we have seen how this is readily conceived apart from any pneumonia, and that Cruveilhier was deceived when he fancied the tubercular process incapable by itself of producing cavities, and that for this the aid of suppurative phlegmasia of the organ was necessary.

Thus, then, since recent researches have demonstrated that caseous pneumonias are not pneumonias but tubercular agglomerations, pneumonia is no other than a scarcely common complication. It often accompanies, and in variable degree, the tubercular neoplasia; but it is only an accessory element, in no way indispensable for the anatomical evolution or the interpretation of the clinical phenomena.

HEALTH OF LARGE ENGLISH TOWNS.

THIRD WEEK OF 1880.

UNDER the influence of lower temperature the recorded mortality again showed a marked increase last week. In twenty of the largest English towns, estimated to contain in the middle of this year seven and a half millions of persons, or nearly a third of the entire population of England and Wales, 5290 births and 3741 deaths were registered during last week. The births exceeded by 105, and the deaths by 466, the average weekly numbers during 1879. The deaths showed an increase of 257 upon those returned in the previous week; and the annual death-rate, which had been equal to 24.0 and 24.2 in the two preceding weeks, further rose last week to 26.0. The lowest death-rates last week in the twenty towns were 19.0 in Oldham, 19.2 in Sunderland, 20.6 in Sheffield, and 20.9 in Brighton. The rates in the other towns ranged upwards to 27.1 in London and Plymouth, 28.3 in Liverpool, 28.6 in Hull, 30.3 in Nottingham, and 30.7 in the city of Manchester.

The deaths referred to the seven principal zymotic diseases in the twenty towns, which had been 607, 541, and 518 in the three preceding weeks, rose again to 544 last week; they included 198 from whooping-cough, 145 from scarlet fever, and 129 from measles. Whooping-cough showed the largest proportional fatality in Salford, Newcastle-upon-Tyne, and London; scarlet fever in Leicester, Norwich, Bradford, and Bristol; and measles in Hull, Plymouth, Nottingham, and Leicester. Of the 17 deaths referred to diphtheria, no less than 13 were registered in London. The fatality of fever, principally enteric, was unusually small. Small-pox caused 4 more deaths in London and its outer ring of suburban districts, but not one in any of the nineteen large provincial towns. The number of small-pox patients in the Metropolitan Asylum Hospitals, which had been 77 and 75 at the end of the two preceding weeks, rose to 84 on Saturday last; during the week 21 new cases of small-pox were admitted to these hospitals, against 30 and 8 in the two previous weeks.

The fatality of lung diseases showed a further increase, due to the severe cold. The deaths referred to diseases of the respiratory organs in London, which had been 455 and 512 in the two preceding weeks, further rose last week to 559, and exceeded the corrected weekly average by 104; 372 were referred to bronchitis, and 120 to pneumonia. The deaths referred to these diseases were equal to an annual rate of 8.0 per 1000 in London, and in Liverpool the rate from the same diseases was equal to 8.2 per 1000.

SOCIETY FOR RELIEF OF WIDOWS AND ORPHANS OF MEDICAL MEN.—The usual Quarterly Court of the Directors of the above Society was held on Jan. 14th, in the rooms of the Royal Medical and Chirurgical Society. The chair was taken at 5 P.M. by the President, Sir George Burrows. One new member was elected, two sent in their resignation, and the death of one was reported. Grants, amounting to £1284 were made to fifty-nine widows, fourteen orphans, and three orphans on the Copeland Fund. Fresh applications were received on behalf of one widow and two orphans. A legacy of £500 from the executors of Miss Hurst was announced by the treasurer. The expenses of the quarter were £56 12s. On the motion of Mr. Steet it was resolved to propose to the next annual meeting an alteration in the bye laws, to extend and define more certainly the area of the operations of the Society, by making all medical practitioners residing within a twenty-mile radius of Charing-cross eligible to become members.

Correspondence.

"Audi alteram partem."

LITHOTRITY AND THE REMOVAL OF FRAGMENTS.

To the Editor of THE LANCET.

SIR,—I have read the clinical lecture by Sir Henry Thompson on "Lithotritry at a Single Sitting" with great interest. He therein fully admits the value of the principle of rapidly removing fragments of stone after it has been attacked by the lithotrite. The recent movement to this kind of practice has been given by Dr. Bigelow, who by the adoption of his own particular method has shown the facility and safety of the plan of treatment.

I must, however, in justice to the memory of my revered master and teacher, Sir William Fergusson, call attention to the fact that many years ago he prominently referred to the importance of removing fragments from the bladder by mechanical means rather than leaving their expulsion to nature. It is true that Sir William's method of removing them was different from that practised by Dr. Bigelow and Sir Henry Thompson, but the principle inculcated—viz., that of clearing the bladder at one or two sittings—was the same. Lying before me is the volume published by Sir William Fergusson in 1867, termed "Lectures on the Progress of Anatomy and Surgery," and at page 101 will be found the following words: "It may be justly said of successful lithotritry that neither weeks nor months are long in comparison with the advantages gained; but, for the credit of surgery, it may be claimed as an advantage to do that *in a few minutes* which nature might take weeks or months to accomplish. The chief object I have in view in these remarks is to establish this practice. Supposing a stone crushed and its fragments comminuted, my proposal is, that these should be removed at the same time or as soon thereafter as may be." Sir William then goes on to describe the method he adopted, which consisted, after the stone was broken up, in removing the fragments by means of what he terms "a small lithotrite and scoop." Many years before this was written I had often assisted him in this manipulation, and I have repeatedly practised it myself with great advantage.

Whilst, however, maintaining that the object aimed at—viz., the rapid clearing of the bladder—was the same, I am willing to admit that the means adopted by Dr. Bigelow and Sir Henry Thompson are preferable; and I am sure, were Sir William Fergusson living, he would follow the same plan, for from the fervid manner in which he used to speak, both publicly and in private conversation to myself, regarding the propriety of removing fragments from the bladder, I am convinced he would have made use of any means by which this desirable object might be attained.

I am, Sir, yours, &c.,
Wimpole-street, Jan. 20th, 1880. HENRY SMITH.

THE PREVENTION OF HYDROPHOBIA.

To the Editor of THE LANCET.

SIR,—The boy alluded to in my letter of December 16th died from unmistakable hydrophobia on Dec. 18th. He was under the immediate care of Dr. Dobie, Keighley, and was seen by me with Dr. Rabagliati, of Bradford. Dr. Lauder Brunton kindly came down from London to give the benefit of his advice. The history of this boy will probably appear in the forthcoming report of the Hydrophobia Committee of the British Medical Association. In the Keighley case the saliva test was unfortunately not tried, as an accident happened to the vessels containing saliva. I quite agree with your remarks that carefully conducted experiments are necessary to test the accuracy of the suggestion I have advanced, and I trust Professor Greenfield will have an opportunity of verifying the results obtained by Reynaud. In all investigations certain conditions are necessary for success. The insertion of vaccine in some cases is not followed by the results desired. Though at Manchester the rabbits resisted the poison, this negative result may have depended on some causes which may admit of further explanation.