whooping-cough, 11 to "fever" (typhus, enteric, or ill-defined), 9 to diphtheria, 6 to measles, 4 to scarlet fever, and not one to small-pox; in all, 74 deaths resulted from these principal zymotic diseases, against 79 and 74 in the preceding two weeks. These 74 deaths were equal to an annual rate of 2.9 per 1000, which corresponded with the mean rate last week from the same diseases in the twenty-eight English towns. The fatal cases of diarrhoea, which had been 38 and 36 in the preceding two weeks, further declined last week to 30, of which 13 occurred in Glasgow, 7 in Dundee, and 5 in Edinburgh. The 14 deaths from whooping-cough were within one of the number in the preceding weeks, and included 9 in Glasgow and 2 in Edinburgh. The 9 fatal cases of diphtheria exceeded the numbers in recent weeks; 3 were returned in Leith and 2 in Dundee. The deaths referred to "fever," which had been 11 and 6 in the preceding two weeks, rose again last week to 11, and included 6 in Glasgow and 2 in Edinburgh. Five of the 6 fatal cases of measles were returned in Glasgow, and 2 of the 4 deaths from scarlet fever in Leith. The deaths referred to acute diseases of the respiratory organs in the eight towns, which had been 61 and 66 in the preceding two weeks, further rose last week to 89, and exceeded by 10 the number returned in the corresponding week of last year. The causes of 58, or more than 12 per cent., of the deaths registered in the eight towns during the week were not certified.

HEALTH OF DUBLIN.

The death-rate in Dublin, which had been 18.6, 24.5, and 28.5 per 1000 in the preceding two weeks, further rose to 31.5 in the week ending Sept. 28th. During the thirteen weeks ending last Saturday the death-rate in the city averaged 24.0 per 1000, the mean rate during the same period being 16.5 in London and 15.9 in Edinburgh. The 213 deaths in Dublin last week showed a further increase of 10 upon the numbers returned in the previous three weeks; they included 23 which were referred to diarrhoea, 6 to "fever" (typhus, enteric, or ill defined), 1 to measles, and not one either to small-pox, scarlet fever, diphtheria, or whooping-cough. Thus the deaths from these principal zymotic diseases, which had been 20 and 31 in the preceding two weeks, were last week 30; they were equal to an annual rate of 4.4 per 1000, the rate from the same diseases being 2.4 in London and 2.0 in Edinburgh. The deaths attributed to diarrhoea, which had been 11, 15, and 18 in the previous three weeks, further rose last week to 23; the 6 deaths from "fever" showed a decline of 2 from the number in the previous week. The deaths of infants showed a considerable increase, while those of elderly persons had declined. Five inquest cases and 7 deaths from violence were registered; and 55, or more than a quarter, of the deaths occurred in public institutions. The causes of 43, or more than 20 per cent., of the deaths in the city were not certified.

THE SERVICES.

ARMY MEDICAL STAFF. — Surgeon David Middleton Greig, M.B., resigns his commission (dated Oct. 2nd, 1889).

ARMY MEDICAL RESERVE OF OFFICERS. — Surgeon Charles Arrol, M.D., 3rd Volunteer Kent Brigade, Cinque Ports Division, Royal Artillery, to be Surgeon-Major, ranking as Major (dated Oct. 2nd, 1889); Surgeon Richard Joseph Bryden, 3rd Volunteer Brigade, Cinque Ports Division, Royal Artillery, to be Surgeon, ranking as Captain (dated Oct. 2nd, 1889).

ADMIRALTY. — In accordance with the provisions of Her Majesty's Order in Council of April 1st, 1881, Surgeon John Cashin has been placed on the Retired List of his rank; Surgeon Matthew Digan has been allowed to withdraw from Her Majesty's Naval Service, with a gratuity.

