figures it is a matter of interest and importance to have the discrepancy explained. The Registrar-General says that it is futile to compare "death-rates" unless correction be made for peculiarities of age and sex distribution; and factors for this correction are given by the Registrar-General and the Medical Officer of the London County Council. Applying these factors to the year 1895 the death-rate for "London" becomes 20.7, while that for the "City" is 24.4. These corrected death-rates if thrown into the form of a table become very instructive.

	Corrected death-rates.			
	1892.	1893.	1894.	1895.
England and Wales	19.0	19.2	16.59*	18.71*
London	21.6	22.3	18.6	20.7*
"City"	25.3	27.1	22.4	24.4*

The above figures, with the exception of those marked with an asterisk, are taken from Mr. Shirley Murphy's reports to the London County Council. In his report for 1894 (the last issued) Mr. Murphy does not give the recorded death-rate for England and Wales, an omission which prevents any comparison between the metropolis and the country as a whole. This death-rate as well as that for 1895 I have taken from the "annual summary."—I am, Sirs, yours faithfully,

Wimpole-street, W., Dec. 11th, 1896.

G. V. POORE.

THE PIGEON HOUSE FORT.

To the Editors of THE LANCET.

SIRS,—Your Irish correspondent referring to the proposed use of the Pigeon House Fort as a home for convalescent scarlet fever cases, writes: "The President of the Royal College of Physicians in Ireland, Sir Francis Cruise, Dr. Samuel Gordon, and the authorities of the Army Medical Department have recently expressed their strong approval of the site." I think there must be some mistake about the approval of the Army Medical authorities. The Army Medical Report for 1890 says: "The reports show that the drainage and sanitary condition of the vicinity of some of the barracks are very unsatisfactory . . . and in Dublin, at the Pigeon House Fort, the main city sewer passes in close proximity." This condition of things remains as in 1890. The new Dublin main drainage scheme now in course of construction will, in the opinion of the military authorities, aggravate the existing sanitary conditions of the fort, and they opposed the carrying out of the scheme on this ground. The Dublin corporation had to buy the Pigeon House Fort to nullify their opposition. So if the army medical authorities now approve of it as a site for a convalescent home for scarlet fever they reduce themselves to the absurdity that what is dangerous for healthy soldiers is good for delicate children. The fort is placed on low-lying slob lands near the mouth of the river, with water or slush on either side, and exposed to all the damp fogs so common to the Liffey. It is reached by an exposed causeway. With all due respect to distinguished physicians quoted I consider no site could be more unsuitable for convalescent scarlet fever cases, and that I am not alone in this opinion I know from the support I have received from many physicians since I objected to this site for the purpose proposed.

I am, Sirs, yours truly,

ANTONY ROCHE, M.R.C.P. Irel.,
Professor of Hygiene, Catholic University.

Dublin, Dec. 12th, 1896.

THE ROENTGEN RAYS AND THE DORSAL EXAMINATION OF THE HEART.

To the Editors of THE LANCET.

SIRS,—Dr. Campbell Thomson deserves congratulation on his successful employment of the Roentgen rays for the demonstration of deep-seated thoracic aneurysms described in your last issue: the demonstration of other mediastinal growths will probably follow. Familiarity with the appearances of the heart itself being an indispensable basis for

diagnosis much value attaches to the cardiac skiagrams, and especially to the dorsal skiagram. For some years past I have practised systematically and demonstrated from time to time dorsal percussion of the heart; and a paper in which the method is fully described, written long ago but laid aside owing to other work, will, I hope, be published shortly. The results of my percussions and those of skiagraphy are practically identical. On one point there is a slight discrepancy, perhaps due to my neglect of comparative percussions during the inspiratory and the expiratory phases. My dorsal percussions of normal subjects invariably show an interval between the dulness of the right auricle and that of the right lobe of the liver; but on the left side of the spine I have not noticed any resonant interval separating the dulness of the two organs which, I cannot but think, remain in touch with each other, though over a decreasing surface, even in inspiration. The occurrence of the bright line in the skiagram, if we are to understand that it has been observed in the left chest as well as the right, might possibly be explained by a lessening of the extent of overlapping of the left heart and of the left lobe of the liver on the strength of the inspiratory expansion of the posterior base of the left lower lobe; since it would be difficult to assume a failure on the part of either heart or liver to follow the movements of the diaphragm within airtight cavities containing no excess of fluid beyond that necessary to lubricate the surfaces. To myself the mutual confirmation of the accuracy of the two methods is not surprising; but it will serve to strengthen the faith of some who, whilst inclined to regard as conclusive the cardiac percussion outline demonstrated before them, have not trusted their own ability to obtain it for themselves. Competent percussion of the back implies some practice but no other special qualifications beyond a normal hearing and touch, and its practical usefulness is bound to increase in proportion to the progressive elucidation of intrathoracic conditions which we shall owe to skiagraphy.

