to that at Calcutta, vice Surgeon-Colonel J. C. Morice, proceeded to England on leave.

NAVAL MEDICAL SERVICE.—In accordance with the provisions of Her Majesty's Order in Council of April 1st, 1881, Fleet Surgeon Brien Patrick Sarsfield McDermott has been placed on the Retired List of his rank (dated April 15th, 1892).

MILITIA MEDICAL STAFF.—Surgeon-Major T. Allman, 3rd Battalion the Connaught Rangers, to be Surgeon-Lieutenant-Colonel (dated April 23rd, 1892).

VOLUNTEER CORPS.—*Artillery*: 3rd Kent (Royal Arsenal): Surgeon-Lieutenant-Colonel W. W. Coleman resigns his commission; also is permitted to retain his rank, and to continue to wear the uniform of the Corps on his retirement (dated April 23rd, 1892).—*Royal Engineers*: 1st London: Lieutenant Sidney Reginald Dyer, M.D., to be Captain (dated April 13th, 1892).—*Rifle*: 3rd Volunteer Battalion, the South Staffordshire Regiment: Thos. Ridley Bailey, M.D., to be Surgeon Lieutenant (dated April 23rd, 1892).—1st (Inverness-shire) Highland Volunteer Battalion, the Queen's Own Cameron Highlanders: Surgeon-Lieutenant J. Macrae, M.D., resigns his commission; also is permitted to retain his rank, and to continue to wear the uniform of the Battalion on his retirement (dated April 23rd, 1892).—20th Middlesex (Artists'): Henry Darville Brook, Gent., to be Surgeon-Lieutenant (dated April 23rd, 1892).

VOLUNTEER MEDICAL STAFF CORPS.—The Edinburgh Company: Surgeon-Lieutenant W. H. Barrett, M.B., resigns his commission (dated April 23rd, 1892).

Correspondence.

"Audi alteram partem."

THE MEASLES BACILLUS.

To the Editors of THE LANCET.

SIRS,—In the last issue of THE LANCET attention is directed to a paper by Drs. Canon and W. Pielicke, published in the *Berliner Klinische Wochenschrift*, on the Bacillus of Measles. The work of English observers is seldom noticed in French or German journals. It is incomprehensible that an observation of this kind, which I made fifteen years ago, and which was fully described and illustrated in the "Third Contribution to the Life-History of Contagium,"¹ should have its originality dedicated to the Germans. Original work done in this country receives scant recognition. I exhibited slides showing these spores and bacilli at the conversazione of the Royal Society on April 25th, 1883, and at a meeting of the London Pathological Society in May, 1878. I found the bacillus of measles in the breath, lung tissue, and skin of patients. Dr. Ransome of Manchester published in the Transactions of the Literary and Philosophical Society of Manchester, 1869, similar observations on the breath of measles patients. Since then Dr. J. M. Keating, M. Le Bel, and others, have obtained this bacillus and cultivated it. In Dr. Quain's "Dictionary of Medicine" (1882), art. Measles, I find my discovery mentioned. For the credit of English scientific medicine, which in many respects is on a par with continental work, I trust you will draw attention to this letter.

I am, Sirs, yours obediently,

P. MURRAY BRAIDWOOD.

Willesden-green, N.W., April 26th, 1892.

To the Editors of THE LANCET.

SIRS,—The bacilli found in the blood of patients with measles are said by the observers, Drs. Canon and Pielicke, to be different from the micro-organisms hitherto described in connexion with that disease. They refer to the work of MM. Cornil and Babes, Paris, 1886, where a short bacillus is mentioned in this connexion; but not to our Pathological Society's Transactions for 1878, p. 422, where Dr.

Braidwood and Mr. Vacher describe elongated bodies with abrupt ends found in the breath of children during measles; also p. 422, "Sparkling, spindle-shaped, staff-shaped, or canoe-shaped bodies" after death, probably the germs or organisms with which the contagium of measles is intimately associated. Again, in the lung "staff-shaped, fusiform, or ovate bodies, slightly tinged with carmine, and appearing as dark rods," are sufficiently distinguished from the pneumococci of other pulmonary inflammation. It cannot be said that Dr. P. M. Braidwood and Mr. Vacher attached no importance to these bacilli, and it seems to me that they are in no way essentially different from those found by Drs. Canon and Pielicke in the blood of patients suffering from measles.—I am, Sirs, yours &c.,

WILLIAM SQUIRE, M.D., F.R.C.P.

Harley-street, W., April 26th, 1892.

"THE SMOKE NUISANCE."

To the Editors of THE LANCET.

SIRS,—The letter of my friend, Mr. Thomas Bond, advocating support for an Act of Parliament to deal with "the smoke nuisance," suggests the question whether it would not be better to see how this can be done before asking Parliament to undertake what is impossible, until a reasonable remedy is at least proposed to it. The exhibition at South Kensington a few years ago did not result in any simple solution of the question, and I doubt whether you would feel disposed to encourage the discussion of a subject which belongs rather to the province of the chemist or the engineer than to that of medical science, but for the circumstance that there are questions of health of great importance connected with it. The origin of the smoke nuisance is to be traced in the method of burning soft coal in open fireplaces which find favour in this country. Now the first step towards curing the "smoke nuisance" is to make the public fully appreciate the fact that this custom is attended with such enormous waste and pecuniary loss as to make the matter of economy quite as deserving of thought as that of the "nuisance." It may be fairly calculated that no profit is derived from half the coal burnt in domestic fire places, that is so far as benefit is obtained for warming purposes. More than half the heat generated by the coal goes up the chimney, and is absolutely wasted. What the actual cost of the coal in London may be, which is consumed in open fireplaces, I am not able to state; but it must be over £2,000,000 per annum; and if so, £1,000,000 is lost by waste. In order to perceive that this is a matter of medical interest, we must realise that in the use of open fireplaces the question of ventilation is involved to as great an extent as that of warmth; and it would be fair to ask whether sanitary requirements demand the amount of ventilation obtained by open fireplaces. If we go to the other extreme and consider the great defects in ventilation which attend the use of closed stoves, we shall be able to appreciate the nature of the problem which has to be determined before we can fairly ask Parliament to interfere. Now medical science has settled the question of ventilation, just as accurately as it has decided the areas, superficial and cubical space, which are necessary for apartments of all kinds. It would be quite easy to prove that open fireplaces produce an amount of ventilation which science does not require; and that while the stove on the one hand is seriously injurious to health, the open fireplace on the other is not only wasteful of heat and causes in one way too much ventilation, but is nearly as injurious to health as the other by the smoke it produces. To medical science, then, the public has a right to put the question, What amount of ventilation ought to be provided in an apartment of any given dimensions? and this being already answerable, the problem simply reduces itself to determining the mean between the open fireplace and the closed stove, or to such an arrangement as would reduce the waste of up-draught in chimneys to the requirements of health. There is a mean which can be arrived at without much difficulty, but that is not a subject which would interest your readers, as it is connected with physics, the combustion of coal, and the laws of ventilation. Let this question of waste, which I think I have greatly under-estimated, of gigantic useless waste, be appreciated by the public, and the remedy will soon be found.

I am, Sirs, yours truly,

Savile-row, W., April 23rd, 1892.

ROBERT LEE.

¹ Brit. Med. Jour., 1882.