

The details of this additional evidence, and also of still further investigation, I hope to lay before the next meeting of the Pathological Society.—I am, Sirs, yours &c.,

EDGAR M. CROOKSHANK.

Bacteriological Laboratory, King's College,
Jan. 4th, 1888.

A DOCTOR'S INCOME.

To the Editors of THE LANCET.

SIRS,—The subject of medical incomes has been much commented on and discussed in the columns of THE LANCET during the past year. Amid much diversity of opinion there was one matter upon which agreement was general—namely, that the average earnings of a medical man are unpleasantly small. Exceptions were made by some as regards hospital physicians and surgeons, whose incomes are commonly believed both by the professional and the non-professional public to be not only exceeding great but easily earned. The letter signed "A Hospital Surgeon," which appeared in THE LANCET on June 25th, showed that this does not at all events apply to *young* hospital surgeons. As one of these, I should like to show what a year's work means. Ten years ago I was elected to the surgical staff of an ophthalmic hospital, and about seven years ago to the ophthalmic department of a general hospital, to which a large medical school is attached. For eight years after obtaining my qualification sixteen years ago my income from professional fees barely averaged £100 a year. After that, however, it steadily increased, till last year it amounted to—well, it perhaps does not much matter what the precise amount was; it was sufficient, and, so far, I am satisfied. But whatever it was, it was certainly not exceeding great, nor was it easily earned. Only to mention one incidental matter, it necessitated the writing of over 2000 letters, short or long. But what I wish more particularly to point out is that the exigencies of medical practice require the hospital surgeon to perform an amount of gratuitous labour of which few persons seem to have any conception. My case may, I believe, be taken as a sample. At neither of the hospitals with which I am connected is there any remuneration for the services rendered to the institution itself. I attend each twice a week, and during the past year these attendances (including the time occupied in going to and fro) have consumed more than an aggregate of 800 hours, or 100 working days of eight hours each. I have seen more than 5000 different cases at least once, and many of them several times, and have performed over 200 major operations on the eye, including seventy-six for the removal of cataract, and forty-seven iridectomies. Nor is this all. Besides the unremunerated work at the hospitals, I find that I have seen or visited over 400 *bonâ fide* private patients who, on one ground or other, were entitled to gratuitous help and advice, or took them. I have also been called upon to perform seven iridectomies, two excisions, and one operation for the extraction of cataract, besides several minor operations in private, without fee. I am far from grudging this service, inasmuch as much of it was rendered to medical brethren or persons directly dependent upon them. I merely refer to it as a part of the yearly round of duty. This fact however remains: it would seem that as professional practice is at present conducted, even a fairly successful hospital surgeon must expend a substantial portion of his time, energy, health, and strength in the performance of unremunerated labour, and suffer the corresponding mental and physical anxiety and wear and tear before he begins to earn even a modest professional income.

I am, Sirs, yours truly,

Jan. 2nd, 1888.

J. T.

THE FEVER EPIDEMIC IN EGYPT.

To the Editors of THE LANCET.

SIRS,—Your Cairo correspondent has raised certain questions as to the nature of the epidemic of fever at present prevalent in Egypt, and amongst others its infectiousness.

The history of one family resident near Alexandria serves, I think, to support the theory of propagation by infection. In the first week of November two daughters had fever, severe frontal headache, pains (mainly muscular) in back and limbs, &c., followed on subsidence of the fever after four days by a well-developed scarlatinal rash. A fortnight

later the mother had a rigor followed by similar symptoms and a scarlatinal rash. In the first week of December a son had a similar but more severe attack, and in his case the rash was abundant on his body, both front and back, and was of a scarlatinal character. On Dec. 15th another son, aged nine years and a half, was laid up with the fever, and to-day I find him covered from head to foot with a brilliantly red rash, not distinguishable from that of scarlatina. His temperature this morning was 102°, with a soft pulse of 96. For his age, there is the marked slowness of the pulse, compared with the high temperature, which we find in most of our cases of this fever. The tongue was clean, and the *morale* of the patient excellent.

The nomenclature of the disease I shall leave in the hands of those more experienced in Eastern diseases; but it certainly corresponds in every respect to the descriptions of dengue, which I have read in books, and also to the description given in a manuscript report of the dengue epidemic in Egypt of 1880.—I am, Sirs, yours truly,

Alexandria, Dec. 19th, 1887.

THOMAS G. PATERSON.

HÆMORRHAGE IN MYXCEDEMA.

To the Editors of THE LANCET.

SIRS,—In THE LANCET of Dec. 31st, 1887, I notice a letter from Mr. Oscar Shelswell, in which the following question is put: "Have we yet obtained sufficient evidence to place hæmorrhage amongst the symptoms of myxœdema?" Possibly in this connexion the subjoined few short notes of a case may be worth recording. The expressions in inverted commas are the patient's own.

