this source of infection with certainty in Dr. Thurstan's case, there yet remains another very important one—viz., the patient himself, and it is quite possible that he may be the direct source of infection, coming, as he does, straight home from the ward of a fever hospital. The infectivity of scarlet fever desquamation is generally accepted, and also the danger attaching to the slightest discharge from either the ears or nose, which, in the opinion of those best qualified to form an opinion, is a far more fertile source of infection than the later desquamation. The belief is slowly gaining ground that even a healthy person, after a prolonged residence in a scarlet fever ward, is capable of imparting contagion by means of his breath for several days at least after passing out of his infected environment.

Until the day comes when a sterilisation of the respiratory passages of a living person becomes a practical possibility it is to be feared that "return cases" will from time to time occur. The remedy would seem to lie in a further isolation of the child for several days after his return home; but to provide the accommodation necessary to carry this out on a rational basis in respect to every patient before his discharge from the public fever hospitals would entail too heavy a burden upon the ratepayer.—I am, Sirs, yours truly,

F. FOORD CAIGER.

Fever Hospital, Stockwell, S.W., Oct. 8th, 1895.

"OVER-OPERATING IN GYNÆCOLOGY."

To the Editors of THE LANCET.

SIRS,—Mr. Lawson Tait would, I am sure, not wilfully mislead your readers, but his memory has been so inaccurate in reference to a case in which he mentions my name that I hope you will allow me to correct his statement. In a letter published in your columns on Sept. 21st he says: "We had under our joint care a lady who had a bleeding myoma and immense wealth. I had recommended removal of the appendages, a course not approved of by Sir William Priestley and not favoured by the patient and her friends, and therefore not pressed by me. The result was she remained under my care (occasionally when death from hæmorrhage was imminent joined by Sir William), and in bed most of the time, for about thirteen years, when the climacteric relieved her from the severe symptoms at the age of sixty-three or four. During that time her illness cost thousands of pounds, a proportionate share of which fell to the lot of Sir William Priestley and myself. If I had operated on her—with a bagatelle risk of 1·6 per cent. mortality—I should have had probably 150 guineas and Sir William Priestley about as much more at the end of a successful case (and I do not think a fatality would have altered the amount), or somewhere about a fifth of what we actually did get." The facts are these. 1. I met in January, 1881, Mr. Lawson Tait and the patient's medical man in the country to see a lady who had a moderate-sized myoma, and whom I had twice before seen in London. The patient was then fifty-three years of age, and, although still suffering from hæmorrhage, did not seem to me so much worse as to demand an operation. 2. In January, 1884, three years later, she came to London and then assured me that she had quite recovered some time before. The pain and hæmorrhage had ceased, and the myoma had almost disappeared. The patient was then fifty-six years of age and going about as usual. She is now sixty-seven and in good health. 3. I only saw the patient professionally once after my consultation with Mr. Tait, and this was alone in London. I received the ordinary fees for my visits, and, therefore, if thousands of pounds were expended in medical attendance they did not come to me.

I am, Sirs, yours sincerely,

WILLIAM O. PRIESTLEY.

Hertford-street, Mayfair, Oct. 5th, 1895.

To the Editors of THE LANCET.

SIRS,—The exceeding rancour with which Mr. John Frederick Bullar persecutes his next-door neighbour at Southampton confuses his mental perception. The mortality percentage I estimated for my case is obtained from a long series of similar cases (removal of the appendages for myoma), published in 1890, for of that series it would have formed one if operative measures had been adopted. Its mortality has nothing to do with the 15 per cent. of deaths in a series of cases of

all kinds in the earliest practice of Mr. Bullar's neighbour. Again, Mr. Bullar forgets that removal of the appendages in these cases reveals no disease whatever in them in the great majority of cases, so that if he does know of such innocent appendages having been removed in Southampton, is he sure that there was no disease in the uterus for which the operation was done? On these three points Mr. Bullar has blundered; and, as he was one of my pupils, it is a great blow to my vanity that he attacks the doctrines of his master with paper clubs, doctrines of which at one time he knew so much and of which he was so proud.

I am, Sirs, yours faithfully,

7, Crescent, Birmingham, Oct. 7th, 1895.

LAWSON TAIT.

"HOSPITAL ABUSE AT BRIGHTON."

To the Editors of THE LANCET.

