but when this is tried I would recommend beginning treatment before the child is nine months old, an age at which many children are already victims of tubercular disease. The scrofulous diathesis I would look upon as simply a certain level in that progressive deterioration which is constantly going on among our poor city dwellers and all others living at variance with the laws of health. That this deterioration is progressive, that it deepens with each generation, is absolutely certain, else it is impossible to account for the gradual decadence and ultimate extinction of such families.

I would venture to assert that the tubercle bacillus rarely effectually attacks the really healthy. The superior vitality of the perfectly healthy tissues defies its attack. It is a germ which has a peculiar affinity for the tissues of those wanting in vitality. Some disease germs attack the healthy and enfeebled with equal virulence; others, as that of typhoid fever, seem actually to prefer the well-to-do in health; but the tubercle bacillus has a decided preference for the tissues of those bankrupt in vital energy from any cause except, perhaps, senility. The tubercle bacillus being almost ubiquitous, so soon as a certain low level of health is reached tubercular disease lights up. In some, small-pox, syphilis, or some other exhausting disease, leaves the system in an impoverished state for a time, and the result is the appearance of tubercular disease; in a host of others, old and young, starvation, dirt, and want of fresh air devitalise to what might be called the tubercular level with a like result; but in the vast majority who develop tubercular disease the protective level of vitality has never been attained, a wretched parentage being unable to confer so much. These from the moment of conception are helpless against the attack of the tubercle bacillus, and succumb on first contact with the germ because of their vital poverty.

I am, Sirs, yours faithfully,

Northampton, Nov. 15th, 1890.

S. A. K. STRAHAN, M.D.

To the Editors of THE LANCET.

SIRS,—The opinion that I ventured to express in my letter of last week, that we shall ere long be able to cure the malignant growths by means similar to those employed by Koch for tubercle, has since, I am pleased to find, been confidently advanced by Professor Billroth. Such an opinion from such a quarter should stimulate research all over the world. It is not too much to say that the question is no longer whether these tumours are or are not parasitic, nor whether they are or are not curable, but rather who is to be the first to find the parasites, and who the first to devise a means of coping with them when found?

I am, Sirs, yours faithfully,

Guilford-street, W.C., Nov. 17th, 1890.

HARRY CAMPBELL.

"THE PROBLEM OF SCARLET FEVER AND THE NOTIFICATION ACT."

To the Editors of THE LANCET.

SIRS,—I observe in THE LANCET of Nov. 15th an annotation under the above heading, which makes the recent pressure upon our hospital accommodation, and the fact that we attributed it to the Notification Act, the occasion of the remark, "the Notification Act would be more triumphantly vindicated if it could be shown to keep the number of cases down to more modest proportions." I am never in a hurry to snatch results which are to be sought for in the health of the community, but I am unwilling that Glasgow experience should by any chance be quoted to the prejudice of notification. Perhaps, therefore, you will allow me to state that though there has been undoubted pressure upon our hospital accommodation through the demand for beds to receive scarlet fever, and in consequence we have had to fall back upon a reserve hospital which has not been used for twelve years, we have always had a surplus of empty beds, which, in most cities, would be considered as an adequate total provision for all circumstances. I mention this merely to show that we had prepared for the adoption of the Notification Act, and, consequently, have not brought upon ourselves a burden we are not able to bear.

But it is of more importance to notice that our experience, though short, all goes to prove that the Notification Act has been "triumphantly vindicated," not it is true by "keeping

the number of cases down to more modest proportions" in our hospitals, but *in the city*. I submitted to a recent meeting of the Committee on Health a contrast between eighteen weeks of a scarlet fever epidemic in 1880, when we had our last great demand for hospital beds owing to this disease, and the corresponding eighteen weeks in 1890. In the former period we had no compulsory notification, and hospital treatment was not so popular in Glasgow as it now is, thanks to the efficient management of Belvidere by Dr. Allan, backed by a wise local authority. The following are the figures:—

	Cases.			Deaths.		
	Hosp.	Home.	Total.	Hosp.	Home.	Total.
18 weeks, 1880 ..	416 ..	829 ..	1245	52 ..	161 ..	213
18 weeks, 1890 ..	697 ..	434 ..	1131	24 ..	15 ..	39

