

better-paid class of workmen, for their wives and families, and, in fact, for anybody they can get.

As far as Gateshead is concerned we can have no dealings with this Society on its present scale of charges, or so long as this scale is applied indiscriminately.—I am, etc.,

ALFRED COX, M.B.,  
Hon. Sec. Gateshead Medical Association.

May 2nd.

#### PAYMENTS BY HOSPITAL PATIENTS.

SIR,—Mr. T. Garrett Horder is wrong in stating that I have "taken up the rôle of an advocate of one hospital." This is, of course, not the case, although I fail to see on what grounds I am debarred from stating the truth about any particular hospital which I find to be well administered and thoroughly efficient.

I have merely dealt with the system of check in the out-patient department of the Central London Throat and Ear Hospital, which has been successfully worked there for twenty years and upwards to my personal knowledge.

As to the time I devoted to the investigation, I spent upwards of three hours at the hospital on the day of my visit; I went over the whole of the new cases of the day, and also those who were in attendance at the hospital extending over a period of some three weeks. I picked out patients actually in attendance, after going over the whole number present, and I further investigated every case on the books which seemed to me to offer *prima facie* reason for special inquiry. The methods of investigation adopted by the representatives of the Hospital Reform Association seem to be very different, if I am correctly informed that they spent three minutes in this hospital when they came to make this inquiry into the system of out-patient relief.

If Mr. Horder's Society undertakes investigations it is necessary that they should give an amount of time to the work and adopt much more thorough methods than have heretofore prevailed, if I may judge from the report which has been made to me by hospital authorities in regard to these so-called visits of inspection.—I am, etc.,

Porchester Square, W., May 7th. HENRY C. BURDETT.

SIR,—The letter of Mr. Garrett Horder in the BRITISH MEDICAL JOURNAL of May 7th has been brought under my notice, and in it I observe the following paragraph: "With respect to the inquiry system, I think it must strike most people that the principal object aimed at is to discover not whether the applicants are proper persons for hospital relief, but how much can be extracted from their pockets." Permit me, as the Chairman of the Committee and Treasurer of the hospital since its foundation, close on twenty-five years ago, to repel this unworthy charge.

It is within my personal knowledge that while on the one hand applicants offering to pay large contributions are repeatedly refused admission (ample evidence of this can be given if the fact is doubted), on the other hand it is a constant occurrence that, on just cause being stated, a patient's contribution is either reduced or remitted altogether.

In the last annual report of this hospital, from which Mr. Horder quotes when it suits his purpose, he might have found the statement that out of 13,112 patients admitted (over 42 per cent.) 5,547 were received absolutely free, and that, taking the whole of the patients paying and non-paying together, the contributions amount to an average of 6d. for each attendance.

I am sure, Sir, that after this explanation you will feel regret that such a gratuitous insult to the "managers" of this hospital should have gained admission into your columns, and that you will join me in calling upon Mr. Horder either to withdraw it or to better substantiate its veracity.—I am, etc.,

ALFRED HUTTON,  
Chairman Central London Throat and Ear Hospital.  
Army and Navy Club, May 9th.

#### THE MASTOID OPERATION.

SIR,—Mr. Marsh, in his interesting paper on Cerebral Abscess, concludes that his cases show the necessity for a mastoid operation in all cases of suppurative middle-ear disease that do not yield to careful treatment by ordinary methods.

I fail to see that these cases prove anything except the importance of curing cases of middle-ear disease, and that he treatment by the ordinary methods is often unsatisfac-

tory, for of Mr. Marsh's cases two (Nos. I and V) had had no treatment at all, and in Cases II, III, and IV, the ordinary treatment had failed. Mr. Marsh's line of argument appears to be—these cases did badly, they had not been operated on, therefore operation should have been done. His conclusion is illogical, and I think it is also erroneous. It is to my mind extremely doubtful whether in uncomplicated cases we gain anything by making an opening through the mastoid. The most troublesome cases I have ever had have been those in which the mastoid had been opened either by disease or by the surgeon. It is likely enough, however, that some of these neglected cases benefit by the greater attention they receive after operation.

That the treatment of this disease by the "ordinary methods" is unsatisfactory I know well, and on this subject I have already trespassed on your valuable space, but I am confident that the methods I have advocated in the JOURNAL, if carefully carried out with judgment and perseverance, will prove successful in uncomplicated cases. Cases that are complicated with cerebral or bone abscess require, of course, operations, and the case with pin-hole perforation needs special consideration; but in this case the mastoid operation is probably not the most rational procedure. The "ordinary methods" of treatment, as I have seen them in out-patient aural departments, have proved a failure. These cases, if they are to be cured, as they undoubtedly can be, must be taken in hand and not be left to look after their own treatment. After all, the difficulty is, to a great extent, one of time and accommodation; but if these cases can be taken into hospital for operation, it is surely better to admit them for cure without operation. I do not wish to enter now into details as to the best course to take with these cases, but I should like to insist upon the necessity of frequent irrigation for a considerable period, and once more to express a preference for the silico-fluoride. If strong spirit lotions are used in the early stages the discharge may usually be lessened; but this is, in my opinion, undesirable, and the apparent improvement is often only temporary. Inspection of the middle ear should frequently be made. This is sometimes omitted. Only this week a lad was brought to me whose ear had been syringed daily for three months by a medical man. As the meatus was blocked with polypi, the lotions used could never have affected the middle ear. In conclusion, let me say that it is only by "extraordinary" care and perseverance that many of these cases may be cured. The results, however, well repay the trouble, and render the mastoid operation unnecessary.—I am, etc.,

F. FAULDER WHITE, F.R.C.S.,  
Surgeon to the Coventry Hospital and  
to the Aural Department.

May 9th.

#### THE ALKALINITY OF THE BLOOD IN GOUT.

SIR,—If Dr. Luff is satisfied<sup>1</sup> with testing the effects of an attack of gout on the alkalinity of the blood, while giving drugs the influence of which on that alkalinity he cannot really estimate, and further contents himself with investigating his physiological foundations after he has published his pathological conclusions, it is certainly open for critics to suggest that the drugs might have raised the alkalinity of the blood, but for the effect of the gout attack in depressing it.

It is not quite true that my view of the causation of a gout attack is based on "no experimental evidence whatever," but it is based on no chemical experimental evidence of my own, for the simple reason that the evidence of others has been amply sufficient to explain my results, and because much of the chemical explanation of physiological, clinical, and pathological facts, has admittedly been hypothetical and unimportant.

Such a fact as this, that dozens of people who, like myself, suffered from severe recurrent bilious or sick headaches, have got almost complete freedom from them as the result of giving up animal flesh and tea, is none the less a fact because chemistry in the hands of Dr. Luff may fail to give an explanation. Chemistry will have to try again, till it succeeds, and personally I do not think it will have much difficulty.

Similarly, with the causation of arthritis there seems to me to be plenty of physiological, pathological, and clinical evidence that it is due to the local irritant effects of uric acid,

<sup>1</sup> BRITISH MEDICAL JOURNAL, May 7th.