the profession, whether, in feeding by the nostril or the mouth, the "moral effect is most satisfactory;" also whether "an operator goes beyond the proper functions of a surgeon" in employing the stomach pump, and not in making use of the nasal tube; also whether, in forcibly administering food to a patient who offers all the opposition in his power, the passing a tube through the fauces or through the nostril is the easiest and safest operation; and, also, whether "the degradation attendant on the stomach pump procedure" is greater than the indignity of feeding a man through the nose.

Let it be assumed that we are all equally desirous to do the best we can for our patients; and let not those who prefer feeding through the nose impute malice or ignorance to us others, who, holding the old-fashioned notion that the nostrils were made for breathing, and the mouth for feeding, prefer to feed our patients (when "forcible feeding" is necessary) through the mouth.—I am, Sir, your obedient servant,

T. LAWES ROGERS.

County Asylum, Rainhill, near Prescott, Dec. 24th, 1872.

MALARIAL FEVERS AND PHTHISIS.

To the Editor of THE LANCET.

SIR,—In your review of the *Annus Medicus* 1872, the following passage occurs:—"En passant, we may remark that the records of Netley Hospital should supply valuable data on the antagonism of ague and tuberculosis, for malarial diseases form a part of the medical history of the larger number of cases that pass through that establishment."

This subject has not escaped attention at Netley. I thus noticed it in my report on the medical division of the Royal Victoria Hospital for 1870, which you will find in the appendix to the Army Medical Report for that year:—"Phthisis, as might be expected, ranks as our most fatal disease. The opinion put forth by Boudin, by Nepple, Drake, and others, that phthisis is a rare disease in malarial climates, meets with no support from our experience at Netley. British troops serving in the most malarial climates of India enjoy no exemption from this disease. On the contrary, there is much reason to believe that the distressing effects of the malarial poison on the constitution is a powerful aid to the vitiated air of barrack-rooms in at least predisposing to this disease. Out of 2769 cases of phthisis admitted since the month of March, 1863, to the 31st of December, 1870, India furnished 1169."

It must be understood that the term phthisis is here used in its modern pathological sense, and includes not only cases of tuberculosis, strictly so called, but also every form of destruction of lung tissue resulting from the metamorphosis of exudations deposited in the course of previous inflammatory affections of the lungs.

I am, Sir, your obedient servant,

W. C. MACLEAN, M.D.

Royal Victoria Hospital, Netley, January, 1873.

FLAP OPERATION FOR CATARACT.

To the Editor of THE LANCET.

SIR,—I was glad to read Mr. Watson's observations commenting on my last letter, as it must strengthen my position, especially upon the important point of the relation between S. and the operation performed. The cases in which S. = $\frac{2}{3}$ are very rare by the Graefean method, but not at all uncommon in flap extraction. Only this afternoon I have seen a gentleman upon whom I operated by flap extraction two years ago. Although he had been blind for several years, he now hunts a pack of hounds and can read brilliant type with a + 2 $\frac{1}{2}$.

Dr. Taylor's letter calls for a few observations. Although I myself have never performed his last operation, I have seen a few cases in which it has been performed, and my opinion remains unaltered. And this opinion is further confirmed by Dr. Taylor's own statement; for, after admitting that the operation is difficult and tedious, he says that out of twenty-nine eyes operated upon by his method, "some will require treatment for obstructing capsule, two suffered from iritis and closed pupil" (I should call these failures), "three present double pupils which will require subsequent treatment." Now Dr. Taylor does not say how many require treatment for capsular obstruction, but "some" can

hardly mean less than four. So that I conclude that out of the twenty-nine cases two are practically failures, and seven will require further treatment. Further comments upon the operation, after this, would, I think, be useless. Dr. Taylor says that Mr. Carter has "adopted" his operation. I was well aware that Mr. Carter had *performed* it in several instances, as has Mr. Bowman also in a modified form, but I did not know that either of these gentlemen had "adopted" it.

In conclusion, let me thank Dr. Taylor for his kind invitation to be present when he exhibits his cases and performs the operation, and assure him that I shall not fail to do so if time and circumstances permit.

I am, Sir, your obedient servant,

CHRISTOPHER JEAFFRESON.

Newcastle-on-Tyne, January 4th, 1873.

"OPHTHALMIC SURGERY IN GLASGOW."

To the Editor of THE LANCET.

