a previous attack of small-pox is not a positive safeguard unless tested by a revaccination. All the evidence accumulated to the present time conclusively proves that vaccination has lost none of its protective power, and we are constantly reminded to our cost that small-pox has lost none of its virulence.

I am, Sir, your obedient servant,
April 4th, 1885. WILLIAM SQUIRE, M.D., F.R.C.P.

DONBAVAN v. MORRISON.

To the Editor of THE LANCET.

SIR,—The above case came on for trial before the judge of the county court, Croydon, on the 31st ult. After all the points on which we relied had been ably put forward I regret to state that the judge, without calling on the defendant's counsel for reply, gave judgment in his favour, giving costs also on the higher scale, alleging as the grounds for his decision that he held that a workhouse and workhouse infirmary were public institutions within the meaning of the 5th section of the Coroners' Witnesses Act, and that the officers of such institutions were not entitled to payment for making post-mortems and attending and giving evidence; thereupon our solicitor applied for leave to appeal, which the judge, after some hesitation, assented to.

This decision, if not upset on appeal, will seriously affect the interests of all workhouse medical officers, who in future will not be paid for such examinations and evidence, and it practically reverses the system that has been followed since the Act came into force, which has been to pay workhouse medical officers for such examinations and evidence.

The trial so far will cause a heavy drain on the very limited income of our Association, and without immediate pecuniary assistance it will be impossible for us to prosecute further proceedings. May I ask, therefore, my professional brethren who are able and willing to at once announce their intention of supporting us by forwarding subscriptions to me.

I am, Sir, yours obediently,
JOSEPH ROGERS,
Chairman of Council, Poor-law Medical Officers' Association.
31, Montague-place, W.C., April 1st, 1885.

"ALLEGED DEATH FROM VACCINATION."

To the Editor of THE LANCET.

SIR,—After reading your article I feel it due to myself, being misunderstood, to say:—1. That I accept, and have for twenty years accepted, the proposition that vaccination modifies small-pox. 2. I do not consider "arm-to-arm vaccination an undesirable method of procedure," except in the case of tuberculous infants. 3. I was called urgently, for the first time, on the 14th ult., to the deceased infant, H. J. Downing Walker, because the child was "in a fit." The difficulty in breathing spoken of in Court by Mrs. Walker was on the 12th ult. Any observations made in Court as to the effect of point vaccination as compared with arm-to-arm vaccination were given only as the result of my own individual experience. Finally, in the certificate, which the superior wisdom of a coroner's jury was pleased to condemn, it was my intention to state, according to my light, the prominent medical facts preceding death, and that being so, the certificate, when written, was a "correct statement" of the opinion of

Your obedient servant,
Regent's-park, N.W., April 6th, 1885. C. C. WHITEFOORD.

AN EASY METHOD OF CURE FOR SALIVARY FISTULA.

To the Editor of THE LANCET.

SIR,—The following method does not appear to be mentioned in any of the usual text-books of surgery:—

J. K—, a fish salesman, came to me about the New Year with a fistula of the parotid duct resulting from a former knife wound. The flow of saliva was continuous, but was much aggravated at meals, and when opening oysters in the course of his business. Applications of nitrate of silver, pure nitric acid and a hot wire were tried without success,

as all communication with the mouth seemed shut off. On Jan. 20th two needles threaded on one fairly strong piece of silk were successively passed through the fistula into the mouth on a rather lower level than the external fistulous orifice, piercing the buccal mucous membrane about a quarter of an inch apart. The needles were then removed, and the threads firmly tied and cut off short, thus leaving a ligature enclosing part of the internal wall of the duct, a portion of mucous membrane, and the intervening structures, but in no way preventing the healing of the external wound, as would be done by the seton usually recommended. The edges of the fistula were touched with pure nitric acid on Jan. 22nd, and some swelling of the side of the face ensued. On Jan. 25th a scab had formed outside, and nearly all the saliva found its way into the mouth. This scab came off a few days later, leaving the skin soundly healed, and the ligature inside cut its way through the mucous membrane on Feb. 11th, since which time the man has experienced nothing differing from the normal condition.

I am, Sir, yours faithfully,
Rochdale, April 6th, 1885. ALFRED HODGSON, M.B. Aber.

IMPROVED FRACTURE BOX.

To the Editor of THE LANCET.

SIR,—I wish to bring under your notice a new invention, which I presume will be of great advantage to surgeons in the treatment of fractures of the leg.

It is an improved fracture box, suitable for any fracture of the leg, simple or compound, or disease of the ankle-joint requiring rest in position. It consists of three pieces: bottom and two sides. The bottom is pierced with drainage holes, and has a hinged foot-plate attached. This foot-plate is further connected to the foot end of the bottom splint by a regulating screw. This screw is a "fine thread" screwed socket rotating on a screwed pin. This screw regulates the angle at which the foot-plate is required to be kept. One of the side splints is plain; the other is in two parts, kept together by a brass slide having a longitudinal slot of the diameter of the thumb-screws, on which it runs, and which serve to retain it in position. This is the "interrupted" splint of the fracture box. It can be made a plain splint if required, or can be fixed at any divergence by the thumb-screws. One of these interrupted splints is only required, as both side splints are reversible, and will fit either side of the apparatus. The usual straps and buckles tie it together. The accompanying woodcut will assist in giving a clear idea of the nature and construction of the apparatus.

I remain, Sir, yours sincerely,

JAMES J. FOLEY,
Riversdale, Midleton, co. Cork, Medical Officer, Midleton Hospital.
April, 1885.

NEW WORKHOUSE INFIRMARY AT WEST BROMWICH.—The *Building News* gives a lithograph of the New Infirmary, West Bromwich. Accommodation is provided for 224 patients. The arrangement of the wards is on the pavilion system. The contagious and infectious wards are separated from the buildings, and so arranged that each ward may be isolated. None of the buildings exceed two storeys. The staircases are of stone, and numerous hydrants have been placed in convenient positions. The cost of the infirmary has been about £12,500.