these diseases were recorded in Paddington, St. George Hanover-square, Westminster, Stoke Newington, and City of London; and the highest rates in Limehouse, Poplar, St. Saviour Southwark, St. Olave Southwark, Rotherhithe, Lewisham, and Woolwich. No fatal case of small-pox was registered in London during November, and it is now nearly five months since a death from this disease was recorded within the metropolis. The 61 deaths referred to measles were less than a third of the corrected average number in the corresponding periods of the ten preceding years; this disease was proportionately most fatal in Shoreditch, Limehouse, Poplar, St. George Southwark, and Rotherhithe sanitary areas. The 77 fatal cases of scarlet fever were 33 below the corrected average number; this disease showed the highest proportional fatality in Fulham, St. Luke, and Greenwich sanitary areas. The 217 deaths from diphtheria exceeded by 38 the corrected average number; among the various sanitary areas this disease was proportionally most fatal in Chelsea, St. George-in-the-East, Limehouse, St. Saviour Southwark, Bermondsey, Rotherhithe, Lewisham, Woolwich, and Lee. The 67 fatal cases of whooping-cough were little more than half the corrected average number; this disease showed the highest proportional fatality in Mile End Old Town, St. Saviour Southwark, and Plumstead sanitary areas. The 66 deaths referred to enteric fever were 11 below the corrected average number; among the various sanitary areas this disease was proportionally most fatal in Hackney, Poplar, Greenwich, and Lewisham. The 43 fatal cases of diarrhoea were 28 below the corrected average number. In conclusion, it may be stated that the mortality in London during November from these principal zymotic diseases was nearly 33 per cent. below the average.

* Infant mortality in London, measured by the proportion of deaths of children under one year of age to births registered, was equal to 152 per 1000. Among the various sanitary areas the lowest rates of infant mortality were recorded in Paddington, Hampstead, Hackney, City of London, St. George-in-the-East, and St. Olave Southwark; and the highest rates in St. George Hanover-square, Westminster, Strand, Holborn, Limehouse, and St. George Southwark.

THE SERVICES.

ARMY MEDICAL STAFF.

SURGEON-MAJOR HACKETT, Medical Staff, Aldershot, to embark for service in India. Surgeon-Captain J. J. Russell, M.B., embarks for Gibraltar in January next. The orders for the embarkation for service in India of Surgeon-Major P. B. Tuthill, M.B., have been cancelled. Surgeon-Major G. B. Russell has arrived in Dublin. Surgeon-Major R. E. R. Morse has joined at Warley for duty. Surgeon-Colonel Henry S. Muir, M.D., to be Surgeon-Major-General, vice C. H. Giraud, retired. Brigade-Surgeon-Lieutenant-Colonel James P. Rooney to be Surgeon-Colonel, vice C. McD. Cuffe, C.B. Surgeon-Captain G. Bent, A.M.S., will embark at Southampton on the 15th inst. in the Royal Mail s.s. *Atrato* for Barbadoes.

NAVAL MEDICAL SERVICE.

The following appointments are notified:—Staff-Surgeons: Alexander L. Christie, M.B., to the *Talbot*; James M'C. Martin to the *Forte*; and Wm. M. Lory to the *Colossus*. Surgeon: Cyril J. Mansfield to the *President* for three months' course of instruction at a Metropolitan hospital.

VOLUNTEER CORPS.

Rifle: 2nd Volunteer Battalion the Queen's (Royal West Surrey Regiment): Paget Dundas Minchin, gent., to be Surgeon-Lieutenant. 1st Volunteer Battalion the Essex Regiment: Surgeon-Lieutenant A. W. Wallis resigns his commission, 1st Herefordshire: Surgeon-Lieutenant W. B. Giles resigns his commission. 1st (Hallamshire) Volunteer Battalion the York and Lancaster Regiment: Duncan Grey Newton, M.B., to be Surgeon-Lieutenant. 3rd (Morayshire) Volunteer Battalion, Seaforth Highlanders (Ross-shire Buffs, the Duke of Albany's): Surgeon-Lieutenant G. C. Milligan, M.B., to be Surgeon-Captain. 19th Middlesex (St. Giles's and St. George's, Bloomsbury): Surgeon-Lieutenant A. W. Wigmore to be Surgeon-Captain.

MR. BRODRICK AND THE ARMY.

The Under Secretary for War gave an interesting and instructive speech at Farnham on the 7th inst., in which, among other things, he drew a contrast between the conditions of soldiering in the German and British armies, and pointed out that we paid our private soldier three and a quarter times as much as Germany and gave him a ration costing half as much again, while it was estimated that £2,000,000 annually was subscribed by relations of men with the colours in Germany to eke out their pay and rations. Mr. Brodrick spoke also in vindication of the management of the War Office officials, claiming for them that they were men of experience and prudent administrators of funds.

THE FAMINE IN INDIA.

