

F. J. Lilly, and the staff of the hospital. The Director-General later received the medical officers from ships and establishments in the port and also visited stores and workshops. On July 24th the Director-General visited the sick quarters at the Royal Naval Barracks, Keyham, the surgeries at the North and South Dockyards, and the Royal Marine Infirmary at Stonehouse.

THE OSBORNE CONVALESCENT HOME.

The report for the year ending March, 1908, by the house governor and medical superintendent, Lieutenant-Colonel C. R. Kilkelly, C.M.G., late Grenadier Guards, of the Osborne Convalescent Home for officers of the navy and army has been issued as a Parliamentary paper. The admissions of officers show a marked diminution of Malta fever cases from the Mediterranean station and fewer admissions of naval officers. The largest number of officers admitted (65.5 per cent.) belonged to the home army, and nearly half the total number of admissions (44 per cent.) were for diseases contracted in India. In conclusion, the house governor draws attention to the great benefit which has been derived from the monthly visits of members of the consulting staff.

Correspondence.

"Audi alteram partem."

UNWHOLESOME MEAT IN RURAL DISTRICTS.

To the Editor of THE LANCET.

SIR,—With regard to your annotation in THE LANCET of July 11th, p. 108, under the above heading, and your further note in your issue of July 18th, p. 207, entitled "How Diseased Meat reaches the Towns," we in Sussex are well aware of what is going on with regard to the trade in diseased animals and diseased meat, and however keen we may be while the present law with regard to the seizure of diseased animals is not amended we are powerless to act. For instance, in the case of the prosecution of the farmer Middleton and Neary the butcher, both of Ditchling. These men were convicted and fined at Brighton for exposing for sale portions of an ewe which were unsound and unfit for the food of man. It is also a fact that Neary bought this ewe at Hassocks Market for 1s. Hassocks Market is within the jurisdiction of the Cuckfield rural district council. It is stated in your article that in the second instance the fault lay with the sanitary authorities for allowing the sale of such an animal. Where is the fault? There was no proof that the animal was intended for the food of man. The market is for the sale of all classes of animals, not only fat beasts. In the present state of the law it was impossible to seize this animal while alive. The sanitary inspector has obtained the meat inspector's certificate of the Royal Sanitary Institute and visits this particular market to keep observation on such cases as mentioned by you. Hassocks Market is a private auction sale market and is not owned by the rural sanitary authority. The veterinary inspector appointed by the local authority under the Diseases of Animals Act, 1894, or any Orders declared to be in force under such Act, only inspects animals that may be suffering from such diseases as foot and mouth disease, pleuropneumonia, cattle plague, swine fever, &c.

You are aware that Section 116 of the Public Health Act, 1875, deals with the power of inspection of, and seizure of, diseased, unsound, unwholesome, or unfit animals or carcasses, or meat *exposed for sale or deposited in any place for the purpose of sale or of preparation for sale and intended for the food of man, the proof that the same was not exposed or deposited for any such purpose or was not intended for the food of man resting with the party charged*. I am aware animal includes live and dead animals if exposed for sale or deposited in any place for the purpose of sale or of preparation for sale and intended for the food of man.

The difficulty of taking action under this section arises in the words exposed for sale and intended for the food of man. Dealers in diseased animals and bad meat always have a plausible story with plenty of witnesses for the magistrates to listen to, with the result that the Bench often dismisses the case or the defendant gives notice of appeal.

In a similar case a few months since the sanitary inspector and myself had what we considered a good case. The dealer appeared in court with many witnesses, a good lawyer, and our case was dismissed. The dealer then took an action in the High Court against us for damages but the case was settled by the sanitary authority paying costs, including a sum of money.

You will admit that this is not satisfactory and not encouraging to any sanitary authority to take action against this class of purveyors in diseased animals and bad meat, however energetic they may wish to be. Instead of blaming the sanitary authorities for not doing that which is impossible, would you use your influence to obtain an amendment to the Public Health Act to the effect that when an animal is exposed for sale at a market or auction sale that if such animal is suspected to be diseased or found to be diseased that such animal shall be seized and slaughtered and examined by the meat inspector and if found to be diseased shall be destroyed, but if found healthy shall be passed for food of man? The fact of the animal being entered for sale at the market should be considered to be evidence that the animal was intended to be used for food of man.

In case the animal should be allowed to pass alive from the market, although known to be diseased, the name and address of the owner should be taken and information given to the sanitary authority of any change of ownership from time to time. Sanitary authorities should be compelled to appoint qualified inspectors to attend the markets in their districts.

