Glasgow. The 648 deaths in the eight towns last week showed a further increase of 92 upon the numbers in the previous two weeks, and included 15 which were referred to whooping-cough, 13 to measles, 13 to scarlet fever, 11 to diarrhoea, 7 to diphtheria, 4 to "fever" (typhus, enteric, or simple), and not one to small-pox; in all 63 deaths resulted from these principal zymotic diseases, against 81, 63, and 75 in the preceding three weeks. These 63 deaths were equal to an annual rate of 2.4 per 1000, which was 0.1 below the mean rate from the same diseases in the twenty-eight English towns. The fatal cases of whooping-cough, which had been 15 and 19 in the previous two weeks, declined again last week to 15, of which 10 occurred in Glasgow and 4 in Aberdeen. The 13 deaths from measles (of which 12 were returned in Glasgow) showed a further increase upon recent weekly numbers. The fatal cases of scarlet fever, however, which had been 25, 17, and 16 in the previous three weeks, further declined last week to 13, and included 8 in Glasgow and 2 in Aberdeen. The 11 deaths attributed to diarrhoea, of which 5 occurred in Glasgow and 3 in Paisley, showed a further decline from recent weekly numbers. The 7 deaths from diphtheria, including 3 in Edinburgh and 2 in Glasgow, exceeded those in the previous week by 1; while the 4 referred to "fever," of which 2 occurred in Edinburgh, showed a decline of 7. The deaths referred to acute diseases of the respiratory organs in the eight towns, which had increased in the preceding four weeks from 125 to 174, further rose last week to 188, and exceeded by 37 the number in the corresponding week of last year. The causes of 89, or more than 13 per cent., of the deaths in the eight towns last week were not certified.

HEALTH OF DUBLIN.

The rate of mortality in Dublin, which had been 35.6 and 29.6 per 1000 in the preceding two weeks, further declined to 28.5 in the week ending Dec. 25th. During the first twelve weeks of the current quarter the death-rate in the city averaged 25.9; the mean rate during the same period did not exceed 18.4 in London and 19.1 in Edinburgh. The 193 deaths in Dublin last week showed a further decline of 7 from the high numbers in the previous two weeks, and included 6 which were referred to scarlet fever, 6 to whooping-cough, 5 to "fever" (typhus, enteric, or simple), 3 to diarrhoea, 1 to diphtheria, and not one either to small-pox or measles. Thus 21 deaths resulted from these principal zymotic diseases, against 23 and 22 in the previous two weeks; they were equal to an annual rate of 3.1 per 1000, the rates from the same diseases being but 2.1 in London and 1.6 in Edinburgh. The fatal cases of whooping-cough and scarlet fever showed an increase upon the numbers in the previous week; whereas those referred to "fever" and diarrhoea had declined. Six inquest cases and 5 deaths from violence were registered; and 61, or nearly a third, of the deaths occurred in public institutions. The deaths of infants showed a considerable decline, while those of elderly persons exceeded those returned in the previous week. The causes of 31, or 16 per cent., of the deaths registered during the week were not certified.

THE SERVICES.

WAR OFFICE.—Army Medical Staff: Surgeon-Major Sir Samuel Rowe, M.B., K.C.M.G., from the Seconded List, to be Surgeon-Major. This gentleman has also been granted retired pay, with the honorary rank of Brigade Surgeon.

RIFLE VOLUNTEERS.—3rd Volunteer Battalion, the Lancashire Fusiliers: Acting Surgeon Richard Crean, M.D., to be Surgeon.—1st Midlothian (Leith): Surgeon and Honorary Surgeon-Major James Struthers, M.D., resigns his commission; also is permitted to retain his rank, and to continue to wear the uniform of the Corps on his retirement.—4th Middlesex (West London): Surgeon and Honorary Surgeon-Major G. E. Norton resigns his commission; also is permitted to retain his rank, and to continue to wear the uniform of the Corps on his retirement.—5th Lancashire (the Liverpool Rifle Volunteer Brigade): Acting Surgeon G. W. Steeves resigns his appointment.

VOLUNTEER MEDICAL STAFF CORPS.—London Division: Henry Work Dodd, Gent., to be Surgeon.

Correspondence.

"Audi alteram partem."

MR. SAVORY'S PAPER ON LIGATURE OF THE FEMORAL ARTERY.

To the Editors of THE LANCET.

