312; they included 96 from measles, 83 from diarrhoea, 56 from whooping-cough, 32 from "fever" (principally enteric), 24 from scarlet fever, 21 from diphtheria, and not one from small-pox. No death from any of these zymotic diseases was recorded last week in Halifax, whereas they caused the highest death-rates in Bolton, Portsmouth, and Preston. The greatest mortality from measles occurred in Portsmouth, Bolton, and Preston; from whooping-cough in Manchester and Preston; from "fever" in Portsmouth; and from diarrhoea in Derby and Salford. The 21 deaths from diphtheria in the twenty-eight towns included 14 in London, 2 in Wolverhampton, and 2 in Birmingham. Small-pox caused no death either in London and its outer ring, or in any of the twenty-seven large provincial towns. The number of small-pox patients in the metropolitan hospitals situated in and around London, which had been 31 and 23 on the preceding two Saturdays, had further declined to 17 at the end of last week; 4 cases were admitted to these hospitals during the week, against 9 and 2 in the previous two weeks. The deaths referred to diseases of the respiratory organs in London, which had been 216 and 184 in the preceding two weeks, rose again last week to 194, but were 29 below the corrected average. The causes of 73, or 2·4 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 Bradford, Leicester, Sunderland, Newcastle-upon-Tyne, and in five other smaller towns. The largest proportions of uncertified deaths were registered in Salford, Oldham, Huddersfield, and Halifax.

HEALTH OF SCOTCH TOWNS.

The annual rate of mortality in the eight Scotch towns, which had been 20·9 and 21·7 per 1000 in the preceding two weeks, declined to 20·2 in the week ending June 26th; this rate exceeded, however, by 3·2 the mean rate during the same week in the twenty-eight English towns. The rates in the Scotch towns last week ranged from 12·5 and 16·4 in Greenock and Perth, to 20·8 in Edinburgh and 22·5 in Glasgow. The 498 deaths in the eight towns showed a decline of 38 from the number in the previous week, and included 21 which were referred to whooping-cough, 20 to measles, 11 to diarrhoea, 7 to scarlet fever, 6 to "fever," and not one either to diphtheria or small-pox; in all, 65 deaths resulted from these principal zymotic diseases, against 68, 49, and 57 in the preceding three weeks. These 65 deaths were equal to an annual rate of 2·6 per 1000, which exceeded by 0·8 the mean rate from the same diseases in the twenty-eight English towns. The fatal cases of whooping-cough, which had been 21, 19, and 18 in the previous three weeks, rose again last week to 21, of which 16 occurred in Glasgow, 3 in Aberdeen, and 2 in Edinburgh. The 20 deaths from measles showed a further increase upon recent weekly numbers, and included 11 in Edinburgh, 6 in Leith, and 3 in Glasgow. The 11 deaths attributed to diarrhoea also exceeded the numbers in recent weeks, and were 5 above the number in the corresponding week of last year. Six of the 7 fatal cases of scarlet fever and 5 of the 6 deaths referred to "fever" occurred in Glasgow. The deaths referred to acute diseases of the respiratory organs in the eight towns, which had been 90 and 93 in each of the previous two weeks, declined last week to 86, but exceeded by 12 the number in the corresponding week of last year. The causes of 82, or 16 per cent., of the deaths in the eight towns last week were not certified.

HEALTH OF DUBLIN.

The rate of mortality in Dublin, which had been equal to 20·8 and 22·9 per 1000 in the preceding two weeks, further rose to 24·7 in the week ending June 26th. During the first twelve weeks of the current quarter the death-rate in the city averaged 25·8 per 1000; the mean rate during the same period did not exceed 17·3 in London and 19·7 in Edinburgh. The 167 deaths in Dublin last week showed a further increase of 12 upon the numbers in the two previous weeks, and included 10 which were referred to the principal zymotic diseases, against 5 and 7 in the previous two weeks; 3 resulted from scarlet fever, 3 from whooping-cough, 2 from "fever," 1 from diphtheria, 1 from diarrhoea, and not one either from small-pox or measles. These 10 deaths were equal to an annual rate of 1·5 per 1000, the rates from the same diseases being 1·8 in London and 3·7 in Edinburgh.

The fatal cases both of scarlet fever and whooping-cough showed an increase upon the numbers in the previous week. The deaths referred to fever were fewer by one than the number in the previous week, the mortality from this disease having shown a marked decline during the present quarter. Five inquest cases and 6 deaths from violence were registered; and 49, or more than a quarter, of the deaths were recorded in public institutions. The deaths both of infants and of elderly persons showed an increase upon recent weekly numbers. The causes of 28, or 17 per cent., of the deaths registered during the week were not certified.

Correspondence.

"Audi alteram partem."

JOHN HUNTER.

To the Editor of THE LANCET.