I am, Sir, yours faithfully,
School Hill, Lewes, Sussex, July 21st, 1908. HUGH STOTT.

THE TECHNIQUE OF OPSONIC ESTIMATION.

To the Editor of THE LANCET.

SIR,—In an interesting letter to THE LANCET of July 18th, p. 185, Dr. F. G. Bushnell and Dr. A. G. Troup, under the above heading, draw attention to a simple method of estimating the opsonic index that should be welcome to any worker who has used Wright's more laborious method, which, moreover, treats the leucocytes as indifferent. The improvement lies not only in the simplification and in the procedure of dilution (a valuable addition), but also in the recognition and use of the fact that the phagocytic power of the leucocytes varies. Practically the "hæmophagocytic" index of Shattock and Dudgeon should be more useful to us as a guide to treatment than the opsonic content of the serum and is at the same time easier to estimate.

In the *British Medical Journal* of Oct. 12th, 1907, p. 948, I suggested a modification of the method of estimating the opsonic index. Dealing mostly with normal blood, even with two specimens from the same person, and adopting substantially the methods used by Dr. Bushnell and Dr. Troup I found that the number of bacilli "phagocytosed" varied inversely with the number of leucocytes present in the capillary pipette in which the mixture was incubated; from this fact it was easy to derive a formula for correction of the results. Mr. A. Fleming (*Practitioner*, May, 1908) confirms this inverse ratio, though only in a general way. In taking up blood for opsonic estimation it is convenient to use pressure which will vary the number of leucocytes per volume; that is, the actual number of the patient's leucocytes may not be present in the mixture incubated; as a matter of experiment the numbers may vary enormously; but as they easily may be estimated direct from the incubated pipette very little extra trouble is involved in utilising the simple method of estimation under discussion.

I am, Sir, yours faithfully,
H. B. DODDS, M.D. Edin.

Royal National Sanatorium, Bournemouth, July 21st, 1908.

REINFORCEMENT OF THE VIRUS OF CHICKEN-POX.

To the Editor of THE LANCET.

SIR,—I have only just read the letter of Dr. E. F. Travers in THE LANCET of June 6th last, in which he gives an account of a very interesting case in which a patient suffering from the joint effects of recent influenza and acute toxæmic jaundice incurred also an attack of chicken-pox of an unusually severe type. Dr. Travers draws attention to the case as illustrating the possibility of the conveyance of the infection

of chicken-pox by intermediate parties and undoubtedly it is interesting from this point of view. But I venture to think that its interest is much greater as illustrating a point which Dr. Travers does not appear to notice, and this is the effect of an existing septic condition of the blood in predisposing to and energising the virulence of an infection which, under ordinary conditions, is of such trifling importance as chicken-pox is, thus leading to all the dangers of mixed infection.

I am, Sir, yours faithfully,
Gloucester, July 28th, 1908. FRANCIS T. BOND, M.D. Lond.

A FISH BONE REMOVED WITH THE STOMACH TUBE.

To the Editor of THE LANCET.

SIR,—The following case may interest your readers. The patient, an intelligent man, consulted me complaining of having swallowed a fish bone about an inch in length; he had induced vomiting, which had only made his "swallow" more painful. Taking for granted that the bone had a hook at its free end, it occurred to me that if I was able to hitch the short hook of the bone in the lateral opening at the end of a "stomach" tube I should have no difficulty in withdrawing the bone from the mucous membrane of the oesophagus in which it was imbedded. Having passed the tube about 12 inches, rotating it in the oesophagus, alternately pushing it in and withdrawing it, I was quite soon rewarded by finding the short hook caught in the lateral opening of my tube—much to the delight and wonderment of my patient.—I am, Sir, yours faithfully,

FRANK KENNEDY CAHILL, F.R.C.S. Irel., D.P.H., &c.
Dublin, July 24th, 1908.

ESPERANTO AT INTERNATIONAL MEDICAL CONGRESSES.

To the Editor of THE LANCET.

SIR,—Could the promoters of the next International Medical Congress to be held in Budapest be induced to add Esperanto to the international languages allowed at the Congress? It is easy to learn. Many medical men in all lands already know it. There is an Esperanto centre in Budapest.

I am, Sir, yours faithfully,
A. S. MORTON, M.D. Durh.

PS.—We might possibly prevail upon you to leave a column blank in your journal for the special use of recent Esperanto communications from every land.