SIR,—I am sorry to observe my name used in an article headed "Ophthalmic Surgery in Glasgow" in last week's LANCET. I am glad, however, that this affords me an opportunity of stating that I had nothing whatever to do with the notice in the *Glasgow Herald* regarding the opening of the new institution nor with the circular to which you refer. The operation of transplantation, not corneal but conjunctival, was performed by me at the institution, and I submitted the patient to the meeting of the Glasgow Medico-Chirurgical Society on the 6th December. In the paper then read I give full credit to Mr. Power, the originator of corneal transplantation, with whom, indeed, I have been in regular correspondence on the subject. The paper will be published *in extenso* in the *Glasgow Medical Journal* for February.

Yours, &c.,

J. R. WOLFE, M.D., F.R.C.S.E.

Glasgow, January 8th, 1873.

THE PUBLIC HEALTH ACT.

To the Editor of THE LANCET.

SIR,—Permit me to tell the story of the Public Health Act, 1872, in this district. The Board of Guardians of the Barnstaple Union having been told that Mr. Wodehouse, the local Poor-law inspector, was prepared to advise them on the matter of appointing medical officers of health, arranged to have an interview with him at the board-room as soon as convenient to him. The 6th of December was fixed, and upon that day Mr. Wodehouse arrived. He advised them to join with other unions, and appoint one medical health officer, remarking that the district medical officers were not competent for the duties of health officers. The unions he proposed for amalgamation were situated in three counties—Devon, Somerset, and Cornwall,—and contained about 90,000 inhabitants spread over an area of half a million acres. The guardians appeared to accept his advice, and made preparations to carry out his proposal. They ordered their clerk to communicate with the several unions and lay the replies before the board on the 20th inst. He did so, and on that day produced replies from all the unions consenting to attempt such an arrangement as had been proposed. In the meantime, however, other influences had been working. A letter had appeared in a local journal showing another side of the question, and, to the surprise of many, the scheme of the inspector was thrown over, and it was determined to have nothing to do with the Local Government Board, but make all the district medical officers health officers, if they were agreeable to it, on these terms—that whenever an occasion arose for a report from a health officer, the guardians would pay one guinea for such report, with mileage at the rate of one shilling a mile. The same arrangement had very recently been made by a board of guardians of a district of Exeter, of which Sir T. Acland was chairman, and this most likely was the reason of a similar thing being done in the present instance.

Most probably the district medical officers will accept these conditions, although the arrangement is a peculiar one; but anything is better than the impossible scheme of the inspector. Now, what an opportunity the Local Govern-

ment Board have lost in this instance through the unwise advice of their Poor-law inspector. I believe the Barnstaple board of guardians were prepared to carry out any reasonable plan which was subjected to them, and, by accepting the Government money, would have placed their health officers under the jurisdiction of the Local Government Board; but as soon as they saw the impracticable nature of the inspector's scheme, they at once took the matter into their own hands, and made the arrangement mentioned.

I will say nothing about the way this arrangement will probably work, but, lamenting the "muddle" made by the Local Government Board, trust others may be encouraged to resist similar attempts made by a Poor-law inspector to carry out impracticable and impossible measures.

Believe me, Sir, yours faithfully,
Barnstaple, 21st December, 1872. A. FERNIE.

TANGIER AS A WINTER RESORT FOR INVALIDS.

To the Editor of THE LANCET.

SIR,—Excessive or injudicious praise will, in the long run, injure the character of man or place more surely and effectually than any amount of abuse. I fear Tangier runs some such risk at the hands of Dr. Leared.

The facts of his letter are true, except in one small particular, yet the general impression it would convey to a stranger is far from being a true one. Dr. Leared says that the rain in November "lasts some days"—he might have said "some days at a stretch." The wet season varies in different years from three weeks to two months; generally it lasts from four to six weeks; during this time some rain falls nearly every day, and, thanks to the proximity of the Atlantic, a steady pour of three or four days' duration is not very unusual.

Dr. Leared admits that the sanitary arrangements of the town are "defective." This is a very mild term to express the actual state of things. Refuse of every sort is thrown into the street, whence it is collected in a very perfunctory manner by a few old men with wretched pannier-laden donkeys; they shoot it just outside the walls of the town, where it rots in the sun, constantly turned over by filthy rag-pickers. The stench is fearful.

In various parts of the town are tan-pits, where morocco leather is made; evidently animal decomposition plays an important part in the Moorish idea of tanning, and the putrid, faecal odour is most disgusting. At Martin's Hotel with me were several phthisical patients, most of whom complained much of nausea and loss of appetite, caused by the stinks. On one side of the house was a large stable-yard, generally crammed with animals, ankle-deep in dung, and reeking with sulphide of ammonium. In front of the house, as in other parts of the town, was a most offensive privy, quite public; cesspools abound everywhere. Still, as Dr. Leared says, the town is generally healthy, probably owing to the fact that it is built on a steep slope with good natural drainage.