SIRS,—With all due regard to the invaluable space in your columns I will ask you to allow me to briefly reply to the correspondents who have written refuting my statements on the abuse of hospitals at Brighton. According to both Dr. A. J. Richardson and the secretary of the Sussex County Hospital, 4 per cent. of the cases which were treated were not entitled to charity. This makes a total of 408 in one year for one hospital alone, which at the same ratio for all the other hospitals would amount to a considerable figure and give a living to three or four medical men. I quite admit that the hospitals most abused are those which are devoted to the treatment of special diseases. No one knows the extent of that abuse better than the general practitioner, and no investigation could be complete that does not include their evidence. In my original letter I stated that over one-third of the women who gave birth in 1894 were attended by one charity alone, and that does not include those attended in the union, or the others by the society for helping women in their first fall. Is it possible for so many women to be paupers? I do think that the Lying-in Institution should give some explanation, and I should like also to hear the opinion of the resident medical officers who have been attached to that charity. One of the midwives made a statement a short time ago that in her experience at least half the applicants were in a position to pay for private medical attendance. In your excellent leading article of Jan. 26th of this year you assert what is beyond dispute—namely, that if this gigantic system of abuse was stopped there would be ample means to meet the needs of the deserving poor. Though the wealth of the nation on the whole is progressing, and the position of the working man greatly improved, the increased figures of out-door and in-door attendances at our hospitals would, if the cases were all deserving of charity, go to prove that pauperism is in the ascendancy. This matter may not affect those medical men who have been many years in practice in the town, but what about the young men struggling for a living in the paths of an honourable profession—have they not to be considered? I trust that our hospitals will go on extending their inestimable blessing to the poor in the hour of their sickness or injury, but let us at the same time face a great evil and see that charity is not misapplied.

I am, Sirs, yours truly,

Hove, Oct. 7th, 1895.

FRANCIS J. A. WARING.

"THE PHYSIOLOGY OF DEATH BY ELECTRIC SHOCK."

To the Editors of THE LANCET.

SIRS,—I have read with great interest Dr. Richard C. Shettle's second letter in THE LANCET of Sept. 28th upon "The Physiology of Death by Electric Shock." There is one point, however, which is not quite clear to me, and upon which I should like to ask for information. After very clearly describing the theory according to which "it is probable that the diamagnetic molecules in the living body are continuously rotating upon a definite axis, the axis of rotation in every case being determined by the relation which each form of matter has to the magnetic force," Dr. Shettle goes on to say: "In fact, it is clear that, under the known relations which exist between matter and the magnetic force, the only influence which magnetism can exercise upon the living body is to render the polarity of every atom engaged in the maintenance of life more marked, and therefore more capable of maintaining the phenomena which are naturally

evolved during life by the material elements." I venture to think that this can only be true as long as the living body is so placed in the magnetic field that the polarity induced by the latter coincides with the normal polarity of the molecules composing the former, and that, supposing Dr. Shettle's theory to be correct, it would be quite possible so to place the living body in relation to the magnetic field that the polarity induced by the one would be in direct opposition to that inherent in the other. Dr. Shettle considers, if I have followed his reasoning correctly, that this antagonism can result only in the deviation of the molecular axes from their original direction, much in the same way that a suspended magnetic needle is deflected upon the approach of a magnet, and that such deviation would have no appreciable effect upon the organism. Now, granting for a moment that no more complex result might be expected from the opposition of similar magnetic poles, is it reasonable to suppose that such a radical change of direction as the one under consideration could take place without causing some very distinct modification of the natural functions of the body? The fact that no such modification actually occurs when the living body is introduced into the most powerful magnetic field—no matter in what position the one may be placed in relation to the other—would appear, I think, to tell very strongly against the validity of Dr. Shettle's theory. I make these suggestions with the utmost reserve and solely with the object of obtaining information upon a subject in which I am much interested. At the same time, I am fully aware that the apparent difficulty may be owing entirely to my own imperfect knowledge and consequent failure to grasp the facts under consideration with the necessary clearness.

I am, Sirs, yours faithfully,

Hornsey, Oct. 5th, 1895.

W. B. FOTHERINGHAM.

"PRECEPTS FOR CYCLISTS."

To the Editors of THE LANCET.

SIRS,—In the annotation on the above subject contained in the last issue of THE LANCET you unreservedly condemn the inclined posture adopted by the conventional "scorcher" on the ground of its being detrimental to health. Speaking as a cyclist of many years' experience, I have never been able to understand why this particular position should be condemned on hygienic grounds. I readily admit that it is ungraceful in the extreme, but it is certainly an error to suppose that it "rounds" the shoulders. On the contrary, the shoulders are held stiffly back in order to obtain a firm grip for the extraordinary muscles of respiration, and the bend is a hinge movement at the axis of the hip-joint and not a forward curvature of the spinal column. The error has probably arisen from the fact that this position throws into prominence any existing tendency to "round shoulders," in the causation of which it takes, however, no part. From a physiological point of view the "forward bend" is the best, in that it enables the rider greedy of speed to develop a maximum degree of effort with a minimum of distress. The truth of this statement is evidenced by the fact that all of us intuitively follow the "scorcher's" example under strain, as when climbing a hill or facing a head wind.

