Bedfordshire Regiment: Surgeon-Captain G. W. Murphy, M.B., resigns his commission; also is permitted to retain his rank and to continue to wear the uniform of the Battalion on his retirement.—2nd (Renfrewshire) Volunteer Battalion, Princess Louise's (Argyll and Sutherland Highlanders): John Barr Stevens, M.B., to be Surgeon-Lieutenant. *Volunteer Infantry Brigades*: Home Counties Brigade: Surgeon-Lieutenant-Colonel H. F. Holland, M.D., 3rd Volunteer Battalion, the Bedfordshire Regiment, to be Brigade-Surgeon-Lieutenant-Colonel.

ARMY MEDICAL SCHOOL, NETLEY.

The sixty-eighth session of the Army Medical School, Netley, will commence on April 2nd. Ten surgeons on probation for the Army Medical Staff, and fourteen for the Indian Medical Service will attend the course of instruction. The first of the systematic lectures will be delivered by Brigade-Surgeon-Lieutenant-Colonel W. F. Stevenson, Professor of Military Surgery, on Wednesday, April 4th, at 12.30 o'clock. The following is a list of the names of the surgeons on probation in order of merit who will attend the school:—Army Medical Staff: P. Evans, J. P. Silver, J. M. Buist, H. W. Vaughan-Williams, J. Walker, A. E. Milner, S. W. Sweetman, F. Dove, C. K. Ramsay, and G. St. C. Thom. Indian Medical Service: G. Ramsay, D. W. Sutherland, W. Selby, H. J. K. Bamfield, W. D. Hayward, A. H. Moorhead, T. A. Granger, H. M. Moore, A. W. F. Russell, D. C. Johnston, C. R. Pearce, J. W. Grant, V. B. Bennett, and W. E. Scott-Moncrieff.

SANITATION IN INDIAN VILLAGES.

It seems that sanitation does not make much progress in India outside the large towns, where it has in reality been forced upon the municipal commissioners. There is a great deal of talk about village sanitation and local self-government, but the people are not only extremely poor, ignorant, and prejudiced, but they have no real belief in any methods and systems of modern hygiene. Whatever improvements and changes have to be made, they must be introduced from without, for the rural population of India has no initiative as regards even the most primitive requirements of sanitation, and their education in these respects is of very slow growth.

THE LEE-METFORD RIFLE.

Mr. Campbell-Bannerman, in his speech introducing the Army Estimates, alluded, among other things, to the Lee-Metford rifle, of which, either in the hands of the troops or in the stores, there are, he said, sufficient for all the regulars and militia. As a proof of the penetration of this rifle, the War Minister mentioned that experiments had shown that there was no safety behind a nine-inch brick wall up to a distance of 500 yards. It seems clear that the effect of these modern rifles in war will be to increase greatly the number of wounded, and it will become a grave question how to provide a corresponding and adequate amount of medical aid and succour under the conditions of modern war.

Brigade-Surgeon-Lieutenant-Colonel J. Lane Notter, M.D., Professor of Hygiene in the Army Medical School, has left Netley to attend the International Medical Congress as a representative of the Medical Staff of the Army.

The transport *Bothnia* sailed from Bombay on the 4th inst. with forty-four men, one woman, and two children for Netley.

Correspondence.

"Audi alteram partem."

MEDICAL DEGREES IN THE NEW UNIVERSITY.

To the Editors of THE LANCET.

SIRS,—Should not attention be given without delay to the apparently complete absence of consideration for the interests of those who now possess a diploma from one or both of the London Colleges, and who may wish to add to it a degree of the new University? Mr. Craven's motion at the meeting of Fellows of the Royal College of Surgeons yesterday raised this question, but in such a narrow way (by considering only the interests of gentlemen over sixty-five years of age who were able and willing to pay 50 guineas) that it obtained no seconder. It was therefore impossible to widen it by amend-

ment. I see no good and sufficient reason why any gentleman who now possesses a London medical and surgical diploma should not be granted a degree of the new University after passing a *bonâ fide*—severe if you like, but purely practical—examination, and after paying reasonable fees.

I am, Sirs, yours obediently.

London, March 20th, 1894.

C. B. KEETLEY.

"AERIAL CONVECTION OF SMALL-POX FROM HOSPITALS."

To the Editors of THE LANCET.

