throughout the world, it has happened that it has been found very frequently at the necropsies of persons dead from beri-beri; but this, too, is only a coincidence. The symptoms of the anæmia induced by ankylostoma have nothing to do with the beri-beri disease, as I had reason to be assured both in Egypt and Italy. I had in Cairo a case in an apothecary of a form that closely resembled chronic beri-beri, in which I found *filaria sanguinis*. I gave a hint of it in my paper on *filaria sanguinis* &c., published in the *Medical Times and Gazette* of May 13th, 1882. But I am of opinion that the presence of the hæmatozoon in the beri-beri-like disorders was merely a coincidence, and that *filaria sanguinis* has no connexion with beri-beri any more than has ankylostoma or trichocephalus. Let me say also that I think the so-called African cachexia and Griesinger's Egyptian chlorosis cannot rightly be identified with ankylostomiasis, inasmuch as they are the combined result of different morbid conditions into which frequently, but not constantly, ankylostomiasis enters as an element.

I am, Sirs, very truly yours,

P. SONSINO.

Pisa, Feb. 15th, 1890.

* * Dr. Sonsino's contribution to a vexed question is of much value. The alleged relationship between beri-beri (some forms) and ankylostomiasis was specially pointed out in the report on the former disease issued by the Ceylon Government in 1887, and noticed in these columns in our issue of Oct. 21st, 1887, p. 821.—ED. L.

DISEASE NOTIFICATION AND COMBINATION OF SANITARY DISTRICTS.

To the Editors of THE LANCET.

SIRS,—Whilst the main body of general practitioners will endorse the essential principles of the memorial to the Local Government Board and other authorities signed by the Chippenham doctors, but few will subscribe to the timorous threat contained in it. Powerful as a well-organised "strike" is, perhaps a matured consideration may bring the determination of these gentlemen to a different issue—consonant with the spirit of the Act of Parliament which has excited their protest, and to the accomplishment of the principle they seek to establish.

Without further criticism of the memorial I venture to think that, apart from their ultimatum, yet attaching due weight to their arguments, the Chippenham doctors have initiated a movement for the combination of sanitary districts for purposes of medical officer of health administration which should become general in the country. The most useful protective measure of notification has now been adopted by sanitary authorities for fully three-fourths of the population of this country. Good as this is in principle, in practice it is to be feared that many causes may shear it of the success which should attend its application. First, amongst these is what has found expression in the Chippenham memorial, and the natural jealousies (by no means of necessity unfriendly) which prevail amongst rival practitioners in regard to their respective patients. And next may be noticed detail in routine, by which failure may likely occur. Such may be instanced in that a defined infectious disease may break out in a house, and its existence may be known, and continue there unreported to the medical officer of health. Or a medical man may be in charge of such a case and yet it may be unreported. For omissions of this kind the Notification Act imposes penalties; but the Act does by no means so clearly say who is to set a prosecution on foot for the recovery of these penalties. In the prescribed duties of medical officers of health it is not laid down that such officers should do such work as that of common informers, but, rather, that they should act as advisers of the authorities engaging them. The medical officer of health, however, is or should be the chief moving spirit in the public health affairs of his district, and obviously may be expected to appear in the initiative in the proceedings of his authority.

The disagreeables of differences of opinion, of friction in administration, and especially of litigious differences, require no comment. Occurring amongst neighbours and professional brethren, their prejudicial influences upon the social and professional standing and worldly success of one whose misfortune it may be to have to participate in such is too obvious. The expectation, then, is that in those districts in which the medical officers of health are paid insignificant salaries, ranging from £10 to £100, and in

which the development of private practice is the object aimed at by the officers as a means of livelihood and money-making, so long as notification (like former sanitary administration) works without pressure, it will continue to do so, but when pressure becomes necessary, then it will become overlooked, a failure, perhaps a dead letter. Comparisons of the sanitary histories of sanitary districts since 1872, and especially of small districts, too clearly point to this expectation.

With the experience that the Local Government Board have had of sanitary administration by local authorities, it is strange that the Notification Act should have been made optional in adoption by authorities. The small and what one may call "cheap" authorities have done but little in the way of, or have even resisted, sanitary improvements; their districts will doubtless profit in the same measure by notification. And yet the other districts which have been put into proper sanitary conditions and have adopted precautionary and preventive measures against the invasions of diseases are to be sacrificed to the whims of their inactive neighbours, and be exposed to risks from the neighbouring centres of infection and breeding-places of diseases. An anomalous form of legislation this is for the wrong-doer.

