pitals situated in and around London, which had declined in the preceding nine weeks from 90 to 35, were again 35 on Saturday last; 11 patients were admitted to these hospitals last week, against but 2 and 1 in the preceding two weeks. The Highgate Small-pox Hospital contained 5 patients on Saturday last, no case having been admitted during the week. The deaths referred to diseases of the respiratory organs in London, which had been 384, 610, and 518 in the preceding three weeks, were 534 last week, and exceeded the corrected weekly average by 45. The causes of 90, or 2·2 per cent., of the deaths in the twenty-eight towns last week were not certified either by a registered medical practitioner or by a coroner. All the causes of death were duly certified in Leicester, Portsmouth, and in three other smaller towns. The largest proportions of uncertified deaths were registered in Salford, Oldham, Halifax, and Hull.

HEALTH OF SCOTCH TOWNS.

The annual rate of mortality in the eight Scotch towns, which had been 21·6 and 22·9 per 1000 in the preceding two weeks, further rose to 23·9 in the week ending Jan. 16th, and was 0·1 above the mean rate during the same week in the twenty-eight English towns. The rates in the Scotch towns last week ranged from 18·1 and 19·7 in Greenock and Perth, to 26·0 in Paisley and 26·5 in Glasgow. The 589 deaths in the eight towns showed a further increase of 24 upon the numbers in the previous two weeks, and included 12 which were referred to diarrhoea, 9 to whooping-cough, 8 to diphtheria, 6 to "fever" (typhus, enteric, or simple), 5 to scarlet fever, 2 to measles, and 2 to small-pox; in all, 40 deaths resulted from these principal zymotic diseases, against 32 and 45 in the preceding two weeks. These 40 deaths were equal to an annual rate of 1·8 per 1000, which was 0·7 below the mean rate from the same diseases in the twenty-eight English towns. The 12 deaths attributed to diarrhoea exceeded the numbers in recent weeks, but were slightly below the number in the corresponding week of last year. The fatal cases of whooping-cough, which had increased from 7 to 15 in the preceding four weeks, declined again to 9 last week, and included 7 in Glasgow. The 8 deaths from diphtheria showed an increase upon recent weekly numbers, and also included 7 in Glasgow. The deaths referred to "fever," which had been 2, 8, and 5, in the previous three weeks, were 6 last week, of which 3 occurred in Glasgow. Four of the 5 fatal cases of scarlet fever were also returned in Glasgow. Both the deaths classed as small-pox were attributed to chicken-pox. One occurred in Glasgow and 1 in Aberdeen. The deaths referred to acute diseases of the respiratory organs in the eight towns, which had declined in the preceding five weeks, from 178 to 132, rose again last week to 145, but were 54 below the number returned in the corresponding week of last year. The causes of 82, or nearly 14 per cent., of the deaths in the eight Scotch towns last week were not certified.

HEALTH OF DUBLIN.

The rate of mortality in Dublin, which had been equal to 37·1 and 28·8 per 1000 in the preceding two weeks, rose again to 33·3 in the week ending January 16th. During the thirteen weeks of last quarter the death-rate in the city averaged 27·0 per 1000; the mean rate during the same period did not exceed 19·5 in London and 19·0 in Edinburgh. The 225 deaths in Dublin last week showed an increase of 30 upon the number returned in the previous week, and included 30 which were referred to the principal zymotic diseases, against 32 and 15 in the preceding two weeks; 19 resulted from whooping-cough, 4 from scarlet fever, 4 from "fever" (typhus, enteric, or simple), 3 from diarrhoea, and not one either from small-pox, measles, or diphtheria. These 30 deaths were equal to an annual rate of 4·4 per 1000, the rate from the same diseases last week being 2·7 in London and 0·6 in Edinburgh. The fatal cases of whooping-cough, which had been 10, 17, and 8 in the previous three weeks, rose last week to 19, and exceeded the number in any week of last year. The deaths referred to scarlet fever and to "fever" also showed an increase upon the numbers in the previous week. Eight inquest cases and 11 deaths from violence were registered; and 74, or nearly a third, of the deaths were recorded in public institutions. The deaths of infants showed an increase, whereas those of

elderly persons corresponded with the number in the previous week. The causes of 22, or nearly 10 per cent., of the deaths registered during the week were not certified.

THE SERVICES.

ADMIRALTY.—The following appointments have been made: Staff Surgeon H. J. Madders, M.D., to the *Hyacinth*; Staff Surgeon Michael Fitzgerald, to the *Caroline*; Surgeon Nicholas C. Ross, to the *Penguin*; Surgeon Thomas Nunan, M.D., to the *Cambridge*.

ROYAL NAVAL ARTILLERY VOLUNTEERS.—London Brigade: John Arkle Waring to be Surgeon.

ARTILLERY VOLUNTEERS.—1st Inverness-shire: James Milne Chapman, Gent., M.B., to be Acting Surgeon.

RIFLE VOLUNTEERS.—16th Middlesex (London Irish): Surgeon Arthur Caesar resigns his commission.

Correspondence.

"Audi alteram partem."

MR. HORSLEY'S CRITICISM ON PROF. SCHIFF.

To the Editor of THE LANCET.

SIR,—A student was once asked, "What would be the result of tying the carotid artery?" He replied, "The pneumogastric nerve is in such close relation with the carotid artery that in tying the artery the operator would inevitably tie the nerve with it, and the result would be death." The Brown Professor's criticism on Professor Schiff's experiments on the posterior columns of the cord is of like nature: "Schiff has taught that the posterior columns of the spinal cord are conductors of tactile sensation direct to the excitable area of the cortex; but Mr. Horsley shows that the results obtained by Schiff are to be explained by the injury that is unavoidably done to the motor tracts in the spinal cord." (THE LANCET, Jan. 2nd.)

In the case of the ligature of the carotid artery above mentioned, if the student whose answer is recorded were himself the operator, his prediction would in all probability be verified to the letter in spite of the lack of natural sequence between ligature of the carotid artery, ligature of the pneumogastric, and death. The section of the posterior columns without injuring the neighbouring portions of the cord unquestionably requires higher skill than is necessary to avoid including the pneumogastric in ligature of the carotid; and it is not improbable that many an operator may have found that he has cut structures he did not mean to touch. From the lack of success of one operator, however, the lack of success of other operators cannot safely be inferred. Those who have witnessed Professor Schiff operate, and have afterwards seen at the post-mortem and microscopical examinations the wonderful accuracy with which the parts cut or removed corresponded with the intention of the operator, will be slow to charge him with the source of fallacy put upon him by the Brown Professor.

I am, Sir, your obedient servant,

WILLIAM R. HUGGARD.

École de Médecine, Genève, Jan. 12th, 1886.

GASTROTOMY NOT GASTROSTOMY.

To the Editor of THE LANCET.

SIR,—Mr. Knowsley Thornton, in recording a case in which he removed a mass of hair from the stomach through an incision into the viscus, has applied the term "gastrotomy" to the operation. This use of the term is liable to produce considerable confusion, and to lead to errors in the subsequent tabulation of cases. The word gastrotomy is derived from two Greek words, γαστήρ and στομα; and it signifies an operation by which a "mouth" is made into the stomach, or a permanent gastric fistula is established. It is the operation that has been largely practised for œsophageal obstruction. Gastrotomy, on the other hand, is