

Among the contents of this well-known and useful compilation will be found the war and meritorious services of officers, the names of famous battleships, dates of commissions and retirements, royal orders, medals, decorations, &c., and the story of the services for which the Victoria Cross has been bestowed. Not the least valuable part of the book is the complete alphabetical list of the officers of the Royal Navy and Royal Marines. Messrs. Witherby and Co., 326, High Holborn, and Newman's-court, Cornhill, are the publishers.

## Correspondence.

"Audi alteram partem."

### "ISOLATION HOSPITALS."

To the Editors of THE LANCET.

SIRS,—Three of the 33 large towns of England and Wales may be dismissed from consideration because isolation in these towns has been carried out too imperfectly to give any value to their returns. Taking the 30 remaining large towns we find that 19 of these immediately after adopting notification, &c., commenced to increase their numbers of notified cases. The suggestion that the epidemic prevalence of scarlet fever is characterised by periodicity is negated by the fact that these towns came under notification, &c., at varying periods. Amongst the towns and cities which did not yield an *immediate* increase London comes first. In the registration County of London there were notified, in 1890, 15,330 cases of this disease. There was a fall the following year to 11,398 cases. But the proof is absolute that the hospitals of the Metropolitan Asylums Board cannot be credited with this temporary improvement in the fact that the cases had mounted up in 1892 to the somewhat startling number of 27,093, and the year following to the enormous number of 36,901.

Other exceptions to the general rule of immediate increase in the number of notified cases on the adoption of notification, &c., are Bradford, with from 1881 to 1887 (inclusive) the following figures: 424, 408, 352, 493, 786, 1118, and 1308; Nottingham, from 1883 to 1889 (inclusive), 428, 384, 390, 351, 615, 643, and 1047; Hull, from 1890 to 1897 (inclusive), 377, 305, 497, 769, 744, 1062, 1454, and 1495; Sunderland, from 1886 to 1890 (inclusive), 328, 270, 506, 751, and 921; Derby, from 1890 to 1894 (inclusive), 346, 318, 470, 501, and 513; Plymouth, from 1889 to 1892 (inclusive), 470, 352, 239, and 1264. Finally, Wolverhampton, which from 1890 to 1894 (inclusive) had 500, 419, 242, 623, and 1096 cases. I am certain, Sirs, that the significance of figures such as these will not be lost on the readers of your valuable journal. They demonstrate plainly that the pest houses miscalled isolation hospitals are, regarded as preventive institutions, a delusion and a snare, a mockery which puts us as men trained in scientific pursuits to shame. If the sanitarian refuses to look this question squarely in the face depend upon it the economist will do it for him and that speedily, and it will be a day of humiliation for the former when this comes to pass.

Dr. A. J. Tonkin wishes me to explain why the number of notified cases diminished in Bolton during the years 1889 to 1894 (inclusive). It may have been for the same reason that the fall in 1896 in Nottingham followed the highest percentage of removals—namely, that the people of Bolton were learning by experience what the people of Nottingham were being taught by the sanitary authority—i.e., that hospital-treated cases could not be received back home with any degree of safety, the wisdom of sending such patients into the rural districts (where they would most certainly establish new centres of infection) being recognised. But if, for the purposes of argument, it be granted that "isolation" (strange misnomer!) was the cause, how comes it that the preventive institution which had reduced the number of cases in 1894 to 267 could not prevent the increase in 1895 to 495, in 1896 to 816, and in 1899 to 1226 cases? Again, if the reduction in 1896 in Nottingham was the result of the high percentage of removals the previous year, how does it happen that the high removal percentages of 1896 (86) and 1897 (90) did *not* prevent the enormous increase in 1899 to 2580 cases? Surely the increase from 517 (1897) to 931 (1898) and 2580 (1899) is a strange harvest for a preventive institution to reap!

To turn to a city in which Dr. Tonkin is peculiarly interested—the city of Manchester—there was a decided fall in the number of notified cases in that city in the years 1897–98, but your correspondent would hardly credit "isolation" with this passing improvement seeing that, from her earliest experience of notification, &c., Manchester had steadily increased her annual number of notified cases up to that period. Here are her figures.

Year.	Cases notified.	Percentage of Removals.
1891 ... ..	1138	61.9
1892 ... ..	1671	58.8
1893 ... ..	2031	58.3
1894 ... ..	2230	66.0
1895 ... ..	2302	71.3
1896 ... ..	2387	73.9
1897 ... ..	1790	79.7
1898 ... ..	897	73.1
1899 ... ..	1461	75.0

Compare Manchester with her suburb, Gorton, and we shall find that a high percentage of removals is but a broken reed at best.

