of the male population at the reproductive ages. After correction of this disturbing cause the Jamaica population in 1883-4 was estimated at 591,819; the calculated birth-rate for the year being 36.1, showing a decline of 4.5 from the rate in the preceding year. The death-rate was equal to 22.7 per 1000, comparing very favourably with the rates prevailing in most of the other West Indian islands. Bearing in mind the tropical climate, and the noticeable fact that 59 per cent. of the children are illegitimate, the amount of infant mortality is comparatively low. The deaths of infants under one year of age did not exceed 16 per cent. of the recorded births. In some of the parishes, however, the rates of infant mortality were excessive; they were 18.6 in Kingston, 20.8 in St. James, and 23.6 in Trelawny. Another fact bears testimony to the favourable health condition of the island—namely, that more than 10 per cent. of the deaths were of persons aged upwards of seventy-five years. It is probable, however, that this proportion is somewhat unduly raised in the year under notice by the small number of deaths of young adults recorded in Jamaica, owing to the absence at Panama of so large a proportion of male adults. Very little confidence can be placed upon the causes of death in Jamaica, owing to the fact, again commented upon by the Registrar-General, that in nearly 90 per cent. of the deaths out of Kingston parish no medical evidence of the cause was forthcoming. It may be noted, however, that the 12,673 deaths in the island during the year included 1845 in which the assigned cause was "fever" (form undistinguished), 802 from diarrhoeal diseases, and 109 from measles. The number of deaths referred to scarlet fever, diphtheria, and enteric fever were not numerous, and no deaths were reported from small-pox, typhus, or whooping-cough. It is to be hoped that measures may be taken to improve the nature of the evidence of causes of death, the unsatisfactory and untrustworthy character of the information on this point detracting much from the practical value of a health report for sanitary purposes.

THE SERVICES.

WAR OFFICE.—Coldstream Guards: Surgeon Jas. Magill, M.D., to be Surgeon-Major, vice C. C. Read, retired.

ARMY MEDICAL STAFF.—Brigade Surgeon Austin Jonas Ferguson is granted retired pay, with the honorary rank of Deputy Surgeon-General; Surgeon-Major Abraham William Bate, M.D., is granted retired pay, with the honorary rank of Brigade Surgeon.

INDIA OFFICE.—The Queen has approved of the following promotions among the officers of the Indian medical establishments made by the Governments in India:—Brigade Surgeon Henry Cook, M.D., of the Bombay Medical Establishment, to be Deputy Surgeon-General (supernumerary). Surgeons Alexander John Willcocks, Timothy Moloney, Charles Washington Shirley Deakin, Henry Kellock McKay, and Frederick Robert Swaine, of the Bengal Medical Establishment; Surgeons Hazlett Allison and Thomas James Hackett Wilkins, of the Madras Medical Establishment; and Surgeon Matthew Lorenz Bartholomeusz, of the Bombay Medical Establishment, to be Surgeons-Major.

Surgeon-Major O. T. Duke has been appointed to the medical charge of the Boundary Commission, vice Surgeon Owen, C.I.E., appointed Surgeon to Sir F. Roberts, Commander-in-Chief.

ADMIRALTY.—The following appointments have been made:—Staff Surgeon R. Fitzgerald, to the *Britannia*, additional, for temporary service; and Surgeon Timothy J. Crowley, to the *Esper*.

ARTILLERY VOLUNTEERS.—1st Banff: J. Irvine McArthur, Gent., M.B., to be Acting Surgeon.—1st Caithness: Honorary Assistant-Surgeon David McGregor Sutherland, M.D., resigns his commission.—3rd Middlesex: Surgeon John Cook, M.D., is granted the honorary rank of Surgeon-Major.

RIFLE VOLUNTEERS.—2nd Volunteer Battalion, the Lincolnshire Regiment: Acting Surgeon George Frederick England to be Surgeon.—1st Stirlingshire: Surgeon and Honorary Surgeon-Major William Johnston resigns his commission; also is permitted to retain his rank, and to continue to wear the uniform of the corps on his retirement.—1st Volunteer Battalion, the Queen's (Royal West Surrey Regiment): Walter Rosser, Gent., M.D., to be Acting Surgeon.

Correspondence.

"Audi alteram partem."

THE FELLOWS AND MEMBERS OF THE ROYAL COLLEGE OF SURGEONS.

To the Editor of THE LANCET.

