pox. These zymotic diseases caused the lowest death-rates last week in Manchester, Hull, Norwich, and Huddersfield; and the highest in Liverpool, Plymouth, and Newcastle-upon-Tyne. The greatest mortality from measles occurred in Salford, Bolton, and Liverpool; from whooping-cough in Plymouth and Bolton; from scarlet fever in Cardiff and Leeds; and from "fever" in Birkenhead and Portsmouth. The 32 deaths from diphtheria included 20 in London, 2 in Birmingham, and 2 in Preston. Small-pox caused 4 deaths in London and its outer ring, 1 in Liverpool, and 1 in Manchester; the death from this disease of a London resident was also recorded in the metropolitan asylum hospital-ship *Atlas*, moored in the Thames off Dartford. The number of small-pox patients in the metropolitan asylum hospitals situated in and around London, which had been 90 and 79 on the preceding two Saturdays, had further declined to 74 at the end of last week; the admissions, which had been 21 and 11 in the previous two weeks, were again 11 last week. The deaths referred to diseases of the respiratory organs in London, which had increased in the preceding nine weeks from 152 to 418, further rose last week to 454, and exceeded the corrected weekly average by 12. The causes of 83, or 26 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 Portsmouth, Sunderland, Brighton, Nottingham, and in six other smaller towns. The largest proportions of uncertified deaths were recorded in Halifax, Sheffield, Salford, and Hull.

HEALTH OF SCOTCH TOWNS.

The annual rate of mortality in the eight Scotch towns, which had been 19.7 and 20.5 per 1000 in the preceding two weeks, further rose in the week ending November 21st to 22.7. The rates in the Scotch towns last week ranged from 16.0 and 16.6 in Dundee and Perth, to 26.4 in Paisley and 26.7 in Glasgow. The 553 deaths in the eight towns showed a further increase of 73 upon the numbers in the previous two weeks, and included 15 which were referred to diarrhoea, 14 to scarlet fever, 12 to whooping-cough, 11 to diphtheria, 5 to "fever" (typhus, enteric, or simple), 2 to measles, and 1 to small-pox; in all, 60 deaths resulted from these principal zymotic diseases, against 61 and 44 in the preceding two weeks. These 60 deaths were equal to an annual rate of 2.5 per 1000, which was 0.6 above the mean rate from the same diseases in the twenty-eight English towns. The 15 deaths attributed to diarrhoea showed an increase of 2 upon the number in the previous week, but were 7 below the number in the corresponding week of last year. The fatal cases of scarlet fever, which had been 17 and 12 in the preceding two weeks, rose again to 14 last week, of which 11 occurred in Glasgow. The 12 deaths from whooping-cough showed an increase upon the numbers in recent weeks, and included 9 in Glasgow and 2 in Edinburgh. The 11 fatal cases of diphtheria also exceeded the numbers in recent weeks; 4 occurred in Glasgow, 2 in Edinburgh, 2 in Dundee, and 2 in Perth. The 5 deaths referred to "fever" included 2 in Edinburgh and 2 in Paisley. The fatal cases of small-pox occurred in Glasgow. The deaths referred to acute diseases of the respiratory organs in the eight towns, which had steadily increased in the preceding four weeks from 83 to 126, further rose last week to 141, which exceeded the number in the corresponding week of last year by 40. The causes of 73, or more than 16 per cent., of the deaths in the eight Scotch towns last week were not certified.

HEALTH OF DUBLIN.

The annual rate of mortality in Dublin, which in the preceding two weeks had been equal to 23.5 and 29.7 per 1000, further rose to 30.3 in the week ending Nov. 21st. During the first seven weeks of the current quarter the death-rate in the city averaged 25.1 per 1000, the mean rate during the same period not exceeding 16.7 in Edinburgh and 18.3 in London. The 205 deaths in Dublin last week showed a further increase of 4 upon recent weekly numbers, and included 19 which were referred to the principal zymotic diseases, against 9 and 29 in the previous two weeks; 5 resulted from "fever" (typhus, enteric, or simple), 5 from whooping-cough, 4 from scarlet fever, 2 from measles, 2 from diarrhoea, 1 from diphtheria, and not one from small-pox. These 19 deaths were equal to an annual rate of 2.8 per 1000, the rate from the same diseases last week being 2.0

in London and 2.1 in Edinburgh. The deaths referred to "fever" in Dublin, which had been 2 and 8 in the previous two weeks, declined again last week to 5. The fatal cases of whooping-cough and of scarlet fever also showed a decline from the numbers in the previous week. The deaths from diarrhoea were also fewer than in recent weeks, while those of measles had increased. Six inquest cases and 3 deaths from violence were registered; and 59, or more than a quarter of the deaths, were recorded in public institutions. The deaths both of infants and of elderly persons exceeded the numbers in any recent week. The causes of 29, or more than 14 per cent., of the deaths registered during the week were not certified.

THE SERVICES.