So far County Councils have shown no disposition to appoint medical officers of health. When they get flooded with reports from various medical officers of health they may awake to the necessity. It is said in some reliable political quarters that the Government, which has so far brought about local government in counties, will complete its scheme of local administration by the creation of District Councils. The time is at hand for the creation of these Councils. When the District Councils Bill is before Parliament it should be seen to that administrative measures which are now optional should be made compulsory; and that for administrative purposes proper combinations of sanitary districts should be made, to be placed under the charge of efficient and properly paid medical officers of health—such as the Chippenham memorialists demand for Wiltshire.

One word more. The common argument used against combination has been that of expense. To overcome this I would suggest to the "powers that be" that no additional rating expense need be incurred on account of salaries. Whilst combining sanitary districts, other appointments which bear upon public health (and which of course carry emoluments) should also be combined under the medical officer of health. Such offices would be those of the certifying factory surgeon, the superintendent registrar of births and deaths, and that of the coroner. The combination of such existing salaries with those of present ones given to medical officers of health would provide adequate salaries for medical officers of health appointed to any districts which might be combined for sanitary and administrative purposes. Without combination progress in sanitation will come to a standstill; and notification will become a half measure, applicable chiefly to that section of the community whose domestic affairs the least require regulating, and in which the Chippenham memorialists most dread the interference of the competing medical officers of health.

I am, Sirs, your obedient servant,

J. LLOYD ROBERTS, M.B., D.P.H.

Denbigh, Feb. 7th, 1890.

"WHAT IS A 'STONE' IN THE BLADDER"?

To the Editors of THE LANCET.

SIRS,—In THE LANCET of Feb. 15th Sir Henry Thompson calls attention to the fact that in the third Lettsomian lecture I have misrepresented his views upon the question as to what is the lowest weight admissible for a "stone" in the bladder. To my regret, I find that when reading his reply to Dr. Freyer (*Brit. Med. Jour.*, Feb. 18th, 1888), the words "in the adult" escaped my notice. (They were not, however, in italics, as quoted by Sir Henry Thompson last week.)

At the close of the correspondence which his original letter called forth, I was not the only surgeon who was left in the belief that Sir Henry would recognise nothing as a stone which did not reach his arbitrary standard of "twenty grains." The sentence which gave me that erroneous impression—which, indeed, seemed incapable of any other construction than that which I put upon it—was this: "Thus in my cabinet of calculi, now numbering about 950 cases removed by operation, *there is not one weighing less than twenty grains, and I have never accepted or reported an example beneath that weight as a 'stone.'*" (The italics are mine.) There is nothing to suggest that

Sir Henry had another cabinet for boys' calculi or a separate scale for weighing them.

Again, in his second letter (*loc. cit.*, July 21st, 1888), without making any exception for children, Sir Henry writes:—"To close a paper already too long, I think there is little doubt that the common sense of the profession will exclude a trifling concretion of two or three grains from taking rank under the well-known and time-hallowed term, 'a stone in the bladder.' In my own collection there is nothing less than twenty grains." If Sir Henry Thompson has, then, fixed the lowest weight for a man's calculus at twenty grains, what, I would ask, is to be the lowest weight acceptable in the case of a child or of an infant? This was the matter which interested the Lettsomian lecturer, and to it I do not think a satisfactory answer can be forthcoming. My contention is that any concretion which has to be removed by operation—no matter how small it may be—is a stone.

I think that Sir Henry must admit that he, a master of English, and speaking *ex cathedra*, should not have left the statement of his opinions in such a form as to mislead even a dull reader. That I have misrepresented his views there is no manner of doubt, and I beg that you will give me this opportunity of assuring him that I much regret it, though, at the time, I was speaking in perfect good faith.

I am, Sirs, truly yours,

Seymour-st., Feb. 17th, 1890.

EDMUND OWEN.

OUTBREAK OF SMALL-POX AT CRESSING.

To the Editors of THE LANCET.

SIRS,—A serious outbreak of small-pox has occurred at Cressing, in the Braintree Rural Sanitary District, under somewhat unusual circumstances. The first case was reported to the sanitary inspector on Jan. 29th, and when visited that morning the patient was found in bed in the fourth stage of small-pox, the eruption being general non-confluent, suppurating. The man belongs to the sect called "Peculiar People," and had no medical adviser. A child of seven weeks occupied the same room at my visit. This child has since died of the hæmorrhagic variety of the disease. The patient had been visited by his employer and friends during the week preceding my visit, the affection being called "running erysipelas." From this cause the disease has spread to at least four other persons, one resident at White Notley. Some of the residents near the infected cottage have been revaccinated, and all the inmates of the cottage have been protected by revaccination. The case is now under the care of the district medical officer. In my capacity as the medical officer of health a nurse has been procured from London. This was done on Feb. 1st, and the usual precautions have been taken to prevent the spread of infection. No means of isolation exist in the rural or urban district, though I have urged the provision of such for the past eight years. The urban authority now, under the influence of panic, propose to set about providing means of isolating cases in the event of the disease spreading to the urban district. They propose to act jointly with the rural authority. The success of this plan and the further spread of the affection shall be communicated to you. The inhabitants have suffered extensively from the influenza epidemic, which is now on the decline.

