

of soldiers that have been discharged from the army during the ten years ending 1908 suffering from tubercle of the lung, said:—The number of men so discharged were as follows: 1899, 224; 1900, 328; 1901, 350; 1902, 334; 1903, 301; 1904, 440; 1905, 333; 1906, 400; 1907, 304; 1908, 272. While in hospital patients were kept apart from other patients and treated generally as cases of infectious disease. On discharge a notification was sent to the medical officer of health in the town or district where the man proposes to reside.

Correspondence.

"Audi alteram partem."

REMINISCENCES OF CHOLERA.

To the Editor of THE LANCET.

SIR,—I have just read with great interest in THE LANCET of Sept. 25th, p. 948, a letter under "Looking Back" entitled "A Severe Case of Cholera," and contributed to your columns 78 years ago by Mr. J. Burgess, apothecary to St. Giles's Workhouse. I believe it must be the description of a case illustrated by a picture which was so strikingly real that I kept the volume of THE LANCET containing the picture always at hand so as to be able to show it to any friends who had never seen a patient with this fearful disease. I always thought it was a sketch by the doctor of some miserable room or attic in which the poor woman lived, and probably at Sunderland where the disease first broke out. If I remember right there was only one chair in the room, a kettle on the fire, and the patient lay stretched out on a bed with only a slight garment on to cover her; the hands and feet, which were exposed, were quite blue, as was also the face. She had the ghastly look which the doctor so well describes. I should think from his remarks that he did not regard the case in any other light than a very severe form of the autumnal disease well known in England, and with which he was no doubt familiar. I myself, however, am of opinion that it was an example of the Asiatic cholera which had just arrived at our shores. Everyone has occasionally seen severe cases of English cholera where all the symptoms of the malignant form had been reached. There are also other cases caused by poison and by food resembling it. I once met with a severe case of the latter where scarcely a symptom of cholera was wanting. It was that of a gentleman who thought he should like to taste some sturgeon which he had seen in a fishmonger's shop. He ate heartily of this for his dinner, and soon after he began to vomit; then he was violently purged, and finally he experienced most agonising cramps in the legs; he became cold and almost pulseless. His wife was telegraphed for as it was thought he was dying. After some hours of prostration he rapidly recovered. I remember well also a case of fatal poisoning by arsenic where the vomiting, purging, and collapse were so great that it resembled closely a case of cholera, and I remarked at the time that any number of cases of poisoning by arsenic might occur during a cholera epidemic and not be detected. It may be observed that in the case reported in your journal it is said that the patient had the most violent cramps and to ease her the limbs were wrapped in warm flannels. This certainly is not the best treatment, since cold applications are far the best. In the numerous cases I saw, the wrapping the legs round with bandages wrung out of ice-cold water gave the most relief; everyone knows the ready method of relieving cramp in the legs when it comes on at night in a warm bed is for the occupier to jump out of his bed and stand on the cold stone of the hearth, if there should be one in the room.

This first epidemic of cholera in England was in the year 1831, and of this I have some recollection myself, not, of course, of the disease, but only of its occurrence, as I was only about six or seven years of age. Next door to the house in which I lived a lady was taken ill after the departure of her husband to business and she sent in her servant to request my mother to go and see her. This my mother did, and on her return she related how the poor woman was lying quite prostrate in bed and at the same time the doctor who had been sent for came in. He went to the

bedside, felt her hand, and then walked as far off as he could, held a bottle to his nose, said he would send her some medicine, and then departed. This made a great impression upon me, especially when my father returned home from the East India House in the afternoon and this was all related again to him. His only expression was, "What an awful disease." She was well in the morning and dead at night!

The next epidemic, in the year 1848, I well remember, for it was in the summer of that year that I went to Paris with Dr. Habershon, who was afterwards my colleague, in order that we might visit the Paris hospitals. The cholera had just entered the city and then so rapidly spread that when we went to the Hôtel Dieu one morning we found 50 cases or more had come in since the day before; one of the physicians, whose name I forget, was going through all the remedies in the pharmacopœia by way of experiment, and I think on that day he was giving manganese. Our parents wrote requesting our return, which we complied with, but thinking it better not to stay in London, then rapidly becoming a prey to the epidemic, we took our holiday in Scotland. A few days afterwards my old master Aston Key, living in St. Helen's-place, in the City, died from cholera after two days' illness, in spite of the close attention of Addison and Gull. His death causing a vacancy and also various promotions, my friend Habershon obtained his first appointment at Guy's in the dissecting-room.

