

aged eight years, who since the age of three years had been unable to walk (even to school). I found a typical case of talipes varus. The lad was placed under chloroform by my assistant and after tenotomy of the tibialis anticus and posticus I made an incision through the skin over the dislocated portion of the astragalus and drawing the tissues on each side I removed a wedge-shaped piece of this bone as large as possible but leaving the articular surfaces (the apex being downwards). After tenotomy of the tendo Achillis I dressed the wound and put on a splint of my own construction. The plantar fascia I left intact as I considered in so young a subject that it would stretch. The wound healed rapidly. The boy used a pair of Messrs. Down Bros.' boots until they wore out, since when he has used ordinary ones. He can now run about without trouble. I would draw your notice to the following points: (a) the ease with which the operation was done in a cottage, taking less than 30 minutes; (b) the fact of it being practically bloodless; and (c) the deep restraining ligaments being apparently reached without difficulty. I have not had an opportunity of performing this operation again but thought perhaps that someone more fortunately situated might like to try it.—I am, Sirs, yours faithfully,

ALFRED W. HAYLES,

Surgeon to the Cwmbran Colliery, &c.

March 25th, 1904.

PREVENTION OF INFECTIOUS DISEASE IN BATH.

To the Editors of THE LANCET.

SIRS,—In his letter in your issue of March 26th, p. 896, Dr. Preston King has shifted somewhat from the very decided position he took up in his previous communication, inasmuch as he now admits that if Section 126 of the Public Health Act, 1875, be taken alone my contentions are quite right.

It was his definite statement to which I chiefly took exception, because I was satisfied he could not support it by any section of any Act of Parliament. I know that many others share his opinion in this matter, but I entirely disagree with this view of the question and as the point involved seems to me to be an important one I will give a few of the reasons upon which I base the opinion I hold. In the first place I will point out that the word "dangerous" does not appear in the Notification Act. Had this been so Dr. King's case would have been a much stronger one, but the absence of that important word, in my opinion, materially weakens his argument. Again, the objects of Section 126 and the Notification Act are not altogether similar. The sole purpose of Section 126 is to prevent the spread of dangerous infectious disorders, whereas the primary object of the Notification Act is to provide for the notification of infectious disease to local authorities. Of course, I am aware that its ultimate object is the prevention of the spread of infectious diseases. The Notification Act gives power to local authorities to make diseases notifiable for temporary periods. This has been frequently taken advantage of in the case of chicken-pox. Now chicken-pox is not scheduled because it is a dangerous infectious disorder but because it very much resembles mild and modified forms of small-pox. It is simply done to obtain information and to enable the authority to investigate these cases and to secure as far as possible the notification of all cases of small-pox.

Does a step of this kind on the part of a sanitary authority cause Section 126 to apply to chicken-pox? Can chicken-pox be a dangerous infectious disorder one week and cease to be so during the next? The Infectious Diseases (Notification) Act was adoptive and was not put into force throughout the country; consequently, if Dr. King's contentions be right, then Section 126 had a different application in different local government districts, according to whether the Notification Act was adopted or not and according to whether other diseases than those mentioned in the Act were included therein. Surely it cannot be argued that an adoptive Act could define and modify in a district in which it was not in force an important section of the Public Health Act, which Act is the foundation of the whole sanitary administration of the country. In 1899 the Notification Act was made compulsory throughout the country except in Huddersfield. This Act not being in force in Huddersfield, has Section 126 a different application in that borough?

It seems to me most unlikely that erysipelas can be held

to be a dangerous infectious disorder and the so-called puerperal fever is only dangerous and infectious to lying in women. It is neither dangerous nor infectious so far as the general public are concerned. Consequently if Section 126 applies at all to this disease that application must be of a very partial and limited character. Therefore, seeing that the legislature included in the Notification Act diseases that are not dangerous infectious disorders in the true sense of the term and did not include therein diseases that admittedly bear those characteristics, how can it be held with any weight of reason or force of argument that Parliament intended the Notification Act to define, to modify, and to limit the application of Section 126 of the Public Health Act? The vagueness is in the assumption that Parliament intended this rather than in the meaning of the term "dangerous infectious disorder."

I am, Sirs, yours faithfully,

Halifax, March 28th, 1904.

J. T. NEECH.

SYPHONAGE AND HYDRAULIC PRESSURE IN THE LARGE INTESTINE.

To the Editors of THE LANCET.