The great topic of conversation and of comment in the Indian journals at the present time is, of course, the famine, and the Government of India has been overwhelmed with suggestions as to the best way of dealing with it. Apart from grain riots and the direct effects of starvation, a famine is always followed by a large increase of sickness of various kinds, which manifests itself in the mortality tables for some time afterwards. The Indian officials have had much experience in organising relief works and in devising means for food supplies, and great activity is being displayed in dealing with the threatened famine.

THE PLAGUE IN BOMBAY.

The latest Anglo-Indian papers state that the plague still continues in Bombay spite of the strenuous efforts of the authorities to stamp it out. The centre of the plague still continues to be in the Mandvi district, where there were thirteen deaths during the week ending Nov. 17th.

The *Broad Arrow* states that the death of Surgeon-Major-General Markey has caused a re-arrangement in administrative medical postings. Surgeon-Major-General Nash, who is now home on privilege leave, will it is anticipated be retained for the Netley vacancy. This officer has been in Egypt only three and a half years, and previous to that had ten years at the Medical Division of the War Office. Surgeon-Major-General Cuffe, C.B., will on arrival home from India, take up the appointment of P.M.O., Southern District, at Portsmouth, and Surgeon-Colonel Muir, now abroad will, on his early promotion, proceed to Egypt, vice Nash.

A competitive examination for thirty-five commissions in the Army Medical Staff will be held on Feb. 5th next and following days.

Correspondence.

"Audi alteram partem."

HOSPITAL ABUSE AT LIVERPOOL.

To the Editors of THE LANCET.

SIRS,—My attention has been called to an article in THE LANCET of Nov. 21st in reference to the Eye and Ear Hospitals of Liverpool, and as your Special Commissioner has made several statements concerning St. Paul's Eye and Ear Hospital which are incorrect I shall be obliged if you will put before your readers the facts of the case. In one particular your Commissioner is correct. St. Paul's Eye and Ear Hospital does owe its initiation to the action of a medical man, but he ought to have added to his statement, "like all other hospitals in the city." Prior to the formation of St. Paul's Eye and Ear Hospital the surgeon alluded to never had any communication or negotiations with the Eye and Ear Infirmary as to joining their staff. It is true he was doing a good work amongst the poor in Liverpool in a private way. St. Paul's Eye and Ear Hospital was formally constituted twenty-four years ago, after a public meeting which was held in the town hall, presided over by the mayor and attended by many of the leading citizens, who resolved upon the desirability of its formation. It only commenced work immediately after the Hospital Sunday Fund was instituted. In 1876, four years after its inauguration, it received a grant from that fund, thus early being recognised as one of the public

charities of the town. Yet from your Commissioner's statement it might be inferred that it had only recently been placed on the Hospital Sunday Fund list. The Eye and Ear Infirmary and St. Paul's Eye and Ear Hospital do not compete fiercely with one another as stated. The committee of our hospital have no desire to draw patients from the other institution. Indeed, we have so much difficulty in dealing with the numbers now attending and have at present so little available space that we should rather be relieved than jealous at the attendance of some of them elsewhere. Those who come to us, I imagine, do so mainly because St. Paul's Eye and Ear Hospital is more convenient to their homes than the other infirmary, since it is situate in the middle of the line of docks, and therefore also in the centre of the labouring population on both sides of the river.

Surely it is rather late in the day to question the desirability of a hospital which, after less than twenty-five years existence, has a yearly average of some 6000 patients, of whom, owing to the high average of bad cases, 1100 or more have to be admitted as in-patients. As to the abuses of hospitals referred to there will always be a class of people who will endeavour to pass as hospital patients when they have absolutely no title to charity, but our matron and other officers have strict instructions to make full inquiries from every patient and refuse admission to any person whose poverty does not warrant his receipt of charity and thus check any abuse to the utmost of our power.

Referring to your Commissioner's statement as to our intention to build new premises, our doing so was suggested from several outside quarters at the time attention was drawn to the hospital in consequence of a disastrous fire in February last. Inasmuch as the present building is wholly unsuitable for the large work carried on there the suggestion was welcomed by us, but we cannot lay claim to the credit of the idea. Many of the remarks and deductions of your Commissioner I fear I cannot agree with, but it is neither my province nor desire to express an opinion upon these. I simply wish to correct his statements where inaccurate.

I am, Sirs, yours faithfully,

E. W. CROSBIE OATES,

Hon. Secretary and Treasurer of St. Paul's
Liverpool, Dec. 2nd, 1896. Eye and Ear Hospital.

* * We prefer our Commissioner's reading of the facts to those of our correspondent, and do not admit that our article contained any inaccuracy.—ED. L.

To the Editors of THE LANCET.