SIR,—Circumstances have brought teaching in hospitals as well as John Hunter rather to the fore lately. I have in my possession the correspondence that took place between him and his colleagues at St. George's Hospital, relating to their unfortunate disagreement at the hospital. I send you some extracts from an address by Hunter to the governors of the hospital. I have omitted some portions that are more personal than at the present time interesting. At the time (1768) of his election as surgeon to the hospital, his colleagues were Cæsar Hawkins, Bromfield, and Gunning; subsequently Charles Hawkins, George Hawkins, William Walker, and Thomas Keate, with Everard Home as an assistant. I do not now offer any opinion upon this unfortunate controversy—the immediate cause of his death,—as I may print the whole correspondence; it shows well the state of medical education not only at St. George's a hundred years ago, but also at Guy's and St. Thomas's Hospitals, the information being supplied by the teachers at these hospitals at that time for the guidance of the staff at St. George's in drawing up a system for medical education.—I am, Sir, yours truly,

June 12th, 1886.

CHARLES HAWKINS.

"To the Governors of St. George's Hospital.

"When I solicited to be appointed one of the surgeons to St. George's Hospital, it was not with a view to augment my income, either immediately by the profits of the hospital, or in a secondary way by increasing my practice; but to acquire opportunities of extending my knowledge, that I might be more useful to mankind, not only by improving my private practice, but if I should be enabled to make discoveries even in the art itself. I had a view also to the instruction of those who were studying under me, particularly to that of the pupils of the hospital, whose improvement is one principal benefit accruing to the public from such instructions, and I have reason to believe that my intentions and endeavours in all these points have been attended with some success. . . . I conceived that the governors of the hospital would wish that not only immediate relief should be given to the poor and distressed, but that the hospital should diffuse its influence to mankind in general; and by these means, even to themselves. I concluded that to render the hospital of such universal use would be agreeable to the feelings of the governors of this charity, and probably considered by them as the most important service. I conceived to give an hospital a reputation for improvement it was to invite the philosopher as well as the charitable to contribute to its support. Other hospitals were beginning to participate in the improving spirit of the times, more especially those into which the younger surgeons had been elected. They united their powers, and had lectures given to their pupils, not only in surgery, but in every branch of the healing art. Mr. Pott, though one of the senior surgeons in London, gave lectures to the pupils of St. Bartholomew's Hospital, which lectures became the basis of his works on the operations in surgery, and do credit to the governors of that charity for their choice of one so able to instruct. . . . Finding the pupils of St. George's Hospital fewer than they had formerly been, I imputed it to the want of that increasing attention which the surrounding improvements in the art required, for one part should keep pace with the other. My practice in the hospital soon convinced me that this observation was just, and having been long in

the habit of improving myself along with others, it had become in a manner natural to me.....When I mentioned what the medical gentlemen of other hospitals did, and what I thought we should do, one gentleman said, 'he did not choose to lose any reputation he might have in surgery by giving lectures,' which, at least, was modest. Talking of the improvement of the art, one of the surgeons confessed 'he did not see where the art could be improved.' The natural conclusion from this declaration was that such a man would never improve it; but the answer then made was, 'to see where anything could be improved might be considered as going almost half way towards the improvement itself; and that Lord Bacon was the cause of all the advances in philosophy since his day, by seeing and pointing out where and how they might be made.'.....In this [a recent election of a surgeon to the hospital], as in most other public contests, the mind, inflamed by opposition, lost sight of the great object, by which means private friendships and connections had more weight than public utility, to which object the governors will not on the present occasion confine themselves. My motive was in the first place to serve the hospital, and in the second to diffuse the knowledge of the art, that all might be partakers of it; this, indeed, is the highest office in which a surgeon can be employed, for when considered as a man qualified only to dress a sore or perform a common operation, and perhaps not all of those that may be reckoned common, he cannot be esteemed an ornament to his profession. .... They [the governors] will consider how far a numerous class of pupils increases the reputation of the hospital; they will consider whether those numbers do not produce the secondary good arising from an hospital, which is the effectual diffusion of knowledge, and, if so, whether every surgeon should not be in duty bound to contribute his share towards this good purpose ..... I hope this Court will not consider this as similar to a contested election between two men. It is of general interest; it concerns no individual, or, if any, only four men, who are servants of the hospital; and though in one point of view I may appear to stand single, yet I stand on equal ground with the governors of this charity, who formerly established the very law the advantages of which I have now illustrated. Indeed, from a consciousness of the disinterestedness of my motives, and a conviction of the clearness of the question in point of public utility, which I trust they cannot overlook and will not disregard, it would give me more pleasure to see the friends of the other gentlemen here to-day than my own. In whatever way it may be determined to me is personally immaterial; the good of mankind, the improvement of the healing art, and the character of the hospital are the motives of my conduct, and according to which, whatever may be the decision of the present question, I shall continue to do my duty to the hospital as a charity, and confine myself to the laws of the institution.

"Leicester square, Feb. 28th, 1793."

"JOHN HUNTER.

PROPOSED UNIFORM DIETARY SCALES FOR WORKHOUSES AND INFIRMARIES.

To the Editor of THE LANCET.

