sponding periods of 1881 and 1882. The lowest rates in these towns last week were 12.9 in Huddersfield, 13.0 in Bristol, 13.2 in Bradford, and 13.9 in Plymouth. The rates ranged upwards in the other towns to 23.8 in Manchester, 24.2 in Wolverhampton, 27.6 in Newcastle-upon-Tyne, and 30.2 in Preston. The deaths referred to the principal zymotic diseases in the twenty-eight towns declined again last week to 618; they included 273 from diarrhoea, 115 from scarlet fever, 88 from measles, 59 from "fever" (principally enteric), 44 from whooping-cough, 30 from diphtheria, and 9 from small-pox. The lowest death-rates from these zymotic diseases were recorded last week in Bristol and Blackburn, and the highest in Preston and Newcastle-upon-Tyne. The deaths attributed to diarrhoea showed a decline from the number in the previous week; the disease was nearly three times as fatal in the provincial towns as in London, and caused the highest death-rates in Salford, Leicester, Newcastle-upon-Tyne, and Preston. Scarlet fever showed the largest proportional fatality in Birmingham, Leeds, and Sheffield; measles in Brighton and Newcastle-upon-Tyne; and "fever" in Leeds. The 30 deaths from diphtheria in the twenty-eight towns included 19 in London, 2 in Leeds, 2 in Sheffield, and 2 in Cardiff. Small-pox caused 6 deaths in Birmingham, 2 in Liverpool, and 1 in London. The number of small-pox patients in the metropolitan asylum hospitals, which had been 56 and 50 on the two preceding Saturdays, was 52 at the end of last week, 8 new cases having been admitted during the week. The Highgate Small-pox Hospital contained 4 patients on Saturday last, 3 new cases having been admitted during the week. The deaths referred to diseases of the respiratory organs in London, which had been 177 and 178 in the two preceding weeks, fell to 160 last week, and were 4 below the corrected average. The causes of 57, or only 1.8 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 Brighton, Portsmouth, and Norwich. The proportions of uncertified deaths were largest in Wolverhampton, Bolton, Halifax, and Sunderland.

HEALTH OF SCOTCH TOWNS.

The annual rate of mortality in the eight Scotch towns, which had been equal to 19.7 and 20.2 per 1000 in the two preceding weeks, further rose to 21.1 in the week ending the 25th ult.; this rate was 2.0 above the mean rate during the week in the twenty-eight English towns. The rates in the Scotch towns ranged from 11.9 and 15.6 in Perth and Edinburgh, to 26.8 and 30.7 in Greenock and Paisley. The deaths in the eight towns included 81 which were referred to the principal zymotic diseases, showing a further decline from recent weekly numbers; 34 resulted from diarrhoea, 15 from scarlet fever, 11 from whooping-cough, 9 from diphtheria, 7 from measles, 5 from "fever," and not one from small-pox. These 81 deaths were equal to an annual rate of 3.4 per 1000, which was 0.3 below the rate from the same diseases in the large English towns. The highest death-rates from these diseases in the Scotch towns last week occurred in Glasgow and Paisley. The 34 deaths attributed to diarrhoea showed a further decline from the numbers in recent weeks, and were no fewer than 47 below the number in the corresponding week of last year; 19 occurred in Glasgow and 5 in Paisley. The 11 deaths from whooping-cough, of which 8 were returned in Glasgow, corresponded with the number in the previous week. The 15 fatal cases of scarlet fever, however, exceeded the number in any recent week; 12 occurred in Glasgow. The 7 deaths from measles included 4 in Glasgow, and the 5 from "fever" 2 in Edinburgh. The deaths referred to acute diseases of the respiratory organs in the eight towns showed a decline of 5 from the number in the previous week, but exceeded the number in the corresponding week of last year by 7. The causes of 58, or nearly 12 per cent., of the deaths in the eight towns last week were not certified.

HEALTH OF DUBLIN.

The rate of mortality in Dublin, which had been equal to 17.2, 20.9, and 24.9 in the three previous weeks, fell again to 21.2 in the week ending the 25th ult. The mean death-rate in the city during the first eight weeks of the current quarter was equal to 21.5 per 1000, against 20.2 in London and 17.1 in Edinburgh. The 142 deaths in Dublin last week showed a decline of 25 from the number in the

previous week; they included 9 which were referred to diarrhoea, 5 to "fever," 3 to scarlet fever, 2 to whooping-cough, 1 to measles, and not one either to small-pox or diphtheria. Thus 20 deaths resulted from these principal zymotic diseases, against 6, 13, and 17 in the three previous weeks; they were equal to an annual rate of 3.0 per 1000, and corresponded with the rate from the same diseases in London, while in Edinburgh it did not exceed 1.8. The 9 deaths from diarrhoea exceeded the number in any previous week of this year. The deaths referred to "fever" and scarlet fever also showed an increase upon recent weekly numbers. The fatal cases of whooping-cough, however, showed a considerable decline. The deaths of infants showed a decline from those returned in the previous week, while those of elderly persons were fewer than in any previous week of the year. The causes of 22, or more than 15 per cent., of the deaths registered during the week were not certified.