I am, Sirs, yours faithfully,

Dec. 12th 1896.

WM. EWART.

"GUAIACOL AND CREOSOTE IN PULMONARY PHTHISIS."

To the Editors of THE LANCET.

SIRS,—It was with great interest that I read Dr. Walters' letter on the above subject in THE LANCET of Dec. 12th. From want of perseverance in the use of this valuable remedy and on account of its nauseous taste and odour and a disbelief in its efficacy a good many physicians have discarded the drug as useless. In nearly all cases in which I prescribed guaiacol I found the patients derived great benefits from its use. I well remember a case that I treated in 1892. The patient, a mechanical engineer aged forty-five years, in addition to the lung trouble was also suffering from chronic Bright's disease and passing a large quantity of albumin. As the lung mischief improved the albumin diminished very considerably, and this has led me to think that guaiacol must have some specific action on the kidneys, and if not a cure must at least be beneficial in albuminuria. On reference to a pamphlet by Dr. Seifert and Dr. Hoelscher I find the following quotations: "After its absorption free guaiacol is found in the urine in the space of half an hour. Besides normal albumin the blood of a consumptive patient contains other albuminoids due to the morbid processes, and particularly products of the nutrition of the bacilli. The latter substances are very apt to produce chemical phenomena or to modify them and so become toxic. As long as such toxic albuminoids are found in the blood all the guaiacol absorbed is fixed, not upon the normal albumin, which is little apt to react, but upon these toxic albumins which form stable combination with it. These combinations of coagulable albumins with guaiacol are no longer of a toxic nature and they are profoundly modified by absorbing oxygen; the guaiacol and sulphur of the albumin molecule are separated from the combination and form, by oxidation, a sulphate of guaiacol, whilst the remainder of the albumin molecule is destroyed. The products thus set at liberty are eliminated from the blood, chiefly by the urine."¹

In conclusion, I ask you to kindly publish the above in your next issue, as by that course, should the opportunity

¹ Berliner Klinische Wochenschrift, 1891. No. 51.

occur, others may observe the action of this drug in the disease I have named. Guaiacol can be very easily dispensed as follows:—Mix twelve minims of guaiacol and half an ounce of glycerine; then add two drachms of compound tincture of gentian, two drachms of spirit of chloroform, and water to eight ounces. This is a palatable mixture.

I am, Sirs, yours truly,
Y. M. JONES-HUMPHREYS.

Cemmaes, Montgomeryshire, Dec. 14th, 1896.

SHORTHAND AND SCHOOLS: AN APPEAL TO PARENTS.

To the Editors of THE LANCET.

SIRS,—The permission of the General Medical Council, that marks may be given to shorthand at the Preliminary Examination, will, it is hoped, cause it to be more frequently learned at school. Only by being acquired before medical study is begun can its subsequent service to the practitioner be practically ensured. Many members of the profession have boys at school who are destined for medicine. We would urge such parents to use their influence by expressing to the headmasters of the schools a desire that their sons should learn shorthand. It is now a subject of instruction at a much larger number of schools than is commonly thought, and such an expression of desire on the part of the parents would probably cause it to be taught at almost all. Considerable good may, we are confident, be thus done, and not least to the boys themselves.

We are, Sirs, yours faithfully,

W. R. GOWERS, M.D. Lond., President.

EDWARD B. GRAY, M.D. Oxon., Treasurer.

JAMES NEIL, M.D. Aberd., Secretary.

Society of Medical Phonographers.

W. THOMSON, M.D. R.U.I.,

President of the Royal College of Surgeons in Ireland.

A NOTE ON LINGUAL VARIX.

To the Editors of THE LANCET.

