death-rate from diarrhoea during the past seven weeks has averaged 4·6 per 1000 in the twenty towns, and was equal to 4·3 in London, and to 5·0 in the nineteen provincial towns. Among these provincial towns the diarrhoea rate in the seven weeks ranged from 1·5 in Oldham and 1·8 both in Bristol and Plymouth, to 10·9 in Hull and 11·1 in Leicester. During the summers of 1876 and 1877, as in the present summer, Hull and Leicester, among these twenty towns, showed the highest death-rate from diarrhoea, and we trust that this exceptional fatality is now engaging the serious attention of the local medical officers of health and of the urban sanitary authorities.

MEDICAL CHARITY IN SUNDERLAND.

IT is satisfactory to notice that at a meeting of the Monkwearmouth and Southwick Dispensary—a free dispensary in a prosperous state—the chairman, the Rev. Canon Miles, submitted a scheme for the formation of a family provident dispensary. It was proposed by Mr. Jeffreys, ex-president of the Trades' Council, seconded by Mr. T. Bell, and supported by Mr. Cruison, a working man, that the Family Provident Dispensary be commenced on the 1st January, 1879. Trades' Councils cannot do better than favour the formation of provident habits among their members. In Sunderland there ought to be at least three or four thriving provident dispensaries, paying the medical men well, and securing good medical attendance on working men and their families on honourable and independent conditions. In this prosperous town no less than 6475 persons receive gratuitous relief from the principal medical charities.

OUR Blackburn correspondent writes: "Reverting to the epidemic of enteric fever lately prevalent in this borough, it is satisfactory to be enabled to state that it is almost at an end. Two, or at most three, cases remain under treatment in public practice, with no late occurrences. In private a very few fresh cases have come to light. Scarlet fever, both simple and anginose, abounds, though not epidemically; while infantile diarrhoea comes in for a fair share of professional attention. The interments at the cemetery in the past month were eighty in excess of those in the corresponding month of last year. Casual subjection to test last week of a small sample of the water-supply showed (but not strongly) the presence of nitrites, yielding also a considerable turbidity of chlorides. An unpleasant odour at present accompanies the delivery."

THE report of the Superintendent Medical Officer of Health for Dublin shows that the death-rate for the past four weeks was 23·9 per 1000, or 600 deaths against an average of 484 for the same period of the previous ten years. Zymotics caused 166 deaths, against an average of 106, small-pox proving fatal in 66 instances, every one of which was in the poor localities of the city. The decrease in this disease for the past three weeks has been considerable, —viz., one-third. Only one death from measles was recorded, against 63 in the corresponding period last year. Diarrhoea claimed a large number of victims.

THE International Congress of Mental Medicine met on August 5th, in Paris, under the presidency of M. Baillarger, and terminated its sittings on the 10th inst. About thirty papers were read by members of the Congress, including Lasègue, Falret, Echeverria, Hack Tuke, Voisin, Mierzejewski, Lucas, &c. An animated discussion took place on the best means of providing for criminal lunatics. The principal subjects upon which the memoirs treated were—statistics of insanity, the varieties of general paralysis, transient attacks of mania from a medico-legal point of view, and researches in idiocy. Excursions were made to

the asylums of Paris and the neighbourhood, as also to Rouen, the superintendents of these institutions vying with each other in showing the buildings and explaining the methods of treatment. The weather proved very favourable, and added greatly to the success of the excursions. At the close of the Congress the hospitality of the Paris alienists and the action of the Société Médico-Psychologique were acknowledged by Dr. Hack Tuke, who eulogised the general secretary, M. Motet, to whom the success of the Congress appears to have been largely due. It is understood that a full report of the proceedings will be published.

SCARLET FEVER is said to be prevailing seriously in the neighbourhood of Chesterfield, and, it is added, that the medical officer of health attributes much of the dissemination to the assemblage of persons at the funerals of persons who have died from the disease. The prevalence of the fever at Dronfield has induced the School Board to determine to close the Cross-lane School for a period of three weeks. This is a step which should be taken by all school authorities under similar circumstances.

A FATAL case of hydrophobia is reported to have just occurred in Ongar Union House, Essex. The man is stated to have been bitten as long ago as May, 1874, by the same dog that attacked Mr. Brown, veterinary surgeon, of Stanford Rivers, whose case excited considerable local interest about twelve months since, and whose death from hydrophobia took place, it was asserted, three years after the infliction of the wound.