THE SERVICES.

ARMY MEDICAL DEPARTMENT.—Brigade Surgeon Julius Wiles has been granted retired pay, with the honorary rank of Deputy Surgeon-General; Surgeon-Major Alexander Johnston, M.D., has been granted retired pay, with the honorary rank of Brigade Surgeon. The undermentioned Surgeons on probation to be Surgeons:—David Bruce, M.B., Edward Horace Lyden Bell, M.B., John Riordan, M.B., Henry Anthony de Lom, Robert Hammill Firth, George Nelis, Patrick Joseph Gallwey, M.D., Robert Reginald Heber Moore, Patrick James Barry O'Shaughnessy, John Robert Stevenson Robertson, M.B., Alan Edmondson Tate, Charles Edmund Faunce, William Henry Lendrum, M.D., Henry James Wyatt, Henry Charles Gordon, M.B.

ADMIRALTY.—The following appointments have been made:—Staff-Surgeon James Dunlop, to the *Tourmaline*, vice Charles Lyon Ridout, deceased; Fleet Surgeon Richard C. P. Lawrenson, to Malta Dockyard, vice Daniel Finucane, M.D.; Fleet Surgeon John S. Dobbyn, M.D., to the *Hercules*, vice R. Lawrenson; Staff Surgeon Richard A. Mowll, M.D., to the *Inflexible*, vice Henry N. Sedgwick; Surgeon Thomas Nunan, M.D., to the *Inflexible*, vice Matthew Digan; Surgeons F. J. Lea, T. C. Rowland, M.B., E. J. Morley, H. W. Macnamara, J. H. Whelan, M.D., P. W. Bassett-Smith, J. P. J. Coolican, R. W. Doyne, E. R. Disney, J. R. McDonnell, M.D., D. W. Donovan Hamilton Meikle, and Herbert Canton, to the *Duke of Wellington*, additional for service in Haslar Hospital; Fleet Surgeon A. B. Messer, to the Royal Marine Artillery Division, Eastney, vice Adam; Staff Surgeon T. H. Atkinson, to the *Neptune*, vice Messer; Surgeon R. E. Biddulph, M.B., to the *Vigilant*, vice Clibborn; Fleet Surgeon J. P. Courtenay, to the *Agincourt*, vice Cooper.

Correspondence.

"Audi alteram partem."

SEWER VENTILATION.

To the Editor of THE LANCET.

SIR,—The simplest form of drainage is that of a pipe, of sufficient diameter, outside the houses, leading from the sewer to a few feet distance above the roof of the house, into which the watercloset pipes from the house fall; and sewer-gases are prevented from entering the house by traps. The overflow from water cisterns, sinks, baths, and lavatories, being dis severed, open by free ends outside the house over trapped gratings. By this method every house would become a sewer ventilator, and the openings in the roads comparatively unnecessary; but houses are not usually made their own ventilators; and, though ventilation is sometimes supplemented by means of pipes carried up trees or lamp-posts, the erection of a shaft by the side of the house is generally objected to by the occupier.

In dry weather the roads are apt to become additionally noisome from the water in the traps to the gullies being evaporated, and this is especially the case when storm-water is excluded from the sewers, and flushing by means of water carts, &c. has to be constantly done. I think this

difficulty might be got over effectually if every householder would mix a tablespoonful of disinfectant in a pail or two of water, and flush his drains with it daily. By this means extensive dilution would be effected, decomposition arrested, the noxious smells of sewer gases materially obviated, and the sewer rendered wholesome for the public security and for the sewer men who have to enter it frequently. There are 12,000 houses in the Lewisham district alone, and I think it is evident that the general adoption of the above treatment would be most effectual, both in preventing disease and in destroying noxious odours.

I am, Sir, your obedient servant,

F. EACHUS WILKINSON, M.D.,
Medical Officer of Health for Lewisham District.
Sydenham, August 29th, 1883.

"LENGTH OF INCISIONS IN OVARIOTOMY."

To the Editor of THE LANCET.

SIR,—Two points in Mr. Battle's letter require comment. His insinuation that the cases which make up Mr. Owens' list are probably the result of a picking of cases, for the purpose of getting good results, is based on ignorance of the fact that it is quite as impossible to pick out cases for recovery as it is to predict the rainy days of a coming week.

He formulates a question of a not very intelligible kind in the words, "Does practical experience prove that long, firm cicatrices cause any inconvenience to patients after the operation?" It is not the firm cicatrices which cause the trouble, but the loose ones, and they are numerous. Every inch, every fraction of an inch, which a surgeon can spare from his incision will increase the comfort of his patient in after life.

I am, Sir, yours, &c.,

Birmingham, Aug. 27th, 1883.

LAWSON TAIT.

SUDDEN DEATH FROM FRIGHT.

To the Editor of THE LANCET.

