the immediate cause of death in these three cases, and analogy would lead us to suppose the remainder to be taken off by the same cause; however, if there were no œdema of the glottis, there would be sufficient cause of death in this external tumor. I am not aware that these diffuse swellings have been described by writers, in connexion with scarlatina. Dr. Tweedie* mentions a form of the epidemic accompanied with tumefaction of the subcutaneous cellular membrane, and enlargement of the cervical absorbents; but in the above cases there was no glandular enlargement, on the contrary, they appeared pressed upon by the serous effusion and thickening of the integuments.

How these tumors originate I am at a loss to conceive, or whether they bear any, and what relation to the state of the larynx, they being found in these cases coexistent. From their first appearance, they were actively treated by leeches and blisters. General bleeding was not employed, neither the individuals nor the epidemic allowing of it. But other depletory treatment, as purgatives and mercurials, have been employed; yet, notwithstanding the tumor enlarges, and the patient dies, and dies at an early period of the disease, almost before active treatment by medicines could afford relief—they die before they are reduced by depletion or exhausted by debility—the duration of life varying from 26 to 60 hours.

In all the cases, whether the eruption on the skin be much or little, the rash was always vividly red in the mouth; on the palate generally in pencilled striae. In one case I saw the rash inside the mouth two days before its appearance on the skin; the case was a mild one.

Anasarca appears to be a universal accompaniment of the epidemic. In two cases I have observed along with it, both in appearance and disappearance, serous effusion into the pleural cavity; indeed, there appears to be a disposition toward effusion into most of the serous cavities. Whether this be the result of previous inflammatory action in the part, or not, is difficult to decide.

Scarlatina attacked a family lately, in which every member had the disease, with different symptoms. One child brought the disease home from school; he had the rash very mild; throat inflamed, but not ulcerated. An elder child was in a few days affected somewhat more mildly; when recovering, they went out in snowy weather, and œdema of face and legs appeared, which was removed after a few days by active purging. A younger child had no sore throat, but the rash copious; two days after the appearance of which, without any assignable cause, anasarca supervened, and along with this, effusion into the air-cells of the lungs; she had dyspnoea, orthopnoea, and great debility. These symptoms were relieved by leeches to the chest, blisters, and mercurial purgatives, and she slowly recovered. The mother, while attending, was seized with cynanche tonsillaris, with sympathetic fever; abscess formed in each tonsil, and burst; in a few days after she had œdema of face and legs. The father had redness of fauces and velum palati, with pain; removed by an emetic and an anodyne. And last of all, the servant had severe inflammation of throat and fever, which lasted for ten days. Such varieties in a family are interesting, shewing how conditions in the individual modify the appearance of the disease.

That the anasarca which accompanies these cases is of inflammatory origin cannot be doubted.

1st. From its occurrence at so early a period, before the strength of the individual is exhausted by the disease or the treatment.

2d. By its existing along with inflammation in other parts of the system.

3d. By its connexion with urine, alkaline, scanty, porter-coloured, albuminous, and depositing white flakes.

4th. By its disappearance under depletion as vigorous as the case will allow.

These conditions afford sufficient indications both as regards its nature and treatment. This dropsy I have observed in the bronchitis supervening on whooping cough, and in this frequent doses of calomel and jalap removed it.

There is one form of disease as a sequel of scarlatina, of which little notice has been taken; perhaps from its rare occurrence, and it is probable, if the disease would allow of more active treatment in the commencement, it would not exist; I mean pericarditis. During the progress of the epidemic the patient complains of cough and dyspnoea, with pain in the præcordial region. There is tenderness in pressing up under the costal cartilages, and dullness on percussion; the heart's action is quickened, and the two sounds appear to run into each other; these signs were removed, leeches having been applied, and calomel and opium administered. In one case which proved fatal, the child, set. 9, had scarlatina without medical relief, and when brought into hospital was anasarca, especially in face; hurried breathing; great prostration; fauces tumid, with enlarged tonsils; pulse 180, and feeble; no rash; pain over region of heart, with dullness on percussion; heart's action quickened, with a prolonged first sound. Sounds better heard at spine than in front; he lay in bed doubled up. Leeches were applied, followed by a blister; mercurial dressing, and calomel and opium powders. The abnormal symptoms were removed when salivation set in; the anasarca and debility increased; wine was freely given, but he grew weaker, and died 13 days after admission. Perhaps the pericarditis was in this case due to the exposure to cold; but as it occurred in other cases without the exposure, it might be attributed to the same source from which hydrothorax arises; namely, the extension of inflammation.

