equivalent to the product of 2,000,000 adult or middle-aged males, in quantity amounting to 2900 tons, possessing an agricultural value of £2838. "The simplest arrangements, which need not exceed a few pounds in expense for every house, would enable the inhabitants of London to collect a value of a million pounds sterling per annum, without offence to their health, their noses, or even their feelings. The same holds good for every other town, or village, or single house; everywhere a value of 10s. per head can be collected and returned to the land from which it was abstracted." The objection against house-to-house collection might, it was explained, be obviated in towns already provided with sewers, by means of a separate system of pipes laid in the sewers, communicating with the urinal of each house, and conveying the urine away to tanks, or by conduits at once into the country.

Adopting the conclusions arrived at by Dr. Thudichum in reference to the chemical and commercial value of fluid excreta, Mr. Bannehr proposes to collect the urine passed during non-defecation by means of urinals constructed for the purpose. Portable urinals for house or other use would have the receptacle covered with a concave pan, in the bottom of which a water-trap inlet would be trapped with the last inflow of urine, so as to prevent the escape of offensive air through the inlet; the air displaced by the repeated accessions of urine would pass from the receptacle through a small chamber containing a deodorant before its liberation. Public and fixed urinals would be constructed on the same principle. The urine would be removed from the houses in close vessels to suitable works, where it would be stored in tanks to undergo decomposition in combination with sulphate of lime; the aqueous matter being subsequently evaporated by warm air, the resulting dry substance would be a concentrated powder containing all the chemical manurial properties of urine in its fluid state. Mr. Bannehr claims for his process that if properly conducted it would cause no offence or annoyance whatever "from the commencement of the process of collection to the completion of the marketable article."

But over and above the urinary product thus proposed to be dealt with, there remain the solid and fluid voidings during defecation; and for these Mr. Bannehr would provide dry closets, with earth, ashes, or other deodorant, the urine (either wholly or in part) being separately intercepted. He is, as may be supposed, a decided opponent "of that modern mistake, the watercloset" on sanitary and commercial grounds, but he does not "for one moment think the inhabitants of London will be induced to alter their system until they have in vain tried every expedient that promises them its continuance, and until they have thrown away, probably, some scores of millions."

Thus one project after another comes to bewilder and dishearten the unfortunate ratepayers of this huge metropolis, who under the guidance of first one and then another set of advisers, find themselves periodically called upon to enter upon a new system, which involves the loss of capital previously invested in works now declared to be useless. What is the solution of the sewage difficulty? Is there no way of arriving at that solution other than by the tentative process which we find so unpleasantly expensive as well as unsatisfactory? The advocates of the dry system and the champions of the watercloset are only agreed on one point,—each that their own plan is the only sound and practicable one. Why should there not be a Commission composed of men specially qualified as chemists, as sanitarians, as practical men of business, appointed to thoroughly investigate the merits of the several schemes proposed for the disposal of excrementitious matter, and to decide upon their applicability under such varying conditions as would meet the wants of our town and country populations?

SMALL-POX AT HERTFORD.

THE frequent recurrence of outbreaks of small-pox in different parts of the kingdom is a very lamentable fact, and one which points to the necessity for a searching inquiry into the causes of so unlooked-for, and in every way unfortunate a state of things. In the teeth of modern legislation, and of the undeniable advance of medical and sanitary knowledge, a disease, which in all its characteristics is thoroughly understood, and for whose prevention an effective remedy is believed to be assured by a simple process now familiar to everybody,

manifests the most erratic tendencies to increase or subside irrespective of any efforts made to eradicate it. The official returns of death supply a reliable means of measuring the fluctuations in the fatality of small-pox. Thus in the year 1855 the death-rate per million of the population in England and Wales was 136; in years following successively down to 1865 the rates were 121, 206, 335, 197, 140, 66, 81, 293, 373, and 309. What the rates were in the two years subsequent to 1865 is not yet known, but judging from the reported prevalence of the disease in various places, it is not unlikely that the high rates of 1863-65 will be found to have undergone little diminution when the returns are made up. The conclusion is irresistible that vaccination is either neglected altogether, or is most inefficiently performed to a far greater extent than has generally been supposed; and we shall, therefore, await with interest and anxiety the results which it is fervently to be hoped will follow on the legislative measure of last year.

As a pendant to the description we have already given of the outbreak of small-pox at Woolwich, it has been brought to our notice that the town and neighbourhood of Hertford has for some months past suffered from a severe epidemic of the same disease. The local registrar reported in his last quarterly return that out of 65 deaths registered in the sub-district from all causes during the last three months of 1867, no less than 20 were caused by small-pox; and we understand that in the first eight weeks of the present year 22 additional fatal cases have occurred. Altogether, then, during five months, the disease has killed 42 persons out of a population of some 12,000, thus giving a ratio equivalent to an annual mortality of 8·3 per thousand inhabitants, considerably higher than the corresponding ratio arising out of the Woolwich outbreak. Our information states that the epidemic appears to be nearly over so far as the town of Hertford is concerned, but that it has spread with considerable severity to the villages in the neighbourhood.