SIR,—At a meeting of the guardians of St. George-in-the-East on Friday last, Mr. Dellow moved a resolution to the effect that a memorial be addressed to the Local Government Board, asking them to adopt a uniform dietary scale for all the workhouses in the metropolis. He had statistics for 1883 showing the annual cost per head for provisions in the various metropolitan workhouses, and from these it appears that the cost at Whitechapel is the lowest, being £0 19s. 3d. per head per annum, while at Lewisham it is £12 1s. 9d. Referring to the East-end, he showed that the cost of provisions was the highest at St. George's, where it is £7 11s. 9d., or £1 12s. 6d. more than at Whitechapel Union. Poplar, Stepney, Shoreditch, and Hackney each cost varying amounts between the two given above, but increasing in the order in which they are named. The motion was seconded and carried with but two dissentients. Mr. Crowder gave notice that he would move an addition to the resolution asking for a uniform dietary scale in all metropolitan Poor-law institutions.

There is no doubt that there should be uniform dietary scales for the inmates of all workhouses and infirmaries, and in addition there should be drawn up uniform diet tables for all the officers and servants residing in these institutions.

As it is, there is much discrepancy in the dietaries and no real reason for it, as the duties and responsibilities of the officers and servants are much the same in all. Why, for instance, should the assistant medical officer at Marylebone Infirmary have a much better dietary than the assistant medical officer at St. George-in-the-East? At Whitechapel Infirmary, the assistant medical officer has extra salary and provides his own rations. If the Local Government Board were to effect these changes, they would remove the existing dissatisfaction. Uniformity, however, could only be obtained on paper, for what according to the diet table may appear to be a very good dietary, may in reality be but a poor one, as, though the articles are supplied in proper quantity, some of them may be so deficient in quality as to be scarcely fit for food. As there is frequently a considerable amount of trickery in the supplying public institutions with provisions &c., it behoves guardians to be on the alert, and see for themselves that contractors continue to supply goods of the same quality as the samples. A more frequent visitation of the stores and at unexpected times, or an inspection when goods are being delivered, would in all probability be attended with the most beneficial results.

I am, Sir, your obedient servant,

London, June 21st, 1886.

SCRUTATOR.

DURATION OF LIFE OF THE RED BLOOD-CORPUSCLES.

To the Editor of THE LANCET.

SIR,—In referring to a paper on "The Duration of Life of the Red Blood-corpuscles, as ascertainable by Transfusion," recently read by me before the Royal Society of Edinburgh, your correspondent in your last issue ascribed to me a method of investigation which would entirely deprive the results of any value which may attach to them.

So far from transfusing the blood of one animal into the circulation of another of different species, whose blood-corpuscles were of different size and shape, I was at pains to show that such a method of investigation, implying as it did the use of "dissimilar" blood, was absolutely worthless for the attainment of the object in view, since the blood-corpuscles of such blood always break down in the body of their host within a day or two of injection, and hence their duration of life could offer no criterion of that of the normal red blood-corpuscles. In all my experiments, therefore, the blood used was that obtained from an animal of the same species—so-called "similar" blood—the fate of which after transfusion differs essentially from that of dissimilar blood, but resembles in all respects that of the normal blood.

I should feel greatly obliged if you could kindly give the same prominence to the above correction as was given to the original reference, as the ignorance on my part implied in the use of the kind of blood described by your correspondent for arriving at any conclusions regarding the life duration of normal blood-corpuscles is so great as would serve to completely condemn the accuracy of my results in the estimation of all who are already acquainted with the subject of transfusion.

I remain, Sir, yours faithfully,

Edinburgh, June 27th, 1886.

WILLIAM HUNTER.

BRITISH MEDICAL BENEVOLENT FUND JUBILEE.

To the Editor of THE LANCET.

SIR,—In addition to the sums already mentioned, the following donations have been received:—

	£	s.		£	s.
W. Cadge, Esq. (Norwich)	52	10	W. Morratt Baker, Esq.	10	10
G. D. Pollock, Esq.	21	0	Sir William Mac Cormac ...	5	5
Sir Spencer Wells.	21	0	W. Berkeley Hill, Esq.	5	5
Sir Henry Thompson.	21	0	D. de Berdt Hovell, Esq.	5	5
Lady Wilson.	21	0	F. E. Webb, Esq.	5	5
Mrs. Montefiore.	21	0	C. E. Aikin, Esq.	5	5
Dr. Wegg.	21	0	C. A. Aikin, Esq.	5	5
E. Parker Young, Esq.	21	0	Dr. Withers Moore.	5	5
Dr. Ord.	20	0	Mrs. Franz (through Dr.		
Dr. Brodie Sewell.	10	10	Parsons) (Dover)	5	0

Mr. Veasey's donation is £25, instead of £20, as previously stated.

The list of guests at the banquet must be closed almost at once, and I have to request that all who have not replied will do so without delay.

I am, Sir, yours faithfully,

34, Seymour-street, Portman-square, W.

W. H. BROADBENT.