HEALTH OF SCOTCH TOWNS.

The annual rate of mortality in the eight Scotch towns, which had been 22.3, 22.7, and 23.3 per 1000 in the three preceding weeks, declined again to 22.7 in the week ending the 14th inst.; this rate exceeded, however, by 2.9 the mean rate during the same week in the twenty-eight large English towns. The rates in the Scotch towns last week ranged from 13.4 and 17.6 in Perth and Dundee, to 22.9 in Greenock and 26.6 in Glasgow. The deaths in the eight towns included 88 which were referred to the principal zymotic diseases, against 92 and 99 in the two preceding weeks; 28 resulted from whooping-cough, 20 from diarrhoeal diseases, 17 from measles, 11 from scarlet fever, 7 from diphtheria, 5 from "fever," and not one from small-pox. The annual rate from these diseases averaged 3.6 per 1000 last week in the Scotch towns, and was 0.6 above the rate from the same diseases in the twenty-eight English towns. The 28 deaths from whooping-cough showed a decline of 8 from the number in the previous week, and included 18 in Glasgow and 6 in Edinburgh. The 17 fatal cases of measles were fewer by 7 than the number in the previous week; 6 occurred in Leith, 5 in Glasgow, 4 in Dundee, and 2 in Paisley. The 20 deaths attributed to diarrhoeal diseases exceeded the numbers returned in recent weeks, but were 1 below the number in the corresponding week of last year; they included 6 in Dundee and 4 both in Glasgow and in Edinburgh. The 11 fatal cases of scarlet fever exceeded the number in the previous year by 5; 8 occurred in Glasgow, against 6 and 4 in the two previous weeks, and 2 in Paisley. Six of the 7 deaths from diphtheria, and 3 of the 5 from "fever," were returned in Glasgow. The deaths referred to acute diseases of the respiratory organs in the eight towns, which had been 90 and 101 in the two previous weeks, declined again to 90 last week, and were 19 below the number returned in the corresponding week of last year. The causes of 84, or 15 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 steadily declined in the five preceding weeks from 31.8 to 21.9, further declined to 21.7 in the week ending the 14th inst. During the first eleven weeks of the current quarter, however, the death-rate in the city averaged 26.3 per 1000, whereas the rate did not exceed 20.2 in London and 22.3 in Edinburgh during the same period. The 146 deaths in Dublin last week showed a further decline of 1 from the numbers in recent weeks, and included 10 which were referred to the principal zymotic diseases, against 15 and 14 in the two previous weeks; 5 resulted from scarlet fever, 4 from "fever" (typhus, enteric, or simple), 1 from diarrhoea, and not one from small-pox, measles, diphtheria, or whooping-cough. These 10 deaths were equal to an annual rate of 1.5 per 1000, the rate from the same diseases being 3.3 in London and 2.5 in Edinburgh. The fatal cases of scarlet fever in Dublin, which had been 8 and 7 in the two previous weeks, further declined to 5 last week, making, however, 70 deaths from this disease recorded in the city since the beginning of April; the 4 deaths from "fever" corresponded with the number in the previous week. Three deaths from violence were registered and five inquests were held; 42 deaths were recorded in public institutions. The deaths both of infants and of elderly persons showed an increase upon the numbers in the two previous weeks. The causes of 18, or 12 per cent., of the deaths registered during the week were not certified.

THE SERVICES.

INDIA OFFICE.—The Queen has approved of the admission of the undermentioned Surgeons to Her Majesty's Indian Medical Service:—Bengal: James John Pratt and Robert Shore, M.D. Madras: William Burney Bannerman and Henry Thomson. Bombay: Carrapiet John Sarkies.

The Queen has approved of the retirement from Her Majesty's Indian Military Forces of Deputy Surgeon-General Richard Henry Perkins, of the Bengal Army; Surgeon-Major Frederick William Alexander De Fabeck, of the Bengal Army; and Surgeon-Major Thomas Holmsted, of the Bombay Army.

ADMIRALTY.—Deputy Inspector General of Hospitals and Fleets George Mason, M.D., has been promoted to the rank

of Inspector-General of Hospitals and Fleets in Her Majesty's Fleet.

The following appointments have been made:—Surgeon John L. Barrington, to the *Ready*; Surgeon William Tait, M.B., to the *Cambridge*; Surgeon William M. Craig, to the *Alecto*; Surgeon George J. Fogerty, to the *Banterer*; Surgeon John O'Callaghan, Surgeon George Bate, and Surgeon Joseph H. Whelan, to the *Alexandra*, additional; Surgeon Michael J. M'Carthy, to Plymouth Hospital; Surgeon Henry F. Iliewicz, to the *Ganges*.