S. D—, aged thirty-four, married; three children living, four dead. She dates her illness from a period two years ago, three months after the birth of her last child, when she suffered badly from toothache. "People said she was going dropsy." The change first appeared in the eyelids, and afterwards "the skin pulled on the face, which felt like to burst." At this time she brought up blood with cough, and "her friends said she was making a blumble in her talking."

At the present time (Nov. 16th, 1887) her face exhibits the typical myxœdematous appearance, there is a dryness and roughness of the skin of the hands and arms, and she says the skin of the body is similar. For the last twelve months she has had a "bad salty taste" in the mouth. Her talking improves at times, but is getting worse, and there is a decided tendency to scanning. She becomes very yellow sometimes. The eyelids are thickened; cheeks anæmic, with a pink flush, and soft to the touch. A short time ago "her cheeks were hard for a fortnight." Lips thickened. Six weeks ago she spat up blood with cough. There is vertical headache and giddiness, but no fits. Great listlessness. Her periods are regular in appearance, but *there is too much*. Bowels regular. Teeth short, bad, and edges uneven.

This case, although very inadequately reported, serves to add another to the list of cases of myxœdema with hæmorrhagic tendencies, the bleeding here occurring probably from the lungs and, at the menstrual period, the uterus.

I am, Sirs, yours faithfully,

Wednesbury, Jan. 2nd, 1888. W. H. HAW, M.R.C.S., L.S.A.

THE HYDROPHOBIC VIRUS DESTROYER.

To the Editors of THE LANCET.

SIRS,—Apropos to Dr. McCall's suggestion, will you allow me to call your readers' attention to the fact that I some years ago advised the adoption of a similar expedient in cases of snake-bite. My idea was to use sticks composed of permanganate of potash, in pencils similar to the ink pencil with which everyone is familiar. It is well known that the poisonous properties of the venom are instantly destroyed by contact with the drug, and I thought that if such pencils were carried habitually in the pocket and thrust into the wound instantly in case of accident, many lives might be saved. As Dr. McCall justly remarks, the composition of the hydrophobic virus destroyer is not the chief point, its speedy application is the great desideratum; and, bearing this in mind, I would suggest—seeing that various other and comparatively innocuous antidotes are effectual in dog-bite—that the popular remedy should be some other than corrosive sublimate, as it appears to me there might be considerable risk of poisoning, both from

accident and design, if such a dangerous remedy were carried in lozenges or sticks, in two-grain doses, in the pockets of every policeman.

I am, Sirs, yours faithfully,
Jan. 2nd, 1888. C. BELL TAYLOR, F.R.C.S., M.D. Edin.

POOR-LAW MEDICAL OFFICERS' ASSOCIATION.

To the Editors of THE LANCET.

SIRS,—By desire of the Council I write to ask you to allow me to state that the annual report of the Poor-law Medical Officers' Association having been issued, showing the continued prosperity of the Association, the Council strongly advises all district medical officers who are not members to enrol themselves, as certain important questions seriously affecting their interests are likely to engage the attention of Parliament at an early date.

I am, Sirs, yours truly,
Bolt-court, Fleet-street, Jan. 4th, 1888. J. WICKHAM BARNES.

THE SANITATION OF FLORENCE.

(From our Special Correspondent.)

Florence, Nov. 1887.

It would not be correct to describe Florence as a health resort. For pleasure and for educational purposes the winter season offers many attractions, but there are cold winds from the north, and the snow falls generally twice in the year, though it melts on reaching the ground. Persons with delicate chests and throats cannot be recommended to winter here; but, on the other hand, those who are suffering from debility, anæmia, digestive trouble, nervous diseases, &c., would benefit from the sunshine and the bracing qualities of the climate of Florence. Such, at least, is the opinion of experienced local practitioners. According to the official reports, the mean annual temperature of Florence, calculated from the years 1866 to 1884, was 14.5° C. (58° F.) In January the mean was 5°; in July 24.9°. The relative annual humidity was equal to 62. In July it was only 46, and in December it rose to 75. With respect to rainfall, the average is taken for the years 1832 to 1884. During this long period it rained on 107 days in the year, and the medium rainfall was equal to 90.7 millimetres. In July 30.8, and in November 115.2, millimetres of rain fell. On an average snow falls four days in the year, and once there was rain consecutively for twenty-three days. The dominant winds are north-east and south-west. It cannot be said that any disease is especially prevalent in Florence. According to official Italian statistics, the proportion out of 100 deaths due to tuberculosis is put down at 21.8 at San Remo, where, of course, a great number of consumptive patients congregate; 14.3 at Venice; 12.2 at Rome; and 10.3 at Genoa. In Florence the proportion is rather high—namely, 15.1 per 100 deaths. Perhaps it is not sufficiently understood that, though Florence is an attractive town for a winter residence, it is not suited to every case of chest disease.

