

Helen Greig and Davida Greig, and his two nephews, Robert Greig and James Thompson Greig.

The will of William John Gruggen, M.D., of Liverpool, who died on March 22nd last, was proved on the 11th ult. by Mrs. Elizabeth Harriet Gruggen, the widow, Mr. William Gruggen, the son, and Mr. James Lanison Gauntlett, the executors, the value of the personal estate amounting to over £6000. The testator bequeaths to his wife £1000, the cash in house to the extent of £100, and all his plate, pictures, furniture, and household effects (excepting some family plate and pictures which she is to have for life only); to his sister-in-law, Janet Wilday, £250; and legacies to god-children and servants. The residue of his real and personal estate is to be held upon trust for his wife for life, and then for his son William.

The will of James Palfrey, M.D., of 39, Brook-street, Grosvenor-square, who died on April 10th last, was proved on the 9th ult. by Mrs. Ellen Mary Anne Palfrey, the widow, and Mr. Frederick Thomas Stanley, the executors, the value of the personal estate exceeding £1900. The testator leaves all his property upon trust for his wife for life, and then for his children.

The will of Augustus Volney Waller, M.D., F.R.S., formerly of Paris, afterwards of St. Mary Abbott's-terrace, Kensington, but late of Geneva, was proved on the 12th ult. by Mrs. Matilda Margaret Waller, the widow and sole executrix, to whom he gives and bequeaths all his estate and effects real and personal.

## Correspondence.

"Audi alteram partem."

### RÖTHELN OR RUBEOLA.

*To the Editor of THE LANCET.*

SIR,—During the last two winters I have had to deal with somewhat extensive and serious outbreaks of Rôtheln; and as the experience gathered in these epidemics differs in some respects from that of Dr. Tonge-Smith, I trust you will allow me a small space, so that a comparison may be instituted. In the first place, nearly all my cases have been in children under fifteen, only two cases having occurred in adults. I have not kept an actual record of the precise numbers. Most of my cases have also occurred either during the months from October to February, or April to June; and I have noticed the same tendency to an epidemic prevalence of scarlet fever and general catarrhal attacks at the same time. Generally there is some premonitory illness—some running from the eyes, cough, and especially enlarged post-sterno-mastoid glands and redness of fauces. So frequently do these symptoms occur, that it is often quite easy to diagnose what is to follow; and if all the above are met with in a child, my experience would lead me to say that a perfectly safe opinion may be given that we have to do with German measles even before the rash appears. As to the general description of the rash, I quite agree with Dr. Tonge-Smith. With regard to the complications, I cannot, however, pass over the important fact that whilst the majority of cases are simple, the rash disappearing on the fourth day and the child practically convalescent, yet occasionally some catarrhal pneumonia occurs, often as the rash is vanishing, and frequently proves fatal; it is a most serious and not infrequent attendant, and no description of the disease which does not take this into account will be complete. It may be that in adults the same sequence does not take place; in my two adult cases the disease was very singularly mild. In none of the cases was there anything which pointed to this complication, unless the fact that the cough was troublesome and bronchial râles were general and abundant all over the chest, but this was not the case very often. Bearing in mind this complication, the prognosis in children should be guarded whenever there is more chest disturbance than usual. Many of my cases were those in poor homes, where the general sanitary condition and dietetic arrangements were bad; but the same thing occurs in private practice, and the younger the child, the more danger there is of such mischief. The diagnosis rests upon the symptoms which have just been referred to, and which if carefully noted will not often lead to difficulty, and the rash is so well-marked and distinct

from all others, that as soon as it appears all doubt will cease at once.

Dr. Bristowe describes the disease as without complications, but I should like to draw attention to a very constant and sometimes troublesome sequela in children, and that is a persistent dry cough, no râles or other mischief being discoverable about the chest, and which is not very amenable to treatment. I believe it is due to enlarged bronchial glands and the irritation they give rise to. Dr. Bristowe also does not seem to have met with lymphatic gland enlargement, but in children this is almost invariably the case; so that in any case of doubt, if I find the post-sterno-mastoid glands enlarged on both sides, I at once feel justified in dealing with the case as one of German measles. As to incubation, ten to fourteen days seem to be the usual period, but in some cases a much shorter time is found to be sufficient. As to treatment, nothing appears to me specially necessary, unless broncho-pneumonia sets in, and then the ordinary treatment for that disease must be proceeded with.

I am, Sir, yours truly,

M. G. BIGGS.

Northcote-road, New Wandsworth, June 19th, 1883.

*To the Editor of THE LANCET.*

SIR,—Would you allow me a few lines to express my emphatic dissent from the unqualified dictum with which Dr. Tonge-Smith commenced his paper on the above disease in your issue of June 9th.

Dr. Tonge-Smith commenced by stating that rôtheln is "essentially a disease of adult life." During the last few years very many instances of epidemic prevalence of this disease have come under my notice, and the disease has on each occasion appeared to be, like measles, scarlatina, and, as I believe speaking from a limited experience in an unvaccinated community, probably small-pox, essentially a disease of childhood. Of course it does attack unprotected adults, and I have occasionally had opportunities of noting the exceptional and even fatal severity of such attacks, especially at the onset of the disease.

The most notable feature connected with rôtheln, or rubeola, has appeared to me to be the very divergent characteristics which cases in the same epidemic, and even in the same family, may present. In some the characteristics of measles predominate, in others those of scarlatina, while others present a distinctly diphtheritic type. It is certainly most desirable that the Registrar-General should frame a separate entry for the disease, under whatever designation he may decide upon. A few months ago I was called upon to investigate an extensive and, as the original source of infection was common, I believe unmixed epidemic of rôtheln. Four fatal cases occurred in less than a month. Each case was certified by the medical attendant as rôtheln, but appeared in the quarterly returns of the Registrar-General as measles. I am, Sir, yours, &c.,

Shrewsbury, June 13th, 1883.

W. N. THURSFIELD, M.D.

### PUBLIC PROVIDENT DISPENSARIES.

*To the Editor of THE LANCET.*

SIR,—A meeting of the Metropolitan Provident Medical Association was held recently for the purpose of promoting the establishment of self-supporting provident dispensaries among the working classes. The following motion was put and carried:—"That this meeting is of opinion that great public advantage has attended the successful establishment of self-supporting and self-governing provident dispensaries by the Metropolitan Provident Medical Association, and that exertions should be made to obtain the moderate sum required to extend the system throughout the metropolis and its environs."

A good deal may be said in favour of the Association and its work and something also in the way of caution. Its principles and methods are, of course, essentially different from those of the supporters of private dispensaries. The latter sacrifice their professional feeling to commercial speculation, gain being the primary object; the aim of the former is, I believe, less the filling of their pockets than the amelioration of the workman's lot, and the medical men employed by them are in the position of salaried officials. The benevolence of intention existing among the originators of the scheme, at least, must be received with respect, but we must remember that