

essays on Malaria and Melanæmia, translated by Dr. Drummond from Italian sources, and Neugebauer's last memoir on Spondylolisthesis, translated by Dr. F. Barnes. Thus the year's issue for 1887 will be complete in four works. As regards the preparations for next year, it will be satisfactory for our members to know that the second volume of Spiegelberg's Midwifery is almost finished printing, and that a volume of Charcot's Clinical Lectures and a fasciculus of the Lexicon are also well advanced. Our annual meeting will be held at Glasgow during the meetings of the British Medical Association in August next. I am at all times glad, on behalf of the Council, to receive suggestions of new works, to be submitted to its consideration, and especially so in anticipation of the annual meeting.

I am, Sirs, yours truly,

June, 1888.

JONATHAN HUTCHINSON, Hon. Sec.

## THE TREATMENT OF CLUB-FOOT.

To the Editors of THE LANCET.

SIRS,—While fully recognising the practical value of the numerous communications published in your columns during the last few months on the subject of the treatment of club-foot after tenotomy, I should like to point out that surgeons not in the habit of treating large numbers of these cases are likely to get a somewhat wrong impression as to the importance of the question. First, I think a casual reader would be led to suppose that tenotomy is the ordinary routine method to be adopted in the treatment of club-foot, whereas it is really rare to see a case, *if the child is brought in the first three months of life*, in which any operation at all is recognised. Secondly, while mention is made of Scarpa's shoes and plaster-of-Paris, I find no allusion to what is, in my experience, by far the most valuable appliance for these cases—viz., the artificial muscle described by Mr. Barwell. My views as to the management of ordinary cases of club-foot have been shortly put forward in a paper.<sup>1</sup> Since that paper was written I have in a few cases applied the "muscle" immediately after tenotomy; but the line of practice described has proved so satisfactory that, though I see much of club-foot, my experience of tenotomy is, no doubt, much smaller than that of many surgeons, who make it a rule rather than an exception. I have seen no bad result from putting the foot in a fully corrected or somewhat over-corrected position immediately after tenotomy; but I am strongly of opinion that the essential point is to begin treatment as soon after birth as possible, and that no method that I know of is so satisfactory as the one of continuous adjusted elastic traction, for which we are indebted to Mr. Barwell. The original method described by him is, in my opinion, somewhat unnecessarily complicated, and, as pointed out by Mr. Golding Bird in a valuable paper in the Guy's Hospital Reports for 1882, simpler modes of applying the "muscles" are all that is required. For older and more obstinate or neglected cases, tenotomy, syndesmotomy, or tarsal resection are of course occasionally needed; but tenotomy cannot, I think, be considered an operation that is really frequently necessary in the treatment of club-foot.

I am, Sirs, yours faithfully,

St. John-st., Manchester, June 16th, 1888.

G. A. WRIGHT.

## "THE HULL SANITARY ASSOCIATION AND FUTURE SANITARY ADMINISTRATION."

To the Editors of THE LANCET.

SIRS,—Your comments under the above heading in THE LANCET of the 23rd inst. show, we think, some slight misapprehension either of the position taken up by the Hull Sanitary Association or of the effect of the Local Government Bill as originally framed, on existing sanitary legislation. As the point involved—viz., that of efficient control by the Local Government Board—is one of very great importance, and as our Association hope that your powerful influence may be enlisted in favour of a principle they have greatly at heart, we shall be glad if you will permit us to restate the reasons which influenced our Association and their grounds of dissatisfaction with the sanitary provisions of the Bill, bearing in mind that our observations

are confined to the frame of the Bill as issued. You are doubtless well aware that the effect of recent legislation has been to give extended powers of control to the Local Government Board over local authorities which neglect to carry into effect the provisions of the numerous Acts relating to sanitary matters. Our Association most cordially approve of this action of the Legislature, believing that there is a tendency to supineness in local bodies with regard to sanitary affairs, which requires that efficient control should exist in a central authority. The Local Government Bill as drafted hands over to the County Councils to be created under it a large number of the powers which have hitherto been vested in the Local Government Board, and amongst others those very powers under Sections 42 and 299 of the Public Health Act, 1875, which by some inadvertence are referred to in your article as still remaining in the Local Government Board. A reference to the first schedule of the Bill, part 3, will show you at a glance that this is so.

By the fourth schedule to the Bill ten of the largest boroughs in the county become counties having "county councils." It seems likely that a very large addition will be made to the number of boroughs which are to become counties and to have County Councils. With regard to all of them the new County Council will become the governing body, and take the place of the present corporations. The powers of control (so far as they are transferred by the Bill) will pass from the Local Government Board directly under the Bill and without any future order (see Section 8) to the new County Council—that is to say, to the same governing body as will be entrusted with the execution of the various sanitary acts. And we respectfully venture to reassert that so far as the powers of the Local Government Board are in fact transferred to the County Councils by the first schedule, part 3, there will be no independent control whatever. We are aware that certain powers of "inquiry" are still reserved to the Local Government Board, but we fail to see the utility of such reservation when unaccompanied by efficient powers of compelling the performance of duty.

We ask whether you are prepared to see all power of control by a central department of the State over all such boroughs as may be erected by the Bill into County Councils absolutely taken away. If so, there is an end of the question, as that, we venture again to affirm, is largely the effect of the Bill as drafted. If (as our Association conceive) it is desirable that some check and control should be exercised over such County Councils as may clearly neglect their sanitary duties, then it is absolutely essential that the Bill should be altered so as to preserve and render still more efficient than heretofore the superintendence and control of the Local Government Board or some other department which may be charged with this important duty.

Having had considerable experience of the difficulty which exists in obtaining the sufficiently earnest and practical attention of local authorities to sanitary statutory duties, we are most anxious that the Local Government Bill should not relax the supervision of a State department in such matters of paramount importance to the welfare of the people; and we trust that the large influence of your journal will be directed to aid in preventing such relaxation becoming an accomplished fact.

We are, Sirs, your obedient servants,

ROBT. H. B. NICHOLSON,  
J. MALET LAMBERT,  
HY. BIRKS,

Hon. Secs., Hull  
San. Assoc.

Hull, June 26th, 1888.

## LIVERPOOL.

(From our own Correspondent.)

### THE HEALTH OF THE CITY.

At the last meeting of the Health Committee it was stated by the medical officer of health (Dr. J. Stopford Taylor) that three cases of small-pox had recently been brought to his notice as having occurred in the city. One was that of a man who had applied at the Northern Hospital for admission and been subsequently admitted into the Park-hill Hospital, the city hospital for cases of small-pox. It was believed that this man contracted the disease in Manchester, where he had been. A tramp and one of the tramp masters were

<sup>1</sup> Medical Chronicle, 1884, vol. 1., p. 322.