SIRS,—I have read carefully Dr. Sisley's second letter, and having re-read also my reply to his first, it really seems to me that no further answer on my part is necessary. I may, however, refer to what has already appeared. Dr. Sisley complained that my paper did not contain the facts as to the relationship of rising epidemics to hospital influence. In reply I pointed out that I had specifically stated to the society, to which my paper was addressed, that I purposely refrained from recapitulating the evidence, assuming that the members were well acquainted with the Local Government Board reports. It was on this hypothesis that my paper was prepared and, having called the attention of Dr. Sisley (who, by the way, is a member of the society) to this fact, and having further referred him to the reports in question, I am surprised that on this point he should now write that "medical speculations are to me (Dr. Sisley) of interest in so far only as they are supported by facts, and the facts are not given by Dr. McVail." If Dr. Sisley is not acquainted with the facts, and if he deliberately chooses to refrain from reading the reports containing them that is his own affair. It is no part of my duty to depart from the conditions which I laid down to those who cared to listen to or read my paper. In further replying to his questions, I said that the agency which I had classed as 1 (c) would have been better placed by itself under a separate heading instead of under 1, and I ought to have thanked him for calling my attention to the point. Ignoring the corrections—but, no doubt, unintentionally—Dr. Sisley tags the two together as before and repeats his question. I also indicated that that which, with reference to a whole epidemic, may be in duration only a minor wave, may yet, as regards a particular locality at a particular time, extend infection in a manner analogous to a flood tide or spring tide. Since, however, Dr. Sisley looks on the statement that rhythm is a law of nature merely as a "curious assertion," and since he thinks that in old times the expression "epidemic waves" was only a cloak for ignorance, it does not astonish me that he gains no light from my reply. He suggests that possibly the difficulty may be due to his own obtuseness. That is rather an awkward question for me to discuss, but I am glad to say that I do not think the explanation is to be found there, but rather in the fact that our methods of thought do not seem to have many points in common, and that sometimes we do not attach the same meaning to ordinary language. For example, Dr. Sisley believes that the difference between "the beginning of an epidemic" and "a rising epidemic" is only verbal, while to me it is very real and actual. All this being so, it is very satisfactory to know that Dr. Sisley from his point of view tends to arrive at an opinion not dissimilar from mine as to the main thesis of my paper.

I am, Sirs, yours truly,

George-square, Glasgow, March 19th, 1894. JOHN C. McVAIL.

* * This correspondence must now cease.—ED. L.

A CASE OF ACUTE PEMPHIGUS IN A CHILD; GANGRENE OF HANDS AND CALVES; DEATH.

To the Editors of THE LANCET.

SIRS,—I have read with interest the cases recently published in THE LANCET by Drs. Penrose¹ and Webber.² As there seems to be a desire for further observations upon the condition expressed by them, I forward you notes of a case which I attended as far back as February, 1878, which both interested and puzzled me very much at the time. A child aged nine months was brought to my surgery in a collapsed condition, evidently in great pain, and presenting the following

¹ THE LANCET, Feb. 3rd, 1894.

² THE LANCET, Feb. 24th, 1894.

condition. There was a large semicircular, dark, almost coppery-coloured patch, the epidermis being denuded, about three inches in diameter, extending from the angle of the mouth over the right cheek almost to the ear of the same side; it was dry, but had no scab upon it. There was a circular patch the size of a half-crown covered with a yellow eczematous-looking scab under the left eye, involving the lower eyelid. Both hands from the wrists downwards were of erythematous redness and completely denuded of epidermis, which had separated and hung downwards in a glove from the second phalanges of the fingers. There were also red, dry patches denuded of epidermis (circular, or some modification thereof) on each arm at the bend of the elbow. The general appearance of the hands and patches was as if the child had been severely scalded, but the denuded epidermis was quite white, and the serum clear like water. The history given me was that the child, said to have been previously healthy—and it was a fine, well-nourished one—had been brought from Stafford by train on Feb. 2nd, nine days previously, to a solitary house occupied by a shepherd and his family in a mountainous part of Wales. The mother had sent it to be nursed, and some tinned milk was sent with it and given for two days, when the child refused it, and fresh cow's milk was substituted. From this time the child seemed to be unwell and five days previously to being seen (i.e., on Feb. 6th) vomited and had a fit. After this the first patch appeared on the inside (bend) of the left elbow, being quickly succeeded by those on the face. The patches, which were in the early stage of erythematous redness, circular, or some modification thereof, in form, and not raised above the level of the surrounding skin, nor with any hardness of the base on the surrounding parts, appeared thus as I saw them. First, a minute area of skin the size of a pin's head became reddened and spread circularly and rapidly; almost simultaneously a blister appeared in its centre, spread over and to the extent of the red patch, and then burst, discharging a clear, water-like serum, the epidermis remaining wrinkled and folded. (In course of time, which is variable, the patch becomes of a deeper red hue, and the epidermis is denuded altogether.) Excepting in the one under the left eye, there was no appearance of a scab in any other of the patches. The spreading of a patch occurs so rapidly that in the course of three or four hours' time some of them will cover and denude a large extent of skin—from one to four inches in diameter. On Feb. 13th the child was still collapsed and in much the same condition as on Feb. 11th as regarded the face, hands, and arms, but the hands were of a darker red colour. There was a fresh circular patch the size of a halfpenny on the throat, over the thyroid. The ears were entirely denuded of epidermis, both in front and behind. When previously seen the legs were clear, but now both entire calves were denuded and gangrenous (dry and black) without much fetor. The first patch, I was informed, had appeared on these, but on the afternoon previously, Feb. 12th, the feet were clear, but there were some patches on the thighs in different stages. I was shown a patch on the inside of the right thigh, where the preliminary red area had appeared two hours previously. It was now the size of a penny, with the wrinkled epidermis lying folded upon it. The child was fearfully depressed, the slightest movement seeming to cause intense suffering; the teeth and mouth were dry and typhoid in appearance. The tongue had a thin white coating, as had the greater part of the cavity of the mouth. There was neither diarrhoea nor vomiting, but there was general congestion of both lungs, with accelerated breathing and feeble moaning, the voice nearly gone, the face pale, the eyes sunk, the skin cold, and the pulse but faintly perceptible. On Feb. 14th the patient died at 5 A.M. Both hands became gangrenous from the wrists downwards on the previous evening. The patient had neither convulsions, diarrhoea, nor vomiting before death.

