reported and they seem to have principally occurred after they had given way and were in retreat. Turning, however, from these military considerations to those of a medical nature we may say that the Japanese are a most painstaking and up-to-date people in all their arrangements. They have excellent army hospitals and a good medical system and organisation. Lieutenant-Colonel W. G. Macpherson, C.M.G., of the R.A.M.C., a very competent officer, has been attached to the Japanese army to report on the medical arrangements.

In the preliminary report of the chief surgeon of the first Japanese army corps, referring to the recent operations on the Yalu, it is stated that there were 798 killed and wounded.

The Warsaw *Dnevnik*, discussing the importance of pure water for the soldiers, says the Lyao-che is a notoriously dirty river the water of which is simply of chocolate colour.

The Principal of the Russian Red Cross Society in the Maritime Province of Far Eastern Russia, Prince B. A. Vacilovitch, has advised the executive committee that the 2525 beds put at his disposition are not nearly enough. In view of this and to provide the necessary accommodation the committee proposes to fit up a number of buildings as hospitals to be ready at the end of autumn, when the war is expected to be at its height.

Besides the 63 medical men already sent to the seat of war from the Imperial Military Medical Academy a selection is about to be made from those still in the Academy of five surgeons and 12 assistants who will be specially detailed for duty for the hospital trains.

RUSSIAN LADY DOCTORS' ENTERPRISE.

On April 24th the Moscow "accoucheur-gynaecological building" of the Women's Medical Institute was consecrated. This building, which has already cost 133,000 roubles (£13,300), collected with considerable difficulty in Moscow, is still incomplete as to its fittings and furniture and the task is still ahead of the Moscow branch to gather another 23,000 roubles to complete the equipment and to put the institution into working order. The house will contain 50 beds.

A YEOMANRY MASONIC LODGE.

A lodge of Freemasons in connexion with the Middlesex Yeomanry was consecrated under the name of the Middlesex Yeomanry Lodge at Freemasons' Hall by Sir Edward Letchworth, Grand Secretary, assisted by other Grand Officers on April 18th. This is the first Masonic lodge formed in connexion with the Yeomanry and its first Worshipful Master is Major W. Duncan, M.D., F.R.C.S., obstetric physician to Middlesex Hospital.

DENTISTRY IN THE RUSSIAN ARMY.

A committee appointed by the Russian Imperial Medical Academy to report on a better system of education in dentistry has concluded as follows: That the inclusion of dentistry in the Academy's curriculum is indispensable and will fill a blank in the education of military medical men. If need be new accommodation should be built and fixed remuneration for professorship should be provided, since at present such instruction in dentistry as is provided in the Academy is by a *privat-docent* without fixed fees.

Correspondence.

"Audi alteram partem."

THE CHOLERA AND ENTERIC FEVER EPIDEMICS AT HAMBURG.

To the Editors of THE LANCET.

SIRS,—I appreciate the honour you conferred upon me in writing a leading article on my paper about enteric fever and cholera at Hamburg and calling the attention of your readers to the facts contained therein. I am sorry to learn from your *exposé* that our opinions about the epidemiology of both diseases differ widely, yet I trust you will agree with me that not a prolonged discussion will be able to clear our theories but only the experiences derived from the next invasion of cholera in Europe. Nevertheless, I beg your permission to correct some statements of yours. You say Altona or a great part of the town is built on a hard rock. That is erroneous.

Altona rests on the same formation of soil as the whole north German geest and as the greater part of Hamburg too. Furthermore, at Altona away from the river there are no low-lying and poor districts where the death-rate from cholera was very much higher than in the upper parts of the town. It is true I omitted in my lecture detailed descriptions about the distribution of the cases of cholera in the geest districts and the marshland of Hamburg and Altona, also about the influence of the average wealth and of the density of population, &c. I was afraid to trespass the borders of my paper and I contented myself to state the geest was attacked as severely as the marsh. However, abundant information about all those conditions is published in my "Jahresbericht über die Medizinische Statistik des Hamburgischen Staates, 1892," and by Gaffky in vol. x. of the "Veröffentlichungen des Kaiserlichen Gesundheitsamts." The figures you quote are taken undoubtedly from these sources. You will find there ample evidence why Gaffky and I attributed to the water-supply the prominent rôle in the spreading of the large epidemic of 1892. I cannot hope that our reasons might convince you but I trust you will see that all questions raised in your article are extensively investigated by us.

I am, Sirs, yours faithfully.

Hamburg, May 2nd, 1904.

DR. REINCKE.

THE EAST LONDON MEDICAL SOCIETY.

