the anterior abdominal wall. It will be seen that in all six cases some portion of the shaded area is immediately above the middle and outer part of Poupart's ligament.

One point that struck me forcibly soon after I began systematically to make post-mortem examinations was that many cases that appeared during life to be cases of general peritonitis were found post mortem to be cases in which the

Diagrams of six cases of appendicitis showing the area of pus or adhesions in contact with the anterior abdominal wall.

suppurative process was limited to a comparatively small part of the abdomen. In most of these cases the larger operation seems to cause diffusion of the pus and rapid septic absorption.

Mr. Moullin reproduces and endorses a statement of an American surgeon that "one-half of all the patients who would have recovered by operation will die if we wait until the sixth day." This statement is one which Mr. Treves, I notice, characterises as "totally opposed to facts."³

In conclusion, I would venture to say that every case of acute appendicitis should be treated upon its own merits and not in accordance with hard-and-fast rules, that the early operation for acute appendicitis does not, in the hands of most surgeons, yield very satisfactory results unless performed upon the slighter cases only, and that a delay of a few days will in the great majority of cases allow of the performance of a smaller, safer, and on the whole more satisfactory operation.

I am, Sirs, yours faithfully,

JAMES BERRY, B.S., F.R.C.S.,

Surgeon to, and Lecturer on Surgery at, the Royal Free Hospital.
Dec. 19th, 1899.

"THE MEDICAL DEFENCE UNION AND THE LONDON AND COUNTIES MEDICAL PROTECTION SOCIETY."

To the Editors of THE LANCET.

SIRS,—In his letter dated Dec. 18th and published in THE LANCET of Dec. 23rd, Dr. W. S. A. Griffith, the President of the Medical Defence Union, says the failure to effect amalgamation of these two societies "is due to the fact that no one has yet been able to devise a scheme which will satisfy the legitimate requirements of those who are responsible for safeguarding the interests of each society."

Three attempts have been made and have failed to bring about this amalgamation. The first two attempts were undertaken on the initiative of the Medical Defence Union. It would be interesting to know from Dr. Griffith what "legitimate requirements" made known by the Medical Defence Union were not satisfied during those two attempts. Perhaps he will kindly tell us what these unsatisfied "legitimate requirements" were. The third attempt at amalgamation was suggested by the council of the Medical Protection Society who, having in mind the failure of the first two

attempts, proposed that every detail of the amalgamation should be left to an arbitrator skilled in such matters, and fully supplied by both societies with all necessary and special information. The council of the Medical Protection Society was and is convinced that what Dr. Griffith calls the "chances of arbitration" could exercise no detrimental effect upon the true interests of the amalgamated societies because those interests would be perfectly safeguarded by the governing body of the united societies. Interests involving, among other things, the safeguarding of some millions of pounds sterling are dealt with in this way every year in London.

The proposition that two strong and successful societies could not, when amalgamated, easily protect their own united interests is to my mind an oddity with a suggestion of the humorous about it which in these sad times is very welcome. The Medical Protection Society has at the very least done its full share in helping on the amalgamation of these two societies. It has done this in deference to a wish to that effect expressed by many members of our profession who take an intelligent interest in medical defence and many of whom are members of the Medical Defence Union.

I am, Sirs, yours faithfully,

G. A. HERON,

Treasurer and Chairman of Council of the London and Counties Medical Protection Society.

Harley-street, W., Dec. 26th, 1899.

"SOME POINTS IN LIFE ASSURANCE EXAMINATIONS."

To the Editors of THE LANCET.

SIRS,—In THE LANCET of Dec. 16th there is published a letter from Mr. F. T. Simson, dated Dec. 1st, suggesting two additional questions to be added to the usual list on forms for candidates for life assurance. They are: (1) What is the temperature of the candidate? and (2) Has the candidate suffered from any ear discharge, and, if so, has the trouble completely cleared up? Mr. Simson states that for some years he has been connected with life assurance offices and appears surprised at the omission of such important questions as the above from their medical report forms. It is in reference to question 2 as a novel suggestion that I must express surprise. Taking the medical report forms of a number of life assurance offices with which I am personally acquainted a specific question as to the ear, varying in such details as: "Have you ever had pain in or discharge from?" "Any affection of?" "Deafness or discharge from?" "Any otorrhoea?" is asked by the following offices: the London and Lancashire, English and Scottish Law Life, Pelican, Marine and General, Equitable of the United States, Yorkshire, Hand-in-Hand, Scottish Provident, Scottish Imperial, and Caledonian.