SIRS,—Upon the general principle that the multiplication of special, or, indeed, any, hospitals is an evil most of your readers will, I think, be in accord with your Liverpool correspondent in his remarks on the subject of the new Southport Eye and Ear Hospital in THE LANCET of the 5th inst. Of this institution or of hospital affairs at Southport I neither know nor wish to write anything; but with your permission I should like to point out one of the causes of the multiplication of hospitals in the provinces is, in my opinion, the practice that is springing up in one or two towns of treating the old hospitals as close corporations and *only* electing to the honorary staff ex-house surgeons and ex-house physicians, very often when these gentlemen have only just ceased their paid connexion with the institution and have no established position in the town—even if they are opposed by practitioners of established position and high repute. This state of affairs is especially growing up where the election of medical officers has been taken out of the hands of the general body of subscribers and been vested in the hands of the Board of Management, on which board the honorary staff often hold the balance of votes. That such a practice is not in the best interest of our medical charities, or likely to tend to check the growth of new hospitals, or to retain for the old ones the respect and sympathy of the general body of local practitioners, must, I think, be apparent.

I am, Sirs, yours faithfully,

A NORTHERN HOSPITAL HONORARY
MEDICAL OFFICER.

Dec. 7th, 1896.

COLOUR-TESTS AND THE BOARD OF TRADE.

To the Editors of THE LANCET.

SIRS,—May I again draw the attention of the profession to the unsatisfactory character of the colour-tests used by the Board of Trade and the necessity for employing properly

qualified examiners? It will be noticed in the report of the Board of Trade that a little over one-fifth of those rejected appealed, and of this number the enormous percentage of 38 $\frac{2}{3}$ passed. A test that rejects over 38 per cent. wrongly needs no comment from me. One cannot help thinking that if those in authority could feel personally some of the misery inflicted on a most deserving class of men they would adopt proper tests and see that the examiners they employed knew the rudiments of the subject in which they were examining. In this enlightened nineteenth century it is a matter of wonder to any thinking man that such things can exist. Space will not permit me to give the objections to these tests here. Anyone who is interested in the subject will find them in full in my book on "Colour-Blindness" in the International Scientific Series. I will conclude with the following extract from the report of the Board of Trade:—A sailor was examined on June 9th, 1894, by the old tests and failed. He made the following errors as to coloured lights. He designated pink as green, green as neutral or blue, and bottle-green as salmon. He was examined again on July 7th, 1894, and he again failed. He called pink green and green neutral. *He has since been specially re-examined and passed.* Could a normal-sighted person, after four and a half years' experience at sea, mistake pink for green, green for neutral, and bottle-green for salmon?

I am, Sirs, yours faithfully,

Hendon, N.W., Dec. 7th, 1896.

F. W. EDRIDGE-GREEN.

"HYPOTHESES AS TO THE LIFE-HISTORY OF THE MALARIAL PARASITE OUTSIDE THE HUMAN BODY."

To the Editors of THE LANCET.

SIRS,—The English-speaking section of the profession is much indebted to Dr. Bignami for his excellent summary of modern theories on the extra-corporeal phase of the malaria parasite¹ I myself am particularly obliged to him for his able criticism of my own views on this subject. Emanating from so eminent an authority this criticism presumably includes everything of importance adducible against these views. Though not altogether favourable the remarks have strengthened rather than weakened my convictions as to the special rôle I attribute to the mosquito in the malaria drama. I can imagine, however, that they have had a contrary effect on others. I would like, therefore, to traverse certain statements and arguments adduced by Bignami in his valuable paper, in the hope of inducing him to modify one or two of his statements which, as they stand at present, are at variance with what I believe are the facts, and are calculated to mislead those of your readers who may not have had the opportunity of making themselves practically acquainted with the phenomena discussed.

1. Following the example of many others Bignami compares the malaria flagellum and its movements to the filaments emitted by scorched blood corpuscles. The comparison is highly misleading. Anyone who has seen and compared these two things must at once be struck by their essential difference. The malaria flagellum is long, definite in size, uniform in thickness with the exception of certain bulbous swellings, is capable of independent existence, and moves so rapidly both when free and when attached that the eye can hardly follow it; the filaments emitted from scorched blood corpuscles are much shorter, irregular in size and form, exhibit merely a feeble to-and-fro waving motion, remain attached to the corpuscle, and do not travel through the blood. The malaria flagellum might be likened to a snake rushing rapidly through the grass, the movements of the other to the waving of a piece of weed attached to a stone in a slowly running stream.

2. I do not, as Bignami represents, say that movement is a proof of life; I merely say that movement is one of the evidences of life. But I do give it to be inferred that complex movements of protoplasm, such as the malaria flagellum exhibits, amount to a proof of life. I point to (a) the spirillum-like motion of the flagellum which leads to locomotion; (b) the rapid, vibrating, tetanic-like movement; (c) the coiling-up movement; (d) the fact that the flagellum can bend and buckle up the blood corpuscles; (e) the fact that it has been seen to attack leucocytes; and (f) the fact

¹ THE LANCET, Nov. 14th and 21st, 1896.