The following appointments have been made:—Surgeon John J. A. Costello to be Surgeon and Agent at Carnsore and Rosslare (dated Sept. 26th, 1889); Staff Surgeon Thos. M. Sibbald to the *Canada* (undated); Staff Surgeon George D. Twigg to the *Royalist*, Staff Surgeon Archibald M'Kinlay to the *Egeria*, Staff Surgeon John B. B. Triggs, M.B., to the *Pylades*, Staff Surgeon George W. Bell to the *Tourmaline*, and Staff Surgeon Henry J. Madders, M.D., to the *Hecla* (all dated Oct. 6th, 1889); Surgeon Bowen S. Meuds to the *Canada* (dated Oct. 6th, 1889); Surgeons George Wilson,

M.B., and Harold F. D. Stephens, M.B., to the *Pembroke* (both dated Sept. 27th, 1889); Staff Surgeon Michael J. M'Carthy, M.D., to the *Cruiser*, and Staff Surgeon Jame Porter, M.A., M.B., to the *Scout* (both dated Oct. 3rd, 1889); Surgeon Charles W. Sharples to the *Melita*, Surgeon Octavious W. Andrews, M.B., to the *Duke of Wellington* and Surgeon Francis M. Puddicombe to the *Royal Adelaide* (all dated Oct. 3rd, 1889).

VOLUNTEER CORPS.—1st Volunteer Battalion, the King (Shropshire Light Infantry): Acting Surgeon F. K. P. Pigot to be Surgeon (dated Sept. 28th, 1889).—Memorandum Infantry Volunteer Brigade—Eastern Counties Brigade Surgeon and Surgeon-Major S. M. Hopson, 3rd Volunteer Battalion, the Norfolk Regiment, to be Brigade Surgeon ranking as Lieutenant-Colonel (dated Sept. 28th, 1889).

PROFICIENCY EXAMINATION FOR VOLUNTEER MEDICAL OFFICERS.—An order has been recently issued from the Home District Office notifying, for the information of Officers commanding Volunteer Corps, that the examination of Volunteer Medical Officers for certificates of proficiency on Army Form E 564 will in future be held quarterly on the first Tuesday in each quarter, commencing October 1st, 1889. Names of medical officers desirous of attending these examinations should reach the Home District Office at least a week before the date of examination. In order to prepare medical officers for the examination to be held next January a course of six lectures will be given by Surgeon Walter Pearce, M.D., B.Sc., 20th Middlesex (Artists) Rifle Volunteers, on Thursday, Nov. 7th, 1889, and following five Thursdays, at the Headquarters of the Queen's Westminster Rifle Volunteers, Buckingham-gate, St. James' park, S.W. For further particulars application should be made to the Hon. Secretary, R. R. Sleman, 7, St. Bene place, Gracechurch-street, E.C.

Correspondence.

"Audi alteram partem."

THE USE OF THE ELECTRO-MAGNET IN OPHTHALMIC SURGERY.

To the Editors of THE LANCET.

SIRS,—The efficacy of the electro-magnet in the removal of fragments of steel or iron from the interior of the eye has been attested by too many to permit of any question as to its value; moreover, it rightly finds a place in all the text-books on ophthalmic surgery. I confess, then, it is somewhat disappointing to find a clinical lecture by Dr. Jeaffreson advocating, without allusion to the magnetic methods for removal of splinters of steel or iron from the iris, which were all very well some years ago, but are, to say the least, crude with the knowledge we now possess as to the capabilities of magnets and electro-magnets. There can be no question that numbers of eyes have been saved by the timely use of the electro-magnet which would otherwise have been lost; and it is the sense of this fact, founded on large experience of the employment of the electro-magnet and of accidents previously to its introduction, that impelled me to write these few lines. From different regions of the eye I have removed seventy-three fragments of steel or iron; many of these I have recorded from time to time, and the whole have been incidentally alluded to in my address¹. President of the Yorkshire Branch of the British Medical Association. Of this number, eight have been from the iris and anterior chamber. In such a case of foreign body in the iris as Dr. Jeaffreson mentions, the electro-magnet would have been valuable in two ways: 1. C. approaching the electro-magnet to the cornea the presence and nature of the foreign body would have been immediately evident by its springing forward to the back of the cornea, or, if entangled much in the iris, by its dragging the membrane towards the magnet. In some cases it is possible to guide the foreign body in the anterior chamber to a convenient locality for removal, and then to drop it on the iris at the selected point. 2. After making a small corneal incision and advancing the point of the electro-magnet to or inside the wound, the fragment would have been extracted adhering to it, and very probably, as generally happens, without any necessity for removing a segment of iris. Such cases have not only occurred in my own practice, but in that of other

