

bleeding vessel; as Mr. Spencer says, why not advise people to stick to local pressure alone as enough for the tyro to learn? or in the case of poisons, without inquiring too particularly as to their exact nature, to emetics? in the case of fractures to immobilising apparatus, and so on? To speak the truth, can any really practical knowledge be obtained without experience? I hold that the converse proposition lies at the root of almost all the useless education of to-day.

I am, Sirs, yours faithfully,

Dingwall, Jan. 20th, 1902.

WILLIAM BRUCE.

## THE ETHICS OF THE PUBLIC VACCINATOR.

*To the Editors of THE LANCET.*

SIRS,—In THE LANCET of Nov. 23rd, 1901, p. 1445, under the heading "The Ethics of the Public Vaccinator," a correspondent states as follows: "A public vaccinator can claim no payment for vaccination of persons residing outside his district." Is this a fact? and will you kindly explain the law on the subject?—I am Sirs, yours faithfully,

FREDERICK WILLIAM AXHAM.

Glasshouse-street, W., Jan. 20th, 1902.

\* \* The law is contained in Section 11 of the Vaccination Act of 1867.—ED. L.

## THEATRES AND THE SAFETY OF THE PUBLIC.

*To the Editors of THE LANCET.*

SIRS,—Amongst all the wise precautions against danger from fire in theatres which are being insisted upon or suggested there is one point, and that the most essential of all, that is persistently overlooked. When fire breaks out in a building the most pressing and the most rapidly acting danger of all is that of suffocation. Why on earth do not architects and others responsible for the construction of theatres face this question? What is needed is the means of letting out the fumes at or near the roof—in other words, a capacious chimney. In a theatre this could be done without extreme difficulty or cost. The part of the theatre over the stage rises higher than the auditorium and might on three sides, possibly on four, have large venetian shutters which, when open, might give some 300 square feet of opening which would allow the fumes to escape and so provide 15 or 20 minutes of safety for the escape of the audience. At the same time fresh air would be drawn in over the escaping audience and prove another factor working for safety. These louvres should be in charge of a man or men during the whole performance who in case of need could readily open them by means of a lever, and they should be opened for a time after every performance so as to clean out completely the used-up atmosphere and thereby add to the comfort and the wholesomeness of the building.

I am, Sirs, yours faithfully,

Leeds, Jan. 21st, 1902.

T. PRIDGIN TEALE.

*To the Editors of The Lancet.*

SIRS,—I see that in a leading article in THE LANCET of Jan. 18th, p. 173, you say that the London County Council is "determined" to check the overcrowding of the gangways of theatres with spectators during the performances. I do not know how long the London County Council has been fired with this salutary resolution, but I think that if any county councillor will go during a performance to any of the London theatres which are doing really well and will inquire for seats in the pit or upper circle or in any of the cheaper parts of the theatre, he will get the answer, "Standing-room only," or be solicited with the offer of "good standing-room," and will find that scores of his fellow citizens are availing themselves of such offers as a matter of course. A few weeks ago I was present myself at the last performance of a popular play at the Haymarket Theatre and sat on a step in a gangway crowded to suffocation which I fancy would have become a scene of considerable danger had there been an alarm of fire. Theatrical managers naturally do what they are allowed to do in the direction of making money, and I should suggest that the determination of the London County Council will have little result unless it is energetically carried out.

By the way, I was present during part of the Krause trial on Friday last and your recent remarks on the ventilation of the Old Bailey seemed to have had considerable effect. The public gallery was nearly empty and so were the gangways. The seats were not more than full and windows widely opened at the end of the court opposite the jury box admitted a good deal of fresh air from which unusual intruder some of those persons nearest to it sought to protect themselves by putting their pocket-handkerchiefs over their heads.

I am, Sirs, yours faithfully,

Jan. 20th, 1902.

A MEMBER OF THE BAR.

## REMOVAL OF THE APPENDIX VERMIFORMIS.

*To the Editors of THE LANCET.*

SIRS,—Will you permit me to express my agreement with the arguments of Mr. W. H. Battle in his article in THE LANCET of Jan. 18th, p. 143, on the advisability of removing the appendix vermiformis after suppuration caused by appendicitis? It is obvious that no surgeon would advocate the removal of the appendix if the mere evacuation of the abscess sufficed to ensure a complete and lasting recovery. Mr. Battle's seven cases prove that in many instances the diseased appendix when left behind may not only retard healing but may give rise to dangerous recurrence of the abscess at a later period. My own experience is in entire accord with this. Although in many, perhaps the larger proportion, of appendicular abscesses treated by simple drainage the wound heals and no further trouble results I am convinced that in many cases the appendix left behind considerably prolongs suppuration, retards healing, and remains a source of present discomfort and future danger.

The cause of this lies in the frequency with which the appendix contains one or more concretions. This is clearly shown in Mr. Battle's instructive series of cases. I cannot, however, agree with him when he says that "the appendix should be removed as soon as possible after the healing of the abscess." On the contrary, I agree with the contention of Mr. J. Rutherford Morison that the appendix should be and can be removed in almost every case of suppurating perityphlitis at the same time that the abscess is evacuated. Without denying that in some few cases the procedure may be impracticable or unadvisable owing to the general state of the patient, I am convinced by my own experience that in the majority of instances it is neither difficult nor dangerous to remove the appendix in addition to evacuating the abscess at the same operation. The main obstacle to this procedure in the minds of surgeons—the risk of infecting the general peritoneal cavity and setting up general peritonitis by breaking down adhesions in the search for the appendix—is more imaginary than real, if I may judge by numerous experiences. So long as extravasation of pus into the loin and pelvis is prevented, as it easily can be by proper packing, adhesions may be broken down freely among the coils of small intestine with positive advantage, because pus shut off in separate recesses which would otherwise remain is often evacuated in this way; indeed, in severe cases where the peritonitis is spreading I regard free separation of adhesions and evacuation of pus as the most important part of the operation.

I am, Sirs, yours faithfully,

Wolverhampton, Jan. 20th, 1902.

EDWARD DEANESLY.

## GENERAL POST OFFICE APPOINTMENTS AND INCOME-TAX.

*To the Editors of THE LANCET.*

SIRS,—I am holding the appointment of medical officer to the post-office here at the usual General Post Office rate, but every Christmas quarter there is a deduction made from the amount in the proportion of 1s. 2d. in the £ on the year's gross receipts due to me.

I have written various letters to the authorities complaining that as the amount is due as a subscription or club it is in no sense a net profit accruing to me, but nothing has been done in the matter and each year sees the same thing recur. Probably you or some of your readers will tell me what is the best course to pursue both for myself and the profession at large, for it is certainly unfair that the Government should expect the profession to attend post-office officials (some of whom earn large incomes) at a charity fee and then to deduct