It was in the next epidemic, in the summer of 1854, that I obtained so large an experience of the disease. I was then living in St. Thomas-street, near the hospital, and there were two consulting physicians in the Borough—Dr. Barlow and Dr. Hughes. The former's private home was at Sydenham, where he retired in the evening, and he did not come to town on Sunday. His colleague declined to visit any case of cholera, so a large amount of consultation practice fell to me at a very early period of my practice, but I need scarcely add it sadly fell off again when the epidemic was over. At that time it was clearly made out that the infection or poisonous matter was introduced through the water, and this was contaminated by the excreta of cholera patients. The case of the Broad-street pump in Soho was a striking proof of it, since it was found that more than 200 people who came there for their drinking water had been attacked. So many other examples of the same kind occurred that there could be no longer any doubt that the polluted water contained the germ of the disease. At that time bacteria were unknown and the "comma bacillus" of Koch is comparatively a new discovery. Whether this is still credited with being the "*fons et origo mali*" I have no knowledge, having been so long out of the profession. When the word "bacteria" was first used at the Pathological Society a well-known member asked, "What had frogs to do with the disease?" He was evidently thinking of "*batrachia*." As regards the future, we are in a far better position than in the times of the former epidemics, owing to our improved sanitary arrangements, for then the river Thames was the main sewer. I remember well when passing over London Bridge or Blackfriars Bridge the river literally stank. At the same time many parts of the suburbs were supplied by the same river for culinary and drinking purposes. The water might have come from Kingston, above where the tidal flow ceased, and might afterwards have been filtered, but it ran a great risk of being polluted when its source was so small a distance above the commencement of the tidal flows. The value of the new sewer on both sides of the river may be seen in the apparently approaching epidemic of 1866, when after the occurrence of a few cases it ceased to spread and soon afterwards quite died out. We have not, therefore, much fear for the future. This last slight outbreak ought to be remembered in connexion with that remarkably clever and originally minded man, Sir John Simon. He had not been long in his public office when the opportunity occurred for making a thorough scientific investigation of the causes and treatment of cholera. He being in a public office considered that this should be undertaken by the Government. On its assent Sir John Simon proposed that a small committee of medical men should be appointed to determine the best method of investigation, and I have now before me a letter from the medical department of the Privy Council Office inviting me with others to attend the committee, at the same time stating how unsatisfactory our present knowledge was, both with regard to nature and treatment of cholera. The Lords of Her Majesty's Council therefore required the aid of the

best-informed members of the medical profession. It makes mention of particulars required in connexion with the disease and amongst others "post-choleraic fever." This was certainly a remarkable phase in the disease, although its presence was exceptional, and it was accompanied by a rash; models of this eruption in wax are now to be seen in the museum of Guy's Hospital. It had been observed in more than one of the epidemics. As regards the committee meeting at the Privy Council Office, Dr. Bristowe and myself were chosen to do the practical work—that is, to make a special study of the disease as regards causes, contagion, treatment, &c. Probably I might have been chosen because of my knowledge of post-mortem appearances, having made several examinations of the bodies after death. The appearances I have described in my work on "Pathological Anatomy," the most notable being that of the intestines, which instead of being distended with gas lay in a small compass, feeling sodden, doughy, and flabby. I should regard this remarkable appearance as quite distinctive and enough to prove its presence without any further examination. You will thus see that I have lived during all the occasions of the cholera's invasion of England.

Last, and not least, the document ends by saying: "My Lords propose to offer you a fee of £100 for the assistance requested of you." Such an offer is so unusual that it must have been at the instigation of Sir John Simon who considered that his medical brethren should not do work for nothing.

I am, Sir, yours faithfully,

Hampstead, Sept. 25th, 1909.

SAMUEL WILKS.

THE NATURE OF ANGINA PECTORIS.

To the Editor of THE LANCET.

SIR,—Dr. Beddard's letter in your issue of Sept. 18th on angina pectoris in cases of mitral disease—I will not limit it to mitral "stenosis"—is very interesting to me. I am not sure whether I have or have not mentioned these cases in print, but I think I referred to them in my Mount Vernon address. At Belfast the necessarily shorter time at my disposal determined me to omit them, lest I should, really or apparently, obscure the main principles of causation.

These mitral cases, if we exclude cases of mixed or dubious nature, are exceedingly rare; so few as to present inadequate data for argument. They are absolutely so rare that I have notes of but two cases only among my own observations (neither with necropsies), and I have not been able to collect any definite addition to them from published records; for, as I need not say, the diagnosis must be unequivocal. I have been surprised indeed to find even distinguished clinical observers using the name "angina pectoris" indiscriminately—e.g., for anxious cardiac oppressions, or for agonising paroxysms of dyspnoea, such as those of high blood pressure so admirably described afresh in a recent paper by Professor Pal, and so on.

