and a few were fatal. The diarrhoea was associated with a temperature of about 103° F. on the first day and thus differed from the ordinary summer diarrhoea. I am informed that several such cases occurred among the inmates of Barming Asylum, which received its water-supply entirely from the Farleigh source. Four of these cases died from colitis as verified by post-mortem examination. Were not these people suffering the direct effects of the initial poison which they purged away, thus rendering them less likely to develop the specific form of typhoid fever?

I am, Sirs, your obedient servant,
Maidstone, Oct. 10th, 1897. CHARLES E. HOAR, M.D. Lond.

RESPONSIBILITY FOR THE INSANITARY CONDITION OF HOUSES.

To the Editors of THE LANCET.

SIRS,—In THE LANCET of Oct. 2nd, p. 871, you refer to a decision by the Recorder of Belfast that if a citizen takes an unfurnished house which is not in a sanitary condition “he must examine it” and “must at his own expense make it right. Neither the landlord nor the agent was bound to do so.” May I venture to observe that this decision apparently requires qualification having regard to the Housing of the Working Classes Act, 1890, Sec. 75, which reads as follows: “In any contract made after the fourteenth day of August, one thousand eight hundred and eighty-five, for letting for habitation by persons of the working classes a house or part of a house *there shall be implied a condition that the house is at the commencement of the holding in all respects reasonably fit for human habitation.* In this section the expression ‘letting for habitation by persons of the working classes’ means the letting for habitation of a house or part of a house at a rent not exceeding in England the sum named as the limit for the composition of rates by Section 3 of the Poor Rate Assessment and Collection Act, 1869, and in Scotland or Ireland four pounds.”

The annual rent limit referred to in the Poor Rate, &c., Act, 1869, is £20 (or 7s. 8d. per week) in London; £13 (or 5s. per week) in Liverpool; £10 (or 3s. 10d. per week) in Manchester and Birmingham; and £8 (say, 3s. 1d. per week) elsewhere.—I am, Sirs, yours faithfully,

CHARLES PORTER, M.D. Irel., D.P.H. Camb.,
Medical Officer of Health.
Health Office, Stockport, Oct. 12th, 1897.

THE IMMEDIATE REDUCTION OF ANGULAR CURVATURE OF THE SPINE.

To the Editors of THE LANCET.

SIRS,—A paragraph in THE LANCET of Oct. 9th, p. 931, reads to the effect that the above-named operation was performed for the first time in London on Sept. 15th of this year. May I venture to point out that this is incorrect? On Aug. 19th, at the North-West London Hospital, I reduced under anæsthesia an angular curve in the upper dorsal region of a girl aged two and a half years. The deformity readily gave way (with a slight crack) to moderate pressure, and the spine was easily maintained in an over-corrected position whilst a plaster case, which the patient still wears, was being applied from the head to the pelvis. Since the operation the general health of the patient has greatly improved.

I feel sure that Mr. Tubby would not regard an operation as “successful” until there had been time for the ultimate result of the operation to have been reached, and in this particular measure this cannot be known before many months have elapsed. Since this mode of treatment is still on its trial it is important that it should be used only in really suitable cases. Rapidly progressive cases with abscess formation or fever on the one hand and on the other old healed and ankylosed cases are in my opinion unsuitable, and if they are treated by this method discredit is likely to be thrown upon what promises to be a very valuable help in the treatment of tuberculous kyphosis.

I am, Sirs, yours faithfully,
J. JACKSON CLARKE.

Old Cavendish-street, W., Oct. 9th, 1897.

“MEDICAL EVIDENCE AT CORONERS’ INQUESTS.”

To the Editors of THE LANCET.

SIRS,—I have read the annotation on the above subject in THE LANCET of Oct. 9th, and there are one or two points of general interest which arise out of it from a medical jurisprudence point of view. In the case of a man found dead it is quite common for the police or friends to call the medical man who lives nearest the spot. The medical man so called may be quite the most suitable person to speak as to the cause of death and as to the numerous other medico-legal points that may arise; but, on the other hand, he may not. He may be a man who, however good at his profession, knows nothing as to the nature of evidence; he may be incapable of distinguishing properly between the facts that he observes and the inferences that he draws from these facts. He may, too, from want of experience in the witness-box, not be able to answer questions in such a way as to make his meaning clear.

The medical man first called to the deceased may then not be the right man in the right place; it is a matter of chance whether he is or not. Now from your remarks it would seem to be implied that the theories of the first medical man were to be accepted without question, and that a second medical man who disagrees with those theories should not have given evidence. In the case in question you say the second medical man who was called was not present at the post-mortem examination. But what of that? He was called, not to controvert any facts observed by the other medical man—these he accepted—but to speak as to the deductions that he drew from those facts. He was there as an expert witness—a neither unusual nor unprofessional position for a medical man. The coroner in this case, when perfectly relevant questions were being put to the first medical witness by the solicitor who represented the friends of the deceased, said: “I will not allow cross-examination in the court.” That surely would be a strange court of inquiry when witnesses could give their evidence without challenge and without cross-examination. It is to be noticed, however, that although the coroner in this inquest protected the medical witness from uncomfortable questions, yet he allowed the superintendent of police to cross-examine other witnesses. You say the thanks of the medical profession are due to the coroner for the way he conducted this inquiry. Why? Does the medical profession as a body put itself so incompetent in the witness-box that it wants to be saved from being cross-examined by a layman upon matters which the profession is supposed to be specially competent to deal with? If so, it does not say much for the confidence of the profession in their own capacity. If this is to be the rule it would follow that the most junior member of the profession just qualified might give in his evidence the most startling theories and he is not to be cross-examined as to them—that is to say, the accuracy and value of his evidence is not to be tested. How does it make for truth that in a court of justice the first statement of an expert witness is to be accepted without undergoing the best test of all evidence—viz., cross-examination?

I think the medical profession as a body have too much self-respect and too much desire for the truth to wish to escape from those tests to which all witnesses in every other profession are subject when they give evidence in court. If any expert medical witness gives evidence in the Queen’s Bench he is liable to cross-examination. Why, then, in a coroner’s court should this be considered improper, and why should the medical profession thank the coroner?

I am, Sirs, yours faithfully,
Bath, Oct. 12th, 1897. PRESTON KING, M.D. Cantab.

To the Editors of THE LANCET.

SIRS,—I have read your remarks in this case and feel sure you cannot have been made fully acquainted with the facts of the case. I send you the papers containing the reports of the inquest. You say that without my having seen the post-mortem examination I gave my evidence on generalities. I did not attend the post-mortem examination, but I fully and entirely accepted Dr. Heathcote’s report as to this, and my evidence was based upon that and upon the other proved