SIRS,—I gather from Dr. Keith's remarks in a recent number of THE LANCET that he has seen only the brief account given in the reprint, with notes, of my article in the *Edinburgh Medical Journal*, but much additional evidence will be found in my book (Churchill). A large part of Dr. Keith's criticism is directed against the existence of tonicity in the longitudinal bands, but all of this falls to the ground, for the fact has been confirmed by actual observation. I used glass tubes in most of my experiments because I wanted to see what was going on, but I obtained precisely the same results with a length of old garden hose, bent to imitate the flexures of the colon, and I contend that the concertina-like shortening of the bowel and other by-effects of the tonic contraction would give a rigidity at least equal to this. Moreover, I pointed to many clinical and other phenomena which are perfectly explained by the syphon hypothesis and by no other.

Arguments drawn from observations in animals have but little bearing upon the case, for the simple reason that the colon is horizontal. Were this the case in man peristalsis, though handicapped by the presence of sacculi and the absence of any true circular fibres, would probably suffice. To take a case of orthopnoea, of perhaps years' duration, how can peristalsis of a large-bored and feeble ascending colon suffice alone to propel the intestinal contents? Dr. Keith also seems to question my point that the ileo-cæco-colon is constructed on hydraulic lines, but surely this is indisputable and has only to be pointed out to be at once recognised. It has, at any rate, the endorsement of a large number of physicists with whom I have been in communication.

I am, Sirs, yours faithfully,

March 26th, 1904.

R. W. LEFTWICH.

A DISCLAIMER AND PROTEST.

To the Editors of THE LANCET.

SIRS,—I have just received by post a book entitled "Fruitless Experiment," edited by Stephen Smith, M.R.C.S., and published by the London Anti-Vivisection Society, in which my name appears as a contributor. I should esteem it a favour if you would allow me to state that the article in question is published without my knowledge or consent and that I strongly object to the unauthorised use of my name and work in this connexion.

I am, Sirs, yours faithfully,

Welbeck-street, W., March 28th, 1904.

WILLIAM MURRELL.

THE INSTITUTE OF MEDICAL SCIENCES APPEAL AND SIR DONALD CURRIE'S GIFT.

To the Editors of THE LANCET.

SIRS,—Your leading article of last week, commenting on the munificent gift of Sir Donald Currie to the school of advanced medical studies about to be formed in connexion with University College Hospital contains the following: "It is possible that Sir Donald Currie's gift will indirectly postpone the completion of the scheme of building new laboratories at South Kensington."

We hope and believe that, on the contrary, it will, by drawing attention to the needs of the University and its medical faculty, stimulate other donors to come forward and thus enable the Senate, now that the success of the scheme for the incorporation of University College is so nearly assured, to carry through the second important proposal which it has put forward—viz., the founding of an institute of medical sciences at South Kensington, the necessity for which is in no way affected by Sir Donald Currie's gift. A large sum is still required for this purpose and donations will be gratefully acknowledged by

Yours faithfully,

J. K. FOWLER, } Honorary treasurers, Institute
H. T. BUTLIN, } of Medical Sciences Fund.

35, Clarges-street, W., March 29th, 1904.

NOTES FROM INDIA.

(FROM OUR SPECIAL CORRESPONDENT.)

The Plague Epidemic: Continued Rise in Mortality.

THERE has been a steady increase in the number of deaths from plague throughout India during the past three weeks and the weekly total is approaching 30,000. The principal increases are in the Punjab and the Bombay Presidency but the disease is raging in the United Provinces and is developing in Kashmir. Bombay city records about 100 deaths a day and the recrudescence is rapidly developing in Calcutta. Karachi city is again very severely attacked and compared with other places the outbreak is widespread and virulent. Both Calcutta and Bombay city seem to show this year a lateness in the annual recrudescence, but while this recurrence in Calcutta has been hitherto very regular in season there has been a tendency to develop later each year in Bombay. In Karachi the outbreaks have generally developed in the teeth of the hot weather. Although there is no reported plague in Madras city the general mortality is very high (45·7 per 1000) and there is no epidemic of cholera or small-pox to account for it. The ten years mean is 34·9. The first division of the city shows a death-rate of 50 per 1000. The sanitary administration of this city is behind the times and the commissioners have recently declined to allow the health officer to meet those of Bombay and Calcutta for consultation upon an improved system of death returns. There is no municipal laboratory in Madras city, which is put down to poverty but which can only be explained by indifference in sanitary matters.

The health officer's report for Bombay during the last quarter of 1903 shows a death-rate of 36·76 per 1000, notwithstanding that plague was much less than in the corresponding week of the previous year. The municipal dispensaries seem to be working well. The registration of births and the vaccination of infants seem to be very defective in Bombay but in this respect Calcutta is just as bad, if not worse.