SIR,—The following case appears worthy of being placed on record:—

G. E. H.—, aged seven years, the son of a sweep, had been witnessing a fight between two gipsy lads, when, as the contest became exciting, he suddenly fell backwards and was dead in a few moments. I was called in by the police immediately after death, and found the body, which was still warm, lying on its dorsal aspect on a soft patch of grass. The features had a placid expression, and his soot-smearred face exhibited the traces of recent tears. It was stated that there was no one nearer to the boy when he fell than the two belligerents, who were about ten yards' distance.

The history which I elicited was as follows:—The father had been a soldier in India and elsewhere for twenty-one years prior to taking up his present occupation, which he had followed for the last three months only. The mother had died suddenly a year ago, and was the subject of a coroner's inquest; but the cause of her death I have, in vain, tried to discover. The deceased was an only son. His sister, aged four years, seems delicate, and I learn that his half-brother and sister are robust and healthy, and have no neurotic tendency. He was of a remarkably affectionate disposition, and was easily excited by the slightest unusual occurrences. The boy had had his dinner a quarter of an hour previous to death, and had kissed his father before leaving home as usual.

Agreeably to the coroner's order, I made an autopsy forty-eight hours after death. The body was plump, and the external aspect on examination showed no marks of injuries or contusions. Head: The dura mater was not adherent to the brain, neither was there any sign of fractures or effusions of fluid. The brain weighed 42 oz., was well formed, firm, and with convolutions and sulci well marked. The puncta vasculosa were a little more than ordinarily prominent. The several ganglia and ventricles of the brain were normal; minute examination betrayed no rupture of bloodvessels or extravasations. The examination of spine showed no dislocation or other injury in the region of the atlas and dentata or elsewhere. The medulla oblongata and cord were apparently healthy. Chest: The right cavity showed a few old pleuritic ad-

hesions; left pleura and cavity healthy. The lungs were normal, though a little gorged with blood; the pulmonary veins contained some fluid blood; the pericardium was healthy, and its secretion was of the normal colour, quality, and quantity; the right auricle was much distended, almost to bursting, with dark grumous fluid blood; the right ventricle was about one-third full of the same; the superior and inferior cava and hepatic veins were also much distended with dark fluid blood; the left auricle was full, but not so distended as the right; the left ventricle also contained a little fluid blood. The pulmonary veins were filled with fluid blood, and the two left veins terminated by a common opening in the left auricle. The heart's septum was normal, and its valves competent, and there was no evidence of rupture or disease. The liver was normal and healthy, the hepatic veins being filled. The kidneys were normal. The urinary bladder was half filled, and was perfectly healthy. There was no sign of injury to the abdominal walls. The diaphragm, peritoneum, spleen, pancreas, and supra-renal bodies were perfectly healthy and in their normal positions.

I gave my opinion at the inquest that death in this instance was due to strong emotion, the emotional impulse being transmitted from the brain to the cardio-inhibitory centre in the medulla, and thence along the inhibitory fibres of the vagus to the intra-cardiac ganglia, thus arresting the heart's action (in diastole). I proceeded to make the post-mortem examination with a prejudiced mind that perhaps the death was due either to external violence on the head or pit of the stomach, or rupture of the heart or some blood-vessel; but after a minute and patient examination I found that I could only arrive at the opinion already given.

I am, Sir, your obedient servant,

London, S.W.

J. E. COONEY, L.R.C.P.

"THE VALUE OF ETHER IN COLLAPSE."

To the Editor of THE LANCET.

SIR,—I gather from Mr. Caiger's letter in THE LANCET of August 25th, that the value of ether in collapse is somewhat of a new discovery. I was not aware of the fact when I used it eighteen months ago in a severe case of flooding caused by placenta prævia, the particulars of which I append. I received a message from a fellow practitioner who was ill, asking me to attend a midwifery case for him. On arriving at the house, bag in hand, I found the woman on the bed in such a state that for a moment or two it was doubtful whether she was alive or dead. However, she was alive, and I immediately injected half a drachm of ether. Its effect was magical, so I gave another injection of the same quantity. After this ether and Bonjean's ergotin were injected together into the buttock; this produced contraction of the uterus, and brought the head down to close the os, where it was maintained in position by abdominal pressure. Shortly afterwards I turned and delivered, and the woman made an excellent and rapid recovery.

I am, Sir, yours faithfully,

HERBERT H. MEYERS, M.R.C.S., L.R.C.P.
Woodstock-road, Finsbury-park, August, 1883.

LIVERPOOL.

(From our own Correspondent.)

THE WEATHER.—AUTUMNAL AILMENTS.—PREPARATIONS AGAINST CHOLERA.

THE heat has been very intense in Liverpool during the past fortnight, causing the usual autumnal complaints, especially diarrhoea. Many persons have suffered from colds, probably from imprudent exposure to open windows. As there is such frequent communication between Liverpool and the Mediterranean, the prevalence of cholera in Egypt has caused some uneasiness here. But even had a case unfortunately been brought to the Mersey, every preparation had been made to prevent its spread.

THE INFIRMARY FOR CHILDREN.

A great deal of interesting medical and surgical practice is to be seen at this infirmary. Dr. Armstrong has had a large number of cases of empyema in children during the