The necessities of life are cheap; milk, eggs, and poultry very cheap and good; meat also cheap, but thin and stringy. Fruit and vegetables are also abundant, but all else must be got from Gibraltar and is dear. Communication with the Rock during the winter is often irregular and uncertain.

After visiting most of the Mediterranean sanatoria, I should say that no one of them is equally suited to all cases of phthisis, but if the question lay between Tangier and Algiers, most certainly the latter would be preferable for the majority of patients.

A man who can ride on horseback, can walk fairly, is fond of out-door sports, has a good digestion, and not too sensitive a nose, will find at Tangier a moist, equable climate, and much to interest and amuse him; all others should stop away. It is not true that Tangier is absolutely free from the sirocco, though its occurrence is rare; during a residence of four months in Algiers there were only three days of this wind; it is much more talked of than felt, at all events, in the winter.

I should like to say more about Algiers, and even to say a word for Palma de Majorca, but my letter is already long, so I will at once subscribe myself your obedient servant,

January 7th, 1873.

R. Y. C.

"CONSCIENCE MONEY."

To the Editor of THE LANCET.

SIR,—As anyone may see by the daily papers, the Chancellor of the Exchequer derives no little revenue from a number of unknown persons, whose consciences are happily tender enough to make them feel uneasy till they have rendered unto Cæsar the things which are his due.

Well would it be for the members of our profession, and their families so often left destitute, if some means could be devised by which a tithe even of the sums so dishonestly filched from them in various ways could be restored.

There have been many public notices lately of the bare-faced and shameless manner in which medical charities and practitioners are systematically robbed by applicants *in formâ pauperis*, who are poor in spirit only and not in means. The other day, while travelling in a second-class railway carriage, a person, who, as far as dress goes, might have been a gentleman, was showing to a friend a pair of spectacles, and boasting how cheap he had got them at a well-known metropolitan hospital. He further said he had been "put up to the dodge." Besides getting his glasses cheap, he had his eyes examined and advice given.

No doubt there are here and there individuals who, while well-dressed and comfortable-looking, may yet be suffering from "scantness of cash"; but it is absurd to suppose that this can be true of the swarms of showily clad persons who daily hang about our sick palaces, and who, on any other occasion, would not be slow to resent the imputation of being poverty-stricken.

Might I venture to suggest that, confronting all applicants, there should be in our out-patient rooms a box with some such superscription as this:—"Conscience money.—An appeal is made for contributions to all who are, or have been, abusing the charity of this hospital."

The really poor would not feel hurt at this, while sacrilegious plunderers, who have a bit of unseared conscience left, might be scared away, if not made to disgorge.

Yours obediently,

W. F.

Jan. 7th, 1873.

LIVERPOOL.

(From an occasional Correspondent.)

IN this large town, which is certainly not understocked so far as our profession is concerned, it is sad to see the delay which still occurs in seeking medical aid in difficult and dangerous cases. Quite recently one practitioner was requested to see a case of strangulated hernia of several days' duration, where the patient, a woman aged seventy-five, had been making repeated efforts, aided by a female friend who was also the subject of hernia, to return the bowel. The usual operation was performed, but the bowel was found in a state of sphacelus, and the patient sank five days afterwards. It cannot be urged that this delay arises from any difficulty in procuring medical aid, as the amount of gratuitous medical service rendered in this town, quite apart from the hospital and dispensary practice, is enormous.

Opportunities of making post-mortem examinations of the bodies of newly-born infants are, unhappily for the moral character of Liverpool, only too frequent, in consequence of the number of bodies found in the streets, ash-pits, privies, on waste land, &c. Most usually they are the bodies of fine large children. It is too clear that they have generally died from want of proper attention, while more rarely there have been appearances of violence. These bodies are generally conveyed to the dead-house, a most comfortless apartment for the living, some of whom, in the persons of members of our profession, have at times to spend several hours together in it. Till recently there were no conveniences, such as basins, towels, &c., and the whole place was in a most dirty and neglected state; but, on application being recently made, the parochial authorities have caused the above deficiencies to be supplied, and the place well cleaned once a week.

Several hundred pounds are yet required before the whole amount needed for the completion of the new infirmary buildings is reached, and as the lecturers and many of the