

which is given to the public. It appears to me that each of such cases must be judged on its merits. Where a writer of reputation states publicly, assuming full responsibility for the statement, that such and such a fact is the case in his own personal experience, he has a right, not possibly to his hearers' credence in the validity of his judgement, but to their belief in his bona fides. In all human probability I shall never write another word concerning the medical profession in the strain to which objection has been made; I trust, however, you will allow me to put on record the above, I fear, rather lengthy expression of my views and the intention by which the passage in question was actuated.

—I am, etc.,

Manchester Square, W., Feb. 17th.

HARRY QUILTER.

\* \* We entirely agree with Mr. Harry Quilter that it is folly to accuse Mr. Watson Cheyne of having sought an advertisement of his abilities as a surgeon, and Mr. Quilter's present statement was not required to make us confident that he wrote as he did without consultation with the medical men whose names are mentioned in the extraordinary appendix to *What's What*. The appendix, however, is only fresh evidence that medical etiquette is only common sense applied to a special case, and that the true ground for its maintenance is quite as much the interest of the public as the good governance of the medical profession.

#### IRISH POOR-LAW MEDICAL OFFICERS.

SIR,—It is difficult to follow the entire sense of your anonymous correspondent, "T. H. M.," in his letter on Irish Poor-law medical officers. He accuses us of boycotting. The effect of Clause C. of the Mayo resolutions would not be boycotting in the usual acceptation of the term. What the members of the County Mayo Branch of the Irish Medical Association are determined to do is to put down the exploiting of the services of medical men by playing one off against the other, as has been done in the past. If any medical man, then, wishes to put himself forward as a champion of reduced fees and inadequate salaries, wishes to live in indigence and petty squabbling with ignorant guardians, wishes to die a pauper and leave wife and children, if he have such, dependent on the charity of strangers, he cannot do so in our company.

If "T. H. M." is resident in Ireland and has had experience, as indeed he says he has, of Poor-law methods here, particularly for the past three years, he knows as much as I do, and it is useless pursuing the subject further. He knows that the attitude of the new Boards towards their medical officers has been mostly one of contempt, abuse, and slander, and he also knows that this fight of ours, if it is to be fought successfully, is not one for feather-weight weapons. We are being hit hard, and our safety lies in hitting harder in return. This with loyal combination it is in our power to do. Not by gentle loving reproof was the Birmingham Consultative Institution squelched or the club war successfully fought out. And so, too, the Poor-law medical officers of Ireland, unless they want to fall into the position of slaves to the blatant Poor-law guardians of our day, must be up and doing, must take off their coats to the work and stand no nonsense. In doing all this they can still keep the honour of the profession bright and unsullied, and I can now guarantee that no act of the Co. Mayo Branch of the Irish Medical Association will ever tarnish that honour.—I am, etc.,

R. B. MAHON,

Honorary Secretary co. Mayo Branch  
Irish Medical Association.

Ballinrobe, Feb. 18th.

#### SUPERANNUATION OF POOR-LAW OFFICERS IN IRELAND.

SIR,—The actuarial report on the Poor-law Superannuation Bill (Ireland) has now been made public. It is based to a considerable extent on assumptions.

1. That the salaries of Poor-law officials are subject, as a matter of course, to a periodical and substantial increase. The past history of salary increments shows that they are rarely increased; and, therefore, the claims upon the pension fund would fall much below the sum named by the actuary.

2. That Poor-law officials do not resign or otherwise cease to hold office; or that they do not die before reaching the pensionable age of 65 years.

Probably Dr. Howell had no data upon which to base a reliable report in this respect. They are facts, nevertheless, and must have an important bearing on the average payments from the fund.

The percentage deductions in the English Act of 1896 embodied in the present Bill were based upon the percentages adopted by large public bodies in England for the superannuation of their officers—for example, the Corporation of London, the Liverpool Corporation, the North-Western Railway, the North-Eastern Railway, the School Boards, the Metropolitan Board of Works, and the London County Council.

It was not expected that the fund created by the deductions from income would, at first, be sufficient to meet all claims. There was, however, reason to believe, from the experience of other similar funds, under the management of the public bodies mentioned, that the percentages would be found sufficient to more than cover the proportion of the superannuation fund which Poor-law officers should be asked to bear; more particularly so, having regard to the equitable claim already possessed by some of these officers under existing Acts.

The actuarial report further states that in the event of the Bill becoming law it was absolutely necessary that the fund should be a national and not a union fund.

This would be a most advisable arrangement, inasmuch as Clause 4 of the proposed Bill provides that all service, whether continuous or not, shall be aggregated.—I am, etc.,

THOMAS GICK.

Irish Medical Association, Royal College of Surgeons, Dublin, Feb. 8th.

#### ASYLUM DYSENTERY.

SIR,—May I be permitted to make a correction in the report in the BRITISH MEDICAL JOURNAL of February 15th of the remarks which I made on dysentery in asylums at the meeting of the Epidemiological Society on January 17th? The outbreak at the Leavesden Asylum was reported, and an account of it will be found in the Medical Supplement to the Annual Report of the Statistical Committee of the Metropolitan Asylums Board for 1899. Though there were several fatal cases, yet in not one was ulceration found such as that described by Dr. F. W. Mott; nor did any of the non-fatal cases present the symptoms of dysentery. On the other hand, some of the cases were undoubtedly enteric fever.—I am, etc.,

Homerton, N.E., Feb. 15th.

E. W. GOODALL.

\* \* Dr. Mott has also asked us to point out that the statement attributed to him in our report of the discussion at the Epidemiological Society, that at Claybury 25 per cent. of the patients were general paralytics, but they had no dysentery whatever, is quite inaccurate. What he said was that at Claybury Hall, which is used for private male patients only now, and for the past six years for special male cases, no case of dysentery had occurred. The water supply and the food were the same as in the main building. He adds that another interesting fact is that for the past two years 25 per cent. of the population of Claybury Hall has been made up of general paralytics, and yet no case of dysentery has occurred there. These facts show that dysentery has not arisen *de novo* among these insane patients. With regard to the final sentence, it was intended to explain the cause of sewage upon land being a cause of dysentery—not by exhalations, as supposed by Clouston, but by direct contamination of food or conveyance of the infection by the hands of those who are uncleanly in their habits.

#### THE PREVENTION OF ENTERIC FEVER IN ARMIES.

SIR,—I am pleased to find that, according to the War Office, the reports at present being received from South Africa show that preventive measures are now receiving every attention.

When I was in South Africa some months ago such was not the case, and the boiling or sterilizing of water for drinking purposes in the army was grossly neglected, and was the exception rather than the rule.

The commendable paper by Dr. Turner, Medical Officer of Health for the Transvaal, on Typhoid Fever in South Africa: its Cause and Prevention, in the BRITISH MEDICAL JOURNAL of February 15th, bears testimony to my assertions that enteric is chiefly waterborne and as to the indifference of troops as to what they drink.—I am, etc.,

February 18th.

C. S.