LATE advices report cholera to be raging in the Bassim district, Berar, 1089 cases out of 1662 having terminated fatally. The disease, in a less virulent form, is prevailing also in Akola and Oomrawuttee.

THE Queen has conferred the honour of knighthood on James Salmon, M.D., Inspector-General of Hospitals and Fleets, and Honorary Physician to Her Majesty.

Correspondence.

"Audi alteram partem."

SEWER GAS AND CERVICAL ABSCESS.

To the Editor of THE LANCET.

SIR,—Mr. Edmund Owen has done good service in directing attention to what may prove a grave and extensive sanitary evil. It exists probably in other places as well as in the district of Ealing, where he observed it. The question he has raised is likely to be of something more than mere local interest.

But, be that as it may, I can fully confirm the statement that extensive contamination of the atmosphere by sewer gas exists, or, at any rate, very lately did exist, in this part of Ealing, and the concurrence of diseases indicative of chronic poisoning by foul air. The cases which Mr. Owen cites as having come under my observation form a very striking and significant series. They all occurred in one household.

The first case which came under my notice was one of severe ulcerative stomatitis in a child under two years old, and this was followed by retropharyngeal abscess in the same patient. Shortly after this an older child, a girl of about nine, was brought to me, suffering from constant headache, coated tongue, nausea, loss of appetite, languor, and anæmia. This condition, I concluded, was due to the effect of exposure to foul air; but I got no clue to the source of it. It resisted all medicinal treatment, got well at once with change of air, and reappeared so regularly, time after time, on the child's return home, that she was finally sent away altogether. Since then she has enjoyed perfect health.

Following quickly on these cases, so suggestive of defective hygienic conditions, came others equally significant. Three children—viz., the baby first affected, and two others who had previously escaped—fell ill together with inflammatory swelling of the cervical glands. In one this went on to suppuration and abscess, as in Mr. Owen's cases; in all there was persistent purulent discharge from the nose. At this juncture I was called down to see the children, and found a source of pollution of the air amply sufficient to account for the long succession of ailments which had afflicted the unfortunate household. In the road running in front of the house, and some twenty yards from the windows, a main-drain was in course of construction. From a wide opening in this great volumes of sewer-gas were pouring forth, tainting the air with sickening odour. With the prevailing wind the foul stream was carried straight to doors and windows, flooding house and garden. The inhabitants lived in and bathed in a continuous stream of this pestilent air. On inquiry I found other evidence of its influence—a simple wound in one, which refused to heal, in spite of all treatment; malaise and languor in another; and so on.

Before long, however, the sewer was completed, the house drains themselves examined and put in order under the direction of the highest sanitary experts, and a pure atmosphere, it was presumed, completely re-established. But full health has not returned to the household. The children coming home fall ill with swollen glands, or nasal discharge, or general malaise, and going away again get as rapidly well. That similar cases occur in neighbouring houses is shown by Mr. Owen's letter. There is evidently something still wrong, and what that is will seem clear enough to anyone who takes a walk along the roads of this odoriferous region. The foul air formerly poured out in a mighty column from the wide opening in the sewer, now issues forth in smaller streams from many a ventilating-pipe and open grating. The improved system of drainage lately carried out has reproduced the old evil in a fresh form, and this is the point to which I wish specially to draw attention. Under such a plan of drainage and sewer-ventilation, the lower levels are relieved at the expense of the higher. The locality of which I speak appears to be air-poisoned in this way. Lower Ealing is saved from the pressure of sewer-gas by the ventilating openings, which draw it off and flood with foul air the neighbouring height.

I remain, Sir, your obedient servant,
W. B. CHEADLE, M.D., F.R.C.P.

Hyde-park place, W., Aug. 8th, 1878.

ON OVARIOTOMY.

To the Editor of THE LANCET.

SIR,—Your question "Who shall, and who shall not, perform ovariotomy?" (July 27) has been most truly and most justly answered in the leading article in your last issue.

How any man, or set of men (as pure surgeons), can be so foolish as to claim the right of performing the operation of ovariotomy I am at a loss to imagine. If the history of this operation be inquired into it will be found it has been performed most frequently by obstetric physicians and surgeons, or by the medical officers belonging to the hospitals specially appropriated to the treatment of the diseases peculiar to women.