To the Editors of THE LANCET

SIRS,—A society bearing this name has been formed to deal with subjects of medical interest but primarily to press for a reform of the abuse of hospital charity. An open meeting will be held on Tuesday, May 17th, at 3.30 P.M., in King's Assembly Rooms, Cottage Grove, Mile End-road, near Burdett-road, E. Circulars are being sent to as many medical practitioners as possible in East and North-East London, but as some may not receive them will they be kind enough to accept this as an invitation to attend.

We are, Sirs, yours faithfully,

GEORGE BLACK,

EDWIN HASTINGS,

F. HARRIS WHITE,

Honorary
Secretaries
pro tem.

White House, Tredegar-road, Bow, E., April 30th, 1904.

ON CONTINUOUS CLINICAL TEMPERATURE CHARTS.

To the Editors of THE LANCET.

SIRS,—Some years ago while house physician to Dr. J. K. Fowler at the Middlesex Hospital I was studying the different types of temperature charts met with in cases of pulmonary tuberculosis. To some of these, notably the inverse type, where the early morning temperature is higher than the evening temperature, being a continuation of the evening rise, Dr. Fowler attached some importance, for its appearance sometimes heralds the onset of acute general tuberculosis. It then occurred to me that a continuous record of a patient's temperature registered on an automatically moving chart might show recurring variations which by our present method of charting temperatures remain unobserved, but which, if observed, might throw some light on the nature or progress of an illness. Mr. Whipple of the Cambridge Scientific Instrument Company kindly placed one of Callendar's electric recorders at my disposal, and he also took considerable trouble in preparing suitable terminals for making clinical observations. Ultimately a glass bulb after the pattern and size of one of Messrs. Burroughs, Wellcome, and Co.'s enules was made and this, carrying the fine platinum wires, was used for taking either axillary or rectal temperatures. Dr. Fowler kindly gave me permission to use the recorder in his wards. The instrument yielded excellent and accurate results though there was some difficulty in standardising it. The patients, however, objected to the constant wearing of the bulb in the axilla which caused some discomfort after 24 hours. By making the bulb flat this inconvenience might be overcome. Shortly after this I took up practice here and had, therefore, to desist from further experiments, but I have been much pleased to read in THE LANCET of Feb. 27th, which arrived by the last mail, that Professor Ronald Ross has made some further experiments, apparently with the same apparatus. I sincerely hope that these experiments will be continued.

Records of continuous temperatures offer a new field for research and the results are likely to prove of value. Thus the sudden fall of temperature which usually follows a perforation of the bowel in enteric fever or the hyperpyrexia

of rheumatic fever would be instantaneously and automatically recorded, or again the fall of temperature resulting from shock might be observed during the progress of a major operation. But besides registering the temperature of a part of the body at any particular moment Callendar's recorder may be made to register the difference between the temperatures of any two parts—e.g., the difference between the axillary and the rectal temperatures. This is done by using two separate terminals, one of which is placed in the axilla and the other in the rectum; the difference in temperature between the two bulbs is recorded in a single curve. The difference between the axillary and the rectal temperature is sometimes considerable (as in cholera) and this is a subject that may repay further study. Should the investigation prove fruitful it is to be hoped that someone may devise an instrument of smaller dimensions and less cost.

I am, Sirs, yours faithfully,

C. REISSMANN, M.A., M.D. Cantab., B.Sc.,
Adelaide, South Australia. M.R.C.P. Lond.

BRITISH HOME AND HOSPITAL FOR INCURABLES.

To the Editors of THE LANCET.

SIRS,—Amongst your notices of "Donations and Bequests" I see the name of the late Mr. William Sutton, M.D., but you do not mention a legacy of £250 left to this institution by him. If only out of justice to the deceased gentleman I shall be glad if you will insert this in your next issue.

I am, Sirs, yours faithfully,

April 29th, 1904.

EDGAR PENMAN.

WELSH MEDICAL DINNER.

To the Editors of THE LANCET.

SIRS,—It has been decided to hold a Welsh medical dinner at Prince's Restaurant, Piccadilly, London, W., on May 25th, 1904, at 7 for 7.30 P.M. Sir John Williams, Bart., has kindly consented to preside. Gentlemen intending to be present or to introduce guests are specially requested to give notice in writing to either of the honorary secretaries as soon as possible. A general meeting will be held at 6.30 P.M., at which all should endeavour to be present, to discuss the advisability of instituting an annual reunion.

We are, Sirs, yours faithfully,

T. P. BEDDOES, } Honorary Secretaries.
WILLIAM LLOYD, }

63, Wimpole-street, Cavendish-square, W., May 3rd, 1904.

