

the last twenty years, has been shorn of many appointments, and of much that made it popular; but, when thoroughly understood, the Secretary of State's resolution, quoted above, will do more to damage it than anything else hitherto. In a country which has little attraction in it, and which possesses a climate that damages every European constitution, many medical officers look forward to terminating their exile at the end of twenty years' service, when they can retire on £365 per annum, with a possibility of supplementing that pension by work of their own choosing, *in a good climate*. At twenty years' service an Indian medical officer is, on an average, about forty-four years of age. Hitherto, as a reward for living a life of exile in a bad climate, he has been allowed to retire on £292 at the end of seventeen years, £365 at twenty years, £500 at twenty-five years. A very large proportion retires at the two latter periods, and therefore this new rule, by which a man who has comfortably settled at home is liable to be dragged out to India on the occurrence of famine, or war, or other emergency, is a very great hardship, and should call for the action of those bodies which have already memorialised the Government on the subject of army doctors' position, rank, titles, &c. For my part, I should strongly advise anyone against entering the Indian Medical Service while such a condition exists. To those who know not India, and who are young and healthy, it may seem no hardship, for they cannot realise as we can out here the longing which comes over us, when nearing twenty years' service, to quit the country, and the heat, and the dismal dullness of the Indian life, to live at home among home faces, and scenery, and surroundings before we are too old to enjoy them, or before we die.

I am, Sirs, yours faithfully,
SURGEON-MAJOR, INDIAN ARMY.

"THE EPIDEMIC OF INFLUENZA."

To the Editors of THE LANCET.

SIRS,—I have read with much interest Dr. Prout's letter under this heading on page 370 of THE LANCET of Aug. 16th, because my experience of the clinical features of the disease—described by him as greatly resembling those of epidemic influenza at home—is in a great measure in accord with his. But, as there is a point or two in his observations upon which our experiences are not wholly in consonance, I venture, with your kind permission, to offer the result of my experience on the subject.

Whilst in medical charge of Kwitta station a detachment of the Gold Coast Constabulary, about sixty strong, under a European officer, was sent to the interior on patrol about the middle of April of the present year. It being the beginning of the rainy season the weather was rather indifferent; a dampish, cold atmosphere was the leading feature in the meteorological conditions which then prevailed. After a week's absence the detachment returned to the station, and the European officer lost no time in consulting me on account of frequent sneezing, "running at the nose" and eyes, headache, slight coughs, and pains all over the body, especially in the joints. His temperature was slightly raised—101° F.—but showed no periodicity. He got over these troubles in a couple of days, but the cough and slight weakness of the system generally persisted for a little while after. At first sight I certainly regarded these symptoms as the effects of a severe touch of cold, but I had not long to wait before several others of the Europeans (eleven in number) in the Bremen Mission-house, chiefly those who had remained longest on the coast, were also attacked, and had to go through the same course of symptoms. The cases, however, which occurred among Europeans were mild, and no untoward effects resulted. Among the native community the incidence of the disease was excessive and virulent. Not less than twenty-five serious cases among the force in detachment were admitted into the constabulary hospital, but no death occurred. It spread like wildfire among the civil population. Several fatal cases were reported from intercurrent complications referable to the respiratory and nervous systems. Gastro-hepatic troubles were prominent features in some of the complicated cases. From all this it will be observed that the Europeans at Kwitta—especially those whose constitutions, from their prolonged stay on the coast, might have been looked upon as tolerant to the effects of Laveran's parasite—enjoyed no immunity from the disease, and that

the natives (negroes), instead of suffering from the mild type, as suggested by Dr. Prout, were subjected to the virulent forms of the disease, which proved fatal in several cases.

I am, Sirs, your obedient servant,
B. W. QUARTEY-PAPAFIO, M.B., M.R.C.S. Eng.,
Government Medical Officer.
Elmina, Gold Coast, West Africa, Oct. 18th, 1890.

COOKED OR UNCOOKED MEAT.

To the Editors of THE LANCET.

SIRS,—In reply to the questions in THE LANCET of Nov. 29th by your correspondent, Dr. Percy Baily, the following remarks may be made.

1 and 2. Practically, there is no discernible difference in the meat of English-fed and killed cattle as compared with foreign-fed cattle, whether killed in England or abroad. The enormous mass of foreign cattle, including pigs, which come to the United Kingdom from abroad, are specially fattened—chiefly on artificial foods—to suit the tastes of the English market. It is alleged that "forced artificial feeding makes the fat deposit in lumps apart from the muscles, whereas if naturally fed the meat assumes a somewhat mottled or marbled appearance by the fat being more evenly distributed throughout the animal's muscles." However, as regards this theory, I give it for what it is worth, doubting its accuracy. Home fed and bred mutton and beef are superior to foreign mutton and beef. However, the popular taste demands that veal, pork, and ham should be excessively fat; hence foreign veal, pork, and ham, as well as venison, being kept lean, are very superior to our home products. Veal and pork, when fattened as for the English market, are frequently unhealthy and indigestible. Italian, German, and Swiss veal and pork being muscular, and not subjected to the home processes of super-feeding, producing artificial fatty degeneration, are superior to their British representatives. Abroad the reputed mutton cutlet is frequently pork. 3. It appears that hitherto foreign and colonial fed cattle sent dry-air frozen to England can neither by chemistry nor the microscope be distinguished from home-fed and killed meat. It is a disgraceful fraud that dry-air frozen meat and poultry are often sold as and at the high rates or prices of home-fed and killed meat and poultry to the consumer. The retailer pockets this wide difference. Legislative interference should prohibit these augmenting abuses and scandals which sweat the British producer and practically starve the poor. It is an unjustifiable trade trick or blackmail levied on the rich and well-to-do classes—

I am, Sirs, yours truly,
J. LAWRENCE HAMILTON, M.R.C.S.
Burlington-street, Brighton, Nov. 29th, 1890.

BIRMINGHAM.

(FROM OUR OWN CORRESPONDENT.)

Scarlet Fever.

THE number of patients in the Borough infectious hospital has fallen to 457, from 528 in October, and the death-rate has fallen to 2.5 per 1000 per annum. This is a satisfactory omen, due probably to the accession of colder weather, and, though it still represents a large number, there is reason to believe that the epidemic is on the decline.

Ice Accidents.

The season brings its particular forms of disaster, among which the above-named form a prominent feature. A lamentable catastrophe has just happened at Tipton, where six children were drowned from the breaking of thin ice in a pool. In the Black Country it is impossible to prevent accumulation of water in deep holes owing to the mining operations of the neighbourhood, and these form veritable death traps when frosty weather sets in sufficiently to coat them over with ice.

Child Mortality.

Another form of fatality at this season is that due to burning. The coroner held five inquests on the bodies of children this afternoon, whose deaths resulted from