advises that food should be taken every 50 miles, if it were only milk or bread-and-milk. Many people would feel rather tired at the end of a railway journey of 165 miles. I am afraid bicycling is putting constitutional walking out of fashion—in fact, numbers of good bicyclists are bad walkers and tire very quickly.

I am, Sirs, yours faithfully,
WILLIAM O'NEILL, M.D. Aberd., M.R.C.P. Lond.
Lincoln, Oct. 24th, 1898.

MEDICAL FEES FOR LIFE INSURANCE EXAMINATIONS.

To the Editors of THE LANCET.

SIRS,—You are no doubt aware that it is the general practice of life insurance offices to pay a fee of one guinea for the medical examination of proposers for insurance, but that when the sum assured is small only half that fee is allowed, the reason being that the smallness of the premium will not admit of the payment of the full fee. It may interest you to learn that, as the result of the discussions in the section for life insurance at the recent meeting here of the British Medical Association, the directors of this office have decided to double the fee when the sum assured is £2000 and upwards, thus allowing two guineas for the medical examination in these cases.

I am, Sirs, your faithfully,
DAVID PAULIN,
Manager, the Scottish Life Assurance Company,
Edinburgh, Oct. 26th, 1898. Limited.

A CORRECTION.

To the Editors of THE LANCET.

SIRS,—The statement on page 1090 of the issue of THE LANCET for Oct. 22nd that I am a candidate for the appointment of extra-physician to the Sick Children's Hospital is incorrect.—I am, Sirs, yours faithfully,
Edinburgh, Oct. 26th, 1898. J. S. FOWLER.

POOR-LAW MEDICAL APPOINTMENTS.

To the Editors of THE LANCET.

SIRS,—I shall feel very much obliged if through the medium of THE LANCET you would answer the following questions: 1. Is it compulsory that all Poor-law medical appointments should be advertised by a board of guardians? 2. Is it legal to appoint a medical officer to a Poor-law district who resides out of the district when other eligible men reside in the district and are applicants for the same?

I am, Sirs, yours faithfully,
Oct. 19th, 1898. MEDICUS.

* * The guardians are not bound to advertise their vacancies in point of law, but when they proceed to appoint without having previously advertised the vacancy they render themselves very liable to public criticism, and if the question was raised by the Local Government Board they would have to justify their action and show that the person whom they appointed was very highly qualified for the post in every respect. As regards the second question, a district medical officer is not necessarily obliged to reside within his district though it is very desirable he should do so. In point of law the guardians are not obliged to appoint a gentleman residing within his district to the medical officership of that district, but, other things being equal, it is eminently desirable that he should do so; and if candidates residing within the district and otherwise qualified came forward the guardians would again have to satisfy the Local Government Board as to the grounds for their action to the contrary. If our correspondent thinks it worth while he might very well submit these points to the Local Government Board, with whom the confirming of such appointments rests absolutely. As a rule, however, these appointments are so poorly paid and service under the guardians is so irksome that medical men rarely find it worth while to go out of their way to secure such appointments.—ED. L.

SANITATION AND DIPHTHERIA AT TUNBRIDGE WELLS.

(FROM OUR SPECIAL COMMISSIONER.)

FOR some time there has been an exceptional prevalence of diphtheria at Tunbridge Wells. The Local Government Board complained that this matter had not received sufficient attention and finally held a local inquiry on the subject. The report giving the results of this inquiry has not yet been published. The deaths from diphtheria during the last ten years, from 1888 to 1897, were for each successive year as follows: 9, 3, 5, 4, 5, 9, 5, 9, 14, 10. In 1896 there were 67 cases of diphtheria notified, resulting in the 14 deaths mentioned above, and in 1897 no less than 117 cases of diphtheria were notified, though there were only 10 fatal cases. The fact that so many cases produced so few deaths may be in part due to the extensive use of antitoxin. The medical officer of health is always ready to supply antitoxin gratuitously for use among the poor. Considering that the population of Tunbridge Wells barely exceeds 30,000 the above figures show, not merely a high proportion, but a steady increase in the number of cases of diphtheria, which has continued during the present year, and these were the facts which led the Local Government Board to institute a special inquiry. In other respects, however, the death-rate of Tunbridge Wells is not high. The zymotic death-rate only amounted to 0.97 per 1000 in 1896, while that of the country generally was equal to 2.18 per 1000, and in 1897 it was equal to 0.95 per 1000, as opposed to 2.55 per 1000 for London and 2.15 per 1000 for England and Wales during the same period. The mean general death-rate for the ten years from 1888 to 1897 amounts to 13.7 per 1000, and amounted to 12.22 per 1000 in 1897. But if from this we deduct the deaths occurring among visitors who had resided in the borough for a period of less than three months the death-rate for last year is reduced to 11.1 per 1000. At the same time it must be borne in mind that the birth-rate is exceptionally low—namely, 20.32 per 1000 in 1897, as against 29.7 per 1000 for England and Wales. Not only are there few births, but the infant mortality is low. In 1896 the deaths of infants under one year of age was equal to 117.6 per 1000 born, while for England and Wales the proportion was 148 per 1000 born. In 1897 the figures for Tunbridge Wells amounted to only 87.8 per 1000 born, as against 156 per 1000 born in England and Wales. If judged only by these statistics it would seem that Tunbridge Wells is an exceptionally healthy place. The question, however, arises whether this low death-rate is the result of good sanitation and administration of the town or the consequence of the special character and circumstances of the inhabitants.

The medical officer of health in his annual reports has several times pointed out that at Tunbridge Wells there is an exceptionally low birth-rate, an extra complement of aged lives, an excess of invalid visitors, a very small proportion of operative workers, and a great excess of opulent people. As a matter of fact, Tunbridge Wells can hardly be considered as a town in the usual acceptance of the word. There are very few streets where the houses touch each other. It is rather a vast accumulation of villas and mansions standing in their own grounds and separated from each other by trees, gardens, and flowers. A great number of the inhabitants are thus leading country rather than town lives and they are able to supplement the abundant supply of pure air with all the ease and comforts which the possession of ample means enables them to secure. Under these circumstances the death-rate ought to be exceptionally low, and the question arises whether with a more efficient sanitary administration the death-rate might not be lower than that on record. In any case, many of the inhabitants who ought to know are far from satisfied with the present state of affairs. Nor is this dissatisfaction a mere platonic expression of opinion. It has given rise, on the contrary, to an active agitation and has brought forward fresh candidates for municipal honours, who base their principal claim for support on their determination to press forward energetic measures of sanitary reform. Strange as it may seem, considering the luxurious appearance of most of the dwellings and the large gardens with which they are surrounded, the chief complaint is that of overcrowding. The