choosing his years and ignoring the admitted identity of croup and diphtheria") I again assert that Mr. Coleridge, consciously or unconsciously, *has* chosen his years. Mr. Coleridge says that if he had taken the four-yearly period, 1892 and 1896, the figures would still have supported him. Quite so. But if Mr. Coleridge had taken the years 1893 and 1897, *and the chances are the same that he might have done so*, would they have supported him? No; they would have done the very reverse. By picking out figures for certain years, instead of giving *all* the figures, Mr. Coleridge *is*, I am quite ready to admit unconsciously, choosing his years. By giving the figures for *all* the years I show that the diphtheria death-rate was steadily rising up to the time when antitoxin was introduced. Since that time the diphtheria death-rate has been falling. Why should Mr. Coleridge choose 1892 and 1897 and say that because the diphtheria death-rate has risen from 222 to 246, therefore antitoxin is of no value? Have I not an equal right to take the years 1893 and 1897, and, because the diphtheria death-rate has fallen from 318 to 246, to argue that therefore antitoxin is of great value? My argument is just as valid as Mr. Coleridge's, 1892 and 1893 being both pre-antitoxin years. The fact is, that in each case the argument is based on *selected* figures, and being so is invalid and is mere statistical juggling.

Mr. Coleridge says I have forgotten that the cases of croup were not treated with antitoxin and that the decline in the death-rate from croup "shows in a very striking manner the superiority of ordinary clinical methods." I assert that the decline in the croup death-rate is due to a change in nomenclature. But admitting the validity of and following Mr. Coleridge's line of argument places Mr. Coleridge in the following dilemma. The steady rise in the death-rate from diphtheria up to the very time when antitoxin was introduced shows "in a very striking manner" the inferiority of ordinary clinical methods, while the decline in the death-rate from diphtheria since the introduction of antitoxin demonstrates in an equally striking manner the superiority of antitoxin treatment! The fact is, "death-rate" is absolutely worthless as an estimate of the value of a special line of treatment; case mortality is the only true test. In an infectious or contagious disease, whether it be diphtheria or scarlet fever or any other, the cure of a larger proportion of cases of the disease sets at liberty an increased number of individuals who may bear the infective particles and spread the disease, so that the *incidence* of the disease might not be lessened although the case mortality were greatly diminished by improved treatment. This fact is practically applied in dealing with outbreaks of infective diseases among our domestic animals; we do not attempt to save their lives but we stamp out the disease with the pole-axe or knife. Finally, Mr. Coleridge says that I have attempted to assure the public of the efficacy of antitoxin treatment. I have done nothing of the kind, I have asserted and still assert that the figures of Somerset House so far from supporting Mr. Coleridge, prove, *if they prove anything*, the very reverse. Whatever my own arithmetic may be the arithmetic I have quoted is that of Somerset House.

I am, Sirs, yours faithfully,

RICHARD T. HEWLETT.

Jenner Institute of Preventive Medicine, S.W.,
April 19th, 1900.

* * We sent Mr. Coleridge's letter to Dr. Hewlett for reply.—ED. L.

To the Editors of THE LANCET.

SIRS,—In reference to some remarks that have lately appeared in your columns the following figures may be of interest. An epidemic of diphtheria made its appearance in this district during the months of February and March, 1899. In all 40 cases were notified, the number of deaths recorded being five. Of this number two were not treated with the antitoxin and proved fatal; No. 3 was not injected until the fourth day, the result not being satisfactory. No. 4, that of a pregnant woman, was treated on the first day; she aborted, the hæmorrhage being severe, with a fatal result. No. 5 was not injected until the third day, the result being fatal. Of the remaining 35 cases the whole rapidly improved under the treatment, in each case the injection being used within the first 24 hours.

I am, Sirs, yours faithfully,

N. CULLINAN, M.D. Brux., D.P.H. Dub.,
Medical Officer of Health, Risco.

April 10th, 1900.

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

THE CONFERENCE AT MANCHESTER ON MEDICAL ORGANISATION.

To the Editors of THE LANCET.

SIRS,—I desire through the medium of THE LANCET to make known to the profession the arrangements that have been made in connexion with the forthcoming Conference on Medical Organisation, &c. It will be remembered that the Conference has been convened at the instance of the Medical Guild, Manchester, and that the decision as to where it should meet was taken by a vote amongst the various societies. The voting papers were issued last December to all known societies and to all the branches of the British Medical Association in England and Wales and had to be returned by March 1st. The places selected as most suitable were London and Manchester, and the result was by a small majority in favour of the latter city. The Memorial Hall in Albert-square has accordingly been engaged for the purpose. Up to date 35 societies and five branches of the British Medical Association have promised to send delegates, but the committee still hope to receive the names of a few more societies willing to coöperate. The expenses are to be defrayed by a contribution of 6*l.* per member from each society represented, and this should be sent to the honorary treasurer, Mr. S. Bagley, Clowes-street, West Gorton, Manchester, not later than April 25th. The meetings of the Conference will be open to all members of the profession who care to come, though none but delegates will be allowed to speak or vote, and it is hoped that many practitioners in the neighbourhood of Manchester, at least, will avail themselves of the opportunity and show by their presence that they are in sympathy with the objects of the Conference.