Upon inquiry I found that there had been a case of measles in the house a fortnight previously to the child's having come there. As I afterwards had four cases at the town dispensary in which the acute pemphigus was associated with aberrant, almost suppressed, measles, I judged this case to be of the same nature. (It will be seen by this that my opinion at the time coincided with Dr. Webber's that "it is not unusual in some of the exanthemata and may suggest the possibility of an alliance in nature with these diseases.") At first, however, I imagined that the condition might have been contracted from a disease called the "strike" (a kind of embolic or thrombotic gangrene, rapidly fatal, which occurs in young cattle and flocks),

which was at the time very prevalent amongst, and fatal to, the flocks herded by the shepherd in whose house the illness occurred and who had flayed many of the sheep; this idea was, however, dispelled upon subsequently seeing the other cases at the dispensary. I have not seen a similar case since.

I am, Sirs, yours truly,

E. ROBINSON, M.D. Edin.

Frensham, Farnham, March 5th, 1894.

LOCAL GOVERNMENT ACT, 1894: ARE DISTRICT MEDICAL OFFICERS QUALIFIED TO BE ELECTED MEMBERS OF A PARISH COUNCIL?

To the Editors of THE LANCET.

SIRS,—There must be many medical men living in rural parishes and holding union appointments to whom this question is of some importance. As everyone has not seen the Act, I will quote the parts of the clause relating to the matter. "46.—1. A person shall be disqualified for being elected or being a member or chairman of a council of a parish or of a district other than a borough or of a board of guardians if he—(d) holds any paid office under the parish council or district council or board of guardians as the case may be; or (e) is concerned in any bargain or contract entered into with the council or board or participates in the profit of any such bargain or contract or of any work done under the authority of the council or board. 3. Where a person who is a parish councillor or is a candidate for election as a parish councillor is concerned in any such bargain or contract or participates in any such profit as would disqualify him from being a parish councillor, the disqualification may be removed by the county council if they are of opinion that such removal will be beneficial to the parish."

The majority, I have no doubt, would on reading this come to the conclusion that paid officers of a board of guardians could not become candidates for a parish council unless the county council saw fit to remove the disqualification. In both conclusions I think the majority would be wrong, for a county council has only power to remove a disqualification under (e) and not under (d). I do not, however, believe that they are disqualified, and to make this plain I will condense the clause thus. A person may not be a parish councillor, a district councillor, or a guardian if he holds any paid office under the parish council, or district council, or board of guardians, as the case may be. These last five words, "as the case may be," can only mean respectively, therefore, that unless a person was paid by the parish council he would not be disqualified.

I am, Sirs, yours truly,

Gillingham, Dorset, March 17th.

T. WOODS.

ABDOMINAL SECTION FOR RUPTURED GASTRIC ULCER.

To the Editors of THE LANCET.

SIRS,—In your account of the discussion at the Royal Medical and Chirurgical Society on Mr. Morse's case certain remarks of mine are so placed as to convey a meaning different from what my language did convey, and from my views. In speaking of flushing out the peritoneal cavity with warm distilled water I am represented as saying that the "water, if warm, served to abolish the symptoms of collapse; the best temperature was 112° F.," the fact being that I detailed one case of very marked and sudden collapse, in which I revived the patient by the use of water at that temperature; it was used rapidly and only for a few seconds. I by no means propose or could give the sanction of my name to using such very warm water under usual circumstances or in slighter degrees of collapse, and still less to its use in the ordinary flushing out of the peritoneum (which may be rather prolonged) necessary after laparotomy for some forms of disease.

I am, Sirs, yours truly,

Wimpole-street, March 19th, 1894.

RICHARD BARWELL.

LIVERPOOL.

(FROM OUR OWN CORRESPONDENT.)

City Coroner's Inquests in 1893.

THE report of the Liverpool head constable for the year 1893 gives, among other interesting details, a return of the