open and register the notification forms they receive that they cannot afford to devote their energies to the "chief duty" set forth by Dr. Shirliff—namely, "to prevent or check, as far as possible, the outbreak or spread of infectious and all other disease, and to keep their districts in as healthy and sanitary condition (the italics are mine) as may be in their power." But if the labour of registration be delegated to underlings, where will the boasted privacy find a place? I am, Sirs, yours faithfully,

June 18th, 1888.

D. BIDDLE.

P.S. Statistics are very much against those who hold that the death-rate (as well as the number of deaths) from zymotic diseases is in any way governed by the number of persons forming the population of a town. Even density of population is quite an uncertain factor in the matter; otherwise Liverpool, which has 109 persons to the acre, and no system of notification, ought to fare worse than Preston, which has only twenty-seven persons to the acre, and the so-called benefit of the dual system; instead of which the average zymotic death-rate of the former (for the six years, 1881-1886) was 4.1, and of the latter 4.6. Now, Liverpool, at the middle of this period, had a population of 566,000; Preston of only 98,000. If their death-rates from zymotic diseases had been reversed, Preston would have saved 47 lives per annum, but Liverpool would have lost 283. Is it likely that Liverpool will be tempted by the example of Preston to take the precious dual system of notification to its bosom?

D. B.

To the Editors of THE LANCET.

SIRS,—I find the Act for Norwich, bearing on notification, textually requires the medical attendant to certify to the householder; but the interpretation by the Norwich authorities is that the doctors should notify direct to the town clerk; and practically that is what is invariably carried out at the present time.

In the postscript to my letter of last week the words "dual notification, and with" were omitted; it should have read "two towns, one with single and one with dual notification, and with equal circumstances in all things," &c.

I remain, Sirs, yours faithfully,

Kingston-on-Thames, June 19th, 1888.

E. M. SHIRTLIFF.

BLOODLETTING IN PNEUMONIA.

To the Editors of THE LANCET.

SIRS,—A paper by Dr. Hartshorne on "Pneumonia, its Mortality and Treatment," commented on in an interesting article in a recent number of THE LANCET, has elicited letters from various correspondents. Some of these indicate that the writers entertain an amount of distrust, amounting to dread, of the plan of treatment followed fifty years ago in this disease, while others advocate the return, in a modified degree, to the use of venesection in treating pneumonia. I think the letters of Dr. Adams and Dr. Davies justify me in looking at this matter in the light in which I intend to do.

Very many—I am safe to say a large proportion—of those gentlemen who have commenced practice within the last twenty years entertain an exaggerated and mistaken estimate of the effects of bloodletting on the system. Not many of these have seen the beneficial result accruing from the removal of twelve or fifteen ounces of blood from the arm of a robust patient, either male or female, in an upright position, while suffering from a severe attack of pneumonia; and fewer still have themselves performed the trifling operation of venesection. Various reasons are advanced for this change in the treatment of pneumonia and other inflammatory affections. Change of type in disease owing to a more asthenic tone of system, and change in fashion, are the principal. With regard to an alteration in type and change in the system, it may be remarked that evidence is wanting to show that bloodletting in the puerperal female is more fatal now than ever it was, or that patients succumb more readily to profuse hæmorrhage the result of accident or surgical operation. Probably the change of fashion, in so far as the giving of drugs and the abstraction of blood are concerned, is the result of the teaching of homœopathy in a large measure, and is one of the few lessons taught by this system meriting gratitude. To show the harmless, even if not curative, effect of profuse bloodletting as carried out half a century ago, and how innocuous to the patient even when pushed to an

extreme length, a case or two may be adduced taken from periodicals of that period.

In the *Edinburgh Medical and Surgical Journal* for 1836, in Dr. Craigie's report of cases of fever treated in the Royal Infirmary, is narrated the case of James F—, aged twenty-four. He was admitted on Aug. 27th in such a state of delirium and excitement that it was necessary to place him under restraint. On Sept. 9th he left the hospital "quite well, but rather weak." During this patient's illness he was bled on four occasions to the extent of sixty-two ounces, and had forty-four leeches applied to his temples.

In the *Medical Gazette* for September, 1839, is reported a lecture by Mr. (now Sir) Rutherford Alcock. In it we find the case of George P—, the recipient of a gunshot wound of the thorax. After detention in a military hospital for seventy-eight days he was discharged cured. On admission this patient had hæmorrhage, checked by a full bleeding, and during the two following days he lost thirty-three ounces of blood from the arm, had thirty leeches applied, and was also cupped.

Once more the practice in regard to bloodletting across the Channel may be noticed. In the issue of the *Gazette* already quoted, in a lecture on inflammatory affections of the cornea, Velpeau says: "If the patient is young, robust, and of a plethoric habit of body, I bleed copiously, to the extent of eighteen or twenty ounces, and repeat the bleeding next day; sometimes also the third day."

