the fact, is therefore called for. Mr. Chaldecott further is anxious that the world should be informed how much cash the Medical Defence Union has in hand to carry on the work of the remaining four or five months of this year. As he declared that his new company to his knowledge possesses more than double the property of the two previously existing societies taken together, he must be able himself to answer his own question. Since, however, your readers may desire to have some true idea of the position of the Union, we may state that the cash in hands amounts to some hundreds of pounds, a sum, in fact, greater than the Union has previously possessed at a corresponding period of the year. The following statement, which was extensively circulated at Bristol last week, and is being sent to every

² Brain, 1892 and 1893.

³ Uric Acid, second edition, p. 14 et seq.

member of the Union, speaks for itself, and clearly shows that the Union is neither ruined nor defunct, as has been falsely reported by some who are opposed to it:—

"PROGRESS DURING 1894.

"Six hundred and eighty-three new members have already joined this year, an increase larger than has occurred in any whole year previously.

"Total membership is now 3607, the resignations having been less than 1 per cent.

"The guarantee fund now exceeds £5000, and forms a splendid reserve fund, *which remains untouched, no necessity having arisen to call upon it.*

"*Finance.*—All claims for working, legal and other expenses, have again been wholly defrayed out of the annual income. *The Union is therefore quite free from debt and has ample funds in hand.*

"*Business.*—Twenty-three Council, and numerous Committee Meetings have been held during the half-year, and nearly 400 applications for assistance have been successfully dealt with on behalf of members."

Apologising for thus trespassing upon your valuable space,

We are, Sirs, yours faithfully,

A. G. BATEMAN,

J. A. MASTERS.

Hon. Secs. Medical Defence Union.

Aug. 8th, 1894.

"A DANGER OF THE ELASTIC TOURNIQUET."

To the Editors of THE LANCET.

SIRS.—I read with interest the account given in this week's issue of THE LANCET, by your correspondent "Medical Officer," of the unfortunate sequel to the use of the elastic tourniquet which he has experienced. I have not met with a case like his, so far as the actual cause of the injury is concerned, but I have notes of a case which has so many points in common that I venture to relate it in the hope that your correspondent may derive benefit from the treatment that was adopted for its relief, and also encouragement from the ultimate satisfactory result. During the time that I was officiating as assistant electrician at St. Bartholomew's Hospital a case of ulnar paralysis came under my care which was brought about by the undue pressure of an internal angular splint upon the ulnar nerve just above the elbow-joint. The paralysis affected all the muscles of the forearm and hand that receive their enervation from the ulnar. There was great loss of power in the affected group of muscles and also well-marked wasting of the interossei, particularly noticeable in the first interosseous space. The ring and little fingers were partially flexed into the palm and could not be extended owing to the participation of the two inner lumbricales in the paresis. The muscles when tested with the "coil" current reacted well, though somewhat sluggishly. No muscle gave the reaction of degeneration. The case was treated with the faradaic bath, a daily immersion for about half an hour being ordered. The subsequent progress of the case was satisfactory, and when the treatment had extended over a period of six weeks the paralysed muscles had regained much of their natural power, and great improvement in the wasting had taken place. At the end of three months the wasting had entirely disappeared and the muscular power had returned to its natural state. This case, then, it will be seen, though differing from that of your correspondent in the actual exciting cause of the mischief and in the nerve implicated, has these points in common—that there were well-marked loss of power and wasting in the group of muscles affected and that there was no reaction of degeneration. The latter circumstance lends a hopeful aspect to your correspondent's case, and I have little doubt that were he to adopt a similar line of treatment the same happy result would follow.

I am, Sirs, yours faithfully,

Aug. 7th, 1894.

F.R.C.S. ENG.

THE CHELSEA HOSPITAL APPOINTMENTS.

To the Editors of THE LANCET.

SIRS.—I am not one of those gynecologists who would prevent the obstetric physician from operating, though I do not like to mix up obstetrics and abdominal surgery, but I strongly protest against him having the field all to himself. In the above appointments the qualifications required are

just about as germane to the appointments as the D.Sc., the D.P.H., or the F.C.O. I fancy it would be better for surgery generally that a class of operations that are unexcelled for not merely the surgical difficulties and gravity of their nature, but which demand high surgical instinct and the "surgeon's conscience," if I may trespass on the cant phrase of the day in politics, should be usually performed by surgeons, and I consider it an outrage that they are excluded from an essentially surgical appointment. It is a different thing, allowing obstetric physicians to operate and shutting the surgeon out altogether from his legitimate domain. As to the Chelsea results, inquiry would probably show that they can be matched elsewhere; hospitals which are flooded with obstetric physicians and general practitioners who operate without undergoing special training in surgical work everywhere produce the same results. Abdominal surgery has lived on statistics, and she will probably end by being devoured by her own children. If I lose a patient after an operation for piles, nobody troubles about it; if I open the abdomen there are the inquiries of the moralist, the antiseptic cranks of all kinds, the sex imbeciles, and a thousand and one faddists of one kind and another. But one may very well suggest in these days of progress that a mortality, after abdominal section for all causes, that averages more than 10 per cent. calls for the notice of the hospital staff and its careful consideration; where the mortality exceeds 12 per cent. the hospital committee should inquire into it too.

I am, Sirs, yours truly,

GYNÆCOLOGIST.

July 30th, 1894.

LIVERPOOL.

(FROM OUR OWN CORRESPONDENT.)

Coroners' Inquests and Post-mortem Examinations.

AS mentioned in a previous letter, inquests were held during the year 1893 by the city coroner on 957 bodies—563 males and 394 females. For the first time the number of cases in which a post-mortem examination was ordered was 112. It must be borne in mind that the coroner made informal inquiries into 605 other deaths, making a total of 1562 inquired into by him. The proportion of necropsies to inquests was 11·7 per cent.; to the total number of inquiries 0·717. It would be interesting to know what are the proportions in other coroners' districts, and it would be very satisfactory if details of these 112 necropsies could be secured, since it is obvious that such would form valuable contributions to pathological anatomy. A certain proportion of these necropsies are held in the mortuary at the Prince's Dock, to which, during the last year, fifty-six bodies were removed from the city and twenty-eight from the river—in all eighty-four. Attached to the mortuary, but under a separate roof, is a post-mortem chamber, where every convenience for the proper performance of such examinations is provided.

Viewing the Body.

It will be obvious from the preceding statistics what a relief the adoption of the proposal to dispense with viewing the body would be to Liverpool coroners' juries. In the good old days when each juror received a shilling there used to be many more jurors than were required—quite a crowd of them waiting outside the old coroner's court. It is not so now. Though every consideration is shown for them, and they are conveyed in a private omnibus from the court to all the various hospitals, the workhouse, the mortuary, or the private dwellings where bodies are lying for view, the office of inquest juror is thoroughly unpopular, and viewing the body is a most repugnant duty. At the mortuary this is now often done through a glazed partition.

Murderous attack on a Medical Superintendent by a Lunatic.

The many friends of Dr. Joseph Wiglesworth, the able medical superintendent of the County Asylum at Rainhill, will be extremely sorry to learn that he has been the victim of a murderous attack by an insane patient, who had a large wall-hook concealed up his sleeve. With this he stabbed Dr. Wiglesworth in the throat, inflicting a serious wound. The assailant was promptly secured, and Dr. Wiglesworth was attended to by Mr. Damer Harrison, of Liverpool. At an early hour this morning he was progressing favourably.

Aug. 8th.