sixty-one beds and four cots, and when the new block is completed the number of beds will be ninety-five at least.

I am, Sirs, yours faithfully,

WALTER W. SINCLAIR

Senior House Surgeon.

Birmingham and Midland Eye Hospital, Aug. 19th, 1894.

IRELAND AS A FIELD FOR TOURISTS.

To the Editors of THE LANCET.

SIRS,—Adopting the hackneyed phrase, "Justice to Ireland," allow me to ask if you will be so good as to give space in your valued journal for some notes on other routes to Ireland and through that island besides that you have named in THE LANCET of Aug. 4th, 1894. The Stranraer route that you mentioned to the north of Ireland is a speedy and convenient one for Scotland, but for Great Britain generally the Holyhead to Kingstown or to Dublin routes offer the great advantages of admirable rail connexions with all parts of England and Wales, coupled with an unsurpassed sea service. Passengers can obtain return or tourist tickets from the English, Scotch, and Welsh railway stations at moderate rates.

When parties travel together the rates are greatly reduced. Tourist tickets as well as hotel coupons can be supplied also by Messrs. Cook and Son, Grafton-street, Dublin, with full information about the various tours and places of interest in Ireland. Two or more days can be very well spent in Dublin, and having seen its various attractions—which, in the opinion of a "good judge" (Halliburton), the "Sam Slick" of a past generation, are many—the scenery of Howth, the county of Wicklow, &c. will also well repay the visitor.

The museums of Dublin contain many unique and valuable works of ancient, Celtic, and other origin. The old cathedrals and churches are very interesting. The vaults of St. Michan's Church have the remarkable property of preserving the bodies of those placed there; it occurs to me that property may be owing to the presence of carbonic acid combined with a dry soil. Certain it is, as I am informed by Professor Tichborne, that if by chance damp gets access to any of the vaults the bodies in those at once decay. The recently applied use of carbonic acid in trade has led me to think that possibly this may be the agent to which the St. Michan's vaults owe their singular properties. It is to be hoped that Professor Tichborne will direct his attention to the elucidation of this matter. To many of your readers who, at this season, are more intent on a tour in "the open" than to exploring museums, libraries of very rare old books, or cathedrals and tombs of the undecayed dead, I would address a few further remarks. There is no country within a much longer distance of England where there is so much variety of race, of scenery, of scope for sport on land, river, lake, or the ocean itself as the West of Ireland. There is a useful modern guide published by the Midland Great Western Railway of Ireland, which gives in a small space the requisite information for a tour in "Connemara and the West of Ireland." Particulars in full of the various routes to the west of Ireland and the south-west, with new lines of rail, car, and steamer communication, embracing the rivers Shannon, Lee, and Blackwater, celebrated by Spencer, Mr. and Mrs. Hall, Prout, Thackeray, and many other writers of ancient and modern times that are familiar to most persons are given in the tourist programme published by Messrs. Browne and Nolan for the Midland Great Western Railway of Ireland. Members of the medical profession who have a large experience of Continental tours agree that there many drawbacks exist, especially of a dietetic and sanitary nature, which the tourist in Ireland does not encounter.

The wonderful cliffs of Achill, represented so ably by D. Adams, as seen in this year's exhibition in Burlington House, and its unrivalled strands, so well described in the *Pall Mall Gazette* of Dec. 7th, 1878, with new routes through the wonderful scenery of West Kerry, are now easily accessible by the newly opened routes of railway from Westport to Newport in Mayo, and from Killorglin to Cahirciveen and Valentia in Kerry.

The archaeologist who may have leisure to examine the seven churches in the romantic Vale of Glendalough and the ice markings of Glenmalur in Wicklow, and the ruins of Mellifont, Monasterboice, &c. in Louth and Meath, the palace, fort, prison, cathedral, and round tower of the Rock of Cashel, with numerous Druidical remains and other ruins throughout Ireland, will be amply repaid for his trouble.

I trust that, when the watery influences of the present time of year so commonly ascribed to St. Swithin shall have passed away, many may be induced to visit Ireland in the fine weather which so commonly sets in about the end of August, when, too, the Dublin Show will be held.¹ The cooler climate of Ireland, with remarkably little variation of temperature in general, has attractions which are fully appreciated by our Transatlantic cousins. This summer the (Fahrenheit) thermometer in the shade in Dublin has scarcely reached 75° or fallen below 44° on the coldest night. Your kind insertion of these disjointed notes will oblige others as well as,

Yours faithfully,

C. F. MOORE, M.D.

Aug. 20th, 1894.

"SOME COMMON SOURCES OF ERROR IN TESTING FOR SUGAR IN URINE."

To the Editors of THE LANCET.