I myself have bled patients suffering from pneumonia in 1836; I have also performed the same operation under like circumstances in 1887. In most instances the relief from pain was almost immediate, and the period of convalescence short. Venesection has not been confined to the treatment of pneumonia, but has been practised in inflammations of the serous membranes, with similar results. Of course such a line of treatment has not been pursued without discrimination, due regard having always been had to the condition of the patient.

Were statistics to be called into court to help to decide the relative mortality under the two systems of treatment, it would only be fair to take into consideration the fact that the stethoscope had not fifty years ago enabled the practitioner to make the exact diagnosis in lung disease he can do now; and it is not unreasonable to assume that cases, more or less numerous, were believed to be pure inflammations when a more accurate diagnosis would have revealed the fact that the disease was engrafted on a tubercular lung, or some other condition of pulmonary mischief. Many other ailments besides those alluded to have been, and might be now, alleviated or cured by the judicious and moderate abstraction of blood; notably those caused by uræmic poisoning. Those who advocate abstention from bloodletting in such cases assert that, although you remove a quantity of impure blood, that which is left is equally poisonous. No doubt this is true, but it is equally a fact that, if in a twelve-ounce bottle of liquid of any kind you have an ounce of laudanum, you will only have half an ounce if you pour out a half—a quantity less deleterious absolutely, though not relatively.

Such statements and the clinical history of cases resembling those narrated might surely remove in a large measure the fear of bloodletting in pneumonia and many other diseases, which amounts to what may be well termed hæmatophobia. I do not suggest that the "letting of blood" should be carried to the extent it formerly was in the treatment of disease, but I think that this remedy—powerful for evil, no doubt, as well as for good—ought not to be, as for many years it has been, almost relegated to undeserved oblivion. I am, Sirs, yours faithfully,

Foordoun, June 8th, 1888.

DAVID JOHNSTON.

REMOVAL OF DISEASED OVARIES.

To the Editors of THE LANCET.

SIRS,—I would request space to thank Dr. Robert Barnes and Dr. Granville Bantock for their kind commendation of my recent communication to your columns, and to make two remarks. For the benefit of those who, like myself had deduced from his classical writings on the subject that Dr. Barnes was averse to the early removal of ovarian tumours, I would venture to emphasise the statement he makes in your issue of June 9th, p. 1155, that "the sooner a diseased ovary is recognised and removed the better." Considering the enormous importance of the subject to thousands of women,

such an expression of opinion from so renowned a clinical teacher should certainly be most widely known and frequently reiterated. In the next place, I must explain that it would have been quite beyond the scope of my paper on fatty degeneration of the heart from intra-abdominal pressure to have referred to the strenuous efforts made by Dr. Bantock—and, I would add, by Mr. Lawson Tait also—to enforce the necessity of early operation in cases of ovarian diseases. But, judging from the pathological results in cases where operative measures have been long deferred, I am compelled to believe that to their precept and practice in this matter must be largely ascribed the ever-increasing success which has been gained in the domain of abdominal surgery.

I am, Sirs, yours faithfully,
Upper Wimpole-street, June 16th, 1888. BEDFORD FENWICK.

MALINGERING.

To the Editors of THE LANCET.

SIRS,—The curious case of malingering in THE LANCET of June 2nd reminds me of another which occurred in my practice, and may be of interest to many of your readers.

A girl aged sixteen, apparently in good health, was shown to me by the mistresses of a boarding school. She had been suffering for some days from a swollen and discoloured hand. The weather having been cold, they at first attributed the swelling to chilblains, but now they were thoroughly frightened, and thought mortification had set in. I found the hand much swollen, the skin and nails of a purple hue, the back of the hand cedematous, and pitting on pressure. So serious did the case appear that an eminent physician, who was seeing another case in the house, saw her with me, and advised a deep incision in search of matter. This was not done, but, remembering a conversation I once had about a similar case with the late Sir Wm. Fergusson, I directed them to have the young lady watched day and night, and report the result. A hole was made in her bedroom door, and the mistresses undertook to watch all night. About the small hours she was seen to rise from her bed and proceed to a chest of drawers. From a corner of a drawer she produced a long coil of soft satin ribbon. This she wound round and round the upper arm very tightly, and then returned to bed. After some hours she unwound the ribbon, replaced it in its corner, and slipped into bed. In reply to their anxious solicitation for advice, I recommended change of air, and accordingly the black sheep was sent away home, far away from the fold which she had endeavoured to pollute by her unseemly tricks. Some weeks later I had a letter from her father, describing this extraordinary case. I wrote him a private letter, giving him the particulars noted above.

I am, Sirs, yours obediently,

Richmond, Surrey, June 12th, 1888.

WM. ANDERSON.

ASSOCIATION OF MEMBERS OF THE ROYAL COLLEGE OF SURGEONS.

