

elementary schools are classed according as they are certified or not.—I am, etc.,

Felixstowe, Jan. 29th.

C. G. HAVELL.

#### AMENDMENT OF LUNACY LAWS.

SIR,—As a Bill will be before Parliament this session, and I believe a Government one, to amend the Lunacy Acts, it seems to me very desirable that it should deal with some of the grave practical defects of the present law.

I would instance one in particular. Under Section xx of the Act of 1890, a relieving officer may remove a pauper lunatic to the workhouse, but he is required within three days to have him seen by a magistrate, who may authorize his further detention in the workhouse for fourteen days. This is the usual procedure, and in most cases a magistrate visits the pauper at the workhouse, and signs the detention order. In some cases, however, the magistrate refuses to attend unless, and until, a vacancy has been found in some asylum for the pauper, and in that case the medical officer of the workhouse is practically compelled to keep on signing detention orders, or certificates which have the same force, till such a vacancy is found. This was never the intention of the Act, and indeed the Commissioners in Lunacy have advised that workhouse medical officers should never give more than one such certificate in the same case. The magistrates seem to have very good authority for refusing to act under the above circumstances, for an official opinion has been given by the law officers of the Crown that they are not obliged to do so. The result is that one of His Majesty's subjects may be kept in durance as a lunatic merely on the certificate of a medical practitioner for an indefinite time without coming under the notice of any judicial authority. One of the chief objects of the latest lunacy legislation was to prevent such a contingency.

A further injustice is done to the workhouse medical officer. If the magistrate attends to sign a detention order, he must take the evidence of the medical officer, who then is paid a fee; but the latter is paid nothing for giving the ordinary detention certificate. Again, the giving of this certificate was meant to be entirely at the discretion of the medical officer, which for obvious reasons it ought to be. I know of an instance where that officer refused to sign one, when the magistrate did not attend, after due notice had been given by the relieving officer. The lunatic was discharged, and there was near being a public scandal. This medical officer's Board then ordered him in future to give the certificate, intimating that they considered it part of his duties *qua* medical officer. Clearly, this ought not to be, but I believe the Bill about to be introduced makes no attempt to deal with this difficulty.—I am, etc.,

MAJOR GREENWOOD, M.D.,

Honorary Secretary Poor-Law Medical Officers' Association  
of England and Wales.

Cophthall Avenue, E.C., Feb. 1st.

#### THE "FOURTH DISEASE."

SIR,—Having had actual experience of a series of cases apparently clinically identical with the cases of "fourth disease" as described by Dr. Clement Dukes, I have naturally been interested in the correspondence on the subject, and also I must admit not a little surprised at some of it. The subject is a very difficult one, but though brought forward by such an authority as Dr. Clement Dukes, and supported by the experience of Sir William Broadbent,<sup>1</sup> some of your correspondents have apparently settled to their own satisfaction that there is no such thing as "fourth disease." Dr. Killick Millard's contribution to the subject<sup>2</sup> is to me particularly surprising, as while admitting that he has had no personal experience of such cases, he informs us that he pointed out to us all soon after Dr. Clement Dukes's first communication on the subject appeared, that in his opinion there was no such disease as "fourth disease," and now when Dr. Dukes returns to the subject he (Dr. Millard) first finds fault with the meagre clinical facts given by Dr. Dukes, and then forthwith on those facts, meagre though he says they are, diagnoses all Dr. Dukes's cases for him without any hesitation as rubella or scarlet fever, and not "fourth disease."

<sup>1</sup> *Lancet*, July 28th, 1900.

<sup>2</sup> *BRITISH MEDICAL JOURNAL*, December 21st, 1901.

But leaving on one side the controversial side of the question, my own cases consisted of 14, or, leaving out one doubtful case, 13 cases which occurred in 1900 and 1901 in the Southport Borough Infectious Diseases Hospital. Of these 13 cases, 7 were diagnosed as scarlet fever by medical practitioners in the town, and sent into hospital in such. They all there developed scarlet fever, after having apparently recovered from the complaint from which they were suffering when admitted. The remaining 6 were cases which were admitted into the hospital as scarlet fever, and, when convalescent from that disease, developed "fourth disease," the infection having been caught no doubt from some of the other cases of "fourth disease" already referred to as having been inadvertently admitted into the wards among the scarlet fever cases.

It is impossible here to record all the clinical facts of these cases, but they have been already fully reported. The first 9 cases—all the cases of which I had had experience up to that time—were reported by me to the Southport Medical Society in April, 1901, and afterwards published in the *Dublin Journal of Medical Science* (June, 1901). In July, 1901, I read a paper on the subject at the Eastbourne Congress of Public Health, including additional cases, and this paper has since been reproduced, with temperature charts of all the cases, both in the *Journal of State Medicine* (November, 1901), and in *Public Health* (December, 1901).

Briefly, the symptoms of a well-marked case of "fourth disease" as seen by me have been those of a mild attack of scarlet fever, with the difference that in "fourth disease" the rash (identical in other respects with the rash of scarlet fever) is out of proportion in intensity and extent to the other symptoms, so that with a profuse bright rash you have only slight rise of temperature, not above about 100°, some soreness and redness of throat, tongue not typical of scarlet fever, little or no feeling of illness by patients, and no loss of appetite. All the symptoms, including the rash, disappear rapidly, in many cases in twenty-four or forty-eight hours time.

Such may be taken as a description of a typical case, but with slight variations from this type the difficulties of diagnosing the cases begin. I believe now that it is quite impossible to distinguish in the early stages some of these cases of "fourth disease" from mild scarlet fever, and in such cases it is only by after-results, where they occur, that they are to be distinguished.

The following quite recent case may be taken as a sample for diagnosis. A boy, aged 4 years, was admitted into hospital on the notification of a medical practitioner as a case of scarlet fever. On admission there was no rash remaining, no rise of temperature, or quickness of pulse, and the tongue was not typical of scarlet fever. Within a fortnight after admission this child developed a second slight rash and other symptoms of apparently a mild attack of scarlet fever. In neither the first nor second attacks was there the typical tongue of scarlet fever, but in a week after the second attack there was enlargement of the cervical glands, in another week free nasal discharge, and in six weeks time slight peeling of hands. Now I ask, What was the first attack? The curious part of the case follows. A few weeks after the above case had been in hospital (and in the meanwhile I had had no communication with the practitioner who sent it in) I received a note from him asking me to see a second case at the same house from which the first case had come, as he did not feel quite certain about the diagnosis. On my visit I found a boy about 10 or 12 years of age with a copious scarlatina-like rash all over his body and legs, back and front, but with only slight sore throat and practically no rise of temperature, and no feeling of illness, etc. I ventured to diagnose the case, though in the house of a school caretaker, as "fourth disease," and advised his being kept at home. He was carefully isolated in his bedroom; no peeling occurred, and after sixteen days isolation he was allowed to leave his room and mix with the other members of the family, which included one boy older than himself and three younger, none of whom had had scarlet fever. No ill results followed.

Another medical man who had sent into hospital a case of "fourth disease," which unfortunately there developed fatal scarlet fever, thus described the symptoms as he first saw them: "The case seemed to me so straight that it occasioned me no anxiety. She had an abundant fine scarlatinal rash,