The 733 deaths from all causes were 89 in excess of the number in the previous week, and included 102 which were referred to the principal epidemic diseases, against 98 and 79 in the two preceding weeks. Of these 102 deaths, 54 resulted from infantile diarrhoeal diseases, 21 from scarlet fever, 12 from diphtheria, 10 from measles, 4 from whooping-cough, and 1 from enteric fever, but not one from small-pox. The mean annual death-rate from these diseases was equal to 2·3, against 2·5 per 1000 in the large English towns. The deaths of infants (under 2 years) from diarrhoea and enteritis, which had been 41, 65, and 48 in the three preceding weeks, rose to 54 last week, of which 26 were registered in Glasgow, 7 in Dundee, 5 in Greenock, 4 in Aberdeen, and 3 each in Edinburgh and Perth. The deaths attributed to scarlet fever, which had been 13, 14, and 10 in the three preceding weeks, rose to 21, and comprised 7 in Glasgow, 5 in Aberdeen, 4 in Dundee, 3 in Paisley, and 2 in Edinburgh. The fatal cases of diphtheria, which had been 9, 10, and 7 in the three preceding weeks, rose to 12, and included 2 each in Glasgow, Edinburgh, and Dundee. The deaths attributed to measles, which had been 15, 6, and 9 in the three preceding weeks, were 10 last week, of which 4 occurred in Glasgow and 3 in Edinburgh. The 4 deaths referred to whooping-cough, of which 2 were registered in Falkirk, were slightly below the average in recent weeks. The fatal case of enteric fever was recorded in Dundee.

The deaths referred to diseases of the respiratory system, which had increased from 56 to 93 in the five preceding weeks, further rose to 116 in the week under notice, and were 32 above the number registered in the corresponding week of last year. The deaths attributed to violence numbered 26, against 27 and 21 in the two preceding weeks.

HEALTH OF IRISH TOWNS.

In the 27 town districts of Ireland with an aggregate population estimated at 1,212,380 persons at the middle of this year, 517 births and 373 deaths were registered during the week ended Saturday, Oct. 9th. The annual rate of mortality in these towns, which had been 16·8, 16·4, and 18·3 per 1000 in the three preceding weeks, fell to 16·0 per 1000 in the week under notice. During the 13 weeks of last quarter the mean annual death-rate in these towns averaged 14·9, against corresponding rates of 12·3 and 13·6 per 1000 in the English and Scotch towns respectively. The annual death-rate last week was equal to 18·7 in Dublin (against 15·8 in London and 17·5 in Glasgow), 16·3 in Belfast, 19·0 in Cork, 17·7 in Londonderry, 8·1 in Limerick, and 5·7 in Waterford, while in the 21 smaller towns the mean rate did not exceed 11·8 per 1000.

The 373 deaths from all causes were 53 below the number in the previous week, and included 54 which were referred to the principal epidemic diseases, against numbers rising from 39 to 72 in the four preceding weeks. Of these 54 deaths, 37 resulted from infantile diarrhoeal diseases, 5 from scarlet fever, 4 each from enteric fever and whooping-cough, 3 from measles, and 1 from diphtheria, but not one from small-pox. The annual death-rate from these diseases was equal to 2·3, against corresponding rates of 2·5 and 2·3 per 1000 in the English and Scotch towns respectively. The deaths of infants (under 2 years) from diarrhoea and enteritis, which had increased from 30 to 60 in the four preceding weeks, fell to 37 last week, of which 25 occurred in Dublin, 8 in Belfast, and 3 in Londonderry. The 5 deaths attributed to scarlet fever, all of which occurred in Belfast, were 2 in excess of the weekly average recorded last quarter. The fatal cases of whooping-cough, which had been 7, 7, and 5 in the three preceding weeks, were 4 last week, and included 2 in Londonderry. The deaths referred to enteric fever, which had been 2, 2, and 3 in the three preceding weeks, were 4 last week, but showed no excess in any particular town. Of the 3 deaths from measles, 2 were registered in Dublin and 1 in Belfast. The fatal case of diphtheria occurred in Belfast.

The deaths referred to diseases of the respiratory system, which had been 48, 47, and 49 in the three preceding weeks, were 47 in the week under notice. Of the 373 deaths from all causes, 102, or 27 per cent., occurred in public institutions, and 5 resulted from different forms of violence. The causes of 15, or 4·0 per cent., of the total deaths were not certified either by a registered medical practitioner or by a coroner after inquest; in the 96 English towns the proportion of uncertified causes did not exceed 0·8 per cent.

