

virus attacks the heart in the first instance and appears to hesitate in fixing itself upon the joints." My object in publishing the results of the plan in fifty cases was to prove that the local treatment, fully and efficiently carried out, is all-sufficient in the very large majority of cases to remove the disease rapidly and safely, and without necessitating the internal employment of such large doses of alkali which, while undoubtedly tending to counteract the acid *materies morbi*, considerably impair for some time the general health and tone of the constitution of the patient.

The blister plan acts quickly, decisively, and to the point: at once throwing out the poison, diminishing the temperature of the body, restoring the urine to its normal reaction, and, without interfering in any way with the digestive powers of the alimentary canal, rapidly allows of the return of the appetite. Such a result is cheaply bought at the expense of a little pain.

And, in conclusion, I sincerely wish that THE LANCET could send a Commission into the wards of the London Hospital to interrogate patients who have undergone, and those who have applied the remedy, as to the efficiency of a method of treatment which, if adopted in true cases of rheumatic fever, will be found, I believe, to be the most rapid and effectual mode of combating that agonizing and dangerous malady.

I remain, Sir, yours obediently,

Finsbury-square, Aug. 1865.

HERBERT DAVIES, M.D.

* * We are very happy to insert Dr. Davies's interesting letter. We never disputed the efficiency of his method of treatment, nor maintained that the *principle* of treatment was different in hospital cases and in private cases. Ten blisters is a question of practice rather than of principle; Dr. Davies himself admitting that they operate in the same way as alkalies. We could wish that Dr. Davies had stated more explicitly his objections to the alkaline treatment, which seems to us as efficient as, and free from the faults of, his own.—ED. L.

SUPERVISION OF EXAMINATIONS.

To the Editor of THE LANCET.

SIR,—As the notice taken in last week's LANCET of my presence at the recent examinations of the University of London will, I fear, lead to misapprehension of the nature and purpose of my altogether unimportant visit, I am anxious, with your leave, to explain that in consequence of the absence of the registrar, now on the Continent on account of his health, I and another member of the Senate, Dr. Storrar, undertook to attend at Burlington House on the days of the *vis-à-vis* examinations, in case of any difficulty arising in the distribution of the candidates among the several sets of examiners.

It is true I passed a few minutes at the oral and practical examination on anatomy; but chiefly in order to see what sort of accommodation there was for carrying it on, and not with any view of "supervising" the examination. Nothing, indeed, was farther from my mind, during my very brief interview with the examiners, than the notion of criticizing or amending either their written or oral questions, and that too in the presence of the candidates.

But while I on this occasion equally disclaim the merit of official supervision and the demerit of officious interference, I may, without impropriety, venture to express a confident expectation that the Branch Medical Council of England will in no long time be able to arrange a visitation of examinations in as effectual a way as present circumstances will admit.

I remain yours faithfully,

14th August, 1865.

W. SHARPEY.

DISTRIBUTION OF FEVER CASES IN GENERAL HOSPITALS.

To the Editor of THE LANCET.

SIR,—Dr. Anstie's letter, relating to the Distribution of Fever Cases in General Hospitals, which was published in your journal of June 10th, calls for a reply. This letter, to judge from its date (March 24th) and from expressions used in it, seems to have been originally intended as an answer to one from Mr. Holmes, which appeared in your journal of the 18th of March. But as Dr. Anstie's main object is clearly to combat certain views which he assumes that Mr. Holmes and

myself in our report on hospitals have adopted, and to refute the arguments on which he assumes these views to have been based, I prefer to regard it as a criticism on our report, and in that sense to deal with it.

Dr. Anstie seems to advocate in his letter, as we have advocated in our report, the admission of fever cases into general hospitals; but he contends that they should always be treated in special wards, and never interspersed in the general wards among other patients; and in endeavouring to establish his own views, he appears to regard us as the uncompromising champions of the system which he so strongly condemns.

I hope, in the first place, to show that he has misunderstood our meaning. Mr. Holmes and myself, in the course of our inquiry, could not help observing the great poverty of the medical practice in those hospitals, with scarcely an exception, which in our report we have termed rural. We found that this was due in part to the system of admitting medical patients by governors' letters, in part to the systematic exclusion of fever cases—the term "fever case" including intentionally all typhus and enteric cases, and also (as was shown in our report) unintentionally, yet almost of necessity, a very large number of those uninfected acute medical cases which almost more than any other cases require for their successful treatment those special advantages which an hospital is designed to afford. On these grounds, and on others which I need not specify (since on this subject Dr. Anstie and ourselves are in accord), we maintained that all hospitals professing to be general hospitals, professing to bestow most beneficially for the poor themselves the benefits of hospital treatment, ought to be in a position to receive and to treat, and ought to receive and treat, so far as their means allow, all applicants, whether they be suffering from fever or not.

Having come to this conclusion, the question naturally arose, What arrangements should be made in regard to the reception of fever cases? Feeling that there is, and doubtless will be for years to come, a practical difficulty in making generally any distinction between typhus and enteric fevers, and that (excepting a few institutions where fevers are specially studied and understood) the rules made in reference to one form of fever will be applied equally to the other form of fever; feeling that in the case of almost all rural hospitals the fever to be dealt with is exclusively enteric; feeling that the admission of typhus cases, in small proportion and with proper precautions, into suitable general wards, is a source of very little danger to other patients, while the accumulation of them in special wards is a very real danger to the medical attendants; we advocated that in places and in years in which fever is not epidemic, fever cases, provided the hospital be properly constructed and arranged, should be admitted for treatment into the general wards in some defined small proportion; but we also advocated that as far as possible no fever applicants should be rejected, and that if their numbers should at any time surpass that which had been fixed on as the maximum limit for admission into the general wards—as would most probably be the case during epidemic prevalence—then wards should be set apart specially for their reception.

I wish it to be quite clearly understood that we never contemplated, far less advocated, the admission of typhus cases in unlimited number into general wards among other patients; we never dreamt of recommending that typhus patients should be mixed with other patients in hospitals which, from their construction and arrangements, are ill-adapted for the purpose; and among hospitals of this kind we specially included a large number of rural hospitals, and I certainly include the larger number of our London hospitals.* We judged, not from the results in all hospitals admitting typhus, but from the history of the hospitals with which we were severally connected, and from that of some others, that such a limited admission of typhus as we contemplated might, with what seemed to us slight danger to patients and much general advantage, be adopted as the rule in hospitals with large, thinly-bedded, well-ventilated wards.

It is possible that these views were not so clearly defined in our report as they should have been. The large amount of material we had to deal with, and the very short time allowed us for digesting it and for writing our report, led unfortunately to the matter of the report being in many respects imperfectly arranged, and to our opinions being in many places loosely

* Hospitals with small wards, or with wards communicating with the external air by windows on one side only, seem to me, as a rule, not adapted for the reception of typhus.