were equal to an annual rate of 2·2 per 1000, the death-rates last week from the same diseases being 1·5 in London and 2·4 in Edinburgh. The deaths from "fever," which had been two, three, and two in the three preceding weeks, rose again last week to four. The fatal cases of diarrhoea, which had been two in each of the two preceding weeks, increased to three last week. The fatal cases of diphtheria, which had been two and six in the two preceding weeks, declined again last week to two. The deaths from whooping-cough, which had been six and two in the two preceding weeks, were again two last week. One fatal case of small-pox has been registered in each of the last three weeks. The 172 deaths in Dublin last week included 35 of children under one year of age and 50 of persons aged 60 years and upwards; the deaths of infants considerably exceeded the number in the preceding week, while those of elderly persons showed a slight decline. Three inquest cases and three deaths from violence were registered, and 68, or nearly two-fifths, of the deaths occurred in public institutions. The causes of eight, or nearly 5 per cent., of the deaths registered in Dublin last week were not certified.

THE SERVICES.

ROYAL NAVY MEDICAL SERVICE.

IN accordance with the provisions of Her late Majesty's Order in Council of April 1st, 1881—Surgeon Gerald Theodore,† Sylvester Sichel has been allowed to withdraw from His Majesty's Naval Service with a gratuity.

The following appointments are notified:—Fleet Surgeon A. L. Christie to the *President*, additional, for three months' course of hospital study. Staff Surgeon J. M. France to the *Royal Sovereign*. Surgeons: J. A. Thompson to the *Triton* and A. F. Mackay to the *Research*.

ROYAL ARMY MEDICAL CORPS.

Major H. A. Haines proceeds from York to Leicester for duty in charge of the Station Hospital. Captain K. Steele, R.A.M.C. (Militia), joins at Woolwich. Lieutenant R. L. Popham has taken over the duties of medical officer in charge of the garrison of Esquimalt. Captain J. P. Silver is ordered to Devonport. Lieutenant-Colonel T. P. Woodhouse takes over charge of the Station Hospital, Western Heights, Dover.

INSTRUCTION OF IMPERIAL YEOMANRY MEDICAL OFFICERS.

The following is a copy of the regulations issued by the War Office relating to the Instruction of Imperial Yeomanry (Provisional) Medical Officers.

Section VII.—Instruction: 1. Obligatory Courses of Instruction. 180. Before promotion to the rank of surgeon-captain a surgeon-lieutenant will, unless he has held a commission as such in the regular army, be requested to undergo one of the following courses of instruction and obtain a satisfactory report on A. F. E. 535:—(a) To attend for fourteen days at the Royal Army Medical Corps Training School, Aldershot; or (b) To be attached for fourteen days to the nearest military hospital of not less than 200 beds.

THE MEDICAL EXAMINATION OF ARMY CANDIDATES.

Our service contemporary, the *Army and Navy Gazette*, deserves the thanks of all the parents and guardians of intending candidates for the Woolwich and Sandhurst examinations for calling their attention to the importance of their ascertaining beforehand what are the physical and medical requirements that have to be fulfilled. If only ordinary precautions were taken in regard to the regulations on this subject a great waste of time and money and much lamentable disappointment to all concerned would be avoided. These regulations are not only published and available for the guidance of everybody but they are so clearly laid down that civil members of the medical profession and medical officers of public schools are not likely to err and if they were only carefully followed we should not hear as we do at present of so many cases of candidates being rejected by medical boards for defective vision and other physical shortcomings manifestly unfitting them for army service. The regulations laying down the physical and medical requirements for the army are, we believe, obtainable on application to the War Office, and a plain and comprehensive article for the guidance of all concerned was published in THE LANCET of Oct. 11th, 1902, p. 1008. It would be well, in our opinion, if the headmasters of public schools and army tutors were to direct the attention of parents and guardians to this subject. This might, at any rate, have the effect of

preventing a boy from joining the modern side of a school with a view to being educated for the army when, owing to some physical disqualification, he had little or no chance of being accepted.

EXPENSES OF OFFICERS OF THE ARMY.

The report of the committee of which Lord Stanley, Financial Secretary to the War Office, was president, appointed to inquire into the nature of the expenses incurred by officers of the army and the possibility of reducing such expenses, has been issued as a Parliamentary paper. The report affects, although it does not specially concern, officers of the Royal Army Medical Corps. The committee appears to have gone pretty fully into the subject. If its scheme of reform is cordially supported by officers of the army for whose benefit it has been devised, and more especially by commanding officers—for that is the main if not the whole root of the matter—it will no doubt go a long way towards rendering a military career in any arm and regiment possible for capable candidates of healthy tastes and moderate incomes. Among the practical recommendations of the committee we may call the attention of the military authorities to those about the needless and irritating expense caused to officers by frequent changes in detail or design of uniform and also, as far as medical officers are concerned, to their frequent moves and changes of station.