These effusions may be looked on as inflammatory, when we consider that the arguments which hold good with regard to the anasarca equally affect this complication, and I am inclined to suspect that this complication occurs more frequently than is commonly believed.

For some of the cases abovementioned I am indebted to the kindness of Dr. Duncan, physician to the North Dublin Union Workhouse.

PLAN FOR PAROCHIAL MEDICAL RELIEF.

TO THE EDITORS OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

GENTLEMEN,—As the subject of Medical Relief under the Poor-law Amendment Act is at present exciting considerable attention, I would beg leave to offer a few suggestions on the subject through the medium of your valuable pages.

Every one who has given attention to the subject must admit that the best mode of providing medical relief to the poor is to employ a medical man to devote his whole time to the duties of his office, and to reside in the union workhouse. This has been the case, previous to the introduction of the new poor-law, in Manchester, and I believe also in Nottingham and several other towns. If this plan were adopted, it would put an end to the system of young men taking unions at a low rate for the sake of the introduction to private practice; and as the union medical attendant would have no private practice to divide his attention, his whole time would be at the service of the paupers; and it is presumed that, in a union of moderate extent, and with ordinary diligence, a young medical man could easily discharge the duties that would necessarily devolve upon him. The objections to this plan are, that young and inexperienced men only would accept these appointments, and that the poor would not have the option of placing themselves under the care of medical gentlemen who are agreeable to their choice, which patients have the means of doing at every medical charity in the kingdom, by sending in their tickets of recommendation on the day of attendance of their favourite medical officer. To obviate these objections, and to secure efficient medical attendance upon

* Cyclop. Pract. Med.; art. "Scarlatina."

the poor, I would beg to suggest the following plan of providing parochial medical relief:—

1. That a fixed salary should be named for attending the union workhouse, at the beginning of each parochial year, upon a scale to be fixed by act of parliament, for the average number of paupers who may be expected to be in the workhouse in the course of that year; and that each medical gentleman resident in the union, who may be willing to undertake the duty, should attend the workhouse for six or twelve months in rotation with his professional brethren in the union. It may be a question whether a certain period of probation, such as a three or a five years' residence in the union, or the fact of having been three or five years in actual practice, should be a qualification previously to any medical gentleman being entrusted with the entire charge of the paupers in the workhouse.

2. That a fixed sum should be determined by act of parliament for medicine and attendance on each out-door pauper case. No option should be given to the guardians to lower the rate of remuneration, by naming a minimum or maximum in the bill, as the guardians, whenever they have the power, invariably fix on the smallest rate of remuneration the law will justify them in offering. The question arises, what sum ought to be fixed in the Poor-law Act as sufficient to defray the expense of medicines, and to allow a small sum for attendance upon each pauper when labouring under disease? In private practice amongst the working classes it will be found that the average of accounts is 30s.; taking this, therefore, as a guide, medical gentlemen generally would be satisfied with 10s. for each pauper case, making no difference in cases of fracture, dislocations, &c.

3. That a fixed sum, say half a guinea, should be determined for attendance on each case of labour.

4. That upon receiving an order for out-door medical relief, the pauper should have the option of applying to any medical gentleman in the union, so that he might not be subjected to the inconvenience of travelling twelve or fourteen miles to the residence of the union doctor, and that he might place himself under the care of the medical practitioner most agreeable to his feelings. To carry this into effect, the names of medical gentlemen who are willing to attend the paupers, for the sum per case indicated in the poor-law act, should be printed on the back of the orders for out-door medical relief, and the relieving officer should explain to the pauper, upon receiving the order, that he is at liberty to apply to any of the gentlemen whose names are printed on the back thereof; and the medical practitioner, upon receiving the order, will consider it an authority for him to act, and to charge the union with 10s. for his professional services rendered to the pauper.