Meanwhile, I think we must suspend our judgment about these notable cases, as being exceptional. In one of my cases, attended with sudden onset of mitral regurgitation, there was some reason to suspect a mixed causation. In the somewhat frequent syphilitic angina pectoris a double lesion may of course be suspected. I hope, with Dr. Beddard's assistance, to add to our evidence on this part of the subject.

I am, Sir, yours faithfully,

Cambridge, Sept. 24th, 1909.

CLIFFORD ALLBUTT.

ABSCESS OF THE BRAIN IN ASSOCIATION WITH PULMONARY DISEASE.

To the Editor of THE LANCET.

SIR,—I have read with great interest the collection of cases in the late Dr. Schorstein's lecture on the connexion between pulmonary disease and cerebral abscess, the point which particularly interests me being the absence of tubercle bacilli in the pulmonary lesions. I venture to draw attention to the following case in connexion with the pulmonary, and possibly the cerebral, lesion in some of Dr. Schorstein's series:—

X.Y. was sent to hospital in China in 1904 or 1905 for pulmonary tuberculosis. He had syphilis two years before, but only attended regularly for treatment three months. His present illness started with symptoms of peripheral neuritis which cleared up under strychnine, massage, and electricity. His

chest then became involved and he was sent to hospital. He had been in hospital some time when I saw him in consultation. He was thin and had an evening rise of temperature with incomplete morning remission. He spat up a good deal of muco-purulent sputum which was examined for tubercle bacilli several times with negative result. There were signs of fairly extensive consolidation and some cavity formation at the right base behind. The case looked like a tuberculous broncho-pneumonia which was going downhill.

The case was considered to be syphilitic because of (α) absence of tubercle bacilli in the sputum; (β) presence of signs of active syphilis on him—i.e., an ill-defined scattered rash, and coppery scars on the legs, for which he had had insufficient treatment; (γ) the lesion being at the base of the lung and the peripheral neuritis preceding it. The man was treated by mercurial inunctions, increasing doses of iodide of potassium, and anti-tuberculous hygiene and feeding. He got quite well and returned to his ship to duty, though there was, as would be expected, some diminished air entry at the right base behind.

The case struck me very much, as I had been looking for one for some time. I think they are likely to be more numerous ashore as the patient very often attends the doctor (not his family doctor) or the hospital for his original syphilis only as long as he has symptoms. Hence the predisposing cause, insufficient treatment. It would be of some interest if Wassermann's reaction and the effect of anti-syphilitic treatment were tried in cases showing persistent absence of the tubercle bacilli from the sputum together with well-marked physical signs in the lungs. This could easily be done in an institution such as the Brompton Hospital. I believe I have seen other cases of this nature published, but cannot recall them.—I am, Sir, yours faithfully,

L. LINDOP,

Staff-Surgeon, R.N.

H.M.S. *New Zealand*, Home Fleet, Sept. 21st, 1909.

DOMICILIARY MEDICAL TREATMENT UNDER THE POOR-LAW.

To the Editor of THE LANCET.

SIR,—Considerations of space and some diffidence in criticising a man of Dr. Major Greenwood's experience and standing were the reasons for which I contented myself with uttering a protest against the sweeping affirmations made by him in his article in your issue of Sept. 4th. At the same time I did give two most cogent reasons against his opinion that practically the whole of the lower middle and working classes would be treated gratuitously if the recommendations of the "Minority Report" were adopted. If Dr. Major Greenwood will do me the honour to read my letter again, he will see that these reasons were: 1. That the duty of recovering the whole or part of the cost from those able to pay would be imposed on the authorities. Since at the present time nearly £300,000 annually are recovered by the authorities for the maintenance of children in industrial schools, of children in deaf-and-dumb schools, of inmates of asylums, and of paupers it is quite reasonable and probable to suppose that the same success would attend the above procedure. 2. That since those medically attended by the authorities would not be able to choose their own doctors, and since tastes differ, it is again reasonable to suppose that the whole of the lower middle class and the better off of the working class will still in the majority of cases seek a doctor of their own choosing. Surely these reasons are not mere negations.

I am, Sir, yours faithfully,

London, W., Sept. 26th, 1909.

H. BECKETT-OVERY.

THE DIAGNOSIS OF FEVERS IN RANGOON.

To the Editor of THE LANCET.

SIR,—Permit me to correct a statement by Lieutenant-Colonel J. R. Forrest, R.A.M.C., in a paper he read before the Society of Tropical Medicine and Hygiene on July 16th, and published in THE LANCET on July 24th, p. 229. Lieutenant-Colonel Forrest is reported to have stated: "In Rangoon they had not yet emerged far from the period when every case of fever was returned under one of three headings," &c. Lieutenant-Colonel Forrest, R.A.M.C., evidently only means by the term "they" officers