deen to 29.2 in Dundee, and 33.8 in Glasgow. The deaths in the eight towns included 134 which were referred to the principal zymotic diseases, showing an increase of 22 upon the number returned in the previous week; these deaths were equal to an annual rate of 5.7 per 1000, and exceeded by 3.6 the mean rate last week from the same diseases in the large English towns. The 40 deaths referred to whooping-cough, showed a decline of 7 from the number in the previous week. The deaths from measles, however, which had been 27 and 21 in the two previous weeks, rose to 34 last week, of which no fewer than 27 occurred in Glasgow. The 13 deaths referred to diphtheria exceeded those in the previous week by one, 9 being returned in Glasgow and 2 in Edinburgh. Nine of the ten fatal cases of scarlet fever occurred in Glasgow. The deaths from acute diseases of the lungs in the eight towns, which had been 200, 157, and 162 in the three previous weeks, further declined to 133 last week. The causes of 89, or nearly 14 per cent., of the deaths registered in the eight towns were not certified.

HEALTH OF DUBLIN.

The rate of mortality in Dublin, which in the three preceding weeks had declined from 43.0 to 32.8 per 1000, rose again to 37.2 in the week ending the 21st inst. During the three weeks of the current quarter the death-rate in the city has averaged as much as 36.8 per 1000, whereas in London and in Edinburgh it was but 24.2 and 20.1 respectively. The 249 deaths in Dublin last week showed an increase of 29 upon the number returned in the previous week, and included 11 from whooping-cough, 6 from "fever," 4 from diarrhoea, 1 from scarlet fever, and not one either from small-pox, measles, or diphtheria. Thus 22 deaths were referred to these principal zymotic diseases, against numbers declining from 31 to 19 in the four preceding weeks; they were equal to an annual rate of 3.3 per 1000, against 2.0 in London and 1.1 in Edinburgh. The deaths referred to whooping-cough, which had been 14, 12, and 5 in the three previous weeks, rose again last week to 11. The fatal cases of "fever," which in the two preceding weeks had been 12 and 11, further declined to 6 last week. The deaths of children under one year of age considerably exceeded those returned in recent weeks. The causes of 37, or nearly 15 per cent., of the deaths registered during the week were not certified.

THE SERVICES.

WAR OFFICE.—Coldstream Guards: Surgeon Alexander Charles Archibald Alexander, from the Army Medical Department, to be Surgeon, vice A. B. R. Myers, promoted into the Scots Guards.

ARMY MEDICAL DEPARTMENT. — Brigade Surgeon Edmund McGrath, to be granted retired pay, with the honorary rank of Deputy Surgeon-General. The undermentioned Surgeons to be Surgeon-Majors:—Lewis Allen Irving, John Alexander McCracken, M.D., James Maybury Beamish, M.D., James Albert Clery, M.B., James Coats, M.B., John Gover Williamson, Henry Bradford, William James Fawcett, M.B., Henry William Joynt, William Egerton Saunders, David Leckie, M.B., William Johnston Charlton, Alfred Henry Anthonisz, M.B., Oscar Frederick Molloy, Richard Exham, James McNamara, M.D., Rodolphe Harman, M.B., George Dalton Nugent Leake, Joseph Walter O'Malley Martin, M.B., Poole Robert Gabbett, Matthew Daniel O'Connell, M.D., Espine Charles Robert Ward, William Finlay, Edward Hearne Joynt, M.D.

MILITIA MEDICAL DEPARTMENT.—The undermentioned Surgeon-Majors resign their commission; also are permitted to retain their rank and to wear the prescribed uniform on their retirement:—Charles Dycer, M.D., 3rd Brigade, Scottish Division, Royal Artillery; Charles Orton, 4th Battalion, the Prince of Wales's (North Staffordshire Regiment); Charles Gibson, M.D., 3rd Battalion, Princess Louise's (Argyll and Sutherland Highlanders). Surgeon-Major Vernon William Russell, 4th Battalion, the Royal Irish Regiment, resigns his commission. Surgeon Henry Nelson Edwards, 3rd Battalion, the Shropshire Light Infantry, to be Surgeon-Major.

ADMIRALTY.—Fleet Surgeon William Jabez Inman has

been placed on the Retired List of his rank from the 18th inst.

The following appointments have been made:—Staff Surgeon Richard J. Sweetman, to the *Warrior*, vice Inman; Surgeon William Pearson, to the *Raven*.

PROFESSORSHIP OF ANATOMY AT CAMBRIDGE.

THE Vice-Chancellor of the University of Cambridge has published, for the information of members of the Senate, the following letter which he has received from Professor Humphry:—

"Grove Lodge, Cambridge, March 1st, 1883.