AMONGST the officers who left Portsmouth on the 21st inst. in the steamship *Venetia* was Surgeon Holmes, Medical Staff.

The Indian troopship *Serapis* left Portsmouth at the beginning of the present week for Bombay. She had on board, amongst other officers, Surgeon Dawson, Madras Medical Staff; and the following members of the Army Medical Staff: Brigade-Surgeon Allen, Surgeons-Major Martin, O'Donnell, Kirkwood, Edye, and Hamilton, and Surgeons Jones, Long, Bateson, Bean, Lindeman, T. Daley, J. H. Daley, Woods, Hanley, Brannigan, Hathaway, Dent, Tuke, and Cree.

ADMIRALTY.—The following appointments have been made:—Surgeon Alexander F. Harper, to the *Ganges*; Surgeon Francis Moore, to the *Indus*; and Mr. William A. Algie, to be Surgeon and Agent at Port Patrick.

RIFLE VOLUNTEERS.—4th Volunteer Battalion (the Gordon Highlanders): George Burnett Currie, Gent., M.A., M.B., to be Acting Surgeon.—1st Sutherland (the Sutherland Highland): Acting Surgeon Francis David Alexander Skae resigns his appointment.

VOLUNTEER MEDICAL STAFF CORPS.—Surgeon Samuel Walter Sutton, M.D., resigns his commission.

Correspondence.

"Audi alteram partem."

SMALL-POX HOSPITALS AND SMALL-POX DIFFUSION.

To the Editor of THE LANCET.

SIR,—Your editorial article on the above subject in THE LANCET of last week must, I think, be read with considerable interest by all practical sanitarians. The problem however, I submit, which calls primarily for solution is not whether under certain circumstances small-pox may be somewhat more prevalent in the neighbourhood of small-pox hospitals or not, but rather whether the total mortality from small-pox in the metropolis is increased or decreased by the isolation of small-pox cases in hospitals. I have seen it gravely stated in one of the public journals that it has become a question whether, in view of the alleged danger to their neighbourhood of small-pox hospitals, all small-pox cases should not be left in their own homes. Let us consider what this means during the prevalence of a small-pox epidemic such as that we have just passed through. Take, for instance, a case occurring in a tenement house in one of the courts in St. Luke's or Clerkenwell; there is no possible means of isolation for such a case or for its decent treatment, for each family is probably cooped up in one or, at the most, two rooms, and the house may contain from thirty to forty inmates; it would be impossible to stem the progress of the disease by revaccination of all the inmates, for in many cases it would be impossible to obtain their consent; nor would isolation be practicable, for those who are at all conversant with the habits of the poorer classes must be aware that infectious diseases are not looked upon by them with the same alarm as prevails among the middle and upper classes; and that when such a case arises it is not uncommon for a sort of jury of matrons to be impanelled, who proceed to give their opinion on the case, probably with the accom-

paniment of a cup of tea and unlimited gossip in the sick room.

Apart from such cases as the above, there are numbers of others in which the early removal and isolation of small-pox patients is imperatively called for—I refer, for example, to the *employés* of large mercantile establishments, hotels, clubs, and schools, in many of which there is absolutely no means for the isolation of such cases. It being apparent, then, as I think it must be to all reasoning minds, that small-pox hospitals of some sort are an absolute necessity for this metropolis, it remains to be considered whether the present means of combating small-pox epidemics are the best that could be devised for the safety of the public. I cannot think that it can be seriously contemplated to transfer all cases of the disease which may occur in a serious epidemic to hospital ships on the lower reaches of the Thames; for, apart from the danger of conveying such a number of cases through the crowded streets of the metropolis, I cannot but consider that such a prolonged journey both by land and water, especially at this time of the year, is not without risk to the patient in a severely confluent case, and may be absolutely mortiferous in a hæmorrhagic or pustular hæmorrhagic case. I should therefore be inclined to consider your suggestion of an improved small-pox hospital, perhaps on the lines laid down by Dr. Burdon-Sanderson and approved by the Royal Commission of 1881, as a valuable one, and should view with much interest an experiment which should test the feasibility of treating small-pox patients under such conditions; and I can conceive of no body better calculated to carry out such an idea, both on account of its general resources and its command of the sinews of war, than the Metropolitan Asylums Board.

I am, Sir, yours obediently,

Nov. 24th, 1885.

HERBERT GOUDE.

THE SURGICAL TREATMENT OF SUPPURATING KIDNEY.

To the Editor of THE LANCET.