Mexfield-road, Putney, S.W., July 24th, 1908.

THE RECENT ELECTION TO THE COUNCIL OF THE ROYAL COLLEGE OF SURGEONS OF ENGLAND.

To the Editor of THE LANCET.

SIR,—Your comments on the election at the Royal College of Surgeons of England are extremely interesting. We are all, of course, interested in this survival from former times. If you look at the figures the fact appears that only one obtained a majority of votes. The votes *needed* for election were only 331, or about two-fifths. Those fortunate Fellows who were elected represent, as regards three out of four, a minority. The point uncertain is whether they all represent the same minority or different minorities. In this mode of election, which is called the *block method*, generally the actual—not always the real—majority elects the whole number. That the provincial Fellows have placed their candidate is due to the majority not being a compact one and that Fellows did not use all their votes. Of 856 voters 160, or a fifth, voted once and the others on an average for three candidates, showing that probably a good many voted for two only. All that can be said is that Mr. Gould and Mr. Lane each represent about half the College. It was a mere chance which of the next four should be elected. For instance, if Mr. Lane's 72 plumpers had voted also for any one of these it would have decided his election. The only real way to get the true representation of parties, or groups, or minorities, is to allow only the single vote: one man one vote. It is *not necessary* to have an alternate transferable vote, but a second vote alternative

might be allowed. In such case (there being, as above, 856 electors) with the single vote 172 would suffice to elect any one, but if the popular candidate had 272 votes then after the sufficient number of voting papers had been allotted to him all the remaining 100 would be distributed according to the alternative vote.

The present system is too antiquated, at least if reasonably accurate representation be wanted, and not a sort of a game of cricket where you want your side to triumph.

I am, Sir, yours faithfully,
Kensington, W., July 22nd, 1908. GEORGE CRICHTON.

A LURID STORY.

To the Editor of THE LANCET.

SIR,—Will you please be good enough to allow me to reply to the letter you published in THE LANCET of July 18th to which you supply the title "A Lurid Story." I am the superintendent of that nursing home. I most heartily agree with the writer's views as to the urgent need for "a proper system of nurses' registration." No one knows better than "A Trained Nurse" the terrible disadvantages we have to work under in private nursing. Although not at all in favour of the "militant" suffragette, I am looking forward hopefully to the present Government giving us our legal rights, and then we shall expect women's questions—of which State registration for nurses is, in my opinion, most pressing—to get their share of attention and legislation. All nursing homes and institutions should be open for inspection and I should be pleased to show any member of the profession over my small home at any time. Reading "F.R.C.P.'s" letter I at once saw the nurse had suppressed the fact that she had received some previous training. She had been a "paying probationer" for a year in one of our largest London hospitals and also for three years in a large surgical home in the North of England, where she was given a three years' certificate. I saw a copy of this, as also of two good testimonials, before admitting her to my staff. I was very busy at the time, so did not take her references up personally. That will not occur again. I have seen the matron of the hospital where this sad occurrence took place and must express my sorrow that through any reference of mine—though absolutely accurate so far as I knew—the hospital should have had so much trouble and anxiety. Of course, I had not the least idea of lack of mental balance on the nurse's part, or for her own as well as our profession's sake I should have refused to recommend her for nursing.

I substantiate all the facts given as not being at all overstated, but my conscience acquits me of disloyalty to my profession and to the public when I knew that nurse had four years of some sort of training (although the matron will not allow that such training is worth anything). I have never sent the nurse in question to an outside case without the doctor being told that she was only partially trained. In justice to the nurse I must say that in the two private cases she took for me she received excellent reports.

I am, Sir, yours faithfully,
July 21st, 1908. A TRAINED NURSE.

THE MEDICAL EDUCATION OF WOMEN IN EDINBURGH.

To the Editor of THE LANCET.

SIR,—Regarding the announcement of the public "conference" *re* medical education of women in Edinburgh, may I, as a recent graduate of this University, point out the inaccuracy of the statements by your correspondent on July 18th. The object of the present agitation is *not* to force the University to admit women students to its classes in order that they may "rub shoulders with the men" in systematic and clinical work as stated. The aim is to insure adequate teaching sufficient for their requirements as practitioners later. The following points are erroneous: 1. Your correspondent asserts that the opposition to University classes being opened to women is based on the fact that such would entail mixing of the sexes—a point we neither aim at nor wish for in itself. Under the present system of education of women in the extra-mural school a