I am, Sirs, yours faithfully,

Oct. 7th, 1895.

ALFRED S. GUBB, M.D. Paris.

"SKETCHES FROM RHENISH WATERING-PLACES."

To the Editors of THE LANCET.

SIRS,—Your Berlin correspondent omits to mention one of the most charming of the health resorts of the Rheingau. Having spent a month there this summer, I may perhaps be allowed to give your readers a brief account of Schlangenbad. It is seven miles from Wiesbaden, four from Schwalbach, both of which are reached by carriage, and four from Eltville, where all the Rhine boats stop. There is now a steam tramway between Eltville and Schlangenbad, so that it is reached with the least possible trouble. The village lies in the forests of the Taunus, the surroundings are beautiful, walks through the woods having been carefully laid out in every direction, to Raenthal (one mile and a half), Georgenborn (the same distance), and many other picturesque villages. There are a pretty little Kursaal, seven "Kurahäuser," several good hotels, and the expenses are very moderate. The baths are delicious;

the chemical composition and medicinal properties of the waters have been fully described by the resident physician, Dr. Baumann. They seem specially suited to cases of neurasthenia or irritable nervous conditions, which respond very quickly to Schlangenbad treatment. It may have been the property of the baths or the early hours, regular life, and the restfulness of the sheltered walks, but more probably the result of all these factors, that produced such a rapid improvement in the neurotic patients that were sent there. Eczema and other skin affections were quickly cured by the baths. As far as I was able to judge these two classes of patients got the greatest advantage from Schlangenbad. For medical men and their families it is a charming pleasure resort, and easily reached. They are admitted free to the baths and are exempt from Kur tax. Shooting (stag, partridge, &c.) can easily be obtained in the neighbourhood; also good music, pleasant society, absolute rest if desired, or excursions in all directions, good food, and capital accommodation. What more could be desired either for summer holiday or health resort? All these advantages, and more, can be obtained in Schlangenbad.

I am, Sirs, yours truly,

West Brighton, Oct. 7th, 1894.

W. G. THISTLE.

ADVERTISING IN HIGH PLACES.

To the Editors of THE LANCET.

SIRS,—I see by the daily press that Dr. — and also Dr. — have returned to their respective homes after a brief holiday. As the leading men of the profession persist in setting such a noble example of professional etiquette to their humbler brethren, I intend in future to make a black list of these advertising gentlemen for my private use only, and to refrain from sending any of my patients to them when I desire the advice of a consultant. I think that if other general practitioners would do the same it might influence these gentlemen to some extent in self-advertisement.

I am, Sirs, your obedient servant,

Oct. 8th, 1895.

M.R.C.S.

HOTELS AND INFECTIOUS DISEASES.

To the Editors of THE LANCET.

SIRS,—I venture to ask you for the following information. Should a patient fall ill with diphtheria in a large and crowded London hotel, would he, after the case had been duly notified to the authorities, be compelled to leave the hotel at a few hours' notice and to be taken to the fever wards of a hospital? Would the patient or his family, if they refused to leave the hotel, be liable to be sued before court for damages caused to the hotel (in guests leaving &c.)? I have been placed in a very anxious position by a case of this kind happening to an English patient of mine at a Zürich hotel, and should be very glad to know how the authorities act in England under the same circumstances.

I am, Sirs, yours faithfully,

Oct. 1st, 1895.

TURICENSIS.

* * There is no universal rule in England. Many provincial towns have no infectious hospitals to which such cases could be removed either compulsorily or voluntarily. And even where such hospitals exist, including the metropolis, there is no power of compulsory removal unless a magistrate's order for such removal is procured. The magistrate can issue this order on one or other of three conditions: 1. That the patient is "without proper lodging and accommodation." 2. That the patient is in a room occupied by members of more than one family. 3. That the patient is on board a ship. The first condition would be the one affecting a hotel, but the legal interpretation placed on it varies very much, some saying that the question of proper lodging, &c., must be decided on grounds of protecting the public; others, with probably more correctness, declaring that in view of the second condition it is the propriety of the lodging *quâ* the patient that is in question, except where the room holds persons of another family. But, as a matter of fact, such cases are very generally, though not always, removed from hotels into hospital; for the London Fever Hospital has private rooms, which go far to remove the objection of the better classes to isolation in hospital.—ED. L.