Concerning the general death-rate of Florence, the authorities have ceased publishing the annual returns. The figures compared so unfavourably with the statistics of English towns that their publication was thought likely to injure the trade of Florence. In speaking of this question with respect to Venice, the unfairness of comparing English with Italian statistics, so far as they affected English visitors, has already been pointed out. The proportion of deaths among the English and American visitors to such a town as Florence must be very much below that of the native population; for foreigners live in better houses in better quarters of the town, and during the whole of life have been much better fed than the native Italian. Also there is a larger proportion of deaths at the public institutions than, for instance, in London. The proportion at Florence is, however, a little lower than that at Venice. In the years 1881 to 1883 it amounted to 351 deaths out of 1000; in 1883 to 365, and in 1884 to 349. At Venice, and for the same years, the figures were respectively 380, 383, and 373. In London, in 1883, the proportion was 205.5; and in Paris, 274.4 in 1882. The death-rate for Florence in 1884 is set down at 28.31, or 27.46, according to the varying estimate of the population in the town at

the time. Without entering into precise details as to figures, the death-rate is undoubtedly high; and, all things considered, it could not very well be otherwise. On the other hand, Florence has been much more fortunate than Venice in escaping from cholera; but in 1872 there was a severe epidemic of diphtheria, which caused many victims; and very recently an epidemic of small-pox prevailed in one of the poorer quarters of the town.

Taking all these circumstances together, even if viewed in the most favourable light, they seem to indicate that there is need of considerable sanitary improvement. Indeed, this fact is widely recognised, and one step at least has been taken in this direction. Florence now possesses a good water supply. Formerly the water drank was derived from the river Arno or from the numerous wells that are to be found in the back yards and gardens of the houses. Now, at a distance of 1570 metres from the town, eight artesian wells have been dug. They are situated at the end of an old gallery where the Arno water used to be filtered. Three reservoirs, one to the south, the others to the north and north-west of the town, are filled, by means of a steam pump, with the water derived from the artesian wells. From the reservoirs, and by the force of gravitation, each floor of the houses in the town could be supplied with pure water. Unfortunately pipes are not yet laid down in all the streets, and even where they exist many proprietors refuse to avail themselves of this advantage. Many inhabitants still continue to drink the water from their private wells and supply their tenants with the same. This is a matter which English visitors must themselves take in hand. No house or apartment should be hired unless there is a written agreement that the town water supply alone shall be provided. It is only by bringing such pressure to bear upon ignorant landlords that they will be finally induced to do their duty in this respect. Where, however, apartments have been secured, the water should at once be submitted to Nessler's test. It cannot be expected that every tenant will make a quantitative analysis of the water he is about to drink; but he can take a small bottle to the English chemist, who for a trivial fee will apply Nessler's test. Should the presence of ammonia in the water be thus demonstrated, the tenant should at once apply to the municipality. The authorities must then either close the well or make a more elaborate analysis of the water, and prove, if that be possible, its purity. If, however, any delay arises, then the person aggrieved should write to the English press, and give the largest possible publicity to the fact that the authorities allow water to be used for drinking purposes which shows a yellow reaction when Nessler's test is applied. Should a few English or American visitors determine thus to take their own interests in hand, the recalcitrant landlords of Florence would soon awaken from the indifference due to ignorance and the natural inertness of the southern character.

Reform with respect to drainage could not be brought about so easily. The Italian authorities are now fully convinced as to the necessity of a pure supply of drinking water, but they are still quite ignorant as to the fundamental principles of drainage. It suffices to say, in proof of this assertion, that there is no rule whatsoever governing the construction of closets. These may be built anywhere and anyhow; no sort of supervision is exercised. The idea that a soil pipe should be trapped has not yet dawned on the mind either of the Florence authorities or of the ordinary landlord. Here and there English families have, through their influence, caused proper waterclosets to be built; but this is done to satisfy the "fads" or "eccentricities" of foreigners, and has not yet become a recognised custom among the native population. Florence, like Paris, suffers from the defects of a multiplicity of systems, while it does not enjoy the advantages of any system. There are cesspools, sewers, and movable *tinettes* or pails. The advantage of the cesspool system is that the sewers are not contaminated by the night-soil; but, in Florence, as the cesspools are allowed to overflow into the sewers, the latter are just as foul as if the closets drained direct into them. The pail system is much preferable to the cesspools, as the foul contents are removed more frequently. But in Florence the pails, instead of being placed immediately underneath the closet seats, are affixed to long soil pipes. Of course it is impossible to use water in the soil pipe, as it would fill the pail. Therefore one of two evils must be endured: either the soil pipe must be in a perpetual state of foulness, or the pail, like the Paris