Correspondence.

"Audi alteram partem."

IS DIPHTHERIA DECLINING IN MALIGNANCY?

To the Editors of THE LANCET.

SIRS,—In asking the question, I wish to divest it of all connexion with any particular line of treatment. Is the disease known as diphtheria as fatal in its effects as it was ten or 20 years ago? Personally, I cannot answer for 20 years but I can say that when I first began practice 11 years since the disease was of a severer type than it is to-day. For nine years I have known a certain district in which diphtheria is endemic (and has been endemic for at least 40 years, I am told by an older practitioner than myself). In these nine years I have had experience of several small and three widespread epidemics and each one has declined in severity. The latest one occurred within the past 19 months and was without a fatal case. The patients only numbered 22 and all were under 16 years of age. They may be divided as follows. There were five cases at the beginning of the epidemic which I count as distinctly doubtful diphtheria and in which no bacteriological examination was made. There were four more or less doubtful cases from the clinical standpoint but the specific micro-organism was found in the throat. All the patients got rapidly well. There were ten mild cases, but reckoned as diphtheria by the clinical evidences. The throat was perfectly clean in seven days and in most of the cases much earlier. One mild case (that of a girl aged 13 years) was followed by loss of knee-jerks and paralysis of the muscles of the palate, with return of fluids by the nose. One very severe case (that of a girl aged nine years) had been going on for a week before I saw it and in a very foul atmosphere. The uvula had sloughed away. The child looked as if she would die, but under the influence of cleanliness and careful nursing and feeding she began to recover and in ten days the throat was clean and there was no after-paralysis. One case was that of a baby boy aged one year, with extensive wash-leather membrane covering both tonsils and uvula but with very little constitutional disturbance. The diagnosis was certain, one might have said, from the clinical appearances, but to obviate all mistake I had it confirmed bacteriologically. Ten years ago I am sure a baby with such an extensive membrane would have died or suffered profound constitutional disturbance. In ten days no knee-jerks could be elicited, but whether they had been lost or had never been present is not safe to say in a child so young; otherwise the child made a rapid recovery. Had the epidemic stopped at the first five cases I should not have counted them as diphtheria and had it not been for the confirmatory bacteriological evidence in the four

mild cases and the occurrence of the three severe cases I should have been inclined to believe that I had been dealing with epidemic sore-throat and not the more dangerous disease.

For various reasons antitoxin was not employed in any of the cases. In conclusion, I ask, Is diphtheria becoming more benign? and in private practice are we to meet with epidemics in the future of such a mild type that deaths will be as rare as they are in scarlet fever?

I am, Sirs, yours faithfully,

Leeds, April 11th, 1903.

GORDON SHARP.

THE RETARDED PULSE WAVE IN AORTIC REGURGITATION.

To the Editors of THE LANCET.

SIRS,—I have only just seen THE LANCET of April 4th and am obliged to Sir W. H. Broadbent for his good-natured reply (at p. 989) to my note in your issue of March 28th (p. 869). I cannot but think that he modifies his position; for he now says, "When from stenosis associated with the incompetence the violent alternation of the blood pressure which gives rise to the collapsing pulse is obviated the retardation need not occur." My contention is that by whatever means these phenomena are obviated the retardation need not occur. No doubt there is very considerable retardation in selected cases, but the pulse is not "always retarded or delayed." There is some stenosis in my case of March 28th, but there was none in my case published in the *British Medical Journal*, Feb. 16th, 1901.

I should have liked extremely to take a tracing from the case mentioned in the last paragraph of Sir W. H. Broadbent's letter, and no doubt he would like to see my own cases, but I felt that to enter into a clinical argument with Sir W. H. Broadbent might render me absurd in the eyes of many. The only way in which I could engage in an equal conflict was to enter the arena armed with some modern weapon of great precision. I am afraid that even now my missile is not sufficiently penetrative.

I am, Sirs, yours faithfully,

April 9th, 1903.

PAUL M. CHAPMAN.

RECENT ACTS AFFECTING THE COMPENSATION OF WORKMEN FOR INJURY.

To the Editors of THE LANCET.

SIRS,—I shall be much obliged if you can spare me space to reply to Mr. W. J. Townsend Barker's letter appearing in THE LANCET of March 21st (p. 834) referring to the above.