Correspondence.

"Audi alteram partem."

THE ANGLO-GERMAN OPHTHALMIC HOSPITAL.

To the Editor of THE LANCET.

SIR,—The notice of the Sub-committee of the Anglo-German Ophthalmic Hospital has been directed to an article which appeared in THE LANCET of February 22nd, entitled "Anglo-German Ophthalmic Surgery," in which the following statement occurs:—

"We are authorised to state that the permission of Dr. Farre to connect his name with a German Ophthalmic Hospital was obtained under circumstances very different from those under which this 'Anglo-German Hospital' makes its appearance."

I am instructed to inform you that on Dr. Farre being asked to become a Vice-Patron of this institution (the Anglo-German Ophthalmic Hospital), that gentleman placed his name and address, in his own handwriting, as a Vice-Patron on one of our printed prospectuses, which is now lying at the secretary's office, 15, Old Cavendish-street, and is open to the inspection of anyone who may desire to see it.

Trusting that you will publish this letter in your next issue, I remain, Sir, your obedient servant,

W. K. R. COOMBS, Secretary.

Old Cavendish-street, Cavendish-square, Feb. 25th, 1868.

We have also been requested by Dr. Farre to publish the following letter addressed to the Committee of the "Hospital;" and to state that when he permitted his name to be used, the title of the institution in the printed circular issued by the Committee was "Anglo-German Ophthalmic Hospital." This was altered to "Anglo-German Ophthalmic Hospital for the Treatment of Diseases of the Eye by a new and most successful Method" in the prospectus in which Dr. Farre's name subsequently appeared in print, and without his knowledge.

SIR,—A prospectus of the Anglo-German Hospital has just been placed before me of which I so entirely disapprove that I must request you to immediately withdraw my name from it.

I cannot help stating that the printing of my name alone as

the sole Vice-Patron, and without the name of any Patron, is, in my opinion, an act of indecent haste; and I may add that I should certainly never have allowed it to appear in any way in connexion with this hospital if I had had any idea that it was to be conducted upon such principles as are set forth in the prospectus referred to.

I request your immediate attention to this.

I am, Sir, your obedient servant,

W. K. R. COOMBS, Esq.
Feb. 20, 1868.

ARTHUR FARRE, M.D.

RETIREMENT OF INSPECTOR-GENERAL MOUAT ON HALF-PAY.

To the Editor of THE LANCET.

SIR,—Will you give me space for a few remarks on the subject of the retirement of Inspector-General Mouat, C.B.? What I would say is this, that the retirement in question may involve any amount of hardship, but the injustice of it I deny. I can perceive that the opposite course would have involved injustice. Let us suppose that the case of Inspector-General A, B, or C, is treated as an exception to the rule, and it follows that every officer who has been placed on half-pay under exactly similar circumstances—viz., fitness for service at home, but unfitness for service abroad—has at once a self-evident grievance established. I should have preferred to argue the case as that of A, B, or C, because by using names one is apt to introduce elements into the discussion which it had better be without. It appears ungenerous to attack brother officers' interests, and I wish to allow to the full all that can be said about Mr. Mouat's character and services. Still, he will see that an Inspector-General cannot be kept in India pending the recovery of his successor's health; somebody must go to relieve him. Dr. Muir had to do so in the present instance when it was not his turn, and would have had to comply if ordered to Timbuctoo, or go on half-pay. Now, if this officer had been compelled to proceed to India while his senior on the roster continued at home on full-pay, surely Dr. Muir would have rightly considered himself extremely ill-used.

When Mr. Mouat's retirement is spoken of as a compulsory retirement from the service, it may be that it is an announcement of his intention not to return; but it is scarcely in accordance with fact to charge the service with that design. A temporary half-pay it does compel; and that it need be no more is evident from a late gazette announcing Dr. Home's return to full-pay service to fill the vacant deputy-inspectorship caused by the retirement of Dr. Langley, who, like Mr. Mouat, I believe, is able to do duty at home, but not abroad.

If it be urged that it is wrong and unjust to place a man on half-pay when unfit to proceed where he is ordered, well and good. But that is to raise a perfectly separate and distinct issue. If Mr. Mouat can succeed in getting the rule abrogated, and longer leave extended, we shall all be obliged to him. Let us, however, give Whitehall Yard its due—the rule was not made there. If they want to make it ten times harder, that can easily be done by making exceptions in their plan of applying it, and I should not care to be the Director-General under the circumstances, and have to meet the storm raised by those who had been made to fall within its application.