SIRS,—I am indebted to Mr. Holmes for calling attention to the accidental omission of a few important words in the short abstract of my paper lately read before the Medical and Chirurgical Society, for which I alone am responsible. Instead of "the artery is pervious throughout," it should of course have been "the portion of the artery between the ligature and the sac is pervious throughout," &c. I can only hope that the omission was too obvious to mislead any one. The point is, I think, made clear enough in the paper itself. The title of this is, "On the Effect upon the Femoral Artery of its Ligature for the cure of Popliteal Aneurysm," and it opens thus: "When the femoral artery is tied at the apex of Scarpa's triangle for the cure of popliteal aneurysm, what effect is produced on the vessel *between the point of ligature and the sac*?" I say in my paper that I think the majority of surgeons will hardly be prepared for the conclusion which is to be drawn from the facts I report. It need not be said that I may be wrong in this; but I confess it is an impression I still retain. I cannot here of course refer at length to evidence of this; but when Mr. Holmes says it is stated in every text-book that the artery remains pervious from the ligature to the aneurysm, it may be enough if I answer him with a single passage from one of the most recent and important works on surgery. When the superficial femoral is tied in Scarpa's triangle for popliteal aneurysm, "the artery very often becomes occluded by coagulum from the ligature to the aneurysm, and beyond it to the first large branch below, while in other cases a certain portion of that length remains pervious. After a little time the aneurysm and the obliterated vessel undergo a process of contraction and absorption, so that they come to resemble a solid cord with a knot on it." In the discussion which followed, I meant to say, in the remarks to which Mr. Holmes refers, that I do not remember to have seen in any work the facts (as I find them) stated correctly. The passages in his own works, which Mr. Holmes quotes, would, it seems to me, hardly convey the idea that the portion of artery between the ligature and sac was, in the majority of cases, pervious throughout.—I am, Sirs, yours obediently,

Brook-street, W., Dec. 26th, 1886.

W. S. SAVORY.

THE DENSITY OF THE TEETH AS INFLUENCED BY THE FOOD, ETC.

To the Editors of THE LANCET.

SIRS,—Every dental surgeon knows that the hardness of the teeth may vary greatly in the same individuals at different periods; the most marked, although by no means the only cases, are those of pregnant women; and this cannot be explained solely on the ground that the secretions of the mouth are vitiated by reduced acid from gastric disturbance. There is undoubtedly an absolute softening of the whole tooth substance, due, probably, to the robbing of the teeth of the mother of their lime salts in order to build up the osseous system of the fœtus." This extract (apparently a quotation from the writings of Dr. Miller of Berlin) occurs in an annotation in THE LANCET of Dec. 18th. It is certainly not the case that every dental surgeon adopts these statements as true; and I venture to affirm it will be difficult to find one competent authority who will accept any or either of them. It is hardly possible to imagine the occurrence of degenerative or nutritive changes in a tissue like enamel—the tissue in which caries begins. To believe in such changes we must first conceive of some means by which this calcareous substance, as dense as quartz and devoid of cellular elements, could assimilate nutritive material when conveyed to it; and we must next imagine the conveyance of new and effete material to and from the vessels of the pulp, through the odontoblast layer of the pulp, and through the dentinal fibrils to its destination

in the enamel. The evidence is overwhelming that dental caries is due entirely to external agents; that enamel and dentine are perfectly passive under the process of disintegration; manifesting neither pathological action nor vital reaction of any kind. A dead tooth replaced in the mouth as an artificial substitute is just as liable to caries as its living neighbours; when it is attacked decay begins in those situations where it would be most liable to disease were it living, and the decay is true dental caries, identical in every way with the disease in living teeth. There exist three demonstrated predisposing causes of caries which enable us to understand clearly its common association with diseases and cachexiæ. Given, 1st, innate structural imperfections in the tissues—from which few sets of teeth are free,—varying infinitely in different individuals; 2ndly, crowding and irregularity of the teeth, equally varying in degree; and 3rdly, vitiation of the secretions of the mouth, not only varying in amount, but highly irregular in its appearance and duration through the life of different individuals—and the facts are fully accounted for without the invention of the questionable hypotheses which Dr. Miller has adopted. These hypotheses, which were held by early writers before the anatomy of the teeth was made out, have not been supported by investigators working in the light of modern science. They have, however, recently been revived by some few American writers. Some of these state that they have been enabled to demonstrate the presence of a distinct substance between the prisms of enamel, having stained the tissue with chloride of gold. On the strength of this they write of a “complete network of protoplasm extending from the pulp to the surface of the enamel.” If such a substance do exist, it must be in a condition of extreme tenuity, and it is impossible to accept the gratuitous and unnecessary hypothesis that this trace of organic matter is a medium through which nutrition as well as gross degenerative changes are brought about in enamel.

I am, Sirs, your obedient servant,

Wimpole-street, Dec. 20th, 1886.

HENRY SEWILL.

* * To open up our columns to a discussion on the causes of dental caries is not possible on account of want of space. It is a subject which is as yet by no means satisfactorily explained; but Mr. Sewill's theory that the teeth only play a passive part has very few supporters (*vide* a discussion at the Odontological Society some time ago). Experiments like those of Dr. Miller will doubtless clear up many points that are now difficult of explanation. In our annotation, tenth line, “vitiated by reduced acid from gastric disturbance” should read “vitiated or rendered acid by gastric disturbance.”—ED. L.