All societies sending delegates were invited to frame resolutions for discussion at the Conference and to send them to the secretary by March 1st. From these and the papers promised the agenda paper has been prepared and was distributed to delegates and the secretaries of all societies in the first week of April. In order to make the decisions of the Conference really representative of the opinions of the profession it is necessary that these motions should be carefully considered by all societies and their delegates instructed how to vote. The meetings will take place on May 1st, 2nd, and 3rd, with two sessions on each day, the morning session commencing at 10 and the afternoon session at 2. The formal opening of the Conference will be by Mr. Alderman Walmsley, J.P., the President of the Medical Guild, and the actual proceedings will be commenced by a paper by Mr. Victor Horsley on the Medical Acts, and subsequently motions on the same subject and on the General Medical Council will be submitted. At the afternoon session Mr. R. B. Anderson, F.R.C.S. Eng., will read a paper on Medical and Corporate Reform, the midwives question will be discussed, and thereafter the subject of medical education will be considered. On the second day the morning session will be opened by Mr. George Brown (London) with a paper on Medical Charities, their Relations to the Public and to the Profession, and motions bearing on the management and abuse of these will afterwards be discussed, while the remainder of the session will be devoted to the subject of death certification reform. The afternoon session will be opened by Dr. T. Whiteside Hime of Bradford with a paper on Professional Secrecy and our Relations with the Criminal Law. Thereafter a motion on the working of the Vaccination Act will be discussed, and then four papers and a motion on various aspects of Contract Practice will be considered. The papers are by Dr. A. Cox (Gateshead), Dr. Alex. Stewart (Manchester), Mr. Geo. Jackson, F.R.C.S. Eng. (Plymouth), and Mr. Murtaugh Houghton (Ilford).

The subject of Medical Organisation will be the burden of the third day, and the proceedings will be commenced by Dr. Glover with a paper on Some Debated Points in the Politics of the Profession, followed by Dr. Jepson with a paper on Medical Organisation. The two previous days will have demonstrated clearly the utility or otherwise to the profession of a conference on these lines, and at the morning session motions will be submitted with the object of eliciting the opinions of the profession as to the general character of future organisation and of coming to some decision on the subject. In the afternoon a statement of accounts will be rendered by the honorary treasurer and a paper will be read by Mr. Garrett Horder (Cardiff) on the

British Medical Association from a General Practitioner's Point of View. A motion asking the Conference to appoint a committee to carry out its decisions will then be considered and the discussion of a further motion instructing this committee what action to take to give effect to the decisions of the Conference on the question of organisation will bring the labours of the delegates to a close.

In conclusion, my committee venture to hope that this will prove to be the first of a series of annual conferences on similar lines, fully believing that such a result will be of the utmost benefit to our profession and calculated to add to its dignity and status.

I am, Sirs, yours faithfully,
S. CRAWSHAW, M.B. Vict.,
Honorary Secretary.

Ashton-under-Lyne, April 16th, 1900.

THE BACTERIOLOGY OF TYPHOID FEVER.

To the Editors of THE LANCET.

SIRS,—In his recent Goulstonian Lectures Dr. Horton-Smith professes to give an account of the history of serum-diagnosis, but makes no mention of either my name or my work. Since his lectures may possibly be taken as authoritative on the subject, and as Dr. Horton-Smith is not alone in either ignoring or being ignorant of my share in the invention, I am induced to ask you to give publicity to the enclosed communication.

I am, Sirs, yours faithfully,
ALBERT S. GRÜNBAUM.

April 14th, 1900.

[ENCLOSURE]

[TRANSLATION.]

Die Unterzeichneten bestätigen gerne dass Herr Dr. A. S. Grünbaum zu Anfang des Jahres 1896 an dem Krankenmaterial der I. medicinischen Klinik in Wien systematische Versuche über die Agglutination von Typhus- u. Cholera-bakterien durch das Blutserum von Kranken u. Gesunden angestellt hat, und dass er im März, 1896, also lange vor der diesbezüglichen Publication des Herrn Widal, an zwei Typhusfällen der Klinik die Beobachtung gemacht hat, dass ihr Blutserum in bedeutender Verdünnung Typhusbacillen agglutinire. Herr Grünbaum war sich der diagnostischen Verwerthbarkeit dieses Befundes vollkommen bewusst, u. er zögerte mit der Publication derselben nur mit Rücksicht auf die Nothwendigkeit, die Verlässlichkeit der Reaction an einer grösseren Anzahl von Typhusfällen zu erhärten.

Herr Dr. A. S. Grünbaum hat demnach die Agglutinationsreaction des Typhus-serums selbstständig entdeckt und es ist Sache der Gerechtigkeit dies anzuerkennen.