To the Editors of THE LANCET.

SIRS,—We enclose herewith the reply received by us to the letter addressed by our committee to the Lord President of the Council. We may add that Lord Randolph Churchill has consented to receive a small number of our committee to-morrow (Thursday) morning in order to hear their views as to the position of the Members of the Royal College of Surgeons.—We are, Sirs, your obedient servants,

WARWICK C. STEELE, } Hon.
WM. ASHTON ELLIS, } Secs.

June 20th, 1888.

Council Office, Whitehall, June 16th, 1888.

SIR,—In reply to your letter of the 12th inst. on the subject of the petition of certain Members of the Royal College of Surgeons with reference to the constitution of that College (lodged at this office on May 3rd, 1887), I am directed by the Lord President of the Council to inform you that it is not usual to send a written reply to petitions on the subject of a question which is before the Privy Council. The petitions or statements in such cases are fully considered before any decision is arrived at, and the result is that Her Majesty is advised either to grant, to refuse, or to modify the proposed Charter.

I am, Sir, your obedient servant, C. L. PERL.

THE General Committee of the Society for the Prevention of Hydrophobia, in consequence of the refusal of the Government to introduce a Bill for the Suppression of Rabies in Dogs, have resolved to at once seek to promote its own Bill with that object in the House of Lords.

NORTHERN COUNTIES NOTES.

(From our own Correspondent.)

NEWCASTLE.

THE report of the Tyne Port Sanitary Authority shows that during the months of April and May the number of vessels inspected had been as follows:—British steamers 1154, British sailing vessels 469, foreign steamers 292, foreign sailing vessels 131, making a total of 2046. Fifty-eight cases of sickness had come under notice and had been investigated; one vessel having small-pox had been fumigated and the patient removed to hospital by the medical officer, Mr. H. E. Armstrong. There had been an increase of emigrants arriving in the Tyne en route to America. The annual meeting of the Cathedral Nurse and Loan Society has been held. This Society has increased so much in the recognition of the public and of the medical profession and the poor that the nurses have been unceasingly employed to the utmost of their time and energies. The majority of the cases have been of a severe character requiring much nursing skill, and calling for visits of the nurses of a prolonged and anxious nature, and the nursing throughout the year has been of a specially important character. The number of cases visited have been 1340, visits paid 14,615; 1416 dinners have been issued from the invalid kitchen, and many thousand separate articles of food. A small cottage hospital has also been established for convalescents by the Society. It is situated at Shotley Bridge, in the county of Durham, which at present provides seven beds for adults and children. The committee regret that the income of the Society for the past year has not met its expenditure by over £100. The Newcastle guardians on Tuesday last resolved by a very large majority to allow the late surgeon to the workhouse, Mr. N. Hardcastle, a pension of £80 per annum. Had it been much larger, Mr. Hardcastle would have well deserved it after his faithful service of thirty-three years.

THE WEATHER AND HEALTH IN THE NORTH.

The death-rate last week in Newcastle was the lowest ever recorded, about 13 per 1000. Some concern is felt about the appearance of small-pox in Hull owing to its frequent communication with Newcastle; but I believe Newcastle, as a city, was never so well prepared as at the present to cope with any infectious disease. The weather for the past week has been changeable, but on the whole cool for the time of year; it is remarked, however, that we rarely get settled or warm weather here before the 21st of June. But we believe that this is made up to us by very fine autumnal seasons, with a freedom from moisture and fogs. At Harrogate there was fine weather up to Wednesday last, when a thunderstorm passed over, accompanied with much rain; since then it has been cool but fair. At Ilkley the prospects of fine weather are more favourable, while at Saltburn it has been very changeable. At the watering places on the Northumbrian coast, warm, genial weather has been experienced during the week; cooler towards evening, with fair prospects of continued good weather. At Whitby the weather has been bright and warm during the greater part of the week, though the wind blew steadily from the east during the greater part of Wednesday.

THE EPIDEMIC OF PNEUMONIA AT MIDDLESBROUGH.

A local paper states that 275 deaths have taken place in Middlesbrough since last November from pneumonia. Dr. Malcolmson, the medical officer of health, who has asked for the inquiry now pending, stated at the meeting of the Town Council that he had attended sixty paupers with about one blanket to every five, and yet he had only five deaths. He also complained of the want of proper hospital accommodation for these cases, and stated that during the past month, of a mortality of 217 deaths, 103 were caused by pneumonia, bronchitis, and consumption. It is not known yet upon what class of people this enormous mortality has fallen, but most probably it will have been upon the working classes. The industries of the town cause much over-heating of the workers. Then, again, the situation of the place and its exposure to cold winds will probably be shown to have been the principal factors in producing the epidemic; but upon this point and others we must wait for definite information from the inquiry of Dr. Ballard, who is now on the spot. So far, with the