would require an additional rate of 4*d.* in the pound, or exactly the same as that at which the inhabitants of Hastings have lately taxed themselves to remedy a similar state of things. Mr. Barry goes much further: on the authority of Mr. Morton's experience at Barking, he reckons the value of liquid sewage at 1*d.* per ton; and if the authorities follow his advice and realise his expectations, they will purchase a farm, and obtain an immediate profit of £2000 per annum, with the prospect of enjoying an income of £24,000 at the end of fifty years; the whole of which might be applied to the improvement of the town and the reduction of the rates.

Let us hope, then, that the authorities of Brighton will not be lured by any local magnate into spending large sums upon the existing outlets. Let them look back upon their past doings with humility, since they are now bound to acknowledge that all their predictions have been falsified. Let them remember that less than a third of Brighton sewage causes the present nuisance; and let them try to imagine what the state of the beach will be when the cesspools are all closed and the whole of the refuse is thrown into the sea. Let them not only seek advice, but take it, putting themselves in the hands of some eminent and disinterested engineer much as a wise patient entrusts himself to his physician.

THE DOVER REVIEW.

It is a pleasure to record that the medical arrangements in connexion with this review were satisfactory, inasmuch as a cordial desire was evinced on the part of the Army authorities, both central and local, to assist in forwarding all necessary arrangements suggested by the volunteer medical officers appointed to staff duty on this occasion. Dr. Thomson, of Ramsgate, Staff-surgeon Cinque Ports Artillery Volunteer Brigade, and Brigade Assistant-surgeon F. E. Barton, of the 1st Cinque Ports Artillery Volunteers, were the officers chosen for this duty; but the latter was compelled to resign on account of ill health, and Assistant-surgeon John Murray, M.D., of the London Scottish Volunteers, was appointed by General Lindsay to the vacant post. Dr. Thomson thought it advisable to obtain the assistance of another medical officer, and Assistant-surgeon Harry Leach, 5th Kent Artillery Volunteers, was stationed at the Castle Hill Fort with the staff-surgeon, Dr. Murray being stationed at the hospital marquée near Swingate. The marquée erected near the Castle Hill Fort was blown down early in the morning of Monday, and an hospital was extemporised in one of the barrack rooms of the Fort. Three ambulances were in attendance during the review, accompanied by orderlies with stretchers. An hospital for severe cases was also provided within the walls of the Castle, to which patients could be removed if a serious operation became necessary. We have recorded below, in detail, the casualties that occurred before and during the review, and it is a matter of congratulation that the record is so brief. Dr. Thomson received much courtesy from General Lindsay, and was very cordially assisted by Dr. Mure, Deputy Inspector-general and Principal Medical Officer, and by Mr. Morris, principal purveyor of the district. It is much to be regretted that the War Office minute, advising every volunteer to provide himself with a cloak or cape, was in so many instances disregarded. Most of the volunteers were standing on the parade ground for two hours, in a bitterly severe storm of wind, rain, and sleet, and nearly all of those who were uncloaked must have been literally drenched to the skin. There is no doubt whatever that a vast amount of illness will result; but it is necessary to remind volunteers of all grades that no amount of care on the part of their medical officers can prevent the consequences of inattention to an order so obviously useful as that above quoted.

The following casualties occurred:—

Bombardier Hayes, 5th Kent Artillery; lacerated wound of the knee.

Robert Sherringham, 28th Kent Rifles; contusion.

James Datson, 2nd Surrey Rifles; contusion.

William Hughoe, 9th Essex Rifles; contusion.

A private of the 94th Foot was brought into the hospital at Castle Hill Fort, dead, probably from heart disease.

A trooper of the 4th Dragoon Guards fell from his horse near the same fort, and fractured his arm.

Three men slightly wounded, one with a cut ear, and the other two injured in the thigh, two from the 1st Kent Rifles, and one from the 2nd Surrey Rifles, were conveyed by ambulance into hospital, suffering chiefly from shock caused by a runaway horse, from the 1st Kent, which, having thrown its rider, charged bull-like two battalions, who were ascending one of the steepest hills, and knocked down upwards of twenty men. These cases were attended to by Dr. Carr, of the 1st Kent, and by him sent into hospital. All, however, were sufficiently well to return home with their respective trains.

Correspondence.

"Audi alteram partem."

AORTIC ANEURISM IN THE ARMY.

To the Editor of THE LANCET.