RIFLE VOLUNTEERS.—1st Elgin: Ernest Aeneas Macintosh, Gent., M.D., to be Lieutenant.—4th Lancashire: Acting Surgeon Edward Morton Garstang resigns his appointment.—2nd Cornwall (Duke of Cornwall's): John Henry Jenkins, Gent., to be Acting Surgeon.—3rd Hampshire: Edwin John Hunter, Gent., to be Acting Surgeon.—1st Isle of Wight: Lieutenant Thomas Ormsby Wiley is appointed Acting Surgeon.

Correspondence.

"Audi alteram partem."

THE HOME HOSPITALS ASSOCIATION AND PAYING WARDS IN EXISTING HOSPITALS.

To the Editor of THE LANCET.

SIR,—I wish to ask for a little space in order to correct a misapprehension which the writer of the annotation in to-day's LANCET seems to labour under in reference to the report of the Home Hospitals Association for Paying Patients. He writes: "It is most unfortunate that Dr. Quain and Mr. Burdett should find any encouragement or argument for the extension of home hospitals in the statement that the principle of paying patients was being extended to ordinary hospitals." This is an entire misapprehension, and no such argument is used in the report; but in referring to the work of the Association, which included at the outset first the establishment of home hospitals for paying patients, and secondly the opening of paying wards in connexion with existing hospitals, the governors are to be congratulated on the facts not only that the home hospital proper has been a complete success, but that the system of payment by patients, according to their means, for the treatment they receive when inmates of a hospital, has rapidly grown in public favour. This is surely matter for congratulation. The general adoption of this principle by hospital managers will ensure the abolition of the present ticket system and all its abuses, and the substitute for it of a plan of admission which will provide and secure that every poor person who is entitled to medical relief at a hospital will be granted free admission without delay or difficulty, while those applicants who desire it will have the privilege of maintaining their independence by contributing according to their means, if it be but two or three shillings a week, towards the expense which is entailed by their treatment at one of the existing hospitals. So much for the principle; now for its application.

I believe you agree with me that the pay-patients must be treated in separate wards, or in a separate wing, when they are admitted to a voluntary hospital; that the income and expenditure of these paying wards must be kept distinct; and that each paying patient shall possess the right of being attended, at his option, by his own doctor. The experience I have had in connexion with the Home Hospitals Association has convinced me that very many people desire to secure hospital treatment on payment according to their means, and that not a few of those who are at present admitted to existing hospitals without payment would prefer entering a paying ward if such an opportunity were afforded them. For this reason, and because I believe the principle of payment according to means to be sound, I advocate the admission of paying patients to existing hospitals under proper regulations. If this modification be introduced into the present system of admission to our hospitals great good will be accomplished. The poor and friendless will then, without difficulty or delay, secure the hospital accommodation they need in the day of sickness. The thrifty and self-respecting will thereby enjoy the glorious liberty of being independent. The undeserving,

that large class who at present abuse the hospitals for their own purposes, will find that they must perforce amend their ways, and cease to appropriate accommodation and benefits which are intended, and should be reserved, for the poor and the deserving. These are great results, and they can be accomplished not only without lessening a single bed which is at present available for the poor, but they will undoubtedly result in increasing the amount of accommodation which the weak, the friendless, the suffering, and the absolutely poor will have placed at their disposal. For these reasons, whilst a stern opponent of the alienation of a single bed from the use of the absolutely poor, for whom it was intended, I am of opinion that it is better for the endowed hospitals to keep their buildings in order and to maintain their wards in efficiency by the admission of paying patients, rather than to close such wards and to let the buildings fall into disrepair, as they most certainly would do if unoccupied, when funds are not forthcoming to maintain them. But the admission of paying patients to endowed hospitals must be regulated by the state of the finances, and the moment funds are forthcoming the paying patients must be refused admission in order to provide the maximum of accommodation for the treatment of the deserving poor.

Such, Sir, are the views not only of myself, but of an increasing number of hospital managers, as well as of a large number of the people. This knowledge forces me to conclude that the question of admission of paying patients to existing hospitals presses for solution. Either the existing hospitals must provide accommodation for paying patients, or a new system of hospitals will eventually have to be opened not only in London, but in every large town throughout the country.

THE LANCET is regarded by laymen as especially representing the views of the medical profession on this and other questions. It is for this reason that I am anxious you should give some distinct expression upon the principle of admitting paying patients to the existing hospitals. If you state it is not permissible for the hospital authorities to grant admission to paying patients to any of the buildings under their control, then it will be necessary to have separate hospitals for this class of patients in every large town in England. Such a course would entail the expenditure of a large sum of money on additional buildings, would greatly increase the outlay on management, and would further prevent existing hospital authorities from encouraging those principles of thrift amongst the patients which should constitute the basis of all medical relief. For these reasons I hope you will agree with me that the principle of admitting paying patients to voluntary hospitals is a sound one, provided they are treated in separate wards or wings under the conditions I have already stated.