Indirectly the question is asked in the medical report form of the Scottish Equitable by the query, "Have you ever suffered from any complaint of the head?" As to existing discharge the question is asked indirectly in the report of the Law, Union, and Crown by the query, "Are you now free from disease or ailment?" In the form of the Scottish Amicable there is a question occurring after the enumeration of a detailed list of ailments and diseases, "Have you ever suffered from any other disease or ailment?"

I am, Sirs, yours faithfully,

Fenchurch-street, E.C.

HERBERT CROSBY.

"DENTAL APPOINTMENTS AT GENERAL HOSPITALS."

To the Editors of THE LANCET.

SIRS,—I have just read your annotation in THE LANCET of Dec. 23rd advocating that dental surgeons appointed to general hospitals should be selected exclusively from those who hold a medical qualification in addition to the L.D.S., and I quite agree with your view that dental surgeons who have to teach medical students and treat cases on the borderland between dental and general surgery should by preference have a medical qualification; but I do not think that at the present time a medical qualification should be demanded from any candidate for a dental appointment in a general hospital whether a medical school be attached or not. My reason for venturing to dissent from your opinion is that I think more regard should be paid by the governors of a general hospital to the needs of the dental

³ Ibid., p. 932.

patients than to the requirements of medical students in dental instruction. Let the general hospitals aim at providing efficient treatment for their dental patients, which they will not be able to do if they exclude the L.D.S. from staff appointments.

If I might venture to quote my own experience I should say that the best way to teach dental surgery to a medical student is to give him demonstrations within the fully equipped dental department of his medical school, where he may occasionally occupy the dental operating chair as a patient. The time may come when the name of every dental practitioner will be found in the Medical Register, though I feel that it is a prospect that is becoming more distant every year. Meanwhile, Licentiates in Dental Surgery of the Royal College of Surgeons of England should be eligible as applicants for medical staff appointments, though if two candidates were quite equal in other respects I should be prepared to vote for the one who had the medical qualification.

I am, Sirs, yours faithfully,

F. NEWLAND-PEDLEY, F.R.C.S. Eng., and L.D.S.
Devonshire-place, Portland-place, W., Dec. 23rd, 1899.

THE LATE DR. FRANCIS J. A. WARING.

To the Editors of THE LANCET.

SIRS,—I should like an opportunity of expressing my sorrow at the untimely death of Dr. Waring. Although my acquaintance with him has not been of long duration yet I feel that I have lost a true and trusty friend. His zeal and earnestness in the cause of hospital reform are well known amongst his Brighton friends, and the Hospital Reform Association had no member who was so ready to devote both time and money to the furtherance of its objects.

I am, Sirs, yours faithfully,

Windsor-place, Cardiff, Dec. 23rd, 1899. T. GARRETT HORDER.

PUBLIC HEALTH OF DUBLIN:

A MEASLES AND TYPHOID EPIDEMIC: CENTRAL FEVER DENS.

(FROM OUR SPECIAL SANITARY COMMISSIONER.)

(Continued from page 1779.)

It is manifestly wrong to allow the existence of slaughter-houses, especially ill-regulated private slaughter-houses, in the very centre of a city. But when such slaughter-houses stand side by side with a school which sometimes contains as many as 700 children belonging to the poorest classes the danger is considerably increased. Nor are the arrangements of this school such as to enable it to offer some resistance to unwholesome surroundings. The children are often underfed, they come from dirty overcrowded homes, and have to throng together in class-rooms where the provision of light, warmth, and ventilation is not supplied on scientific principles. The closets, it is true, for these children are in a yard and at some distance from the class-room. They are constructed on the trough system, and when I visited them they were free from any unpleasant odour. But it was easy to see at a glance that there is here no knowledge of school hygiene. The seats of the closets were clean but round about there was a good deal of rubbish accumulating in odd corners, indicating that the sweeping had been performed in a very perfunctory manner. As it is here that disease germs are more likely to be scattered about it is urgent that no dust or dirt likely to harbour and provide a culture ground for microbes should be allowed to accumulate. Care in cleaning out little corners should be enforced and in doing this the best of object-lessons would be given to the children. Again, in regard to light there was one large oblong school-room with windows on one of the long sides, but the children were placed with the light to the right. There was no reason why they should not have sat the other way round so as to have the light to the left, except ignorance of the principles of unilateral light. It is true that in Great Britain the same attention has not been bestowed on this question of unilateral light as in France, but why not utilise it properly where it exists? This incident served to show a lack of knowledge of technique