5. In reference to the vaccination act, either the parents of every child vaccinated should be considered as having received parochial relief, and should be disqualified for voting at all municipal and parliamentary elections; or if no disqualification attach to the parent of the child, the act ought to be thrown open to every surgeon resident in the union, who is willing to undertake the duty, so as to prevent any one medical practitioner, who may be a favourite with the guardians, from interfering with the practice and patients of his fellow-practitioners. In fixing upon a fee for performing and registering vaccination, the guardians ought to have no option of offering any reduced rate of remuneration, as they would assuredly fix upon the minimum sum allowed by act of parliament as a handsome reward for the services of any medical gentleman. The fees payable to the registrars of births, &c. for registering each case of birth, death, &c. are specifically fixed by act of parliament, and I can see no difficulty in fixing the sums to be paid for attendance upon each case of pauper sickness, and also for performing and registering vaccination.

Having given considerable attention to the subject of parochial medical relief, I consider that the above plan would remove the evils of the present system, would restore

harmony amongst the medical gentlemen in the unions, and would secure efficient medical attendance upon the poor in the manner most agreeable to their feelings. Entertaining these sentiments, I respectfully submit the plan to the notice of my professional brethren.—I am, your obedient servant,

OMEGA.

Manchester, Feb. 22, 1841.

REMARKS ON QUACKERY.

TO THE EDITORS OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

GENTLEMEN,—On a matter of such general interest as that of medical reform, it is incumbent on every one who has the cause of his profession at heart, to consider and study the question, and look upon himself as an important element towards aiding the great movement which promises to be effected in medical politics.

For my own part, although deeply immersed in the flagging occupation of a country practitioner, and with little time at command, I cannot resist the temptation to offer a few remarks on the question now pending, being influenced so to do, in the first place, by the pressing invitations which you have given to the whole profession to come forward and give in their judgment, in order that the point may be maturely weighed, and freely canvassed, before the finishing stroke of legal enactment shall shut out the possibility of remonstrance; and in the second place, because a sense of duty impels me to do something, however little, towards accomplishing those mighty alterations which are required to place the profession on such a footing as will ensure its respectability and usefulness, and do away with those unmeaning bickerings and altercations which so frequently arise from the frowning of assumed superiority, and the vanity imparted by merely nominal distinction.

In the march of improvement which characterises the present day, it would be highly anomalous to see the members of the medical profession standing still; and I am happy to congratulate you, as editor, on the position you have taken with respect to this question, and the many sensible remarks which have been communicated in your leading articles, although a few of them may, perhaps, admit of criticism. I intend, if time and opportunity be favourable, and with your permission, to make some few comments on what is passing; comments not the mere offspring of the cabinet, and founded altogether on theory, but such as are suggested by practical experience and daily communion with some of the evils so loudly and so justly complained of; and first, with regard to quackery.

In the two bills which have already appeared before parliament, we do not find any clause which would render unlicensed practice amenable to law. This circumstance has probably rendered great numbers of medical men indifferent to the fate of the bills; but it is incumbent on us, the profession, to meditate seriously on the matter, and inquire whether any valid reasons can be assigned for not resorting to the strong arm of the law to crush the prevailing evil of quackery, under which the public are defrauded and ruined, and the profession degraded from the rank it is entitled to hold amongst the liberal and enlightened sciences.

I am pursuing my daily avocations in a neighbourhood notoriously infested with empirical professors, and from the opportunities I have of witnessing their proceedings, the intrigues, the stratagems, the arts they resort to in order to attain their ends, as well as the relation I find existing between them and the public, I say all this makes me really doubt of the practicability of suppressing its continuance by any legal enactment.

There are plainly two classes of these worthy members of society in our neighbourhood: first, the regular wandering, imposing quack, with his farrago of receipts, who seldom visits the same neighbourhood but at very long intervals, in order to avoid the possibility of recognition.