The performance of it, as you most justly state, legitimately belongs to those practitioners who are most intimately acquainted with the functions and organic structures of the pelvic viscera, and who treat the diseases which these organs are subject to. An obstetrician knows, or ought to know, how to distinguish the natural changes which the uterus undergoes by pregnancy, from its enlargement by tumours, and also from ovarian tumours. The education of the hand and fingers of an obstetric practitioner enables him to ascertain, by vaginal and abdominal examination, with great diagnostic certainty, morbid changes in the pelvic and abdominal viscera which one unaccustomed to these delicate inquiries would overlook or form erroneous opinions on. It is my solemn conviction that no obstetric physician or surgeon ought to flinch from his duty in the performance of ovariotomy. It is obviously his duty, and reflects discredit on him if he hands over such cases to a professed "pure surgeon."

Are there no cases to be found in which hospital surgeons have had pregnant women placed on the table for the supposed purpose of extirpating tumours; and in other cases in which the enlarged pregnant abdomen has been punctured by a trocar with the intention of withdrawing ascitic fluid?

Mr. Lizars performed his last ovariotomy operation in the year 1825, after which period, until about the middle part of 1842, this large abdominal section was as it were unknown, and was treated as one of the *opprobria* of surgery.

About the period above-mentioned Dr. Clay wished me to visit a patient of his who was suffering from an abdominal tumour, for the purpose of ascertaining its nature and of giving an accurate diagnostic opinion. I at once acceded to his request, and visited the patient the following day. I found the tumour of great size, occupying the abdominal cavity, and also completely filling the pelvic cavity. After a very careful examination I was convinced it was an enlarged ovary. The uterus had been displaced and pushed up above the symphysis pubis. Dr. Clay afterwards obtained the opinion of the late Mr. Wilson, who confirmed my statement. The operation was afterwards successfully performed by Dr. Clay, at which I was present.

I afterwards, at Dr. Clay's request, saw and examined a number of such cases, and attended the operations which he performed. About the same period the late Mr. George Southam requested me to visit several of his patients who were suffering from abdominal tumours, which proved to be enlarged ovaria. He operated on these patients, at each of which I was present.

I have noted these cases of ovariotomy in order to show that this operation (the large abdominal section) was then revived, and has become substantially a recognised procedure by the whole of the profession. It is now practised by medical men in the whole civilised world.

I remain, Sir, yours truly,

Manchester, August 13th, 1878. THOMAS RADFORD, M.D.

MORTALITY IN METROPOLITAN PAUPER SCHOOLS.

To the Editor of THE LANCET.

SIR,—As medical officer of the Westgate District School, I have to request your insertion of the following two or three remarks.

In your table of "Mortality of Sixteen Metropolitan Pauper Schools during the three years 1875, '76, '77," the Westgate School is credited with 38 deaths in the three years. This is incorrect. The proper number is 36. The difference is not great, but still it reduces the average annual rate of mortality from 19.6 to 18.5.

The whole of your observations and calculations are based on the period of age from three years to fifteen. Now it happens that at Westgate the children are admitted at two years of age, which makes a very considerable difference. I think all will admit that the year between two and three in a child's life is one particularly liable to disease and fatality, a fact singularly well borne out by the following statement of the ages at which the 36 deaths occurred—namely, 3 deaths at the age of fourteen years, 2 at thirteen, 1 at eleven, 4 at nine, 1 at seven, 3 at six, 2 at five, 5 at four, 6 at three, and 9 at two years. Thus it is only fair that the last number (9) should be deducted from 36, which leaves 27 as the real number of deaths of children between the ages of three and fifteen. This, applied to the population of 646 as taken by you, gives an average annual rate per 1000 of 10.8, or eight-tenths less than the rate of mortality estimated for children of the same ages out of schools in East London (11.6).

There are besides a great number of circumstances having direct bearing on the mortality rates in pauper schools which render tables of figures respecting them utterly fallacious and insusceptible of comparison. No two boards of guardians "work the school" in the same manner, and the same may be said of the workhouse medical officers; some send only healthy children, whilst others send diseased children, and the practice is constantly changing with change of officers and guardians. There is also extreme fallacy about what appears so simple a thing as the rate of population in these schools, and this arises from the varying proportions of admissions and discharges. Not only are no two schools alike in this respect, but in the same school no two years