THE RELATIONS OF MEDICAL PRACTITIONERS TO THEIR PATIENTS.

To the Editors of THE LANCET.

SIRS,—In your issue of December 25th, in an annotation on “The Lessons of the Campbell Case,” you draw attention once again to the folly of practitioners making friends of patients (clients). Few of any experience in the working of general practices will be found ready to dispute this point. A well-nigh twenty years' personal experience, during the whole of which time I have been a keen observer of the ways of other practitioners, has demonstrated to me, over and over again, the wisdom of your strictures. The Campbell Case gives, of course, an extreme example of the complications which such friendships may lead a man into, but many, and many a time, have I seen good-paying patients lost to excellent practitioners over some trivial matter, which a strict professional bearing during the whole period of medical advisership would have entirely obviated. At the same time, and this is what I wish to find out, how is a general practitioner (a provincial or country one at all events) to avoid the difficulty? He is truly between two stools—if he does not make friends (socially) his practice does not develop, and he is said to be a ‘proud’ man; if he does make friends, he very likely makes clients (patients) of them ultimately, but his very friendship, undoubtedly, puts him in constant danger of losing them. Many a tradesman's and farmer's family have I lost as patients because they became friendly with some neighbouring practitioner and his family. On the other hand, one's better

class farmer clients are seldom or never attracted unless through a previous acquaintance of more or less friendly intimacy; and unless this is kept up, they will in nine cases out of ten discontinue to employ you. In these days of depression a farmer of fair middle class education, and *with money*, is a power in country districts, and he knows it, nor does he hesitate to exercise his adverse influence, if he feels aggrieved with his doctor, his parson, or his lawyer, politically, municipally, or ecclesiastically.

Finally, I do not write as a disappointed practitioner. I have a fair practice with good appointments, and I have made money at it. I may also state that I am a gentleman's (a widely-known man) son, and have had a liberal education in both general and professional subjects. I enclose my card.

I am, Sirs, yours truly,

Dec. 27th, 1886.

GENERAL PRACTITIONER.

NORTHERN COUNTIES NOTES.

(From our own Correspondent.)

THE NEW CHILDREN'S HOSPITAL IN NEWCASTLE.

At a late meeting of the governors of the Children's Hospital, held in Newcastle last week, it was stated that the contract was ready to sign with the builder, and that all legal formalities were now complete. It was announced that the new buildings, apart from the land, would cost £15,000, all provided by the munificence of Mr. John Fleming, of this city. The plans which were exhibited, showed an entrance hall twenty feet square; close to which will be a committee-room, housekeeper's sitting-room, linen, and work room, and matron's room. These are to the right of the entrance hall, and to the left will be a waiting-room, porter's room, consulting room, drug stores, surgery, and medical officer's room, the last being provided in view of the possibility of a resident medical officer being appointed at some time or other. Facing the entrance hall will be a spacious dining-room, and beyond that will be rooms for the necessary domestic work. On the first floor, over the entrance hall, will be a day ward, and play room. To the right will be a small ward, a nurse's room, and a large general ward for girls, twenty of whom may be accommodated there. To the left will be a similar provision for boys. There will also be isolation wards, an operating room, and other necessary conveniences, while the second floor will be used as nurses' and servants' bedrooms. The front, which will have an imposing appearance, will be of red brick with stone dressings, and a belfry over the main doorway.

DEATH OF MR. ALFRED ROBSON BENSON, M.R.C.S., OF WHITBY.

I regret to announce the death, on the 9th of December, after a rather long illness, of Mr. A. R. Benson, M.R.C.S., of Whitby, Yorks, at the age of seventy-two. Mr. Benson held, for many years, an appointment in the Hudson Bay Company's Service at Fort York, Columbia River, Vancouver's Island. Whilst at Vancouver's Fort, Mr. Benson became intimate with the late General Grant, then a captain in the United States Army. He frequently made journeys into the interior amongst the Indians with whom he had much influence. Mr. Benson returned to England about twenty years ago, and settled in his native place, Whitby. He did not practise after his return, but was ever willing to advise the poor. He was known as an authority on local and genealogical history, being himself a member of one of the oldest families in Whitby. He was a genial and kind-hearted man, whose portly form and friendly greeting will be missed by many.

A NEWCASTLE DOCTOR IN BURMAH.

The special war correspondent of the *Allahabad Pioneer and Indian Mail* of the late date says, that after four days of hard marching, Yemethen was reached. The men were very much fatigued and pulled down by fever and sickness, and from exposure to rain; and, had it not been for the unremitting efforts of Surgeon Nichol, Medical Staff, 3rd Brigade, who always had his medicines ready to dispense hourly to a long line of patients who streamed in daily after a long march, our lines would have been sadly weakened. Dr. Nichol is intimately connected with Newcastle, and it will be a pleasure to his many friends to see this honourable mention of his name from the Indian newspaper.