

numerous and valuable research expeditions, cannot obtain all it requires for the instruction of its students; hence I believe the difficulty might be solved by the provision of a well-equipped laboratory on board a vessel of from 800 to 1000 tons burthen. Such a ship would be able to visit any portion of the globe, could ascend large navigable rivers, and would be the means of bringing back a store of most valuable material both for museum and teaching purposes. It would be the duty of whoever was placed in charge to conduct abroad the best students in tropical medicine of any year. Participation in such an expedition would be the prize of diligence and ability, and in such a laboratory both tutorial and research work could be conducted during the voyage. Doubtless a certain number of graduates would welcome the opportunity for such a course of study, as opportunities would be afforded for visiting tropical hospitals and laboratories in different countries. If properly approached I believe those in charge of such institutions would be glad to assist in every possible way, and they might be repaid by demonstrations of new technique and interesting specimens. These institutions are often in cities on or near the sea, as, for example, Calcutta, Bombay or Madras, Cairo, Alexandria or Leopoldville, Hong-Kong, Rio de Janeiro, Manila, and so on. It is on the littorals of tropical countries that dengue, yellow fever, and other important diseases occur, and in the event of epidemics the infected places might be speedily visited and perhaps materially aided and benefited, while at all times the collection of specimens bearing on tropical medicine would form a most important duty. Specimens could be brought back in good condition, diseases studied on the spot, and parasites, especially blood parasites, observed in a living state. It will be at once apparent that such a laboratory ship could be utilised for the study of zoology, especially economic entomology, botany, geology, and hygiene, all subjects more or less intimately connected with tropical medicine.

The *Challenger* Expedition is still remembered. This scheme would provide for a kind of perpetual *Challenger*, and would, I think, challenge comparison favourably with any existing method of giving instruction in diseases of the tropics. It seems to me that it is largely a question of money, for difficulties as regards stability at sea, which are important in connexion with microscopic and other delicate work, might possibly be surmounted by the application of the principles of the gyroscope. I commend this idea to the consideration of those responsible for the teaching of tropical medicine to students in temperate climates.

Little or no notice has been taken of the suggestion save by some of the colonial newspapers, an enterprising firm of shipbrokers, and by the late and lamented Professor Cunningham of Edinburgh, who saw at once the great possibilities of such a laboratory and the opportunities it offered for the study of anthropology and comparative anatomy, subjects not so closely allied to tropical medicine as those above cited. That the arguments advanced were sound has again been recently proved.

Dr. C. W. Daniels writes me from London thanking me for specimens of the parasites of quartan malaria, and stating that their stock of slides exhibiting these organisms is well-nigh exhausted. Dr. J. W. Stephens writes me from Liverpool in the same strain as regards *Leishmania donovani*. But I think even more of the clinical opportunities than the pathological. How often does one hear a medical man in the tropics exclaim, "I am sure I don't know. I have never seen a case." Moreover, it is a great matter to observe cases under conditions in which they naturally occur. A case of sleeping sickness in London may give very little idea of the same disease as it occurs in Uganda; a case of blackwater fever in England may differ very considerably from the same dreaded complaint on the West Coast. There is a vast deal in environment, in tropical conditions, a vast deal to note both as regards symptoms and treatment. Think how tropical hygiene might be studied by those fortunate enough to travel in such a vessel. The ordinary medical man at home, however he may read and re-read the excellent manuals on tropical sanitation which now exist, has, I am convinced, but a vague idea of the conditions which obtain in tropical countries and the problems to be faced. The work must be learned practically after the theoretical foundation is laid, but I submit that the student should have this practice, not the man who comes out to take charge and who, without it, will lose time—valuable time which spells human lives. I write with some experience and because I am conscious of mistakes made and opportunities lost solely from lack of experience. That our English Schools of Tropical Medicine have accomplished a great deal I would be the last to deny. They have been a boon to mankind, but if, under the control of the Colonial Office, a marine floating laboratory was affiliated to these schools their usefulness would be increased four, ten, a hundred-fold. Apart from anything else, what a link such a laboratory would be in binding together the Mother country and her colonies in humanitarian bonds, in establishing relations between schools at home and their *alumni* working in the dark places of the earth! The thought is a fascinating one, but it is chilled by the bogey of expense. Still money is found, rightly and readily found, for polar expeditions.

Valuable though these may be, can they for a moment compare, as regards benefit to mankind, with repeated expeditions of the kind outlined? Emphatically no. Even in their scientific aspect I do not believe they can serve so useful a function. It is the beginning of a new reign. Is it too much to expect that some of our wealthy philanthropists may mark the occasion by the gift of such an institution? Its value is not to be reckoned in money, but in health and energy and human lives and the spread of knowledge, and the forging of yet another link between Britain and her children.

I am, Sir, yours faithfully,

ANDREW BALFOUR.

Wellcome Tropical Research Laboratories, Gordon Memorial College, Khartoum, June 2nd, 1910.