SIR,—Dr. Robinson's letter, published in your journal of the 13th inst., commenting upon my recently expressed views of the above subject, though most courteous in its tone, and in a measure agreeing with them, has some points in it which I think ought not to remain unanswered by me, and I therefore hope you will grant me a small space for this my reply.

The period over which Dr. Lawson's statistics extend (so far as I have quoted them) is, perhaps, limited; but the aggregate strength of the troops is 484,258, and therefore, though Dr. Robinson declines to accept deductions drawn from an analysis of this number, I certainly believe it will be considered sufficiently large by most men.

If the deaths from aneurism in this nearly half million had only slightly exceeded those in an equal number of the male civil population, then, perhaps, it would have been wise to have taken millions for a satisfactory analysis; but as they were proved to be eleven times greater, so much extra labour was surely superfluous. Even an equal number of deaths in the two classes would be rather a proof of an excess of the disease in the army, owing to the fact (as I have already pointed out) that many soldiers are invalided for this disease, and their deaths are consequently recorded in the civil statistics; and Dr. Sibson has informed me that a very large number of the cases of aortic aneurism that have come under his observation have been in men invalided or discharged from the service. Again, the half million civil population is composed of so many distinct individuals, whilst the equivalent number of soldiers is made up of an aggregation of those serving at home during a few years, and this would tend to make the comparison more favourable to the latter.

My statistics referring to the army and navy extend over four, not three years, the aggregate strength being respectively 176,390 and 217,170, and I hoped that my reason for not taking a longer period, as given in my report, would have been sufficient.

When wishing to obtain a fair insight into the extent of a comparatively rare disease, individual experience can seldom give a satisfactory one, and statistics on a large scale are then, in my opinion, of the greatest value. I may mention here, that in a battalion of Guards, numbering about 800 men, three died from aortic aneurism, and one was invalided for the same disease during the past year.

As regards comfort, I believe that in my own regiment each man, when being fitted with his tunic, is questioned about it, there being no intention that he should suffer for neatness' sake; but long custom has schooled the men into the belief that tightness of fit is necessary to smartness of appearance, and they therefore almost prefer it, not knowing what evil consequences it may ultimately produce. I asked a young soldier one day, whose tunic was so *well made* that it was devoid of a wrinkle, how it fitted; he replied, "Nice and tight." I then referred to the collar, which appeared to me to encircle the neck much too closely, and his answer was, "Oh! *very* nice and tight."

Dr. Robinson, towards the end of his letter, refers the injurious constriction to the pressure of the top button over the sternum rather than to that of the collar-hook over the neck; and here I think he errs, as the bony and elastic framework of the thorax must, in a measure, check the one, whilst the neck can offer but little resistance to the other.

In conclusion, I beg to state that my paper in THE LANCET of Feb. 20th was written in great part to advocate mechanical obstruction, in opposition to syphilitic disease, as the probable explanation of the prevalence of aortic aneurism in the army; and I hope, ere long, to draw the attention of the profession to disease of the heart in connexion with the same cause; and as, owing to its prevalence, individual experience of the effect of locality must be of great value, I shall feel much obliged to Dr. Robinson and other medical officers of the army if they will kindly give me any information that they may think of interest.

I am, Sir, your obedient servant,

Guards' Club, March 13th, 1869.

A. B. R. MYERS.

THE MEDICAL REGISTER.

To the Editor of THE LANCET.

SIR,—I quite agree with your remark in a late number, which was to the effect, "that you could not understand on what grounds those gentlemen registered for the first time in 1868 should receive a copy of the Register gratis." It is certainly a most unjust act on the part of those in authority. I think at least those gentlemen who have been mulcted in the sum of £5 should receive a copy as well as those lucky enough to register in 1868. An answer to this, I venture to say, should be due from Dr. F. Hawkins.

I am, Sir, your obedient servant,

Doncaster, March, 1869.

H. J. BRANSON, M.D.

MEDICAL CHARGES.

To the Editor of THE LANCET.

SIR,—Seeing that medical charges are engaging attention at the present time, I venture to make a few remarks on the subject.

According to my experience and observation, 5 per cent. is the maximum charge for medical services that can conveniently be borne by the public. Thus, a patient with £1000 a year can pay £50, one of £100 can pay £5, and a working man with £50 can pay 50s. These charges are exclusive of midwifery and of severe surgical injuries.