The undersigned confirm with pleasure that Dr. A. S. Grünbaum at the commencement of the year 1896 made systematic experiments with the material of No. 1 Clinical Ward in Vienna on the agglutination of typhoid and cholera bacteria by the serum of both sick and healthy persons, and that in March, 1896, therefore long before the publication of M. Widal on this subject, he had observed in two cases of typhoid in the ward, that their serum, in considerable dilution, agglutinated typhoid bacilli. Mr. Grünbaum was fully aware of the diagnostic utility of this observation, and he delayed publishing it only on account of regard to the necessity of confirming the reliability of the reaction on a larger number of cases of typhoid.

Dr. A. S. Grünbaum therefore discovered the agglutination reaction of typhoid serum independently and to acknowledge this is a matter of justice.

(Signed) { Prof. Dr. NOTHNAGEL.
Docent Dr. MANNABERG.

Wien, am 8. März, 1900.

THE PREVENTION OF RHEUMATIC ENDOCARDITIS.

To the Editors of THE LANCET.

SIRS,—In the recent discussion on the Treatment of Rheumatism the most anxious consideration in the minds of the speakers was evidently and naturally a desire to secure the therapeutic measure best calculated to prevent the development of cardiac complications. The various suggestions and records of experience advanced in the discussion will, no doubt, be carefully studied by the profession, and in this way it is to be hoped the subject will be placed on a more practical basis. There is, however, one aspect of the question to which I find no explicit reference, and I shall be glad if you will allow me through your columns to draw attention to it.

It is admitted that in a considerable proportion of cases valvular disease develops in children and adolescents without any serious degree of arthritis and often with but slight constitutional disturbance. The experience is only too common in which one finds an endocardial murmur with no more definite history than an admission of slight pains

in the limbs, or an attack of sore-throat, or some other condition known to be one of the rheumatic manifestations common in early life, the event at the time having been considered a trifling affair demanding neither rest in bed nor medical advice. With a view to try to prevent these disastrous occurrences, what I venture to suggest is that those responsible for the education of the profession should include in their teaching the proposition that it is the duty of every practitioner who discovers in any family under his care the evidences of rheumatism to warn the parents that even an apparently slight illness in any one of their children may be a rheumatic incident carrying with it the risk of heart disease. It is only in this way that the early and complete rest universally allowed to be the best protection against endocarditis can be secured for these children, and it seems reasonable to anticipate that were such a measure generally adopted the number of cases of heart disease developing under the circumstances just referred to would be sensibly diminished. In any event the practitioner could at least console himself with the reflection that he had done his best to secure the prevention of this grave calamity. So far as I have seen the responsibility which it is here suggested rests upon the profession is not insisted on in the teaching of the day. Hence I venture to ask your assistance in emphasising it.

I am, Sirs, yours faithfully,
Weymouth-street, W., April 14th, 1900. C. O. HAWTHORNE.

"SMALL-POX AND VACCINATION."

To the Editors of THE LANCET.

SIRS,—It might have been well, for the sake of your readers, if I had given an extract from Jenner's treatise in my letter in THE LANCET of April 14th, which would save the trouble of referring to a work not always easy to obtain. It will be found on page 176.

In the early part of this inquiry I felt far more anxious respecting the inflammation of the inoculated arm than at present; yet that this affection will go on to a greater extent than could be wished is a circumstance sometimes to be expected. As this can be checked or even entirely subdued by very simple means I see no reason why the patient should feel an uneasy hour, because an application may not be absolutely necessary. About the tenth or eleventh day, if the pustule has proceeded regularly, the appearance of the arm will almost to a certainty indicate whether this is to be expected or not. Should it happen, nothing more need be done than to apply a single drop of the aq. lythargyr. acetati upon the pustule, and having suffered it to remain two or three minutes to cover the effervescence surrounding the pustule with a piece of linen dipped in the aqua lythargyr. compos. The former may be repeated twice or thrice during the day, the latter as often as it may feel agreeable to the patient.

A good deal of good could be done by providing those who are vaccinated with some ointment of precipitated sulphur or the dry powder and a piece of plaster, giving directions for applying this to the vesicle at the end of the week and covering with a piece of linen and then the plaster; or that the child should be seen for advice if there is any sign of severe inflammation.—I am, Sirs, yours faithfully,

ROBERT J. LEE.

Gunterstone-road, West Kensington, April 14th, 1900.

MANCHESTER.

(FROM OUR OWN CORRESPONDENT.)

The Stockport Workhouse.

FOR a long time past the board of guardians of the Stockport Union have been face to face with the necessity for hospital extension. One proposal was to extend the present workhouse at Shaw Heath and an alternative one has been to build a hospital at Stepping Hill. Endless discussion has taken place, but the question seems now to be approaching a settlement. On April 9th it was proposed and eventually carried: "That the board proceed to take steps to build hospitals at Stepping Hill and leave the existing workhouse as it is at present." The mover of the resolution said it would cost something like £70,000 to make the extensions required at Shaw Heath and would be less costly in the end to build at Stepping Hill. In the estimate an additional sum of £11,000 was put down for imbecile wards, but they would not be required. A Select Committee of the House of Commons had reported in favour of transferring the care of imbeciles to county authorities, and he said that Mr. Dansey, the Poor-law inspector for the district, had informed some of the guardians that it was