I am, Sirs, yours faithfully,

C. E. ABBOTT, M.R.C.S., L.K.Q.C.P.I.,

Medical Officer of Health, Braintree Urban and Rural Districts.

Braintree, Feb. 11th, 1890.

* * Whilst we would not incur the responsibility of urging the two authorities mentioned above to postpone taking joint action as suggested, we would remind them that a hospital erected under the influence of a sudden emergency has never, to our knowledge, either properly served its immediate purpose or the future requirements of the district. Many such hospitals have never received a single patient attacked during the outbreaks for which they were erected, and nearly all have been of such a sort as to hinder rather than favour isolation after the emergency has passed. If a house is available, it might be temporarily made into a hospital; but a new construction should, if it is to succeed, be made deliberately and uninfluenced by panic. In the case of small-pox much can fortunately be secured by vaccination.—ED. L.

EFFECTS OF THE ELECTRIC CURRENT WHEN APPLIED TO THE FEMALE PELVIC ORGANS.

To the Editors of THE LANCET.

SIRS,—Under the above heading Dr. McMordie, in your issue of Jan. 11th, says he has instituted some experiments to show the effect of the electric current on uterine hæmorrhage and fibroids. His experiment was as follows:—He got a one-celled electric battery, and for some months made a series of observations on the effects produced in uterine hæmorrhage and on fibroid tumours. He applied it as follows: One pole attached to a conductor in the form of a uterine sound in the uterus and the other to a flat conducting surface placed over the abdominal parietes corresponding to the fundus uteri. He tells us that this had no effect on the fibroids, even after frequent applications; its effect upon the hæmorrhage he does not state. I therefore presume that also was *nil*. Now, it is a fair question to ask, What effect did he expect to produce? Did he for a moment think he was testing Apostoli's methods, as in a previous sentence of his paper he says, "The facts adduced and proved by Apostoli and others who have been engaged in these experiments are very few." It is a legitimate conclusion that Dr. McMordie's experiment was to test the value of Apostoli's methods. Dr. McMordie's one-celled battery at the outside possessed an electro-motive force of 1.5 volts, and, leaving out the resistance the current would have to encounter in the conductors and electrodes, the body alone would offer a resistance of between 4000 to 6000 ohms. According to the well-known law of Ohm, the electro-motive force of such a battery meeting such a resistance would give in current intensity the merest fraction of a milliamperé. Now, when we know that the arrest of hæmorrhage or any effect to be produced on a fibroid depends on electrolysis, or, as Apostoli expresses it, of chemical galvano-caustic action produced by a current having an intensity of from 60 to 250 milliamperes, necessitating the employment of a battery of 30 to 50 cells, one sees the absurdity of such an experiment as Dr. McMordie's. Moreover, I have yet to learn that electricity according to Apostoli's methods has ever been used to produce the extrusion of a uterine fibroid; such a result is exactly what we wish to avoid. The shrinkage of the tumour is the result aimed at. I would recommend Dr. McMordie in his next experiment to leave out of the circuit altogether his one-celled battery, and I have no doubt he will achieve the results he describes.—I am, Sirs, yours faithfully,

Cromer, Jan. 1890.

HENRY M'CLURE.

LIVERPOOL.

(FROM OUR OWN CORRESPONDENT.)

The Royal Southern Hospital.

AT the annual meeting of the Royal Southern Hospital, held on the 18th inst., the committee gratefully acknowledged the gift by Dr. Cameron of a pathological laboratory to adjoin the new post-mortem room. Dr. Alexander had also offered a scholarship of £20, open to students in microscopic and bacteriological researches; Dr. Carter a prize of £5 for the best series of clinical reports; and Mr. Robert Jones a similar prize for the best series of clinical surgical reports. These generous gifts from members of the medical staff, in addition to their other valuable services, are thus fully acknowledged. It was also stated that the horse ambulance had been used in 344 cases, and that a friend had borne the cost of affixing rubber tires to the wheels, which would afford much ease to those conveyed in it.

Death of Thomas Dale, L.R.C.P. Edin. & M.R.C.S.

Mr. Thomas Dale, who died on the 16th inst., was a native of Moor in Cheshire. He came to Liverpool at an early age and received his medical education at the local school of medicine. After obtaining his diplomas he commenced practice here, and for many years enjoyed a very considerable practice, obtaining much reputation as an accoucheur, and attending a very large number of obstetric cases. He was a prominent member of the Wesleyan Methodist body, and a regular attendant at the Brunswick Chapel, near which he resided. He was in his sixty-sixth year, and, being in failing health, he in May last