I am, Sir, yours faithfully,

HENRY C. BURDETT.

Gloucester-road, Regent's-park, June 14th, 1884.

* * We publish Mr. Burdett's letter on the principle of *audi alteram partem*. At the same time his arguments in favour of admitting paying patients into our voluntary hospitals have not in any way altered our views. Our noble charities were intended to be supported by voluntary subscriptions from the wealthy, and for the treatment of the destitute poor in sickness. They were never meant to become commercial enterprises. If we are to have institutions in which patients can be received by payment, they should, in our opinion, be perfectly separate from our hospitals. We fear that the agitation now being carried on for the purpose of converting hospitals into paying establishments is influencing injuriously the benefactors of our charities, and diverting subscriptions which would otherwise be devoted to the augmentation of their funds.—ED. L.

"VOLUNTEER MEDICAL ORGANISATION."

To the Editor of THE LANCET.

SIR,—In the remarks of your correspondent respecting the ambulance movement, I find that he has erred in respect of the intention of such training in the militia and volunteer branches of the army. By the late War Office circular (May, 1884), it is ordered that ambulance instruction may be given throughout the whole army, to regular as well as to

auxiliary forces, but that in the militia and volunteer branches two men of the rank and file per company may be detailed for such ambulance work. Consequently, it cannot happen that either colour-sergeants, sergeants, or any superior non-commissioned officer can be detailed to wear the badge. As corporals are in the ranks, they may be chosen with others, and the bearer company of any regiment will then be prepared to take the field as such; and it would not occur in the event of an engagement that the men wearing the Geneva badge would fall out of the ranks during action, and so abuse the neutrality of the same; they would be in the field as bearers, and as such would be non-combatant. Of course, the instruction can be given to all ranks, officers, non-commissioned officers, and men, as is allowed by the War Office circular alluded to, but no medical officer would think of asking any commanding officer to detail his non-commissioned officers for this work, however skilled or efficient they might be. In my own corps I have instructed officers, staff-sergeants, colour-sergeants, corporals, and sappers, but only from the rank and file have I nominated, and my commanding officer appointed (Vol. Reg., sec. 16, p. 486), the bearers of my corps, who parade as such when ordered, and accompany the battalion prepared with stretchers and appliances. Your correspondent has evidently confounded the class with the bearers, which latter alone would be entitled to the neutrality of the Geneva badge. Of course such an elementary medical service would not answer all the needs of war, but it would afford assistance of first aid to the wounded by which many lives might be saved, under guidance of the regimental medical officer, leaving the after-treatment to be given by the proposed Volunteer Medical Association, the establishment of which is so strongly advocated by Surgeon-Major Evatt, Army Medical Department. Such an Association need in no way be at variance with the volunteer medical officers, nor with the present Volunteer Ambulance Department, which is gradually expanding and being recognised as part of the *matériel* of each regiment by the War Office and the respective commanding officers. The volunteer medical service, as now sanctioned, would thus supplement, if not complete, what the Volunteer Medical Association seeks to perfect.

I am, Sir, yours faithfully,

M. BAINES, M.D.,

Surgeon-Major 1st Mid. Eng. Volunteers.
Headquarters, College-street, S.W., June, 1884.

HOSPITAL FOR SOLDIERS' WIVES, ALDERSHOT.

To the Editor of THE LANCET.

SIR,—I have much pleasure in forwarding to you an account of the work done in the above-named hospital since November, 1866, when the hospital was placed upon its present footing and supplied with its present staff of nursing sisters. During that period the hospital has been in charge successively of four medical officers and (with one exception of a nurse invalided last year) the matron, Sister Faith, and the other nurses have remained attached to the hospital up to the present time. In addition to the cases of parturition, of which I furnish the particulars, the hospital is open to all wives and children of soldiers suffering from acute or serious diseases.

The total number of women delivered was 4732; of these 1206 were primiparæ. There were 227 stillbirths, 56 cases of twins, and one case of triplets. The total number of deaths was 33, or 69 per cent. Presentations: Occiput, 4450; face, 26; hand and foot, 1; hand and head, 67; hand and shoulder, 4; head and funis, 9; hand and funis, 1; breech, 72; foot, 49. Causes of death: Bronchitis, 2; erysipelas, 1; septicæmia, 6; diarrhoea, 2; metritis, 4; placenta prævia, 2; post-partum hæmorrhage, 2; convulsions, 2; after craniotomy, 2; other causes, 7; scarlet fever, 3. The forceps were used fifty-eight times, followed by death in three cases; one had convulsions and post-partum hæmorrhage. One was a case of twins, of which one was delivered by craniotomy, and one by the forceps, followed by flooding. The third died from exhaustion.

We have at present a sequence of 530 cases, extending over a period of more than two years, without a death. During the latter half of the whole period there has been a marked diminution in cases of mal-presentation, as well as of acci