Mr. Barker seems greatly grieved that of late years, owing to the passing of the puzzling Workmen's Compensation Act and the somewhat clearer definition thereby of the legal liability of the employer towards the employed, no provision has been made compelling the employer (or the company with whom he insures) to pay the medical fees for attendance on injured workpeople, thus causing the surgeon to fall back upon the poor suffering employé for payment. Mr. Barker evidently does not quite grasp the distinction which exists between legal and moral responsibility as applied to employers of labour and their insurance companies. As a rule, an employer of labour, in order to protect himself against any claims made on him by workpeople who are injured whilst in his employ, transfers to an insurance company to deal with, in consideration of a certain premium, his risk of any accident happening and whilst still primarily liable yet relieves himself of the cost of payment of wages or of any litigation which may arise, together with nearly all the trouble and bother of the case as far as his legal liability is concerned; but naturally in no circumstances would an insurance company undertake to accept his moral responsibility towards his workmen, as it would be virtually and morally impossible to quote any premium which could either cover such a hypothetical quantity or even contemplate the monetary cost of the contingency if it arose.

The employer would be acting strictly within his legal rights in refusing to pay the medical fees for the after attendance on an injured workman providing no agreement existed between himself and the medical man so to do; nor, in fact, would he be liable to pay for the first attendance at the

scene of the accident unless he or some responsible person (such as a foreman) in his employ directed that a medical man be summoned to attend; nor could this first-aid service, even if sanctioned by the employer, in the event of the injured man being removed to his home instead of to the hospital, apart from a definite understanding between the employer and the medical man, be held to make the employer liable for any further attendance other than that incurred on the spot at the time of the occurrence. For if this were so, where would a small struggling employer be who was not insured supposing that in a serious long-continued case he was not only held liable for the half wages but also had to pay for the whole of the medical attendance? Why, it would simply end after a time in his going bankrupt and so deprive, not only the medical man of fees, but the injured man and his family, if he had any, of sustenance, causing him to go to the infirmary and his family to the workhouse, there to be an additional burden to the rates, of which tax the medical man would be duly mulcted of his share; all of which trouble and expense to the employer, employé, medical man, and public generally could have been avoided by the aid of insurance in the first place by the employer. It will thus easily be seen that insurance companies (owing to the very small premiums charged to cover employers' risks due to the cutting rates of competitive companies and the non-existence of the tariff system) would be utterly unable to undertake payment of anything other than that imposed upon them by strict legal liability. The main point that should be borne in mind by all parties is that insurance companies are business concerns and not philanthropic institutions. It is not for a minute possible to believe that any insurance company would, as mentioned by Mr. Barker, request a firm not to call in a surgeon to attend to an accident, but to leave the injured man, if able, or his friends, to do so; the proper interpretation of such a communication is more likely to be that the firm in question was merely trying to shield its own mean and uncharitable action, besides shirking its moral obligations, by wilfully and untruthfully putting the blame on the insurance company. What the insurance company probably did say in reply to the question raised by the firm as to who was liable for the medical man's fees was that in the event of its being necessary to have a surgeon to attend at once to the injured man before his removal home or to a hospital the insurance company could not hold itself liable for the medical fees thus incurred, no provision having been made in the Workmen's Compensation Act for any such payment, nor were these expenses either contemplated to be, or included as being, covered by the policy issued to the firm by the insurance company.

Referring to the certificate cited by Mr. Barker as an instance of insult to the profession, in which, in a footnote, the sentence occurs, "The fee for this certificate (if any) to be paid by the injured person," it may be distinctly affirmed that such footnote does not imply, nor was even intended to imply, that a fee charged for it by the medical man is an imposition. It simply states that the injured person is responsible for any fee that may be required for filling it up, which certificate, in the ordinary course of events if the man was in a club, would not be charged for. It is not incumbent on the medical man to fill it up without receiving a fee for so doing, and if the injured man is unable to pay for it, and his employer refuses to, the insurance company, on application, would willingly pay a reasonable fee for it, since the certificate is evidently required to give some definite idea as to the nature of the injuries and probable duration of the disablement. It may be taken that, as a general rule, any medical certificates or examinations referring to the injured men required by the insurance company are duly paid for by them without hesitation, and very rarely indeed does a workman have to bear the cost himself. There is one point in connexion with medical certificates mentioned by Mr. Barker which will certainly appeal with no uncertain voice to, and be heartily reiterated by, insurance companies—viz., "that carelessly filled up certificates are fraught with considerable possibilities of professional discredit" to those members of the medical profession who unfortunately, as experience has taught, are only too prone to regard lightly what ought to be a strict method of procedure in every case. The manager of the firm who forwarded a certificate to Mr. Barker and said that the filled-up form was a necessary preliminary to obtaining from the insurance company the injured man's money was clearly labouring under a misapprehension, or