In his annual report (1898) Mr. A. W. Martin indicated pretty clearly to what, in his judgment, must be attributed the spread of scarlet fever. Gorton, with its exclusively working-class population, is compared with 12 of the large towns and Manchester. His words are:—"Out of each 1000 of the population the following numbers of scarlet fever cases occurred: average of five years, 1892–96, 12 notification towns, 4.43; Manchester, 4.05; Gorton, 3.3. The 12 notification towns and Manchester remove over 50 per cent. of their cases. Gorton 15 to 20 per cent."

Dr. Tonkin thinks that I am accusing him of unworthy motives when I suggest that he should have carried the upward curve for Nottingham (1899) to 2580 instead of leaving it at the point 1500. Not so. I passed lightly over the omission because I saw, in the first place, that he was unable *without nearly doubling the size of his chart* to get the splendid (!) results achieved by this city into it; and I had another reason which Dr. Tonkin may or may not appreciate: I thought I recognised in your correspondent a fair-minded opponent whom it would have gone "against the grain" to treat with undue severity. In the same spirit I pass over his observations about return cases, contenting myself with the remark that the accepted definition of a "return" case is "a case arising in the home to which a discharged patient has returned within three weeks of such return." Dr. Tonkin has joined issue with me in the judgment I have passed on this absurd definition when he claims that cases which arise through contact with discharged patients elsewhere than in the home should be classified as "return" cases.

In conclusion, Sirs, I should like to call attention to a cognate question of supreme importance to the people of this country—What is the explanation of the extraordinary prevalence of diphtheria at the present time? What baleful part is being played by the isolation hospitals in this matter? Last year in the registration county of London there were notified 13,711 cases of diphtheria. In Leicester the number of cases largely exceeded the number of scarlet fever cases. Is the explanation to be found in the *protracted infectivity* of hospital-treated cases to which I have frequently called attention? It would seem so from a case to which the medical officer of health (London) calls special attention. "A remarkable instance was that of a child who had been discharged from the hospital in August. Her mother contracted diphtheria in October and the child being sent to her father he also caught the disease. Later she went to stay with relatives in Fulham and her cousin got diphtheria. A visit to her uncle and aunt at Kingston was equally unfortunate, for both those relatives fell victims to the disease." Is this at all like anything we see in private practice?

I am, Sirs, yours faithfully,  
Nottingham, Jan. 12th, 1901. EDWARD DEAN MARRIOTT.

### THE SALE OF DRUGS UNDER THE PHARMACY ACTS.

To the Editors of THE LANCET.

SIRS,—It is my duty to inform you that a joint meeting of the Glasgow Southern Medical Society, the Glasgow and West of Scotland Branch of the British Medical Association, and the Glasgow Eastern Medical Society was held in

Glasgow on Jan. 23rd, 1901, to consider the action of the General Medical Council in their recent decision respecting the sale of drugs and poisons by persons not qualified to act as pharmaceutical assistants under the Pharmacy Acts. The following resolutions were adopted:—

That this meeting, having considered the recent circumstances of the action of the General Medical Council, is of opinion (1) that a written representation be made to that Council that their recent decision is, in the opinion of this meeting, unwarrantable in terms of the indictment and interferes with the rights and privileges of the profession as embodied in the Medical and Pharmacy Acts; and (2) that a committee of this meeting be appointed to oppose the Pharmacy Act (Amendment) Bill before the coming session of Parliament and to call the attention of the licensing bodies and the universities thereto.

There were reporters present at the meeting and a fairly full and accurate report of the proceedings will be found in the Glasgow daily papers of Jan. 24th, 1901.

I am, Sirs, yours faithfully,  
AND. WAUCHOPE

Editorial Secretary, Glasgow Southern Medical Society.  
Crown-street, Glasgow, Jan. 26th, 1901.

### "WHAT IS 'COGNAC BRANDY'?"

To the Editors of THE LANCET.

SIRS,—Unwilling as we naturally are to encroach upon your space at such a time as the present, we yet trust that you will give us an early opportunity of replying to certain remarks which appeared in THE LANCET of Jan. 26th that are calculated to unduly prejudice the British public against the trade in cognac brandy in general and against our two firms in particular. We refer to your notes regarding a case heard on Jan. 14th in Dublin before the Lord Chief Justice and a special jury, in the course of which one of the defendants is reported to have said that such a thing as cognac made from Cognac grapes exclusively did not exist on the market.

Cognac, as everyone knows, is a town, not a vineyard, and the Cognac district has always been recognised as comprising the departments of the Charente and Charente Inférieure, a geographical, not a qualitative distinction. Assuming, therefore, that by "Cognac grapes" the defendant meant grapes grown in the Cognac district, we have no hesitation in stating that he betrayed, to say the least of it, a lamentable ignorance of the subject with which he was dealing. In proof of this we have only to point to the fact that there are now being offered on the market brandies of the last vintage, the pure produce of the Charente, which cost the English importers less than did the vintage of 1878 and many others of the ante-phyloxera days. His allegation that our brandies were made in the same way as his own we can afford to leave to the opinion of the public who are the best judges of fine quality.

