

probable that the parasites of the group leishmania will develop to a certain extent in the intestines of many insects, provided that they find there a suitable pabulum rich in blood. The development I have described of leishmania tropica in stegomyia fasciata, and that of leishmania donovani in anopheles by Professor Franchini, may be of this nature, and only, so to speak, accidental, owing to the rich nutrient fluid taken up with the parasites by these blood-sucking flies. I failed to infect myself with oriental sore by means of the bites of stegomyia fasciata previously fed on oriental sore, so I have no evidence that the development in the mosquito is a natural one. Conclusions can only be drawn when we know, not only that the leishmania develops into flagellates and other forms in any insect's gut, but that this insect also is able to transmit the infection to healthy animals as a result of transmission experiments.

I am, Sir, yours faithfully,

C. M. WENYON,

Protozoologist to the London School of Tropical Medicine.

Nov. 6th, 1911.

THE ELECTION OF DIRECT REPRESENTATIVES TO THE GENERAL MEDICAL COUNCIL.

To the Editor of THE LANCET.

SIR,—I shall be greatly obliged if you will grant me the courtesy of your columns to express my thanks to the registered medical practitioners of Scotland for the great honour they have done me in re-electing me, without a contest, their representative on the General Medical Council.

I am, Sir, yours faithfully,

Nov. 7th, 1911.

NORMAN WALKER.

To the Editor of THE LANCET.

SIR,—On Tuesday, Nov. 7th, a voting paper was posted to every registered medical practitioner with a registered address in England or Wales. Any practitioner who has not received a voting paper, *whether he wishes to take part in the election or not*, should immediately communicate with this office in order to make sure that his address is correctly registered and to prevent any risk of his name being taken off the Register under the following Section of the Medical Act:—

XIV. It shall be the duty of the Registrars to keep their respective Registers correct in accordance with the provisions of this Act, and the Orders and Regulations of the General Council, and to erase the names of all registered persons who shall have died, and shall from time to time make the necessary alterations in the addresses or qualifications of the persons registered under this Act; and to enable the respective Registrars duly to fulfil the duties imposed upon them it shall be lawful for the Registrar to write a letter to any registered person, addressed to him according to his address on the Register, to inquire whether he has ceased to practise or has changed his residence, and if no answer shall be returned to such letter within the period of six months from the sending of the letter it shall be lawful to erase the name of such person from the Register; provided always that the same may be restored by direction of the General Council should they think fit to make an order to that effect.

The importance of keeping open a channel of communication with this office cannot be too strongly insisted upon. All communications should be addressed to the acting registrar and not to any individual by name.

I am, Sir, yours faithfully,

NORMAN C. KING,

Acting Registrar, General Council of Medical Education and Registration of the United Kingdom.

299, Oxford-street, London, W., Nov. 4th, 1911.

THE LUNACY COMMISSION.

To the Editor of THE LANCET.

SIR,—I was very glad to see the sensible leader in your impression of Oct. 28th on the Lunacy Commission. Year after year I spoke and moved on this subject in the House of Commons, advocating the abolition of the perfectly useless legal commissioners and a large strengthening of the medical element, basing my arguments on the analogy of Scotland, where the Lunacy Board works well and commands public support. But, as usual, nothing was done. We are a long-suffering people, and our rulers are slow to move.

I am, Sir, yours faithfully,

Nov. 5th, 1911. ROBERT FARQUHARSON, P.C., M.D. Edin

THE STRIKE AND THE DEATH-RATE IN LIVERPOOL.

To the Editor of THE LANCET.

SIR,—Professor Benjamin Moore, of the Liverpool University, in the lay press as well as in THE LANCET of Nov. 4th, endeavours to prove that the recent great strikes in Liverpool did not increase the death-rate, especially that due to epidemic diarrhoea among children. He concludes by indicating that a general strike of medical men may become a necessity and that we ought to have some meed of sympathy for men striking to obtain a living wage.

Surely it is quite obvious that persons who do not obtain a living wage cannot be expected to live wholesome lives. To talk of progress in sanitation while maintaining that widespread insufficiency of food, coupled with occasional absolute starvation, is a righteous state of affairs would be but a cruel manifestation of heartless hypocrisy. It is, on the contrary, from the ranks of the medical profession, and especially of sanitary reformers, that the best arguments have been produced setting forth the necessity, from every point of view, of sufficient food, of wholesome and appropriate food, combined with good housing and warm clothes. To enable everyone to earn enough to live a healthy life is an ideal all must approve. The real point at issue is whether the strike and all the suffering it entailed, such as the interruption of the sanitary services, of visits paid by lady inspectors to the poorest houses where children had recently been born, and the special work of the scavengers in the worst slums, did have any effect on the death-rate. But Professor Moore only takes into consideration the question of garbage, and maintains that its presence "in the streets has no effect on the epidemic." In a letter addressed to the *Liverpool Daily Post and Mercury* of Oct. 24th Professor Moore makes the following statement:—

It has long been a moot point amongst sanitarians and bacteriologists as to whether epidemic diarrhoea can be carried by ordinary garbage or whether it is carried by some direct agency from the dejecta of one afflicted individual to the food of another.

This was precisely the point raised, for after stating that though household refuse accumulated in the better parts of the town no harm resulted, I pointed out that in the slums, on the contrary, "adults sometimes do not take the trouble to go to the closets, and children habitually do all they need in the open air." This, then, is not ordinary garbage, but dejecta that may come from the afflicted and spread infection to the food of others. And it is because this very special danger is created daily in these localities that they are washed out with the fire-hose once or twice in the 24 hours. To stop so essentially necessary a service is to act in antagonism to the claim for a living wage. When the poor relief medical staff at Amiens went on strike, they did not let the patients die. They continued to attend to the sick but refused to be paid.¹ If the labour movement in Liverpool had been better organised it would, as a matter of policy as well as of humanity, have insisted on carrying out the indispensable sanitary services. Professor Moore, however, seems to think that these sanitary services are not much use in Liverpool because there was also a heavy epidemic in Dublin during August and September. But unless widespread and recent improvements have taken place in Dublin the very same cause of infection exists there as that which the special slum scavenger service removes from Liverpool, except when prevented by the strikes. In Dublin the grievance is even worse, for there are a large number of tenement houses, some close to College Green and the fashionable centres, where the street door remains ajar all night. The consequence is that strangers enter these houses, and the hall passage and stairs are often polluted with human dejecta. But at Liverpool hopes were entertained that the exceptional prevalence of infantile diarrhoea and other diseases would decrease in response to especially energetic sanitary measures. A particularly hot summer occurred when the efficacy of these precautions might have been tested, but now it is difficult to say how far the increased death-rate was due to the high temperature or to the disorganisation of the sanitary services. Other years have shown that epidemic diarrhoea is steadily diminishing, but the great heat of this summer would have been a supreme test. We might have better appreciated the good done by

¹ THE LANCET, March 7th, 1908, p. 747.