The profession of medicine, like that of divinity, is a religious calling, and the services of both are priceless. This constitutes the difficulty of dealing with the question of remuneration. Law and commerce are very differently situated, and cannot afford a guide to medicine. The guiding idea in the case of medical charges should be payment according to *time expended on social amenities* (not according to time expended on the professional necessities of the patient). By this method charges would be just, for well-to-do people occupy from twice to four times as much of the surgeon's time as poor people; *therefore it is just that they should pay double or even fourfold.*

It ought to be understood by the public and by the profession, that surgeons who have attained to experience are entitled to make higher charges than their younger brethren. And I am of opinion that nothing would more contribute to the welfare of all members of the profession than a difference of charges between juniors and seniors; for the established surgeons would earn the same money with half the expenditure of time, and young practitioners would have an opportunity of gaining a footing. But there is one circumstance more worthy than the adherence to a tariff: this is, attention to the injunction to consider the poor. Remembering this, a surgeon, although entitled to charge £20, will only charge 20s., or will forgive the debt wholly.

I subjoin a tariff that is quite high enough for the poor. All the tariffs that have been published are far too high for working classes. Labourers, 1s. 0d. to 1s. 6d. a visit (medicine supplied gratis); artisans, 1s. 6d. to 2s. 6d. a visit (ditto). The maximum annual account not to exceed 5 per cent. of the income: thus a man earning 15s. a week (£39

a year) ought not to be charged more than 39s., exclusive of 10s. for midwifery; £1 should be charged to artisans for midwifery.

I am, Sir, your obedient servant,

FREDERICK JAMES BROWN, M.D.

Rochester, Feb. 6th, 1869.

POOR-LAW MEDICAL SERVICE.

To the Editor of THE LANCET.

SIR,—I learn from the *Birmingham Gazette* of the 30th ult. that a communication has been forwarded from the Poor-law Board, remitting to the guardians of the parish of Birmingham their letters on the question of the proposed reduction of the medical staff for further consideration, and conveying an intimation that in parishes of much less area and population a greater number of surgeons are retained. As the advocates of the reduction of the medical officers would hardly know where to look for information, I may perhaps tell them that in Liverpool, with a population of only 50,000 more than Birmingham, there are twelve district medical officers, and in addition all drugs and dispensers are provided; whilst at Leeds, with a population of 100,000 less, there are four, and similarly the medical officers are spared the cost of providing and the labour of dispensing the drugs.

If the resolution of the Birmingham guardians had been sanctioned by the Poor-law Board, which *would probably have happened under the old régime*, the five medical officers would receive £1000 only in the way of stipends, out of which they would have had to find all medicines, &c., this amount being considerably less proportionately than it costs the parish of Liverpool for the provision of drugs alone. The conduct of the guardians is the less excusable, for it is in evidence that they were aware of this fact. Well might the ex-member for Oxford ask, "When shall we have an administration strong enough to grapple with the abuses of local self-government?" Mr. Goschen will earn imperishable renown if he makes the attempt.

I am, Sir, your obedient servant,

March 31st, 1869.

JOSEPH ROGERS.

THE SUSSEX COUNTY HOSPITAL.

To the Editor of THE LANCET.

SIR,—Death has created a vacancy in the surgical staff of the Sussex County Hospital. The Committee are going through the usual form of advertising for candidates, which must be amusing to all but those concerned.

Ever since the hospital was opened, in 1828, the surgical appointments have been filled up by partners or sons—with two exceptions, which prove the rule, for on two occasions only has the supply of sons and junior partners run short.

It might be expected that such important life-appointments would confer some surgical position; yet every member of the surgical staff not only practises medicine and midwifery, but also dispenses his own drugs, so that in all respects he remains on the same level in private practice as the mass of his less-favoured brethren who are general practitioners in Brighton. Now, according to the Medical Directory for 1869, there are 127 medical practitioners in Brighton; and it is therefore as probable that there are many, as it is notorious that there are several, well-qualified and highly eligible for appointments on the surgical staff of the Sussex County Hospital. We would ask, then, On what principle of fairness to the profession, or of justice to the public, are these men hopelessly excluded?

If an abuse be clearly exposed, the remedy is at hand, and a few naked facts may be clothed by your readers with their own inferences. After due consideration, let them especially ask themselves whether the existence of otherwise indefensible special hospitals is not explained? And then let them say whether it is not desirable from every point of view,—whether for the good of the patients, the public, or the profession—that in the Sussex County Hospital there should be (1) a more numerous staff, (2) a different mode of election, and (3) a limited tenure of office?

It might be easy to obtain numerous professional signa-