¹ Brit. Med. Jour., July 13th, 1889

and it was my good fortune to be present at Moorfields some years ago, when Mr. G. Lawson extracted with my electro-magnet a splinter of metal from the anterior chambers of two patients.

I will merely add that my observations on the use of the magnetic needle, with cases illustrating its value, were put on record some years since.—Yours truly,
Sheffield, Oct. 1889. SIMEON SNELL.

MEDICAL AID ASSOCIATIONS AND FRIENDLY SOCIETIES.

To the Editors of THE LANCET.

SIRS,—An attempt having been made here to start a branch of the National Medical Aid Company, and a Medical Aid Fund for the families of a Lodge of Oddfellows, a meeting of the medical men of this district was called to discuss the question, and, as a result, the following pledge has been signed by twenty-one out of twenty-three of those either in or retired from practice; one of the exceptions is a retired surgeon, the other a practitioner who has promised to sign it as soon as he is free from his medical refereeship, of which he has sent in his resignation to the National Medical Aid Company. Such societies have been so disastrous elsewhere to our profession, that we feel it necessary to make a stand against their establishment here. I subjoin a copy of the pledge, in order that our profession in other places may be encouraged and strengthened against such combinations against its welfare:—

“We, the undersigned members of the medical profession of Malvern and its neighbourhood, taking into consideration the fact that there are well-established provident dispensaries in our midst, pledge ourselves not to undertake the care of families of members of friendly societies at a contract rate of payment.”—I am, Sirs, yours faithfully,
Malvern, Sept. 30th, 1889. STANLEY HAYNES, M.D.

NAPHTHALIN.

To the Editors of THE LANCET.

SIRS,—Referring to the article on naphthalin in THE LANCET of last week, I should like briefly to draw attention to the great temporary value of this antiseptic in cases of infantile diarrhoea and fetid urine. Rickets—by far the greatest creator of infantile diseases, the neurosis maker, the slime producer on respiratory, colonic, and vesical mucous membrane, and the bone deformer—is the chief parent of stinking stools and foul urine. Naphthalin in cachets, containing two grains for each year of the age of the infant, and given twice or three times a day, will alleviate the path of recovery whilst the dietetic errors are being rectified. Naphthalin will not restore health to any mucous membrane flabby from rickets, but it will tend to do so, assisting in the process of recovery. A return from a rachitic constitution to a healthy one can never be brought about unless an attempt be made to increase vitality, whilst the metabolism is brought back to healthy modes of working by, in one word, a diabetic diet. The treatment of rickets, for one week at least, is the treatment of diabetes. A meat diet even without milk, persevered in for a few days, has caused slimy, worm-infested motions to disappear, bronchitis to subside, and nocturnal restlessness to be replaced by calm, refreshing sleep.

I am, Sirs, yours faithfully,
Oct. 1st, 1889. ANGEL MONEY.

INFECTIOUS DISEASE IN LONDON.

To the Editors of THE LANCET.

SIRS,—In view of the remarks made in the first paragraph of your leading article of last week, may I ask you to favour me by inserting in your next number a copy of a letter which I wrote to Mr. Ritchie when the Notification Bill was in Committee.

I have the honour to be your obedient servant,
EDWARD SEATON.

George-street, Hanover-square, Oct. 2nd, 1889. “August 4th, 1889.

“To the Right Hon. C. T. Ritchie, M.P., President of H.M. Local Government Board.