PRESENTATION TO A MEDICAL PRACTITIONER.—

Dr. W. D. Murray, of West Side, Clapham Common, has been presented with a clock by a number of patients as a mark of their appreciation of his medical services. At the same time Mrs. Murray was presented with a gold watch and bracelet.

Correspondence.

"Audi alteram partem."

THE WAR REFUGEES' DISPENSARY: THE NEED FOR MEDICAL ASSISTANCE.

To the Editor of THE LANCET.

SIR,—For nearly a year, with the express sanction of the Government, the committee of the War Refugees' Dispensary, 265, Strand, W.C., has been providing domiciliary medical attendance for refugees residing in the London area. It has been able to do this solely by the devoted and enthusiastic coöperation of Belgian doctors, themselves refugees. Owing, however, to various causes the number of Belgian medical practitioners available for this work has diminished almost to vanishing point, at the moment when the colder weather is daily increasing the calls for domiciliary attendance, and the committee finds itself confronted with many more such appeals than it is able to meet. It has occurred to it that even in these days of unusual stress there are probably many English practitioners, with a sufficient knowledge of French, who would be willing, if not eager, to help it by undertaking, in case of need, to visit sick refugees living in their immediate neighbourhood. It is not likely that any doctor would be asked to undertake more than two or three such cases at a time. The committee does not offer any remuneration. All its work up to the present date has been entirely gratuitous, but it would pay for all necessary medicines and appliances. The areas in which help is most needed are those lying to the south of the river, in the East End, and in the Finsbury and Hammersmith districts. The committee would be glad to receive the names of any doctors willing to help it, addressed to the War Refugees' Dispensary, 265, Strand, W.C.

I am, Sir, yours faithfully,

J. H. PHILPOT,

Chairman of Committee, War Refugees' Dispensary.
Oct. 12th, 1915.

UNILATERAL NERVOUS FURRING OF THE TONGUE.

To the Editor of THE LANCET.

SIR,—The article by Sir James Goodhart on Nervous Furring of the Tongue and Disturbed Taste in your issue of Sept. 25th recalls to my mind another curious type of nervous furring of the tongue—namely, that in which there is a lesion of the third division of one fifth nerve. In two such cases—one of them with a small gumma upon the fifth nerve, the other with a pea-sized nodule of secondary growth upon it in a case of primary carcinoma of the stomach—one has been much struck by the fact that half of the tongue has been perfectly clean; the other half, corresponding to the side of the lesion of the fifth nerve, has been thickly coated with yellowish-white fur. At the time one thought that the fact of the tongue being anæsthetic in its furred half was sufficient to account for the presence of this unilateral furring, but thinking of the cases again one cannot help feeling that there was a neurotrophic factor over and above the mere anæsthesia. Had the accumulation of food particles and débris in the anæsthetic side of the mouth been the sole cause of the fur the latter would not, one would think, be limited by a well-defined margin

corresponding to the mid-line of the dorsum of the tongue, as was the case in the patients referred to; had the anæsthesia and deficient cleansing movements alone been responsible for the fur the distribution of the latter would, one would have expected, have been irregular, though mainly confined to the affected side. In the cases in question, if one had divided the tongue in the median line with a knife one would have had a completely clean half on the one side and a completely furred half on the other, with a sharp line of demarcation between the two.

One feels that in these cases, over and above the presence of anæsthesia, there must have been the factor of nerve influence, or perhaps rather the lack of nerve influence, in the formation and distribution of the strictly unilateral fur; and though they are of a different type from that spoken of by Sir James Goodhart in his article they tend to support the view that there is such a thing as nervous furring of the tongue as distinct from furring which results from disorders in other parts of the body.

I am, Sir, yours faithfully,

Wimpole-street, W., Oct. 11th, 1915. HERBERT FRENCH.

MASSAGE IN THE AFTER-TREATMENT OF THE WOUNDED.

To the Editor of THE LANCET.