SIRS,—If Dr. Pavy had carefully read my last letter to you he surely would not have made the statement that I "simply reassert" the absence of sugar from normal urine on the strength of my son's failure to find any reducing agent after the separation of uric acid and kreatinine by his mercuric chloride process. Every competent reader of my letter must see that if the statements of Dr. Pavy and Mr. Allen are "unrefuted," they are, at any rate, shown to be inconsistent with the results of carefully conducted experiments—experiments suggested by and confirmatory of my son's accurate observations, but performed, as I have clearly stated, by myself; such experiments, too, as will, without doubt, be repeated with like results by others. Urinary analysis has been much advanced since Dr. Pavy maintained that three-fourths of the reducing action of normal urine upon cupric oxide were due to sugar therein contained.

I am, Sirs, yours faithfully,

Savile-row, Aug. 20th, 1894.

GEORGE JOHNSON.

THE PROVISIONS OF THE PUBLIC HEALTH ACT.

To the Editors of THE LANCET.

SIRS,—On June 3rd I was called to attend James Raybould at his house at Pensnett, near Dudley. He was suffering from what I suspected would turn out to be small-pox. On the 4th the disease declared itself to be such, and I duly notified it to the medical officer of health of the rural sanitary authority, the Stourbridge Board of Guardians. The patient was living in a semi-detached house with three rooms downstairs and two upstairs. There was only his wife living in the house with their child of three or four years of age. The child was taken away at once, and the wife's mother, who lived near and was in the habit of coming to the house to help with the housework, was stopped from coming. The patient's wife had already had small-pox, and a nurse was sent to the house to nurse the patient; she was revaccinated first. The doors of the house were kept locked, and no one was permitted to go in or out. On the 8th the sanitary inspector went to the house and said he had come to take Mr. Raybould to the infectious hospital, which is situated at Wordsley, next to the workhouse. They refused to let him go, and Mrs. Raybould has been prosecuted by the authority for obstructing the officer in the execution of the magistrate's order with which he was armed under Section 124 of the Public Health Act, 1875. No application had been made to remove Mr. Raybould before the order was obtained, as his wife had told the sanitary officer that they were not willing for him to be removed. Now, before this order can be granted by a magistrate a certificate must be given by a legally qualified medical practitioner to the effect that the patient is without proper lodging or accommodation. The form of certificate is published by Knight and Co. and is in general use by sanitary authorities throughout the country. The form recites that there should be a personal examination of the patient and his surroundings. In this case the certificate was given by the medical officer of health, who never saw the patient and never went to the house. On this certificate the order was granted and the attempt made to remove him. You will see by the enclosed cutting from the *Birmingham Daily Post* of Aug. 21st an account of the adjourned hearing of the summons. It was attempted to question the validity of the magistrate's order on the ground that it was obtained by an inaccurate medical certificate; but it was held by the magistrates

¹ Commencing Aug. 28th.

that this question could not be raised and rested their decision on a case, *Booker v. Taylor*, tried in 1882 and reported in the *Times*. The magistrates have granted a case for appeal on the point as to whether the validity of the order can be questioned or not. The only thing that then remained for the magistrates to decide was whether there had been any obstruction or not, and as you will see by the enclosed newspaper cutting they decided that there was, and fined the defendant half-a-crown and costs. If any two persons, a "sanitary inspector and a surgeon," were to combine together to get any man, who might for the time being be inconvenient, out of the way, it could be easily done by making a notification of a supposed infectious disease and filling up a medical certificate, and so getting a magistrate's order. The unfortunate person would be quite unable to take any proceedings, as in this case, without going to the Court of Appeal. For this reason I am taking up the case on public grounds, and not being a wealthy man I appeal to the general public for assistance to carry the case to a higher court. The notice of appeal has been given as prescribed by law. It must be done within seven days. If any individual interested in this who may wish to subscribe to the cost of appeal should send their subscription to the manager of the Brierley Hill Branch of the London and Midland Bank, Limited.

I am, Sirs, your obedient servant.

Brierley Hill, Aug. 21st, 1894. EDWARD SAINTHILL PEARSE.

HEMERALOPIA.

To the Editors of THE LANCET.

SIRS,—The mention of "the epidemic of hemeralopia in Asia Minor" which appears in THE LANCET of June 2nd, received by the last mail, gives me an opportunity to ask a question of experts in the pathology of the eye. In the paragraph it is stated that "some connexion appeared to exist between the hemeralopia and scurvy"; a little later snow-blindness is suggested as a possible complication. I want, if you will kindly permit me, to ask the experts the pathology of these conditions. Hemeralopia is one of the earliest symptoms of scurvy. It was so found by Staff-Surgeon (now Deputy-Inspector-General) Walter Reid in the *Wolverene* twenty years ago on passage round the Cape (in that cruise, too, it was the boys, sixteen to seventeen years, who were first affected), and it used to be quite common amongst the Canadian *voyageurs*, who suffered dreadfully from scurvy.¹ I have always been under the impression that this was because the hæmorrhages of scurvy began from the delicate vessels of the retina. There being, in consequence of these hæmorrhages, less working surface of retina, one can easily understand that a dim light would be less easily perceived. But snow-blindness is quite another thing, an amblyopia which, while it lasts, is continuous; and it is alleged by Staff- (now Fleet-) Surgeon R. W. Coppinger² to be due to a retinitis, and remarkably similar to the condition produced by too close observation of the electric arc light. But does anyone know if night-blindness or scurvy is associated with retinal hæmorrhages? and will anyone kindly tell? I have, unfortunately, seen no case of night-blindness, nor any of advanced scurvy; and in a sloop on the East Coast of Africa one has available no large library of reference. Thanking you for giving me the chance to ask, and (in advance) any surgeon who may answer me for his kindness,