“SIR,—Having been one of the earliest advocates of the notification of infectious diseases to sanitary authorities, and having taken an active part in securing its adoption and its subsequent practical working, I may address you on the Bill which is now in Committee, and which will soon become an Act of Parliament. I understand that the London

County Council is promoting, or intending to promote, an amendment that notification should be made to them. If this proposal means that the County Council claims to be the first to be informed of the existence of infectious disease, I beg to remind you that, at present, that body has no executive duties with regard to those diseases; and that to make it in the first place the recipient of the information would be to the disadvantage of “the executive”—viz., the vestries and their medical officers of health, and consequently to the public. If the proposal means that the County Council desires to receive information periodically as well as the Metropolitan Asylums Board, then it would be easy for them to obtain that information from the Asylums Board, which, as the hospital providing authority for London, is part of “the executive” and has a well-recognised claim on medical officers of health. Information obtained from that Board or given by it once a week would be surely sufficient for any purposes the County Council may have in view. There is precedent for such a course in the case of your honourable Board’s medical department, which receives information once a week from the medical officers of health in the notification towns. I cannot think of any valid reason why the County Council should have earlier or more frequent information than that which is supplied to the medical department of your Board.

“I beg respectfully to submit my representation and argument to your consideration, and have the honour to be

“Your obedient servant,
“EDWARD SEATON.”

THE MAYBRICK CASE.

To the Editors of THE LANCET.

SIRS,—If judges and juries could see through Dr. Kerr’s spectacles would-be poisoners would have a good time of it. When he says that the evidence on every point was very much stronger against Miss Smith than against Mrs. Maybrick, he surely forgets that on the first indictment against the former the verdict was “innocent.” I have spoken to many here on the subject of the Maybrick trial, and I have only met with one who did not consider the case “proven” against the prisoner. I leave Dr. Kerr to his own opinions, but believe I am justified in saying that his suggestion that a Scotch jury would have brought in a verdict of “not proven” in the Maybrick case is an imputation on the national intelligence which must be repudiated.

I am, Sirs, yours truly,
Partick, Glasgow, Sept. 30th, 1889. R. KIRK, M.D.

* * The discussion of this subject must now cease.—ED. L.

BIRMINGHAM.

(FROM OUR OWN CORRESPONDENT.)

Scarlet Fever in Birmingham.

AT present there seems to be no abatement in this epidemic. Seventeen new cases were reported on Monday last, as against eleven on the Monday preceding. Seven patients were discharged from the Borough Hospital and eight were admitted. The new wards have been rapidly built, and now afford increased accommodation for forty patients; the number in the hospital stands at 320, so that the additional space will enable the authorities to provide ample room for the purpose required. A letter has been addressed to the local press by the Chairman of the Health Committee, stating that the danger has been much exaggerated. He points out that the city at the present time is suffering from one of those recurring periods when scarlet fever reaches the height of its development, and that, owing to the improved sanitary condition of the town, and the steps taken for isolation and treatment of the patients; the visitations occur at much longer periods and made no appreciable addition to the death-rate. Thus, “during the decade 1870 to 1879 the number of deaths from scarlet fever in this city averaged 419·1 per annum, the numbers in the years 1874 and 1878, when the scarlet fever waves reached their highest points, being 737 and 995 respectively; while during the nine years 1880 to 1888 inclusive they only averaged 114·7 per annum, and up to Sept. 27th the number for this year has been but 87.” These facts are conclusive in themselves, and when it is added that most of the cases are of a mild type, it will be recognised that the causes for alarm are not so great as many people are inclined to believe. Among the hospital nurses all the infection has been of a light kind, and, with the exception of two, they are all convalescent. Mr. Eustace Hill, whose condition was at one time reported as dangerous, I am glad to learn is in a fair way of recovery.

Queen’s College.

The annual conversazione and distribution of prizes took place on the 1st inst., the Warden, the Rev. W. H. Poulton, presiding. It was stated that the total entry in the medical