Tyne. No death from small-pox was registered in any of the twenty-eight great towns. No case of this disease was under treatment at the end of the week in any of the Metropolitan Asylum Hospitals, and only 2 in the Highgate Small-pox Hospital. The number of scarlet-fever patients in the Metropolitan Asylum and London Fever Hospitals at the end of the week was 1594, while in the preceding twenty-five weeks the numbers had steadily increased from 559 to 1667; 115 cases were admitted to these hospitals during the week, against 154 and 144 in the preceding two weeks. The deaths referred to diseases of the respiratory organs, which had increased in the preceding eight weeks from 281 to 552, declined again last week to 518, but exceeded the corrected average by 16. The causes of 83, or 1.9 per cent., of the deaths in the twenty-eight towns last week were not certified either by a registered medical practitioner or by a coroner. All the causes of death were duly certified in Newcastle-upon-Tyne, Nottingham, Oldham, Portsmouth, and in six other smaller towns; the largest proportions of uncertified deaths were registered in Liverpool, Cardiff, and Halifax.

HEALTH OF SCOTCH TOWNS.

The annual rate of mortality in the eight Scotch towns, which had been 23.9 and 23.6 per 1000 in the preceding two weeks, rose to 26.1 in the week ending Dec. 21st; this rate exceeded by 2.6 that which prevailed during the same week in the twenty-eight large English towns. The rates in the Scotch towns last week ranged from 12.0 and 12.3 in Greenock and Paisley to 26.1 in Edinburgh, 26.4 in Dundee, and 29.9 in Glasgow. The 667 deaths in the eight towns showed an increase of 63 upon the number in the previous week, and included 27 which were referred to whooping-cough, 26 to measles, 12 to scarlet fever, 9 to diarrhoea, 8 to diphtheria, 6 to "fever," and not one to small-pox; in all, 88 deaths resulted from these principal zymotic diseases, against 67 and 85 in the preceding two weeks. These 88 deaths were equal to an annual rate of 3.3 per 1000, which exceeded by 1.0 the mean rate last week from the same diseases in the twenty-eight English towns. The fatal cases of whooping-cough, which had been 21, 20, and 16 in the preceding three weeks, rose last week to 27, of which 14 occurred in Glasgow, 7 in Edinburgh, and 3 in Dundee. The 26 deaths from measles showed a further increase upon recent weekly numbers, and included 14 in Edinburgh and 11 in Glasgow. The fatal cases of scarlet fever, which had been 13 and 8 in the previous two weeks, rose again last week to 12, of which 7 occurred in Leith and 2 in Perth. The 8 deaths from diphtheria, on the other hand, were fewer by 12 than the number in the previous week, and included 4 in Glasgow and 3 in Edinburgh. The 9 deaths attributed to diarrhoea also showed a decline from recent weekly numbers. Three of the 6 deaths referred to "fever" were returned in Glasgow. The deaths returned from diseases of the respiratory organs in the eight towns, which had been 121, 166, and 167 in the preceding three weeks, further rose last week to 181, and exceeded the number in the corresponding week of last year by 60. The causes of 79, or nearly 12 per cent., of the deaths registered in the eight towns were not certified.

HEALTH OF DUBLIN.

The death-rate in Dublin, which had been 27.8 and 32.2 per 1000 in the preceding two weeks, further rose to 33.9 in the week ending Dec. 21st. During the first twelve weeks of the current quarter the death-rate in the city averaged 26.8 per 1000, the mean rate during the same period being 17.6 in London and 20.1 in Edinburgh. The 229 deaths in Dublin showed a further increase of 11 upon the numbers in recent weeks; they included 5 which were referred to "fever," 5 to measles, 4 to whooping-cough, 4 to diarrhoea, 1 to scarlet fever, and not one either to small-pox or diphtheria. Thus the deaths from these principal zymotic diseases, which had been 26, 21, and 13 in the preceding three weeks, rose again last week to 19; they were equal to an annual rate of 2.8 per 1000, the rate from the same diseases being 2.0 in London and 5.7 in Edinburgh. The 5 deaths from "fever" showed a further decline from the numbers in recent weeks; whereas those from measles, whooping-cough, and diarrhoea were more numerous. The deaths both of infants and of elderly persons showed a further increase upon recent weekly

numbers. Five inquest cases and 8 deaths from violence were registered; and 81, or more than a third, of the deaths occurred in public institutions. The causes of 32, or nearly 14 per cent., of the deaths in the city were not certified.

Correspondence.

"Audi alteram partem."

THE INFLUENZA OF 1847.

To the Editors of THE LANCET.

SIRS,—I observe that influenza is spoken of as an epidemic catarrh, and descriptions of it refer especially to running of the nose and eyes, against which treatment is directed, with the hope of arresting the disease at its onset. Remembering well the epidemic of 1847, I should say that catarrh was by no means a constant symptom, very many persons presenting merely the condition, in a very severe degree, of what is called a feverish cold; and in cases which were fatal by inflammation of the chest-organs there was no initiatory catarrh. Referring to my notes, I find that the first cases which I saw were in November, 1847, in the house of a friend, where a little girl took to her bed with the usual symptoms of pyrexia: hot skin, furred tongue, great prostration, sore-throat, &c. Then all the other children were similarly affected; afterwards the servants, and then the master of the house, who died of acute pleurisy. These cases I thought were gastric fever, but I soon altered my opinion in favour of some specific fever when I found the disease spreading; for other cases soon occurred in the neighbourhood, and in a fortnight afterwards the whole metropolis was involved. The fatal cases were by bronchitis, pneumonia, pleurisy, and pericarditis. The occurrence of the latter was very remarkable, as there was apparently no rheumatic state to account for it. I lost a friend from pleurisy and pericarditis; and a very promising student who had just been examined at the London University died of the same complication. Others of the kind I saw at the hospital, amongst them being the sister of a ward, who, although ailing, had been at her duties in the morning, when, suddenly being seized with a pain at her side denoting an acute pleurisy, she died at night. In none of these cases was there any catarrh. Although the increase of mortality at this time was very great, the percentage of deaths in those attacked was small. It was said that in the epidemic of 1837 half London was attacked, and as regards 1847 I have a note saying it was conjectured that at least three-fourths of the population were affected. The whole of the medical staff at Guy's were in turns attacked, although their illness lasted only a few days, and I remember that on one occasion not a single member came to the hospital to go round the wards or to lecture, so universal was the epidemic. I think it was in 1840 that Henle published his papers suggesting that contagious diseases were due to parasitic life.—I am, Sirs, your obedient servant,

Grosvenor-street, Dec. 21st, 1889.

SAMUEL WILKS.

A SIXPENNY INFIRMARY!

To the Editors of THE LANCET.

SIRS,—Referring to your annotation under this heading, and the extraordinary proposal from one member of the medical staff of the Bradford Infirmary that "every patient in the out-patient department shall pay sixpence per visit for advice and medicine," allow me to say that no such proposal has ever been made, or even mentioned, at any meeting of the medical staff or of the board of management. It is true that the out-patient department is overcrowded, and it has become necessary to do something to check those who are not justified in applying. It has therefore been suggested that an officer should be appointed to inquire into the circumstances of all applicants for treatment. This would shut out many who at present impose upon the charity. It has also been suggested that the weekly wage limit which would entitle persons to gratuitous treatment should be for a married couple 18s. a week, with 2s. additional for each child, and that those families whose incomes are between this—gratis limit—and the present wage