In other words, in 1890 we treated in hospital 62 per cent. of the cases known; in 1880 only 33.4 per cent.; in 1890, of all the deaths in the city from scarlet fever, 62 per cent. took place in hospital; in 1880, only 24.4 per cent. The practical outcome is that, although the pressure on our hospitals was much greater in 1890 than in 1880, only thirty-nine lives were lost, as compared with 213. In submitting these figures I drew no inferences, and now I only say that they seem to contain nothing to the disadvantage of notification. Seven years ago, in a "Memorandum on the Hospital Accommodation for Infectious Diseases in Glasgow," I discussed the question, "What will be the effect of compulsory notification upon the proportion of cases treated in hospital?" and my reply was: "There can be no doubt that a larger proportion of the total infectious disease in the city will come into the hands of the local authority for hospital treatment," but, I added, "prevention is the aim and the *raison d'être* of hospitals and sanitary organisation; and the evidence of the success of prevention, in so far as isolation is concerned, is and may be formulated as an increasing proportion isolated of a diminishing total quantity of infectious disease existing. The acme of this success will be the largest proportion isolated of the smallest quantity of disease existing." Our short experience seems to point towards the attainment of this standard of success.

I am, Sirs, your obedient servant,

JAS. B. RUSSELL,

Glasgow, Nov. 19th, 1890.

Medical Officer of Health.

"REFINEMENT IN OPERATIVE SURGERY."

To the Editors of THE LANCET.

SIRS,—Under the above heading in your issue of Oct. 25th last appeared a letter on rectal operations, signed by "Gynæcologist." The extravagant language employed, the ignorance of the subject shown, and, above all, the imputing of dishonourable conduct to professional brethren appeared at the time to render your anonymous correspondent's letter unworthy of notice; nor should I venture to refer to it now had it not been for the mischief I know it has caused. I will not discuss the question of indecency referred to by your correspondent, for I do not for a moment believe that such an idea could in any way be suggested by the position of the patient in a surgical operation. There is only one decent position for any operation, and that is the one which affords the best view for the necessary manipulation. As a matter of fact, with the usual arrangement of the towel, there is no exposure either in the lateral or lithotomy position. I do not know what your correspondent's experience of rectal surgery may be, but I do know that it would be to the greatest detriment to the patient if any particular position were insisted upon. Many cases of hæmorrhoids, fistulæ, and other troubles can be efficiently dealt with in the lateral position if the light be good and an assistant at hand. In other instances the only position that can be adopted with due regard to the safety and success of the operation is the lithotomy one.

Every operator of experience, when cutting any distance from the anus, knows how an unexpected and violent hæmorrhage may occasionally occur; a patient's life, indeed, may be in imminent risk from such a cause. The advantage of the lithotomy position can be best appreciated by those who have had to face such an accident. Again, in many cases of fistulæ the better view that the back position affords alone saves the operator from overlooking diverticula, which, undivided, will spoil the success of the operation. Perhaps, too, we should not so often hear of

second operations for anal ulcer, which are in reality often but the outlet of a sinus, had the part been properly exposed on the first occasion.

I will venture to say, Sirs, in conclusion, that the more light in every sense that is thrown upon an operation, the greater the benefit to the patient, and, notwithstanding the threats of your correspondent, I trust that surgeons will continue to operate in the lithotomy position for all rectal cases of a difficult or doubtful nature, and surely the judge as to what position is best for a particular case is neither "Gynaecologist" nor his female attendants, but the surgeon upon whom the whole responsibility of the operation rests.

I am, Sirs, your obedient servant,

November, 1890.

HARRISON CRIPPS.

LIFE ASSURANCE AND THE MEDICAL PROFESSION.

To the Editors of THE LANCET.

SIRS,—The profession ought to be much indebted to you for your Special Supplement on the above subject. My experience is that most men insure their lives with less inquiry about the offices they insure in than they make about buying a new horse. I have asked scores, "Why did you insure in the — Office? What advantages has it over others? How much of your money is to go away from you for "management" in the — Office?" Very few indeed have been able to answer these inquiries satisfactorily; and this about a matter on which may depend their children's bread! I am no actuary, but I have paid some attention to life insurance as it affects myself and my professional brethren, and I often look over the yearly Insurance Blue-book. I think there are certain plain business principles that all men should look to, and that all can understand in regard to this matter:—