SIR,—The paper on this subject by Dr. J. B. Mennell in your issue of Oct. 2nd is so interesting and suggestive that perhaps you will allow me to make a few remarks upon some of the subjects broached by him? Most of those connected with massage must share the doubt, expressed in the paper, whether our country is doing the very best that our wounded soldiers deserve. There are many trained operators whose services would be useful, but who cannot afford to give gratuitous services or work for a sum that will not maintain them. On the other hand, many with quite insufficient training are employed. The case cited by Dr. Mennell of the lady who had learned "massage" in 12 lessons is an instance. I fear this state of things is hard to remedy until the State, through the General Medical Council, takes over the examination in massage. In my opinion, it should not be left to private schools or a trade guild to grant a certificate.

The lack of coördination between the surgical staff and the massage operator is not fair towards the patient. Directions usually come through the sister or nurse, and the masseur has no opportunity of gaining information from the house surgeon as to what the case actually requires. The label "massage" really conveys nothing, and, as Dr. Mennell so justly implies, the masseur has to diagnose the case and formulate the manual treatment. This does not apply to the particular military hospital where I am working, because the notes of the case are open to masseurs, but it is undoubtedly very general. The average of eight, or possibly ten, treated in two hours is, I imagine, based on surgical practice only. If two or three of the cases are "general" or "back and legs," as so often happens in the "buried in trench" or "shell-shock" cases, such a moderate average would be hard to maintain.

Dr. Mennell's remarks on the avoidance of pain should be read by every masseur, male or female, in the country. The idea that massage is useless unless it hurts is so general (even amongst medical men, I fancy) that it is difficult to eradicate. As a rule, even the patients believe and the temperament

of the patient must be carefully regarded. If one can make an exception it is in those old septic joints, with stiffness due to contraction and matting, the owners of which will cheerfully undergo any amount of pain to gain improvement.

The late Dr. Fletcher Little's teaching at the London School of Massage was always strongly opposed to the "brutal" methods too often employed. He used to dwell upon the "loving, lingering stroke," and it appeared to me that he almost forestalled the teaching of M. Lucas-Championnière.—I am, Sir, yours faithfully,

A. GREENWOOD, L.R.C.P. Lond., M.R.C.S.
London, Oct. 9th, 1915.

To the Editor of THE LANCET.

SIR,—I was much interested in Dr. J. B. Mennell's article in your issue of Oct. 2nd on this subject. After 20 years' experience of the treatment of patients by massage I quite agree with him that at the present time a great deal of harm instead of good is being done by too rough methods, especially those practised by masseurs not taught in England. I have had numbers of patients among the wounded who complained that the rough usage they received made them dread the visit of the masseur. Dr. Mennell's suggestion that the treatment should, if possible, be carried out under the direct supervision of a medical man is excellent. No "breaking down of adhesions" which do not exist is then likely to be attempted. I would strongly urge all surgeons to see that the after-care treatment by massage is carried out whenever possible under direct medical supervision.—I am, Sir, yours faithfully,

CLAUDE ST. AUBYN-FARRER.
Harley-street, W., Oct. 5th, 1915.

SUCCUS ALLII IN THE CONTROL OF SUPPURATION IN WOUNDS.

To the Editor of THE LANCET.

SIR,—An article on the above subject by Dr. A. D. Serrell Cooke and Mr. V. Gabriel in THE LANCET of Sept. 11th has just come under my notice. I have been using preparations of allium sativum in the treatment of suppurating wounds and foul ulcers, &c., for the past 15 years continuously with the greatest satisfaction. The succus allii when used at the strength mentioned—viz., 1 in 4—will not injure any tissues, even if applied for a very long time. It acts as a blister if used strong, but at the above-mentioned strength is absolutely harmless. A little smarting for a few minutes when first applied is rather beneficial than otherwise, and it has been my custom to endeavour to regulate the strength of the lotion by finding at what strength it brought about a little tingling or smarting when applied, but this is by no means constant and must be found for each case individually. A strength of 1 in 4 is, however, a good all-round strength for general purposes. No prolonged smarting should be allowed or blistering will occur. The human tissues can be saturated with oleum allii without injury. It is certainly the best intestinal antiseptic known to me. It is fatal to a large number of bacilli which invade the human body. It is a veritable sheet anchor in many fevers. I have written much about it in my book, "The Treatment and Cure of Tuberculosis and Lupus with Oleum Allii" (Baillière, Tindall, and Cox), as well as in the medical journals, and I am therefore especially gratified to read of the excellent corroborative results which have been obtained by Dr. Cooke and Mr. Gabriel.—I am, Sir, yours faithfully,

WM. C. MINCHIN, M.D.
Herstmonceux, Sussex, Oct. 7th, 1915.