I am, Sirs, yours faithfully,

H.M.S. *Swallow*, off Pemba, July 18th, 1894.

W. E. HOME.

"THE NEW MEDICAL DEFENCE ASSOCIATION, LIMITED."

To the Editors of THE LANCET.

SIRS,—The almost paternal interest which Mr. Chaldecott, of the Old Kent-road, and a few of his friends take in the Medical Defence Union would be unaccountable if one did not remember that they are the promoters of a new Medical Aid Association, and that by throwing or attempting to throw discredit upon an older society they can bring the glories of the new Medical Defence Association to the fore. My colleagues are away, and I do not propose to burden your readers with matters which affect and need only interest the members of the union and which the members themselves

will have a full opportunity of discussing at the adjourned special meeting about to be called after the vacation. I may, however, state that the union has not been put to a single farthing of costs in the matter of *Bloxham v. Collie* or *Collie v. Bloxham*; the only costs incurred have been in defending the action brought against the union by Mr. Bloxham. The council is not infallible, but is composed of men who give a large amount of time to their duties, and if the new societies for the defence of the profession which are springing up around us make as few mistakes as we have done they will be fortunate. We as council have been vilified as if we were fraudulent directors of a company. It is, perhaps, not realised that we have exactly the same stake in the union as its members, and that we are *not* "making a living" out of its funds and by giving valuable time to the affairs of the union are saving the members a considerable expense yearly. A little more professional and a little less of the "business" element are required in the discussion of matters like these, and it is scarcely likely that honourable men will continue to give their services if their conduct is so called to account.

I am, Sirs, yours faithfully,

A. GEORGE BATEMAN.

Longridge-road, S.W., Aug. 20th, 1894.

* * This correspondence must now cease.—ED. L.

"A CASE OF ABNORMAL AND EXTENSIVE PIGMENTATION IN AN INFANT."

To the Editors of THE LANCET.

SIRS,—The case of abnormal pigmentation in an infant recorded by Dr. Moynan in THE LANCET of July 7th is of great interest, but not, I think, unique. Two years ago I was summoned by a midwife to see a newly born child, as there was "something wrong with it." I found an infant which, from a casual inspection of the face, hands, and feet as seen uncovered, I judged to be a light-coloured mulatto. But the parents were present and they were both quite black. I had the child stripped, and then saw that it seemed to be wearing a long and high pair of bathing drawers of a black colour. They reached from above the umbilicus to about two inches above the knees. Their blackness was intense, and much deeper than I have ever seen it in any negro. The line of demarcation was quite defined. The child was perfectly healthy. I put it down as a case of abnormal distribution of pigment. The colouring matter which ought to have been supplied to the extremities was concentrated in the middle of the child's body. I arranged to have a photograph taken, but the parents removed the infant to Trinidad a few days afterwards and there it presently died.

I am, Sirs, your obedient servant,

JOHN P. TULLOCH, M.A., M.D. Ed.

Tobago, B.W.I., Aug. 8th, 1894.

"BIOLOGICAL STATION ON THE NORTH SEA."

To the Editors of THE LANCET.

SIRS,—In an annotation with the above title which appeared in THE LANCET of July 14th there is an account of the newly opened biological station at Dröbak, near Christiania. There is on the Norwegian coast another, and larger, biological station, belonging to the Natural History Museum at Bergen. The building is situated on an arm of the Bergen Fjord and is a wooden structure two storeys high. The ground-floor contains a large hall surrounded by aquaria (open to the public on payment of a small fee), a machine-room, and a large room in which hatching apparatus is placed and where dredges and similar implements are kept. The first floor is set apart for scientific work and consists of two large rooms, the smaller of which is used for physiological research requiring the use of chemical apparatus. The larger room contains a very large low sink, above which there are shelves for the small experimental aquaria. Above the shelves there are pipes from the sea-water reservoir, with numerous taps, thus supplying flowing water. These rooms are provided with ten work-tables, used by foreign as well as by Norwegian students. The monthly cost for the use of one table is 25 kronen (about 25s.), including the necessary reagents, the free use of all the apparatus of the station, of the library, and of the collections in the museum. Boats and men for private exploration are

¹ Fagge's *Medicine*, third edition, vol. ii., p. 653.

² Blue Book, Navy Health, 1884.