1. Have nothing to do with any office that spends much on commission and management. Every penny that goes as commission is out of your pocket, and is lost to you. The lower the management expenses the more money your children will have. In my opinion every office ought to manage itself on 5 per cent. of its gross income or less.
2. See that the accumulated funds are invested in this country, and that they amount to about one-third of the total policies.
3. Insure at the cheapest rates to begin with, and not too much at a time.
4. Next, insure on the system by which only a limited number of payments are made.
5. When you next insure do so on the endowment plan, so that you may have at sixty or so as much money coming in from your policies as will by its interest pay your first insurances, and thereby set you free from any further payments out of your ordinary income. To have to pay premiums after sixty is usually very burdensome. Most medical men's incomes are then shrinking.
6. Never be persuaded to insure by an agent; always go to head quarters, and always try several offices before you fix on one.
7. Try to see and study the yearly Insurance Blue-book before you insure. This will widen your whole grasp of the subject.
8. If you want to insure simply as an investment, and you know your life to be a good one, pay the premiums down in one lump sum, as you get each £100 or so saved. Some offices are much cheaper by this plan than others; so try a number before you fix on one.
9. Remember you can deduct your premiums each year from your income on which you pay income-tax.
10. If you have sons growing up, and you can afford it, effect an insurance on each when they are about eighteen or twenty. If this is done in an office where the premiums diminish after the first five years, what could be a more suitable present to a son on getting married or settled than such a policy, on which he would have only a small yearly sum to pay? What step more calculated to teach him thrift and providence all his life? And at that age he will not have had any diseases that will cause increased premiums to be put on his life.
11. Do not put all your eggs, or even most of them, into one basket. There are many good offices to choose from.
12. Try to realise that, were we wise, prudent, and business-like, one thousand medical men of good health and good habits could form a mutual insurance fund, employ a committee to receive the money and invest it in railway debentures, a clerk to send the notices and keep the books, and so save probably 20 per cent. on the present premiums paid to the average offices.
13. Effect your first insurance the moment your income exceeds your wants. The sooner it

is done, the cheaper is the rate to be paid all your life. 14. If you are having children, effect an extra moderate insurance on your life when every child is born. 15. Look on insurance as being just as much a necessary condition of modern social life to every man who has no fortune as honesty and honour in life. You certainly have no moral right to beget paupers for others to support.

T. S. CLOUSTON.

Royal Asylum, Morningside, Edinburgh, Nov. 24th 1890.

DIPHTHERIA IN KENSAL TOWN.

To the Editors of THE LANCET.

SIRS,—I should like to be permitted to make a few remarks on this matter in reply to the annotation which appeared in your issue of Nov. 22nd. As medical officer of the Kensal Town district of the Chelsea Union, and having practised here for the past eleven years, one would think that, serving in this capacity, I should have had at least some cases of this complaint to attend to either as private or public practitioner. Such, however, has not been the case. I have not reported one this year. It would be interesting to know the percentage of deaths to cases reported, for I cannot help thinking that some, at least, of the cases reported have been mistaken as to their diagnosis. I know of two cases where this diagnosis was not confirmed after a second opinion had been asked for. If this be true, it would give Kensal Town a worse name than it deserves. As to the origin of the disease, Dr. Seaton's large experience leads him to give a very guarded opinion. I should just like to throw out this remark: that until diphtheria makes its appearance, there is no suspicion of imperfect drainage; but once established, drains may be found faulty, as the following cases will show.

About five years ago I was called in to attend a family of six children and two adults. They lived in two upper rooms of a house, using the back one principally for the children. They had always noticed a very unpleasant smell in this room. The first child attacked was the worst case of diphtheria I ever saw. On attempting to look down his throat, one looked upon a complete curtain of diphtheritic membrane extending from the hard palate on to the tongue. This I removed three times, using the French method of applying solution of chloral hydrate. After the third removal it did not return. Half of the children had this disease, the other half had scarlatina; the mother also had a bad throat and aborted; she was kept in the front room. The whole family recovered. I suspected the drains, my theory being that the warm air of the back room drew the foul air from the drain up the stack-pipe of the wash-house along the gutter into the window. The drains were examined, and found to be improperly trapped, and the connexion with the sewer imperfect; this was at once made good, and all smells were removed.

Another writer in THE LANCET a few weeks ago advanced the theory of damp being the cause of this disease. There may be a great deal of truth in this, as in this part we are situated on a thick clay soil, and the houses are very close to the ground, so much so that I have heard complaints of the carpets soon rotting. An attempt has been made to prevent this by putting in ventilating plates to get a current of air under the floors. I think these remarks are worth consideration, in endeavouring to arrive at a solution of the etiology of diphtheria.—I am, Sirs, yours truly,

Harrow-road, Nov. 25th, 1890.

A. L. GRIFFITH.

HYDERABAD CHLOROFORM COMMISSION.

To the Editors of THE LANCET.

SIRS,—Having noticed in your columns several letters and addresses on the administration and effects of chloroform, and the diversity of opinion that appears to exist on this important question, I should like to record what I have myself witnessed during the past eighteen months. By the kind permission of Surgeon-Major Lawrie, the Principal of the Hyderabad Medical School, I have been present at numerous and severe operations performed by that surgeon at the Afzul Gunj Hospital, and during this period I have never seen the slightest ill effects result from the administration of chloroform, though sometimes in abdominal operations the patient has been kept under the influence of the anæsthetic for from an hour and a half to two hours. It has