of school hygiene. The average daily attendance at this school during the past year was 508, which was considered very low, and the deficiency was attributed to the prevalence of measles.

Further down Townsend-street there is another school. This is a Protestant institution and is known as Elliot's Home for Children. Waifs and strays are taken in here, boarded and taught; it is a sort of rescue home for orphans and abandoned children. Consequently the pupils sleep on the premises. There is room for 120 boys and girls. The sanitary arrangements are good. The soil-pipes are of iron, ventilated on the roof, with intercepting and inspection chambers below. The yards are covered with asphalt. Closets for the children and for day use are situated outside; they are built on the trough system. There is no odour and all are kept scrupulously clean. Of course, the children themselves were also tidy and clean, but then they are all boarders and therefore can better be controlled. The dormitories seemed to me to be overcrowded and the diet provided was not very satisfactory. Only bread-and-butter and tea are given morning and evening; nor is the bread wholemeal. For the midday meal the children had soup twice a week. On one day eggs were given, so that there only remained four days for meat. If oatmeal porridge were substituted occasionally for white bread there would be a better chance of the children getting sufficient bone-forming food. But while there is room for some improvement in regard to diet and sleeping space there can be no doubt that the children are infinitely better off here than if dwelling in the homes of the poor. The cleanliness and the sanitary arrangements render this home quite an oasis in the midst of its dreadful surroundings. Nevertheless, these have not sufficed to ward off the epidemic. On July 13th last a little girl was taken ill with measles and sent to the Cork-street Fever Hospital. On the 21st of the same month another case occurred and then six more cases followed on the 24th and 25th. These children were all sent from the home to the hospital, but when they returned they said that they had been sleeping two in a bed at the hospital and for this and other reasons it was decided not to send any more children to the hospitals and a sort of infirmary was organised at the top of the house. Altogether there were 18 cases of measles among 50 girls. Only three or four boys were present at that time at the home, the rest being away for their summer holidays. A second epidemic commenced on Oct. 26th and a boy sickened. This boy had come into the home on May 29th. He had seen his mother in the interval, for she had called on him, but the mother was living at the time with a clergyman's family and there was no reason to fear any sort of infection. Two days later the boy was sent to the fever hospital where he died. An epidemic now broke out in the home and with the exception of the first case none of the patients were sent to the hospital. Two adult female assistants, four girls, and 15 boys all fell ill with measles. There were at the time 86 children and a staff of 12 teachers, attendants, and others residing in the home. Thus there have been this year in July and in October two severe epidemics of measles in the home, and this in spite of good sanitation and cleanliness.

Whatever may be said concerning the good sanitary conditions of the home it would be difficult to conceive more dangerous and obnoxious immediate surroundings. On one side there is a passage about six feet wide separating the home from the next houses. These houses are tenement houses of the worst description. Entering the first of them I found the hall passage soaking with urine and faecal matter. A rickety, very narrow, twisting, and absolutely dark staircase led down past the basement to a small backyard. The difficulty of descending these stairs accounted in part for the soiling of the passage above. The yard was well paved and cemented; there was a gully in the middle and the closet had a water-flush which, however, seemed to be but rarely used, for the pan was caked with soil. Still it was the inside of the house that was more particularly reeking with the foulest dirt. Then on the other side of the home there had been two cases and one death from measles in the nearest house. The front of the home looks on to the street, but to get to the back it is necessary to pass down the passage already mentioned. This passage soon widens out and forms a long court that flanks one side of, and goes round the back of, the home. It is a place that seems to be no man's land. The Dublin Corporation declare that it is not their business to look after it. At the entrance they have