

pidgin English, "My tink that peecee man die of beri-beri." In a flash I knew he was right, though, needless to say, I rebuked him for his freedom with portentous gravity.

My medical education had been no better and no worse than that of other young medical men; but at that moment and on many other occasions I had every reason to regret it had not been better. The present movement in favour of special instruction in tropical medicine is one with which every medical officer who has served abroad will be in hearty sympathy. Instances of mistaken diagnosis such as the above are innumerable, and it appears to me to be the duty of the leaders of the profession to take steps to remedy a crying need.—I am, Sirs, yours faithfully,

M. T. YARR,

Marlborough Mansions, S.W.,
Nov. 2nd, 1897.

Surgeon-Captain, A.M.S.

"PROPOSED AMENDMENTS OF THE NOTIFICATION ACT."

To the Editors of THE LANCET.

SIRS,—I notice in THE LANCET of Oct. 30th a criticism of a report I made to the Crewe Town Council on the above subject, and I beg to thank you for it and to acknowledge its fairness. I shall be glad, however, if you will allow me a few words of self-justification. The first point you raise is one which was modified in the memorial to the Local Government Board which was passed under the seal of this council on the 28th ult. The recommendation now reads:—

"That as one notification brings the infected premises to the notice of the medical officer of health subsequent cases of the same disease occurring in members of the same family resident in the same house, within twenty-eight days of the date of such first notification and notified by the same practitioner should be paid for at a reduced fee of 1s for each case, the fee for any disease included in the Schedule of this Act other than that previously notified or for any case notified by any other practitioner to be paid for at the usual rate of 2s. 6d. per case."

I am prepared after careful consideration to stand by that as a reasonable and fair arrangement. Naturally, medical practitioners would rebel at this, but as a medical officer of health I have (to say the least) a bias towards the care of the public purse.

With reference to the second point (payment of 1s. as fee for notification of the milder infectious diseases) I am afraid your critic takes a wrong view of the matter. The local authorities do not pay the medical practitioner for his diagnosis—he diagnoses the case for his own ends and for the satisfaction of his patient. The local authority ask him when he has made his diagnosis for these ends to acquaint them, in certain specified cases, on a form which they provide for the purpose. Medical officers of health everywhere, I venture to think, know what their reply would be if they endeavoured to persuade their local authorities to include as notifiable diseases, for which a fee of 2s. 6d. per case would have to be paid, chicken-pox, measles, whooping-cough, &c. There would in 99 per cent. of the cases be absolutely no hope of support, for the local authorities would say, "Is the information as to the existence of these milder diseases of such great value to us at present as that of small-pox, scarlet fever, or typhoid fever? No; then we think we ought not to pay so much for the information." But if we ask them to include the milder diseases at a lower fee, then there is much more hope of their giving in and the medical practitioners would benefit correspondingly.

In short, Sirs, to be perfectly plain, the medical practitioner's views of the matter are necessarily selfish and they are obviously, I think, the views of your critic; the views of the medical officer of health are for the greater part unselfish and are necessarily in conflict with those of private practitioners. There are cases (and it appears to me that this is one) in which the medical officer of health is sorely divided between his duty to his local authority and that to his medical brethren. I have endeavoured to be fair to both, and I feel confident that my brethren who are public officials will see pretty much as I do. In case you care to see it I enclose a copy of the actual memorial which has been sent to the Local Government Board by my town council, and when I tell you that this town council were strongly opposed to the Notification Act for many years and only adopted it on the repeated strong representations of my predecessor, Dr. Herbert Jones, in October, 1896 (exactly one year ago), I think you will admit that Crewe are by their recent action upholding their municipal motto, "Never Behind." I thank you, Sirs, for your

anticipated insertion of this letter, and I repeat my thanks for your straightforward criticism.

I am, Sirs, yours faithfully,
MEREDITH YOUNG, M.D. Edin., D.P.H. Vict.,
Medical Officer of Health.

Health Department, Municipal Offices, Earle-
street, Crewe, Nov. 2nd, 1897.

A DISCLAIMER.

To the Editors of THE LANCET.

SIRS,—Will you kindly allow me to say through your journal that I am no relation of, or in any way connected with, the man convicted of fraud at the Central Criminal Court on Oct. 29th, 1897, under the name of Theophilus Turner and described as passing as a surgeon? Theophilus was not his name at all—only one of his many aliases. I beg to say that I am the only Theophilus Bryett Turner in the Medical Register, and was very much surprised that I was not put into the witness-box to state this fact and so protect myself. Apologising for troubling you, I am, Sirs, yours faithfully,

T. B. TURNER.

"Coniston," 7, Warminster-road, South Norwood-park, Nov. 3rd, 1897.