No doubt it causes a smart when you happen to have the rule applied to yourself, and I can quite sympathise with an officer in Mr. Mouat's position, although I now think that I should be the luckiest dog in the world if I could only make sure of retiring at his age, with the rank of an Inspector-General and a C.B. and V.C. appended to my name. If, however, none of the upper ranks retire, I must continue to be all my life,

Yours obediently,

A MEDICAL OFFICER OF SUBORDINATE RANK.

P.S.—“One of the Aggrieved,” by the way, appears to be well acquainted with the exact terms used by the Medical Board in the case of “the other aggrieved” officer. How did he acquire the information, which could only have been known to the members of that Board, the Director-General, and the subordinates in his office?

VACCINATION FEES.

To the Editor of THE LANCET.

SIR,—From the various inquiries submitted to you respecting the new Vaccination Act, it does not seem that it is by any means easily understood. It appears that all existing

contracts are to remain in force unless determined either by the board of guardians or by the medical officer. I think it will be found that no change will be made by the boards, and that it must be effected by the vaccinator himself giving notice.

I fancied that on the Act coming into operation new contracts would be entered into, with an increased rate of payment. I accordingly inquired of my board (Stockbridge union) if they were ready to meet me in the matter? Their reply was, “As far as we are concerned the present contracts will continue.” I thereupon immediately gave notice to determine the existing contract between us. I have since been requested to furnish any proposition I have to offer with regard to the terms, attendance, and suggestions for vaccination stations, &c. &c. I do not intend to accept the minimum payments, but I have no doubt we shall have little difficulty, as this board has always treated its medical officers with kindness and consideration.

I am vaccinator also to a small district of the Alderbury union, and, finding the board indisposed to determine the existing contract for vaccination, I have given notice to them.

I would recommend every rural practitioner to follow my example, for to such the new Act is beneficial in raising the fee. In a thin population, scattered over a wide area, vaccination at 2s. 6d. does not pay, but (as the Inspector suggested to me) an opportunity will now occur to fix a fair fee for the operations. We shall be told very probably we shall have gratuities from the great Lords of the Privy Council, and very true I did receive £3 17s. 6d. after the report of the inspector; but, though not refusing “any fish that comes to net,” I don't quite like the system—it seems rather *infra dig.* It is like saying to a boy, “You have done your task well, here's sixpence extra for you.” I would much rather that my Lords instructed their inspector to ascertain what would be a fair and reasonable fee for the operation, looking at the distance travelled, &c., and enforce payment; but if on inspection the work were not found to be done well, strike out the charge altogether. I am one of those who believe that if you would carry out the Act effectually, you must pay fairly for the labour. Cheap and bad are often convertible terms. Wherever vaccination has been efficiently done, and properly kept up in rural districts, there must have been a great expenditure of time in persuasion, and in surmounting prejudice, which it is unfair to call upon a man to make without remuneration. Our profession is called “noble and godlike,” and it is considered low and grovelling to enforce the pounds, shillings, and pence side of the question; there are, however, unfortunately for the sentiment and poetry, the vulgar butchers' and bakers' bills to be paid.

I am, Sir, yours obediently,

L. OWEN FOX, M.D., F.R.C.S.

TRADES UNIONISM IN MEDICAL PRACTICE.

To the Editor of THE LANCET.

SIR,—Your columns have lately been occupied with the struggle of club doctors for existence, and you have excellently defended their combination. May I submit to you another form of combination in the higher branches of our profession, which does not appear equally defensible?

I am a hospital physician in London, what is called a young physician, being something under forty years of age. I am not unknown to the profession, and I mean to be both known and to make, if I live till sixty, an income of £3000 or £4000 a year, or whatever other sum may be the reward of fair intelligence and hard work applied to physic. Meanwhile I may be getting from practice some £300 a year.

Now, it not unfrequently occurs to me that practitioners at a distance, who know that I have a special knowledge of certain sorts of disease, ask me what my fee would be for going into the country, say 150 miles. I have felt myself bound by our trade rules, and I answer, two-thirds of a guinea a mile. My friend says, “I should often like to have your opinion, but I have not two patients who could afford that fee. If it would be worth your while to take 20 or 30 guineas I could get you that much.” To which I have to reply, “Yes, it would be worth my while, and you think it would be worth your while, and your patient's, to consult me; but I cannot depart from the rules of my class.” Of course I am not called in. I have the satisfaction of obeying my trades' union, and of living on bread and cheese while I might get beef.

But, on looking for myself at the position I take up, I can