SOME MEDICAL ASPECTS OF PROPOSED POOR-LAW REFORM.

To the Editor of THE LANCET.

SIR,—In a leading article in your last issue under the above heading you say in reference to some remarks of mine which draw a distinction on principle between public services, such as the Sanitary, which are primarily for the good of the community, and only secondarily for that of the individual, and the Poor-law, which are primarily for the good of the individual, that you cannot appreciate the distinction: "The actual attendance of the Poor-law medical practitioner affects the individual precisely as does that of the public vaccinator."

I should have thought that the distinction generally was clear and well defined. On the principle that *Salus reipublice summum jus*, the State may insist on acceptance by the subject of services which are necessary for the public welfare, and rightly does so without regard to the wishes of the individual who may not even be benefited directly by them. It is otherwise where the services are primarily for the good of the individual. Such services may be also for the well-being of the community in a certain sense, but they cannot be made compulsory without tyranny. The burden, too, of the provision must be considered. As the expense of these services has to be met by the forced contributions of *all*, only the provision of those services coming under the former category has an absolute right to be paid at the public cost. The only justification for the provision of the latter services at the public cost is when they are restricted to a certain class who labour under some necessity not shared by the rest of the community, which may be a sufficient reason for allowing it a special privilege—that is, the granting of such services should be subject to a "test."

The distinction seems to me clear in the instance you quote. The district medical officer, acting for the community, offers his services, which may be *legally* declined by the individual. The public vaccinator likewise offers his services, but these may not be *legally* refused—i.e., if refused without good reason the State punishes the recalcitrant individual. Why is there this distinction, if it is not because in the latter case it is the welfare of the State that is imperilled, and in the other only that of the individual? Where so important a principle as *compulsion* intervenes between these two classes of services, I think I may fairly claim that the distinction I draw is a valid one. I am aware that the Minority Commissioners desire to obliterate this distinction and to apply compulsory methods at the present time unlawful. They are logical in this respect, as nearly all sanitary enactments are compulsory, and as they propose to make the Poor-law a department of public sanitation the methods of the latter require to be adopted. When this is done, no doubt, all *practical* distinction will become obliterated.

Again, you say that as, according to the intentions of both the Majority and Minority Commissioners, "there shall be an important increase in the amount of work done by the medical profession as a whole among the working classes, and also that the increase shall be paid for in part or wholly out of public moneys," it can hardly bring about disaster to the medical profession. Is this sound reasoning? It appears to me that, even granting all the above, the last state of the profession *might* be worse than the present. Let it be granted there is a considerable increase of medical work among the working classes, and that a considerable amount is paid for out of public moneys, I see no reason for admitting

that the aggregate of all professional receipts from the working-classes under these conditions, together with all the public moneys, must necessarily exceed that now received by the medical profession from the working classes. There are many factors to be considered in such a problem. The extra work found for the profession is intended to destroy much of their present work, for its professed object is to prevent disease. If it did not succeed in this it might none the less disorganise a good deal of work that at the present time is fairly remunerative. The multiplication of medical officials under the Minority recommendations, or the enormous increase of contract work under those of the Majority Commissioners, would certainly not make private practice more profitable. It might not unlikely result in levelling down all medical practitioners to, say, a modest income of £200 per annum. There may be some who would not consider such a result disastrous for the profession, but I am not one of them. No doubt there is a class of private practitioners, who would be practically independent of all such changes, whose incomes would not be appreciably affected thereby. There need be no disaster for them, but this class is unfortunately very small when compared with the bulk of the medical practitioners of the country.

I am, Sir, yours faithfully,

MAJOR GREENWOOD.

Hackney-road, N.E., June 25th, 1910.

IS APPENDICITIS CONTAGIOUS?

To the Editor of THE LANCET.

SIR,—I have been interested in reading Dr. Donald Hood's letter in THE LANCET of June 11th in which he asks the question, "Is appendicitis contagious?" I am inclined to answer this question by stating that appendicitis is not of itself contagious, but that the condition of mucous colitis which is so often associated with it, and so frequently overlooked, may be more or less infectious, and in my opinion it is this disease which has led to the large number of cases of appendicitis in the Farnham district which have been commented upon by the medical officer of health. Nearly two years ago I pointed out the relationship of mucous colitis to appendicitis and pericolicitis,¹ and subsequent experience of a considerable number of cases of colitis has given me stronger evidence of the close association of the two conditions. Our knowledge of the surgery of the appendix has become very complete, yet the condition of mucous colitis which may lead up to appendicitis is not sufficiently understood and recognised by the majority of practitioners and some operating surgeons. I make this statement in no egotistical spirit, and with no feeling of disrespect, for little has been written or taught about the subject, and it is new to many, as it was to me a few years ago. Nowhere in Europe, excepting Plombières and Chatel Guyon, is there gathered together such a number of cases of colitis for treatment as at Harrogate, and the fact of these coming from all parts of the world is proof that this disease is very widespread, and gradually becoming better recognised. I have not infrequently heard it said by medical men and patients that everyone passes mucus, which is quite true, but mucus, when normally secreted, should be invisibly mixed with the faeces, but when it is seen in any quantity, except after some strong purgative, it is abnormal, and usually constitutes the condition of mucous colitis. I embrace in the term "mucous colitis" that morbid condition of the mucous membrane of the colon in which the predominating feature is the passing of mucus in the stools, most frequently the result of catarrhal inflammation. Inasmuch as the mucus is seen sometimes in viscid masses orropy strings, and at other times quite membranous and occasionally as casts of the bowel, some have given the name of "membranous colitis" to the latter condition, but the membranous is merely an extension of the mucous form of colitis.