No fear need be entertained on the score of the supply of good cognac brandy at moderate prices, for the vineyards have been extensively replanted and the stocks of pure brandy in the hands of the Cognac shippers are larger than they have been at any time since the visitation of the district by the phylloxera.

We are, Sirs, your obedient servants,  
JAS. HENNESSY AND CO.  
MARTELL AND CO.

Cognac, Jan. 28th, 1901.

### "THE EFFICIENCY OF LIQUID EXTRACT OF ERGOT."

To the Editors of THE LANCET.

SIRS,—I think most practitioners will agree with Mr. J. C. McWalter that the ordinary liquid extract of ergot is a most unsatisfactory preparation. I have used it largely, have tried many preparations and have found them all inert. On the other hand, I think if there is an established fact in medicine it is the power of ergotine to arrest hæmorrhage. It matters not whence the hæmorrhage proceeds, from the uterus, the stomach, the lungs, or the nostrils, I have found it equally efficacious. Ergot and uterus are like hand and glove and need no illustration. In profuse epistaxis and hæmoptysis there is no remedy, I think, equal to a hypodermic injection of ergotine. Time and again I have seen this, and that, too, after all other methods of treatment had failed. The objection that abscess is very apt to follow the subcutaneous treatment is not of much weight. Only once have I seen this result and that was in a case of post-partum hæmorrhage, when I had to trust to the nurse to perform the

operation. She simply inserted the nozzle of the syringe under the skin instead of plunging it boldly into the muscular structure. If this latter instruction is observed I believe bad effects will be rarely seen. I agree with all that Mr. McWalter says, and only add that the sooner the preparation called liquid extract of ergot is banished from the Pharmacopœia the better.

I am, Sirs, yours faithfully,

J. BRISBANE, M.D. Glasg.

St. John's Wood-road, N.W., Jan. 28th, 1901.

### "THE EXAMINATIONS FOR THE SWISS FEDERAL DIPLOMA."

To the Editors of THE LANCET.

SIRS,—In THE LANCET of Jan. 26th, p. 282, a letter appears from Dr. Edward H. Douty describing the above examinations in rather lurid colouring. Amongst other things he says: "I am the first Englishman to obtain the diploma under these regulations. It is 10 years since they were enforced, and meanwhile only one Englishman has attempted, and no one has succeeded, in obtaining the diploma." This might lead your readers to assume that Dr. Douty is the only English practitioner who has passed successfully the Swiss medical examinations. This is not the case. I myself obtained the Swiss diploma by passing the full curriculum for qualified practitioners in May, 1891, and there are half a dozen others who have done the same. In his success Dr. Douty forgot his colleagues at the moment of penning his communication to you.

I am, Sirs, yours faithfully,

TUCKER WISE,

Swiss Federal Diploma.

Montreux.

### PROPOSED ALTERATION IN THE MANAGEMENT OF NEW YORK CITY HOSPITALS.

(FROM A CORRESPONDENT.)

THE hospitals in the United States are for the most part administered very differently from similar institutions in Great Britain. In the first instance, it must be understood that, as a rule, the hospitals throughout this country are not endowed and are consequently either dependent upon the municipalities of the towns in which they are situated for the necessary funds to support them or derive their income from paying patients. There are few entirely charitable hospitals in the United States. The large majority of them charge any sum from five dollars (£1) weekly to 50 or 60 dollars (£10 or £12) weekly for the privilege of being an inmate and of receiving medical or surgical attendance. In almost all the larger cities, however, there are one or two hospitals the expenses of which are borne by the citizens. In New York, for example, the Bellevue Hospital, with its subsidiary hospitals, Gouvener, Harlem, and Fordham Hospitals, and the Emergency Hospital for Women, are a part of the Department of Public Charities, for the administration of which a grant is made by the city each year. If the money thus set aside were wholly devoted to the best interests of these institutions and of the patients therein this system would probably work fairly well. Unfortunately, it is contended by the opponents of this system that this is not the case and that politics play an important part in the management of the New York city hospitals.

Some time ago Mr. Theodore Roosevelt, the energetic Governor of New York State, appointed a commission, called the Charter Revision Commission, whose duty it was to investigate closely and to propose reforms where considered necessary in the several charters of New York city. This commission has recently completed its session and has published a voluminous report detailing reforms which it has judged would be of benefit to the city at large. Among the proposed amendments is one dealing with the control of the city hospitals. The amendment in question provides that on Feb. 1st, 1902, the control and management of Bellevue Hospital, including its subsidiary institutions, Gouvener, Harlem, and Fordham Hospitals, and the Emergency Hospital for Women, shall be taken from the Department of