March 10th.

LIVERPOOL.

(FROM OUR OWN CORRESPONDENT.)

The Diploma in Public Health at the University of Liverpool.

THE University of Liverpool has enlarged its sphere of usefulness by the institution of a diploma in public health. The diploma will be awarded only to candidates who shall have passed the prescribed examination and before entering for any part of it they must have held for not less than 12 months a registrable qualification in medicine, surgery, and midwifery. They must also present satisfactory certificates of having attended approved courses of study. The examination for the diploma will be held once yearly, at the end of the summer term. The first examination will take place at the end of the summer term, 1904. The examination will be conducted in two parts and candidates may present themselves in Parts I. and II. separately or at the same time, provided that no candidate will be admitted to Part II. unless he shall have satisfied the examiners in Part I. No candidate's name will be published until he has been successful in both examinations. Prior to admission to the examination he must have presented satisfactory evidence (1) of having attended, during at least three months, an

approved course of instruction in public health at the University; (2) of having attended (after obtaining a registrable qualification) during at least six months practical instruction in the laboratories of the University in chemistry as applied to public health, bacteriology, and the pathology of those diseases of animals which are communicable to man; (3) of having attended during not less than three months (after obtaining a registrable qualification) the clinical practice of an approved hospital for infectious diseases; (4) of having (after obtaining a registrable qualification) during six months (of which at least three months shall have been distinct and separate from the period of laboratory instruction required under 2) been diligently engaged in acquiring a knowledge of the duties, routine and special, of public health administration under the supervision of a medical officer of health who is also a teacher in the department of public health of a recognised medical school; or (1), in England and Wales, the medical officer of health of a county, or of a single sanitary district having a population of not less than 50,000, or a medical officer of health devoting his whole time to public health work; or (2), in Scotland, a medical officer of health of a county or counties or of one or more sanitary districts having a population of not less than 30,000; or (3) in Ireland, a medical superintendent officer of health of a district or districts having a population of not less than 30,000. The subjects of examination in Part I. shall comprise chemistry, microscopy, physics, and engineering, all as applied to public health, together with practical pathology and bacteriology. Part II. will include the etiology of disease, sanitary law and administration, vital statistics, sanitary reporting, and practical examination in infectious diseases. The fee for the examination for the diploma shall be £5 5s.

University of Liverpool: First Degree Ceremony.

The University of Liverpool conferred its first degrees on March 25th; the occasion was one not merely of interest but also opened a new chapter in the academic record of the city. In the absence of the Chancellor (the Earl of Derby, K.G.) the ceremony was performed by the Vice-Chancellor (Principal A. W. W. Dale). The degrees conferred were those of bachelor of medicine and bachelor of surgery, the recipients of which were Mr. Stanley Brown, Mr. William E. Cooke, Mr. Arthur Hendry, and Mr. Herbert R. Hurter. The Vice-Chancellor, addressing the new graduates, said they would stand first on the roll that now opened. Their names would head a list which the years as they passed would lengthen. But even now they would not stand alone for any length of time, for the University had extended an invitation of incorporation to graduates of the Victoria University of Manchester who received their teaching and training in Liverpool and the manner in which that invitation had been accepted was enough to prove its wisdom. Already more than 300 applications for incorporation had come in and almost every post was adding to the number. Until those letters reached him he had hardly realised how much work the old college had done, how much its influence had spread, and to what remote continents and under what strange skies. The four graduates were presented by the Dean of the medical faculty (Professor B. Moore) to the Vice-Chancellor who, in formally admitting them, said: "By virtue of the authority vested in me I admit you to the degrees of bachelor of medicine and bachelor of surgery." The ceremony took place in the Senate room of the University.

Liverpool Chamber of Commerce: Appointment for Professor R. W. Boyce, F.R.S.

At a meeting of the committee of the African trade section of the Liverpool Chamber of Commerce held on March 16th it was resolved, on the motion of Sir Alfred Jones, K.C.M.G. (the chairman of the section), that Professor Robert W. Boyce of the University of Liverpool and Dean of the Liverpool School of Tropical Medicine should be appointed as a special advisory member of the committee in matters relating to health and sanitation. Professor Boyce had taken a great interest in the sanitation of the West Coast of Africa and his appointment as a special member of the African trade section of the Chamber of Commerce is recognised as a fitting tribute to his energies in that direction.

Presentation to Dr. Thomas Clarke, J.P.

An interesting ceremony took place at the town-hall on March 23rd, the occasion being a presentation to ex-Alderman