SIR,—I should be glad to be allowed to make a few remarks on Mr. Bruce Clarke's paper published in your issue of Nov. 7th, wherein he publishes a case which I am constrained to believe a little bolder surgery might have led to a more successful termination. Perhaps I have an inherent dislike to probes; I certainly have seen very disastrous consequences follow their use, though not such fatal results as followed in the case narrated. But why probe the sinus at all? The symptoms were clear and the history almost conclusive. The history of hæmaturia, the pain, swelling, and discharging abscess—with these preceding and purulent urine present, the sinus must be connected with the kidney. I would have cut down at once on such a kidney, and have been prepared to treat it according to the conditions discovered. Mr. Clarke's paper is directed towards conservatism, and he kindly gives me credit for having strongly advocated drainage for suppurating kidneys. To this I still adhere, and I think surgeons take great responsibility by attempting to remove kidneys, enlarged and distended with pus, before drainage has been attempted. But Mr. Clarke goes further than I, if he would have us believe there are kidneys that cannot be removed. Nor are his statistics quite correct. Of the four kidneys I have removed through the loin two were long suppurating and adherent kidneys, yet all four recovered, the capsule being left behind in the adherent cases. These find no place among his eleven cases (two only of which recovered), though one case was published as far back as 1881. However adherent a kidney may be, I believe it still possible to remove it from within its capsule, for the soft tissue breaks away from the fibrous covering, though here and there bands may require to be divided by a blunt-pointed knife or scissors; but of the possibility in any case I entertain no doubt. The surgeon, nevertheless, must be prepared for every emergency when making the attempt, and he will be lucky if he escape without mishap of any kind. In my first case I had to contend with much severe secondary hæmorrhage; and in my second, owing to the difficulty of finding one's way through the cicatricial material to the kidney substance, I perforated the diaphragm; but the aperture was sewn up with catgut, and the patient recovered without pleurisy or pneumothorax.

I am, Sir, your obedient servant,

R. CLEMENT LUCAS, B.S., F.R.C.S.

Finsbury-square, Nov. 10th, 1885.

MEDICAL CHARITIES AND MEDICAL MEN.

To the Editor of THE LANCET.

SIR,—Under the shelter of your motto, "*Audi alteram partem*," I beg to offer some remarks anent the subject of the West London Medical Institute. I know nothing of the scheme in question, except that it is an extension of a similar one which has been found to work successfully in Southwark, and of the origin of which I have some knowledge. Your objections to the proposed institute are made on behalf of the general practitioners, and refer chiefly to the appearance of the names of medical men on the committee. But I would ask, are the general practitioners doing their duty to the sick poor, and are not our medical charities inadequate to their wants? And further, is not the inefficiency due to a want of more direct medical supervision and guidance? Having myself performed the drudgery of medical charity work for five or six years in the capacity of house-surgeon to a public dispensary, and a provincial hospital, as well as honorary work at a children's hospital in London; and having, moreover, spent many years in the study of the physical condition of the (so-called) healthy population of the country, I have had ample opportunities of judging of the medical wants of the sick poor, and I have no hesitation in saying that the out-patient relief of our hospital and public dispensaries is insufficient in quantity, slipshod and meretricious in quality, and little creditable to anyone concerned in its distribution. The practice of medicine is a monopoly which has its responsibilities as well as its privileges, but this is too often lost sight of by its practitioners. The monopoly is supposed to have been formed by the State for the protection of the public; but, in fact, it has been created by medical men for medical men—chiefly for the general practitioners; and year by year the monopoly is becoming more restricted by the increased expense in time, money, and training, which medical education exacts. Last year I was asked by the editor of a non-professional journal to make an inquiry into the merits of the question of the repeal of the Patent Medicines Stamp Act, which was then being agitated, and the result of an extensive investigation in both town and rural districts convinced me that a large majority of the poorer classes are dependent on druggists for medical advice, and on quacks for their domestic remedies—patent medicines, indeed, being very largely used by all classes for the latter purpose. During the period when the profession was throwing off its old-fashioned ways of keeping apothecaries' shops, and turning its back on its foster-parent at Blackfriars, the number of druggists increased from 7816 (in 1841) to 15,540 (in 1871); and seeing that there was no corresponding improvement in the medical knowledge of the poorer classes, it is not surprising that they, and many above them in worldly possessions, should follow the compounders of medicines rather than the newly emancipated medical advisers. The popular ignorance of the nature of medical practice still exists, and will continue to exist until some serious efforts are made to dispel it by removing the mystery and technicalities which surround it. It is not a little remarkable that while a knowledge of hygiene is being rapidly popularised, and the details of surgery, which were once thought to be so repulsive to all but the trained student, are being mastered by all sorts of men and women, so few efforts have been made to impart to the public a knowledge of curative medicine. Nursing, as an art and an occupation for women, has been carried to a pitch of perfection which leaves little to be desired; but little has been done to enlighten the public, and especially the poorer part of it, on the preparation and administration of domestic remedies. It is in this direction that the general practitioner has lost sight of the responsibilities which his monopoly to practise medicine imposes upon him.

It is obvious from what I have said that the relations of medical men to the sick poor require reconsideration and revision, and that this revision should be effected in a liberal spirit by medical men themselves, rather than by the charitable portion of the public, whose labours generally tend to the pauperisation of their *protégés*, and hence the necessity for the appearance of medical men on charitable committees. It is not difficult to foreshadow the kind of medical institutions which are required. Instead of large gloomy dispensaries, difficult of access to many