SIR,—May I be allowed a few words of criticism on Mr. Godlee's letter, which appeared in your issue of the 14th ult. Several reasons are there stated why Members should be contented and not strive after any power in the management of the College; and amongst these reasons occurs that of the possession of one of the finest libraries in the world. True, but Mr. Godlee should in all fairness have added: "A library that is so restricted in its use as to be practically one of the poorest," for obviously the value of a library depends quite as much on the facilities offered for its use as on its collection of books. This library, of which Members are to be so proud, is open only thirty-seven hours in the week, of which twelve are in the busiest time of a medical man's day; even this short time is broken into by the College examinations, and in so irregular a manner that it becomes necessary to consult THE LANCET before going there to see if it is open or shut. Only a week or two back, owing to my journal being mislaid, I spent one hour and a quarter in going to the library and coming back. It was closed for examinations. Another advantage that Members are said to enjoy is the possession of a museum; but, when I worked there, if one touched a preparation or moved it round to see the back one was shouted at by the officials in terms more forcible than polite. Besides, there is the payment of the officials, by whom, so far as the entrance hall is concerned, I have been addressed more rudely than in any other college that I have been into, and this, even at a time when the possession of the membership should at least have secured me civility. These are advantages that no doubt the majority of Members fail to see. Whether giving the management of the College into the hands of the many, instead of, as at present, retaining it in those of the few, indeed very few, would not be a change for the better, remains to be seen, but at all events, it seems to me it would promise movement, an alteration much wanted.

I am, Sir, yours obediently,

Nov. 18th, 1885.

R. W. GREENISH.

DISEASED MEAT.

To the Editor of THE LANCET.

SIR,—I have read with pleasure your annotation of Nov. 28th, on a lecture recently delivered by me to my class on the subject of diseased meat, and I venture now to ask you to allow me to so far intrude on your space as to show the medical profession how much need there is for the making of a special effort by all sanitarians—medical and veterinary alike—to induce the Legislature to initiate more stringent regulations than at present exist in connexion with the sale of milk and flesh from diseased animals. In the first place, I would like to direct attention to a fact little understood or realised by the members of the medical profession, but one which has a terrible meaning when fully taken cognisance of—viz., that a dairyman cannot be prosecuted for selling milk from any animal unless that animal is at the time the subject of a disease recognised by the Privy Council as contagious, and inasmuch as only the following maladies, cattle plague, foot-and-mouth disease, and pleuro-pneumonia, are so recognised, it follows that a cow may be the subject of anthrax, rabies, tuberculosis, or any other similar affection, and her owner can dispose of her lactiferous products without let or hindrance. Granted that in anthrax and rabies the yield of milk is small and the risk of infection by ingestion remote, such a comforting assurance cannot be entertained in the light of our present knowledge in reference to tuberculosis. It is a well-known fact that phthisical cows in whose udders tuberculous processes are going on yield a comparatively large quantity of milk; and the further fact, that milk from animals so affected is charged with bacilli, is equally well known; but it is not so generally recognised that tubercular mammitis is of very frequent occurrence. Some years

ago I was of opinion that tubercular mammitis was comparatively infrequent. Of late years, whether from more accurate observation or from the fact that they have really become more common I know not, I have frequently met with them both in the living and dead animal. Perhaps the recital of some facts which have recently come under my notice may serve to direct the attention of sanitarians to this all-important subject. A few weeks since, while prosecuting my duties as veterinary inspector to the local authority of the city of Edinburgh, I was asked by one of my assistants to proceed to a street at a little distance from the cattle market to look at a cow that had been refused admittance by the market superintendent. I found a very good looking young cow, in good muscular condition, standing at the side of a street in a state of great exhaustion, and showing unmistakable signs of the existence of pulmonary and mammary tuberculous lesions; but the udder was overcharged with milk to such an extent as to lead to a very active overflow from every teat. What could I do? I had no power to seize the animal, nor could I prevent her from entering the market for the purposes of sale. On inquiry I found that the cow had been purchased at a public auction three weeks previous for £5, and after some consideration I decided to accept all responsibility attaching to the proceeding and ordered the cow to be taken to the abattoir. Post-mortem examination revealed one of the worst cases of pulmonary and mammary tuberculosis I have ever seen. Observe the sequel. Four minutes after I had sent this animal to the slaughter-house I found another cow in the market in an advanced stage of tuberculosis, giving, however, no milk; she was sold subsequently for 30s., and doubtless her flesh was chopped up for sausage-meat. About the same time I was asked by the market inspector to examine a large quantity of beef which had been seized in a sausage manufactory. A number of the pieces were liberally besprinkled with fibrous tubercle. Shortly afterwards I was walking through a yard devoted to the doubled purpose of a live and dead meat market, when I incidentally walked up to the carcase of a sow for the purpose of showing one of my young pupils the method usually adopted by butchers of disguising the carcasses of nursing sows—viz., by stripping the teats with the fingers. On turning the abdominal section aside I discovered that every one of the mammæ was thickly bestudded with miliary tubercles. On meeting the market inspector shortly afterwards, I advised him to seize the carcase. This was done, and when it was cut up for the purpose of boiling it down, it was found that the whole of the dorsal vertebræ were tuberculous.

To-day I saw a cow sold by public auction with unmistakable signs of pulmonary and mammary tuberculosis. I saw two other cows standing in another yard waiting their turn to be sold; and on inspecting a sale byre I observed a short-horn cow in whose system the usual evidences of pulmonary and mammary tuberculosis existed. On inquiry I was informed that she was kept to supply milk for the family of the owner, as she was not considered fit for sale purposes. These are facts which require no further comment from me, and which, I think, justify me in saying that it is time steps were taken with the object of doing away with a great public scandal and a greater public danger.

