chief sufferers. The outbreak among the troops at Subatha has ceased. A provisional scheme for the temporary water-supply of the station has been adopted pending the completion of the larger project at present in hand.

DR. KOCH IN INDIA.

The *Times of India* of May 15th states that Dr. Koch has received telegraphic instructions from the German Government to remain in India and continue his investigations and experiments in regard to rinderpest, and in all probability he will proceed to Bengal shortly, where rinderpest is said to prevail.

Surgeon-Colonel W. F. Stevenson, Professor of Military and Clinical Surgery at the Army Medical School, Netley, will attend as a representative of the British Army at the International Medical Congress to be held in Moscow from Aug. 19th to Aug. 26th.

Correspondence.

"Audi alteram partem."

"THE APPROPRIATION OF FINES UNDER THE MEDICAL ACT."

To the Editors of THE LANCET.

SIRS,—In the leading article in THE LANCET of May 22nd upon the important subject of the alienation of penalties from the General Medical Council, in *re* prosecutions under the Medical Act, you state that "in all other parts of the country other than the metropolis the fines go to the General Medical Council." This is, unfortunately, not the case. Certain boroughs claim, and have claimed successfully, under local Acts the penalties inflicted upon persons convicted under the Medical Act, 1858. The matter has been brought to the knowledge of the General Medical Council by the Medical Defence Union lately, and it is to be hoped that some legal steps will be taken to prevent the alienation in future. If nothing be done by the General Medical Council, prosecutions in the country will be as rare as they are in the metropolis, and for the same reason. I may mention that it was at the instigation of the Medical Defence Union that the question was raised by Dr. Glover in May, 1891, with the result that a deputation was sent to the Home Secretary, as detailed by you.—I am, Sirs, yours faithfully,

A. G. BATEMAN,

May 21st, 1897.

General Secretary, Medical Defence Union.

"DEFECTIVE" CHILDREN IN SCHOOLS.

To the Editors of THE LANCET.

SIRS,—The leading article on Ophthalmia in the Liverpool Schools which appeared in THE LANCET of May 15th appeals very strongly to all those who have anything to do with elementary education in our poorer districts. Your pregnant declaration that "in a large proportion of cases there can be little doubt that overcrowding, dark and ill-ventilated rooms, damp soil, and insufficient diet are very efficient agents in developing and in promoting the extension of the disease" is capable of wide application. In London especially both teachers and managers of elementary schools are continually hampered in their educational work by the exact conditions you mention, which unfortunately apply to a large proportion of the children of the poor. The result is that in every school in the poorer localities there are a number of cases of "defective" scholars, who, owing to general home neglect and bad nutrition, are physically incapable of receiving any advanced instruction. Of the children who attend the London Board Schools nearly 60,000 go to school breakfastless every day, and a much larger number are ill-clad and ill-nourished. Fortunately, the Education Department is taking this matter in hand, and special arrangements will now have to be made for grouping these defective children together, providing them with a special teacher, and giving them the most suitable instruction for their special needs. To-day I was in a school which consists largely of the children of casual dockers, and 10 per cent. of the scholars had to be scheduled for this special treatment. But, unfortunately, the causes of defect will to a large degree remain untouched by school care, while the defective

homes exist under our present social system. My object in writing to you is to humbly point out that no greater service could be performed by the medical profession to the children, to the nation at large, and to the coming generation than the using of their powerful and unequalled influence to assist in raising such a conscience and opinion in the community as will ere long make the conditions which now literally manufacture defective children things of the past.

I am, Sirs, yours faithfully,

HERBERT BURROWS,
London Board School Manager.

Aberdeen-road, N., May 19th, 1897.

"URIC ACID IN THE BLOOD."

To the Editors of THE LANCET.

SIRS,—Dr. Luff has missed the point of my objection to his experiments. If he will allow me to correct him, he stated in the Goulstonian Lectures that when he added known quantities of uric acid to blood the quantity which he extracted was estimated by the Gowland Hopkins method to be from 80 to 87 per cent. In his description of this method he says: "1 milligramme [should be] added to the final result for each 15 c.c. of the filtrate present—this need never be more than 20 to 30 c.c." In the absence of any statement to the contrary, the assumption is that the known quantities were suitable for estimation by this method—i.e., from 20 to 40 milligrammes, and there is no evidence in the lectures that quantities ranging from $\frac{1}{10}$ to $\frac{1}{2}$ milligrammes, added to 500 c.c. of blood, were subsequently extracted and proved either by the Gowland Hopkins method or the murexide test. The extreme delicacy of the murexide test, to which Dr. Luff calls my attention, ought to enable him to prove his point without question. If he adds $\frac{1}{50}$ milligramme to 500 c.c. of blood he can (so he says in effect) extract $\frac{1}{100}$ milligramme, which will give the murexide reaction. But no such experiment is recorded. With regard to the "abundant quantity" of uric acid in bird's blood, it would certainly be more satisfactory to state the necessary and sufficient proportion on the hypothesis that uric acid is derived from blood, as it would show at once whether the methods adopted were suitable for the purpose. Dr. Luff has undertaken the difficult task of proving a negative, and before accepting his conclusion one must know what the "known quantities" were and how they compare with the necessary and sufficient quantities in animals and birds.

I am, Sirs, yours faithfully,

Norwood, May 22nd, 1897.

DONALD F. SHEARER.

"OPHTHALMIA IN LIVERPOOL."

To the Editors of THE LANCET.

SIRS,—I have obtained liberty to send you the following letter, which I received from Professor Jacob last week. I hope you will be able to insert it as a very interesting and able contribution to the question of granular lids.

I am, Sirs, your obedient servant,

W. ALEXANDER.

Rodney-street, Liverpool, May 25th, 1897.

"Ely-place, Dublin, May 23rd, 1897.

"DR. ALEXANDER.

"DEAR SIR,—An editorial in THE LANCET informs me that in a controversy with Mr. Fuller you have resisted the assumption that granular ophthalmia is, in its nature and in fact, an unquestionably contagious disease. It is, perhaps, well that I have seen neither Mr. Fuller's report nor your reply, for I am thus enabled to give a perfectly independent opinion on the subject, and that opinion is strongly in support of the view attributed to you. If there be any eye disease respecting which Irish ophthalmologists may claim to have special knowledge it is this. I see at my extern about 3000 cases annually, and I do not hesitate to say one-third of these are cases of granular ophthalmia or its sequelæ. Without asserting that such cases are altogether non-contagious, I say that my experience is dead against the contagion theory. Upon this point I note that the most ardent apostles of contagion and THE LANCET itself venture no further than to express their belief that a specific contagium must exist somewhere and will be found sooner or later; and Dr. Stephenson, in his recent monograph on the subject, admits that the announcements from time to time that such contagium had been identified 'have not stood the test of experience.' I am, from practical experience, somewhat sceptical of the existence of such specific agency, because I see scores of instances in which one or two members of a family suffer without any extension to the others and scores of cases in which one eye is affected without any extension to the other. Perhaps more striking evidence is afforded by the fact that the surgeons, nurses, and students of eye hospitals are, so to speak, up to their elbows in the various forms of granular ophthalmia