SIRS,—It may be in the recollection of readers of THE LANCET that in the early part of this present year a somewhat lengthy correspondence took place concerning "varicose veins at the base of the tongue," and that I found myself in a considerable minority in attributing frequency and importance to this condition, although it had been recognised as of clinical significance, and pictorially illustrated by so early a worker as Lewin of Berlin and so far back as the year 1863. It will, I think, be of interest to quote the following passage from an article which appears in a recent number of the *American Journal of the Medical Sciences*, entitled "Age and Sex in Disease of the Upper Respiratory Tract," by Dr. Harrison Allen of Philadelphia, an authority familiar to all British specialists: "Both the sub-lingual and basi-lingual veins are enlarged in middle life and old age" (this corresponds with the age period of my own cases). "It is common to find small circular node-like swellings on the basi-lingual veins which are excessively sensitive and remind one in this respect of the urethral caruncle of females. If these node-like swellings are destroyed pharyngeal excitement and cough not infrequently shortly disappear."

Dr. Allen gives the following as a typical example of the condition mentioned:—"A gentleman seventy years of age suffered from two attacks of influenza before reporting. He complained of violent cough and distress referred in a vague way to the region of the pharynx and larynx. The voice was husky and reading aloud impracticable. Enormously enlarged varicose veins were seen at the base of the tongue and on the fold extending from the œsophagus to the sides of the pharynx; the basi-lingual glands were moderately enlarged. A series of local treatments were conducted with the object in view of destroying the varicosities of the veins and in reducing the size of the glands by the galvano-cautery. The gentleman lived at a distance and reported at irregular intervals, but in about nine months (at which time he had paid twenty-three visits) all the symptoms had disappeared. I do not offer this case as anything unusual, since the subject of irritation arising from these structures at the base of the

tongue is now familiar, but to note the fact that the condition while found in the declining years of life, yet treatment, surgical in character, directed to the base of the tongue was all that was needed apparently to restore the subject to health."

I am, Sirs, yours truly,

Mansfield-street, W.

LENNOX BROWNE.

BEATTY v. CULLINGWORTH.

To the Editors of THE LANCET.

SIRS,—Will you kindly allow us to publish in your columns a further list of subscriptions towards the Cullingworth fund? The amount already received is sufficient to cover all the expenses of the recent action. A detailed balance-sheet will be published later.

I am, Sirs, yours, &c.,

T. D. ACLAND, } Hon.
B. PITTS. } Secs.

Dec. 15th, 1896.

	£ s. d.		£ s. d.
Sir T. Spencer Wells,		Mr. Henry Wilson,	
Bart.	2 2 0	Cheadle	1 1 0
*Dr. Henry Humphreys,		Dr. Alfred Smith,	
Torquay	1 1 0	Dublin	2 2 0
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Birmingham	2 2 0	Four Trained Nurses ...	0 10 0
Dr. Wills	1 1 0	Mr. T. Bidulph Goss,	
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Dr. William Bain, Rich-		Mr. J. R. Hoare, almoner	
mond	2 2 0	of St. Thomas's Hos-	
		pital	5 5 0

* Accidentally omitted from the list published last week. Mr. C. H. Carter (last week) should read Dr. Charles H. Carter.

Through Dr. Harold Low—Old Pupils at St. Thomas's Hospital, £34.

Mr. F. C. Abbott.	Dr. C. Latter.
Mr. W. H. Allen.	Mr. W. G. Laws.
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Dr. T. H. Haydon.	Mr. E. H. Worth.
Dr. C. S. Jaffé.	Dr. S. Yeoman.

"CHRISTIAN BURIAL v. CREMATION: A NOTE AND A QUERY."

To the Editors of THE LANCET.

SIRS,—The letter of your correspondent, Dr. Martin, in THE LANCET of Dec. 12th, is a very forcible appeal in favour of cremation of the dead, and evidently proceeds from a painful intensity of conviction in the mind of the writer. And herein lie the very defects of its qualities—it is marked by the onesidedness, the insularity of view, and the want of catholicity of spirit to which we are too well accustomed in the declamation of the teetotaler, the anti-vivisectionist, the anti-vaccinationist, and the anti-opium eater. But the world is wide and extends in many directions beyond the restricted horizon of the partisan. May I venture to point out in what respects your correspondent's view has fallen short of the realities of his subject? When Hamlet in the play proposes to trace "the noble dust of Alexander" to its final destination his companion warns him, "Twere to consider too curiously to consider so." By the spirit of the present age that plea is ruled out of court