

a state of affairs as existed at Gloucester, Maidstone, Richmond Asylum, &c., is an impossibility here. What we do and what we have done for the safety of the colony, long before the Venice Conference was ever heard of, is as follows: Whenever an epidemic breaks out in a port that port is declared infected and the governor in council may prohibit immigration and importation into this colony of all Chinese from the place infected; every vessel from thence is boarded and inspected—not by a custom-house officer (as I once saw done in London) but by a duly qualified medical man. If there are no cases of sickness the vessel is immediately released. If a case of disease exists it is promptly landed into an infectious hospital (which I venture to think compares not unfavourably with similar institutions elsewhere), the ship is disinfected and detained for twenty-four hours or longer at the discretion of the health officer of the port and if no further cases occur, released. This, I think, is absolutely sufficient and at any rate is all that is properly practicable with 2500 people a day to deal with.

I am afraid this letter is a very long one, but I for one take exception to a paper like THE LANCET inferring that this colony is behind the times in matters of sanitation, whereas in fact the responsible officers are men who in addition to professional knowledge bring also to bear on this subject a knowledge of local conditions and requirements of which the writer of the article in question seems absolutely ignorant. In conclusion, I would mention that we are so far behind England that the Government actually employs a qualified veterinary surgeon who daily inspects every animal slaughtered for food and every market in the place and I should much like to know in how many places in England such a very proper and very sanitary measure is carried out.

I am, Sirs, yours faithfully,

Medical Department, Hong-Kong, April 1st, 1898.

J. BELL.

\* \* Whilst gladly printing the above letter we cannot pretend to agree with some of its contentions. The Venice Convention was not intended to apply merely to ports like London, but even as regards that port Mr. Bell describes conditions in Hong-Kong which agree in almost every detail with the arrival in this country of Russian and German transmigrants who passed through England to the United States during the cholera prevalence of 1892-95 and who were treated on exactly the lines which he describes as being "too ridiculous." Then again, Mr. Bell is correct, as he surmises he may be, in assigning to the Venice Convention a conclusion which finds no place in that treaty, but he is incorrect as to the diseases with which the Venice Conference had to do. It was solely concerned with plague. We are glad to endorse what he says as to the excellent sanitary work done in Hong-Kong and we know how ably the sanitary administration of the colony was utilised in the last outbreak of plague; but we hold that where such work and administration exist, the principles of the Venice Convention are adapted to deal with the introduction of such a disease as plague, although it is highly probable that they may need some modification in details.—ED. L.

#### "THE WALKING VALUE OF THE LESSER TOES OF THE HUMAN FOOT."

To the Editors of THE LANCET.

SIRS,—Permit me to say, with reference to Mr. Heather Bigg's quotation from "The Human Foot," that my test as to whether the toes are habitually used is a very simple one. Is the skin of the front part of the sole free from callosities? I cannot imagine this condition to exist if much walking be done, unless the toes collectively be used. When the toes are firmly pressed against the ground the long flexors, which are to the plantar arch as bowstrings or tie-rods, tend to include in it the heads of the metatarsal bones and so to uplift them. When these are borne down by the weight of the body the place of contact is determined by the position of the fixed toes; there is no sliding and therefore no friction. This advantage is of necessity lost when the tendons are attached to the heads of the metatarsal bones. Moreover, the extension of the base of support and the capacity to press on the ground all across the foot, even

when the metatarso-phalangeal joints are bent, as in bill-climbing, must be of advantage, I, however, have not claimed for the smaller toes a "paramount value"; but I adhere most fully to my opinion that most people use them and that, in proportion as they are used, they are useful.

I am, Sirs, yours faithfully,

Gloucester, May 7th, 1898.

T. S. ELLIS.

#### THE EARLY DIAGNOSIS OF MEASLES.

To the Editors of THE LANCET.

SIRS,—During the late epidemic of measles I have made one or two vain attempts to stop the spread of the disease by early isolation and have kept the other members of the family daily under observation from the time of their separation till they in turn fell ill. For a fortnight at least prior to the appearance of the influenza symptoms, although they seemed to be perfectly well and had a good appetite, the temperature persistently remained at 97°, but it at once commenced to rise directly the running of the nose and eyes commenced. I think that in cases where we are in doubt whether children have taken the infection or not this may be of service in helping us to come to a correct decision.

I am, Sirs, yours faithfully,

Surbiton, May 6th, 1898.

F. P. ATKINSON.

#### "THE ROYAL COLLEGE OF SURGEONS OF ENGLAND AND THE CORPORATION DUTY."

To the Editors of THE LANCET.

SIRS,—Referring to your annotation on this subject, it is a matter of some regret that you have been unable to publish the case *in extenso*. The following extract may be of interest to some Members: "In delivering the judgment of the court in favour of the Crown Mr. Justice Wright said the section provided an exemption for property legally appropriated and applied for the promotion of science ..... On the authorities cited it could not be said that the property of the Royal College of Surgeons was legally appropriated and applied for the promotion of science at the time of the assessment. At the time of the original charter science might have been the main object, but the actual object at the present day was to be gathered from the later charters and the by-laws. *That object mainly was the granting of certificates or diplomas to persons desiring to become surgeons.* The balance-sheets showed that the largest source of income and expenditure was the examinations. The evidence brought before the court failed to show that the promotion of science was the main object."

The Council has always met proposals for reform or requests for the enforcement of certain by-laws with the stock argument that the College is a purely scientific institution and that its sole object is the promotion of the science and art of surgery. This fallacy has been exposed over and over again by Mr. Jonathan Hutchinson and others. The Council has, as we know, an immense respect for a judicial decision, especially when this is in its favour, as was the judgment in *Steele v. Savory*. We trust, therefore, that it will in future be kind enough to remember that the main object of the College as defined by a court of law is "the granting of diplomas to persons desiring to become surgeons," and that we shall hear no more of the "purely scientific" twaddle.

I am, Sirs, yours faithfully,

May 9th, 1898.

W. G. DICKINSON.

#### PNEUMONIA, A MULTIPLE AFFECTION.

To the Editors of THE LANCET.

SIRS,—In a very interesting annotation on "Streptococcic Pneumonia," in THE LANCET of May 7th, p. 1275, you observe: "No attempt has been made in this country to differentiate what is ordinarily called 'pneumonia,' which is the name of a lesion and not of a disease, into the various diseases of which it may be a manifestation." That this is not correct will appear from a reference to a paper which I read before the Section of Medicine in the Royal Academy of Medicine in Ireland on Friday, Nov. 19th, 1897, on "Pneumonia, a Multiple Infection." An abstract of my paper was published in THE LANCET of Dec. 4th, 1897,