My friend, Dr. Littlejohn, medical officer of health for the City, is conversant with the particulars of some of the cases I have here cited, and I am very pleased to be able to acknowledge that at all times he is ready to extend a helping hand to me in my researches in this direction.

Before concluding, I should like to direct attention to what I consider several misleading (unintentional doubtless on his part) statements made by Dr. Handford in an article published in your journal of November 28th and December 5th. 1. Mr. Handford says, "As they [domestic animals] produce no sputum, no tubercle bacilli are set free from the respiratory tract"; further on he says that the "presence of tubercle bacilli has been demonstrated in the breath of phthisical patients." His first observation assumes that sputa must be present to produce infection; his second, that the expired air is infective. But taken for granted that infection usually takes place through the medium of sputa, I would ask by what or on whose authority he bases his first statement? If cows do not spit, in the ordinary acceptation of the term, they very largely expectorate when suffering from bronchial or bronchopneumonic affections; and even if they did not do this, there is frequently a copious discharge of a catarrhal nature in pulmonary tuberculosis from the nostrils; and further,

the matter from the bronchial tubes, trachea, and larynx not so expelled is swallowed, and contaminates the grass through the medium of the fæces when animals are at pasture. But, putting all this aside, it is a well-known fact amongst veterinary surgeons that pulmonary tuberculosis is spread amongst cattle through the medium of the expired air from the lungs of phthisical patients. 2. In speaking of tubercular mammitis in cows, Dr. Handford states that it is of "exceptional occurrence." Unfortunately, he is very wide of the mark in making this statement, and I am afraid he has not read the very excellent paper on this subject recently published in some of the veterinary periodicals from the pen of Professor Bouy of the Copenhagen Veterinary School. 3. Dr. Handford refers to improperly cooked tuberculous flesh as if it were comparatively innocuous. Are sausages, I may ask, always properly cooked? I have already stated that I have seen beef besprinkled with miliary tubercles cut up for the purpose of being converted into these delicacies.

I am, Sir, yours obediently,

THOMAS WALLEY.

Royal Veterinary College, Edinburgh, Dec. 8th, 1885.

THE NATURE OF PERITYPHLITIS.

To the Editor of THE LANCET.

SIR,—At the last meeting of the Clinical Society, Mr. R. J. Godlee read a paper on a case of Suppuration around the Vermiform Appendix, under the care of Dr. Barlow and himself, in which he had performed the daring operation of opening the abdomen and draining the peritoneal cavity, with a very successful result. The discussion which followed turned almost entirely on the surgical aspects of the case. Had there been time, I should like to have alluded to the subject from a medical standpoint.

The case, if I mistake not, is one of a not uncommon class, generally described as perityphlitis (sometimes typhlitis, or inflammation of the cæcum), occurring most often in young adults of fairly good health, not usually phthisical or strumous. The affection is not specially preceded by constipation; it is acutely febrile in its nature; it commonly terminates in recovery; and it is very apt to recur more than once in the same individual. When it has caused death, suppuration is found around some part of the cæcum, especially, however, about the appendix; and this tube is sometimes found perforated. In some cases foreign bodies, concretions, or "hardened fæces" have been found in the appendix.

Thus far I have stated facts, all, I believe, readily substantiated. The experience of most practitioners will bear out many of them, and the records scattered through the medical periodicals (many of which I have gleaned from the invaluable "Digest") supply further proof. I may particularly refer to Dr. S. Fenwick's lecture on Perforation of the Appendix, which appeared in THE LANCET of last year.

What, then, is the cause of this perityphlitis? Some would say, the lodgment of foreign bodies in the appendix or the retention of fæces. But, according to Dr. Fenwick's statistics, in much less than one-half (55 out of 125 cases, including 14 of "hardened fæces") of the cases of fatal perforation is there any evidence of such lodgment found. Moreover, as he admits, in numerous instances in the post-mortem room the appendix is found after death to contain shot, seeds, lumbrici, &c., without any ill results having been apparent. I did not gather that in Mr. Godlee's case he was able to feel any solid body in the appendix, although he explored it with the finger. This cause, then, if it exists at all, is insufficient to account entirely for the disease. Nor am I prepared to offer any complete theory to explain its nature. But I wish to offer a suggestion. The appendix is thickly studded with lymphatic follicles, such as occur scattered over the cæcum, and in smaller numbers in the rest of the colon. They are identical with the solitary glands of the small intestine, and of the same structure as the agminated glands and the tonsils. The suggestion that I have to make is that perityphlitis is strictly analogous to quinsy. Quinsy is generally agreed to be a suppurative inflammation occurring in the connective tissue upon or beside one tonsil; perityphlitis is such an inflammation in the immediate neighbourhood of the lymphatic follicles, which form a dense lining to the appendix. Both are affections of adolescence,