Any source of irritation may bring about colitis, and undoubtedly irritating articles of food assist considerably, and a doctor who traces his colitis to a dust storm in Egypt suggests dust irritation as a cause. It may be in some cases a contributory factor, for we know how dust affects the conjunctiva of the eyes of the motorist, but in by far the largest number of cases constipation is a prominent feature, and is

probably the exciting cause. A localised or general catarrhal inflammation may be set up affecting the caecum or the whole colon and the appendix may become involved by extension of the inflammation. At the present time I have several cases of mucous colitis under treatment which have been operated upon for appendicitis. They all give a history of having suffered with constipation and of having passed mucus before the appendicular attack, and in all probability if the colitis had been successfully treated no appendicitis would have occurred. Sir Frederick Treves, whose name will be always associated with the appendix, fully realised that colitis was the chief cause of failure to relieve symptoms when removal of the appendix was unsuccessful. At the present time I have a lady operated upon by him 11 years ago for appendicitis who states that she had been constipated and passing mucus ten years before the operation, and she has been suffering the same symptoms ever since. In her case the appendix was diseased, but the colitis unrelieved.

Mucous colitis is no new disease, but seems to be more prevalent than formerly. It seems to run in families and is frequently associated with some gastric disorder and, as in the case of gastric disturbances which I have shown before in these columns,² it is usually those of a nervous temperament who are affected, and in both conditions external temperature is a contributory factor in their development. I have reason to think that soil has some influence, for there is an association between the two conditions asthma and colitis, and I have two cases at the present time who suffer with asthma and are better on a gravel soil. It attacks the young as well as the old, and at a meeting of the Medical Society of London some time ago Dr. F. J. Poynton quoted three cases of young children, aged respectively 18 months, 2 years, and 2½ years, who had been operated upon for appendicitis following colitis. The symptoms of colitis may simulate very closely those of appendicitis, and cases are operated upon in which the appendix is found afterwards to be normal, and in my opinion it is safer removed, although it may not have shown any acute morbid changes.

But it is, however, the family doctor, more than the consultant, who can throw light upon the history and prevalence of the disease, and a practitioner who consulted me last December concerning the treatment of his own colitis made the following interesting statement of his experience. He practises in a small seaside town, which, for obvious reasons, shall be nameless, and he tells me that a large proportion of his patients pass mucus with the stools. I have recently communicated with him, and he writes: "I believe there is something in the locality or atmosphere which makes it so common here, but yet, on the other hand, I believe it is common elsewhere but overlooked. I had it myself, and that is why I am probably up against it more than I should otherwise have been, for until I noticed my own case the trouble here had not been noticed by me. I find that men, women, and children—even babies—suffer from this trouble. I believe that it is often overlooked, and that if the other doctors here and elsewhere looked for it they would find it extremely common. This statement I make from the large number of cases I get of people from London and elsewhere who send for something else, and upon inquiry as to the bowel condition I find an enormous percentage have suffered, and are suffering, from mucous colitis. My own small son has just returned from the Midlands with a very bad attack; he has repeatedly had them here, and many children I attend suffer in the same way. I am certain that it runs in families, and not only in families but in members of the same household and community, pointing rather to some infection. My wife, myself, and my young son have all suffered from it. I find it much more common after winds and cold damp weather, the winds preceding attacks being East, N.E., and S.W., which latter are very cold here. The neurotic theory I cannot accept, for just now I have our butcher (one of the finest specimens one could meet in any country, and otherwise as sound as a bell) laid up with a bad attack, and I get policemen, soldiers, postmen, railwaymen, &c., all the same, and there is not much kudos to be got by the navy, railway porter, or soldier out of nerves." In acknowledging this communication I inquired if there was much appendicitis in this particular district, and the reply I received was as follows: "No; these cases don't have true appendicitis,

¹ Brit. Med. Jour., July 11th, 1908.

² THE LANCET, April 14th, 1906. The Influence of the Nervous System and External Temperature upon Certain Circulatory Changes Concerned in the Etiology of Catarrh, Ulcer, and Simple Dilatation of the Stomach.