"DEAR MR. VICE-CHANCELLOR,—Dr. Paget has a letter from me which I have asked him to be good enough to read at the General Board of Studies; but I think it may be well to give a little further explanation through you. Hitherto I have carried on the work and teaching of anatomy and the work and teaching of surgery, the former during great part of the year, the latter chiefly during the summer. Circumstances induced me thus to take up and continue the two subjects, though I was well aware that in attempting both I could not do justice to either. The Anatomical class is now so large that the superintendence of it with the teaching and study of the science and practical work of anatomy require the full time and attention of the professor; and the efficient performance of the duties of the professorship is so essential to the success of the medical school that it is most important for the occupant of the chair to be able to devote himself wholly and energetically to the work appertaining to it. Under the provisions of the new statutes the stipend of the professor, together with the fees from students, will enable my successor to do so, and, taken in connexion with the advantages of such a position, will be sufficient to satisfy the ambition of many an able and accomplished man. With regard to the other subject, surgery, two degrees in it are now granted in the University, the requisite examinations for them are held; and all are agreed that it ought now to be represented by a professor, and that the teaching in it should be extended and systematised. If the University will consent to commit this charge to me, it will be a pleasure to me to undertake it, and I think that in that way I might continue to work usefully in the medical school.

"I remain, dear Mr. Vice-Chancellor, yours truly,
"G. M. HUMPHRY."

THE CONTROL AND REGISTRATION OF MIDWIVES.

THE following is a copy of a petition from the North-Western Association of Medical Officers of Health which was presented to the House of Commons on April 20th:—

To the Right Honourable the Commons of Great Britain and Ireland, in Parliament assembled.

The Petition of the North-Western Association of Medical Officers of Health humbly sheweth,—That your petitioners are a body of Medical Officers of Health in the counties of Lancaster, Chester, and Derby, and in the West Riding of the county of York, and of others interested in the preservation of public health. That in view of the facts disclosed in the course of the recent trial of a midwife at Sheffield for inflicting grievous bodily harm, your petitioners are impressed with the urgent necessity of some State regulations for the control of all persons practising midwifery for gain. Your petitioners therefore humbly pray that your Honourable House will, at an early date, take this subject into consideration and pass a Bill requiring the due instruction and examination by competent experts of all persons desiring to practise midwifery for gain, the registration of such persons as may be found qualified, and their supervision and control by a registering board, who shall have power to suspend or remove from the register any midwife in case of misconduct. And your petitioners will ever pray, &c.

Signed on behalf of the North-Western Association of Medical Officers of Health,

J. MAKINSON FOX, President.

FRANCIS VACHER, Hon. Secretary.

King-street, Manchester.

THE LATE
SURGEON-GENERAL J. L. HOLLOWAY, C.B.,
PRINCIPAL MEDICAL OFFICER AT NETLEY.

THE following station order has been published by Sir C. Pearson, K.C.M.G., Commandant of the Royal Victoria Hospital, Netley:—"The Commandant is grieved to announce the death of Surgeon-General J. L. Holloway, C.B., Principal Medical Officer of this establishment, which took place at 4 A.M. this morning (April 19th) after a very short but painful illness. In Dr. Holloway Netley Hospital has lost a most capable administrator, and his department a true friend, who most jealously guarded its honour, its privileges, and its rights. To the medical officers of the Army, and of this Hospital in particular, Sir Charles Pearson desires to express his sincere regret at the loss their profession has so unexpectedly incurred, and, in the name of all under his command, he begs to offer his heartfelt sympathy with Mrs. Holloway in the affliction which has overtaken her with such awful suddenness."

Correspondence.

"Audi alteram partem."

"THE PICRIC ACID TEST FOR ALBUMEN."

To the Editor of THE LANCET.

SIR,—Dr. Johnson is quite mistaken in saying, in his reply to my letter, that I will probably have to settle accounts with more than one other claimant for priority in regard to the application of the contact method with picric acid as an albumen test. If he will consult the article on Albumen in "Quain's Dictionary of Medicine," recently published, he will find that the old faulty method is the only one recommended. It is true that quite lately the method has been applied to a number of albumen tests, but it was not so two years ago. Until that time no one had thought of using it with a liquid differing so little in specific gravity from the urine as does the picric acid solution. Undoubtedly the first to do so, and to demonstrate its great delicacy when so applied, was my chemical friend, who devoted much time and study to the subject, and, along with myself, performed some thousands of careful experiments on albumen and albumen tests.