* * We sympathise with Mr. Turner, and beg to add a protest against the loose way in which every scamp who dabbles in drugs or bone-setting to the detriment of the public health is always described on reaching the dock as a "doctor, a "surgeon," or a "medical man."—ED. L.

THE PATHOLOGY OF THE PERNICIOUS MALARIAL FEVERS.

To the Editors of THE LANCET.

SIRS,—In your report of my remarks in the discussion on Dr. Thin's paper at the meeting of the Royal Medical and Chirurgical Society on Tuesday last, I am represented as having spoken of typho-malarial fever, whereas I spoke of the æstivo-autumnal, or irregular, fever of malaria. Dr. Thin's subject was the Pathology of the Pernicious Malarial Fevers, and typho-malarial fever is not one of them.

I am, Sirs, yours truly,

Nov. 2nd, 1897.

J. ANDERSON.

THE LONDON FREE HORSE AMBULANCE SERVICE.

To the Editors of THE LANCET.

SIRS,—Will you kindly aid me in making it known to the profession that in the north, south, and south-west districts of London horse ambulances are stationed and are always available without charge for the vehicle for any case of accident or of disease which is not contagious. The costs, which in the absence of any fund have to be paid by the applicant, come in all to 7s., with cab rate of increase if for over two miles. These are for the horse, 5s., cleaning 1s., driver 1s. As private ambulance carriages cost a minimum of 25s. to 42s., this provision by the London Horse Ambulance Society will be seen to be of great help to such as are in need of it.

That this need exists has been curiously but fully demonstrated in the history of the organisation. From the time of its completion, and during my absence from England, not a single public announcement, I am told, has been made of its existence yet from an official report from each station kindly supplied to me by Sir Edward Bradford, Chief Commissioner of the Metropolitan Police, it will be seen that whereas in 1884 when the society was organised under the auspices of H.R.H. the Duke of Cambridge the carriages were used by only fourteen persons, in 1895 this number had steadily increased to one hundred and nineteen for that year and in all to nearly five hundred. On a recent inspection in detail I found each carriage to be exquisitely clean, in perfect order and in readiness to start at a moment's notice. At all the stations I found the interest displayed by the police officers in the successful use of these vehicles amounted to enthusiasm, fairly reflecting the admirable spirit of the Chief Commissioner to whose kindly coöperation the good that has been accomplished is so largely due.

The way to obtain one of these carriages is very easy. Anywhere within the metropolitan area any person desiring one has simply to state his wishes at the nearest police-

station. The officer in charge at once telegraphs free of cost and the nearest carriage which is disengaged is sent direct to the spot where it is required on the conditions I have named. It is with much gratitude I am able to state that after careful investigation I have been unable to discover that there has been a single complaint during the thirteen years this organisation has been in operation.

I am, Sirs, yours faithfully,
Nov. 1st, 1897. B. HOWARD, M.D., F.R.C.S. Edin.

A HINT.

To the Editors of THE LANCET.

SIRS,—May I through the columns of THE LANCET ask the medical faculty when sending patients to the Riviera to communicate when possible first with some practitioner abroad with reference to the most suitable hotel for each case? Patients usually on arriving go direct to some hotel which they have heard recommended, often the most unsuitable, however, for them, and afterwards send for a medical man. The bronchitic may thus choose a proverbially cold hotel, the neurasthenic a particularly noisy one, and so on. It is a delicate task for the medical man to remove his patient to a more suitable hotel without straining his relations with the hotel manager who suffers, and the patient is liable to think that the trouble of re-packing and moving might have been avoided by a little forethought on the part of his medical adviser before he left England. I venture to call attention to this point as it is often a matter of considerable importance to all concerned.

I am, Sirs, your obedient servant.

Mentone, Oct. 30th, 1897.

D. W. S.

"THE HEALTH OF THE NAVY."

To the Editors of THE LANCET.

SIRS,—In reference to the annotation on the Health of the Navy in THE LANCET of Oct. 30th I would suggest, instead of reverting to the old plan of issuing the annual report, in which a few selected cases were included amongst a mass of statistics, that a Naval Medical Annual, separate from the present Statistical Report and compiled from the journals of the naval medical officers, be issued at a reasonable price, say 6s. The publication would be self-supporting, for practically every medical officer would subscribe to it, and especially if the subjects of tropical diseases and the hygiene of places visited by Her Majesty's ships be made features of the book a large number of medical men in the colonies and also at home would support it. If papers on the collateral sciences were included in the volume a great stimulus would thus be given to original research. The book would be rendered more valuable if it was illustrated with photographs and drawings and included extracts and translations from the *Archives de Médecine Navale et Coloniale* and other British and foreign journals bearing on the medical service of the navy.