TESTING THE EYESIGHT OF THE NATION.

To the Editors of THE LANCET.

SIRS,—With reference to a recent article in the *Times* newspaper under the above heading, which is commented upon in THE LANCET of April 16th, I am authorized by my council to state that the Optical Society, which is mainly a scientific society, as I show in my subsequent quotation of its objects, does not at this stage commit itself to any definite opinion on the sight-testing question nor can it accept responsibility for the views of individual members; moreover, it does not organize or conduct examinations or grant "diplomas" of any sort whatever.

In the article I quote it is mentioned that the *Optician and Photographic Trades Review* is stated to be the official organ of the Optical Society. That journal is the official medium for the publication of the society's notices and proceedings but it is in no sense authorized to voice independently the opinions of the Optical Society as a body. Moreover, I have the authority of the editor of the *Optician and Photographic Trades Review* for the assertion that neither he nor the *Official Journal* had anything to do with sending out the so-called "circular communication."

As a matter of interest to your readers I shall be glad if you will permit me to state that the objects of the Optical Society (which was founded in the year 1899) are: (1) to promote intercourse between those interested in the science of optics in the United Kingdom, the colonies, or foreign countries; (2) to foster and to disseminate knowledge of optical matters among its members; (3) to arrange lectures, discussions, and demonstrations on optical science and optical instruments; (4) to provide its members with

information on all optical subjects of interest; (5) to promote the establishment, adoption, and recognition of standard sizes, gauges, calibres, templets, and methods for universal use with all optical and other scientific instruments; and (6) to print, publish, sell, lend, or distribute the proceedings or reports of the society or any papers or communications on optical science or subjects connected therewith.

I am, Sirs, yours faithfully,

W. SALT, honorary secretary.

Hanover-square, London, W., May 3rd, 1904.

THE TENURE OF OFFICE OF THE MEDICAL OFFICER OF HEALTH.

To the Editors of THE LANCET.

SIRS,—It is extremely satisfactory to note that the Local Government Board has recently in some instances signified to district councils its willingness to consider favourably applications made as to the reappointment of medical officers of health without limit of time where the officers in question have been in office some years and have discharged their duties satisfactorily. The duties which have to be discharged by a conscientious medical officer of health are so important and often so diametrically opposed to the views of some individual members of a district council that where after a trial of two or three years a medical officer of health has satisfied the Local Government Board as to his discretion and competency that body should certainly see to it that the public do not lose a valuable servant through the caprice of a district council.

The reappointment without limit of time is as essential for rural district medical officers of health as for urban if sanitary reforms, which are at the present time a pressing necessity, are to be satisfactorily achieved. I have in mind more particularly at this instant the cleanliness of our milk-supplies. It is a matter of common sense that reform in this direction should begin at the fountain head—in short, with the cow. Security of tenure is essential if the medical officer of health of a rural district council is fearlessly to enforce the provisions of the Dairies, Cowsheds, and Milkshops Order and of the Model Regulations framed by the Local Government Board under Art. 13 of that order. No district council should have the power to terminate the appointment of a medical officer of health except on the ground of his incompetency and then only with the approval or endorsement of the Local Government Board.

I am, Sirs, yours faithfully,

May 2nd, 1904.

PUBLIC HEALTH.

To the Editors of THE LANCET.

SIRS,—In THE LANCET of April 30th, p. 1239, one of your correspondents drew attention to the fact that the Dolgelly rural district council had fallen in with the suggestion of the Local Government Board and appointed its medical officer of health "without limit of time." Probably few of your readers are in a position to appreciate the great practical importance of what appears to be a small administrative detail. No apology need therefore be offered for emphasising the advantages that would accrue were the Local Government Board invariably to take this course and were all local authorities equally amenable to advice from headquarters.

Under present conditions the majority of provincial medical officers of health are appointed for a short term of years, usually, indeed, for one year only. This means that at the end of that term a medical officer who has refused to prophesy smooth things or has been in any way too active may be got rid of by the simple process of refusing to vote for his reappointment. It also means that every year the jerry-builder, the slum-owner, and the crank have a golden opportunity of making themselves more than commonly offensive by publicly objecting to the reappointment. In many districts this is a chance which is never missed, as the writer knew to his cost when medical officer of a small urban district. In such circumstances it can hardly be a matter for wonderment if the nature of the average official sometimes is subdued to what it works in, like the dyer's hand, and that annual reports tend to become too complacent. To take a concrete instance, it requires no small amount of force of character for the medical officer of a rural district to insist on dairy and cowshed regulations being strictly enforced when he knows that nearly every member of his authority is both by interest and by