My language conveyed no insinuation that the same idea, whether brilliant or simple, could not occur to two independent observers. We all know that this may happen, but it is so comparatively rare that the probabilities are rather against it in any particular case, and I merely mentioned certain facts, leaving them to carry their own weight as insinuations in the present instance. Dr. Johnson now disclaims all knowledge of my paper, but I may be allowed to state that his son did dip into the *Glasgow Medical Journal* of that year, and read and commented on another paper of mine, published in October following, on the "Frothing of Urine" (*vide British Medical Journal*, vol. ii., 1881, p. 812). Like Dr. Johnson, I, too, ascertained that the picric acid solution would not act in a highly alkaline urine, for I had previously found that boiling with soda improved the nitric and metaphosphoric acid tests, and it unavoidably occurred to me to try the same proceeding with the former acid also. As it turned out a failure I made no mention of it in my paper, but it is easy to see how anyone working on the same lines would probably repeat the experiment, and ascertain the same fact. No doubt this might also readily occur independently, but at all events Dr. Johnson has found no urine naturally so alkaline as to interfere with the test. But, however this may be, it is enough that the fact of priority is indisputable. And since picric acid so used is, in Dr. Johnson's own language, a "most delicate, and therefore valuable, test for minute traces of albumen," he is a little inconsistent in speaking of priority in the only method which makes it so as altogether "insignificant."

The "jubilant remarks" in a contemporary were applied to picric acid both as an albumen and a sugar test. As the former it got the credit, with other tests, of demonstrating that heat and nitric acid are no longer to be considered trust-

worthy, and it was classed as Dr. Johnson's picric acid solution along with Dr. Pavy's pellets and Dr. Oliver's test-papers. Dr. Johnson's concluding remark, that Dr. Kirk "perhaps considers that his paper published two years ago entitles him to the credit of all that has been done with picric acid as a clinical test both before and since" is without a shadow of justification; I adhered strictly to my two points, and nothing more. I shall deem it unnecessary to notice any further reply Dr. Johnson may choose to make on this subject.—I am, Sir, yours truly,
Partick, Glasgow, April 23rd, 1883. ROBERT KIRK, M.D.

To the Editor of THE LANCET.

SIR,—Dr. Johnson is correct in saying that Dr. Kirk may "have to settle accounts with more than one claimant" &c. for "the idea of pouring a solution of picric acid on the surface of the urine," for it has long been used in France as a febrifuge, and its derivatives, particularly picrate, or, as it is more generally called, carbazotate of ammonia. Dr. Dujardin-Beaumetz, on whose recommendation I have used it for the last ten years as a substitute for quinine, says, "Avait été employé en France dès 1830 par Braconnot, de Nancy, comme febrifuge, et que depuis cette époque l'acide carbazotique, et ses dérivés avaient toujours donné dans le traitement des fièvres intermittentes des résultats fort remarquables." Again, in his pamphlet, published in Paris, 1872, he adds, "On a examiné les urines, après l'administration du picrate d'ammoniaque, avec un ruban de soie blanche qu'on y a trempé; la coloration jaunâtre de ce ruban était assez marquée; mais pour qu'il prit cette couleur, il fallait le laisser dans l'urine pendant plusieurs heures." I will only add that I have found it a thoroughly reliable substitute for sulphate of quinine for the past ten years, and, as the price of carbazotate of ammonia is only 1s. an ounce, the dose less, one-third of a grain usually, and its administration as efficacious as that of quinine, and more tolerated by some patients than the other, with the best results in intermittents, malaise, &c., I think there is a better test for picric acid, or at least the ammonia picrate, than a test for the urine. I am, Sir, yours faithfully,

Victoria Docks, E., April 21st, 1883.

JOHN MOIR.

THE

POST-OFFICE AUTHORITIES AND WALTER GUY: EMOTIONAL APHASIA.

To the Editor of THE LANCET.

SIR,—The case of Walter Guy, the telegraph clerk, who asserts that he was kidnapped and kept without food and drink for nearly forty-eight hours, affords an interesting example of emotional and functional aphasia, lasting ten days. I saw him three times during that period, and his readiness to answer questions by writing was a remarkable contrast to his inability to speak. He bears a high character for steadiness, respectability, and truthfulness with all who know him, and he has not contradicted himself in any one particular in all the examinations he has been subjected to. Nevertheless, his story seems to have been discredited at the Post-office, where he has been suspended from his duties and his pay. If his story be true—and until it has been proved otherwise, if indeed it can be—this is neither just nor right. He certainly impressed me, and several persons who saw him with me, with the genuineness of his account, and subsequent interviews have done nothing to shake that impression. His story is hardly one that is likely to have been invented, and *cui bono*? I am credibly informed that when he arrived home, after a walk of fifteen or sixteen miles, exhausted and suffering from much ill-treatment, he bore on his forehead and arms the marks of the ligatures with which he had been blindfolded and bound. No one will, I think, venture to assert that, assuming functional and emotional aphasia to be a real disease, there was not quite sufficient in this case to cause it. There were also several sufficient reasons why Walter Guy should be desirous of having direct communication from his brother and sister-in-law in America; but why he should have been selected for the particular inquiry he was subjected to does not appear. It is absurd for one man to attempt to predicate how another man would act when, in