I am, Sirs, yours faithfully,

Nov. 2nd, 1897.

R N.

HOSPITAL ABUSE: A SUGGESTION.

To the Editors of THE LANCET.

SIRS,—Will you find space for the following suggestion in the columns of THE LANCET, where it may be subjected to the criticisms of the profession? It is that any person desiring to be treated at a hospital or other institution supported by voluntary contributions, except in cases of emergency, must produce a certificate of fitness signed by a registered medical practitioner. The objects of this proposal are obvious enough; I need not do more than capitulate them. (1) To prevent simple cases from going to the out-patient and casualty departments; (2) to prevent abuse of charities by persons able to pay; (3) to enable general practitioners to obtain quickly and easily special opinion in obscure cases amongst the poor; (4) to spare patients much weary waiting in halls and corridors—delay when they are ill and waste of time when they are not; (5) to give general practitioners opportunities of examining and taking notes upon cases which, owing to their singularity, are otherwise taken at once to hospitals; (6) to foster harmonious relations between general practitioners and hospital staffs; (7) to enable fuller family

histories and histories of present disease to be obtained and to facilitate the tracing of cases after operation, &c.; (8) all which would redound to the benefit of patients; and (9) to give general practitioners more paid work to do.

The objections that I foresee will be raised are that general practitioners will take advantage of the powers given them to extract fees from the poor. To which I reply that no man can be treated against his will, and that any medical man who tried to do this systematically would soon be found out by the poor of his district. Another objection is that consultants would loose by it. Well, consultants are already in the hands of the general practitioner and have not suffered much. And also the general practitioner's certificate would only entitle a patient to treatment subject to the approval of the receiving officer of the hospital. At present there is much friction between general practitioners and hospitals because we find that our interesting cases gravitate to the hospitals, where we lose sight of them, for the patients are ashamed to tell us and the hospital authorities have no time.

The certificates might run thus:—

1. "I am of opinion that _____ is a fit and proper person to receive medical (or surgical) treatment at a charitable institution.

(Signed) "_____."

2. "I shall be glad of the opinion of a member of the medical (or surgical) staff of _____ Hospital upon the case of _____.

(Signed) "_____."

"Remarks on case"

There can be no doubt that this would add considerably to the amount of unpaid work that we do, as of course no medical man would charge for signing these certificates, but I think it high time that a stop be put to the ridiculous paradox of laymen forming committees to teach medical men philanthropy.

I am, Sirs, yours truly,

AN EAST-END DOCTOR.

THE EPIDEMIC OF TYPHOID FEVER AT LYNN.

(FROM OUR SPECIAL COMMISSIONER.)

IF the inhabitants of Lynn are suffering at the present moment from a serious epidemic of typhoid fever it can safely be said that they have but themselves to blame for their misfortunes. They have been warned over and over again. Nor has such warning been confined to mere theoretical dissertations; they have had more than one painful object lesson. What is occurring to-day should be all the less a surprise as a similar epidemic afflicted the town in 1892, and the story of the present epidemic seems to be written on parallel lines with that of five years ago. It appears extraordinary that the town should have waited five years and have thus incurred the heavy responsibility of provoking a second and more severe epidemic. Yet there was no lack of warning. What experience had taught was confirmed by the reports of the Local Government Board, and foretold by such local experts as, for instance, Mr. W. Whitaker, F.R.S., of H.M. Geological Survey. As President of the Norwich Geological Society this gentleman delivered an address so far back as Nov. 6th, 1883, which was fully published and reported at the time. In this address there occurs the following prophetic passage in regard to water-supply: "The enterprise of Wisbech is thus in strong contrast to the apathy, and one may say the stupidity, of the larger town, in which I have the misfortune to live, its Norfolk rival, Lynn, the corporation of which treat the inhabitants to one of the worst supplies that I know of. These guardians of the public health allow a set of chalk springs, some pure, but others contaminated, to mix together and to flow along an open channel of six miles or so as the crow flies, receiving on the way the drainage of a fair tract of country, and at the last, close by the borough boundary, some part of the sewage of the village of Gaywood. Notwithstanding that the evil of this course has been pointed out for years, and constant complaints occur, yet our town councillors, in the multitude of whom there is not wisdom,