

In some districts of Manchester even this great mortality was exceeded. In the Gormgate district the mortality was at the rate of 58 per cent. of the total number of deaths; in the Ardwick, of 56; in the Hulme, of 54; in the Pendleton, of 53; and in the Ancoats and Deansgate, of 52.

Scarlet fever, small-pox, and continued fever played a prominent part in maintaining the heavy mortality. The deaths from scarlet fever in Manchester and Salford during 1863 amounted to 1375, and the seizures are estimated at no less than 10,000. The deaths from small-pox in the same period were 166, and the seizures from this loathsome disease probably 4000.

Nothing could more forcibly show the admirable working of the Association than the steps taken by it in reference to these two formidable pests. The efforts made to rouse the people of Manchester to a just sense of the value of vaccination, and the need for its being more fully and effectually carried out in that city and Salford, were most praiseworthy. The practical manner, moreover, with which the Association has dealt and is dealing with that terrible scourge scarlet fever, furnishes a most valuable hint to other towns and localities. The Association objects to the word "*outbreak*" being used in conjunction with epidemics of this disease. The word, they hold, conveys an idea opposed to truth, and is to be deprecated. Epidemics of the disease do not fall suddenly amongst a population, but grow up gradually. This opinion is illustrated by the gradual up-growth of the present epidemic in Manchester. In this gradual diffusion rests our hope of ultimately checking the progress of the disease when once it shows itself. If we can interrupt its course at the beginning by the isolation of the cases, we may hope to mitigate if not stay the spread. To give confidence in such a probability it is necessary that the people should have fixed firmly in mind the fact of the extension of the disease, at first, gradually from one person to another. This slow extension is not questioned in small-pox, and the need of isolation is readily admitted. In 1862 the seizures of small-pox in Manchester did not exceed 1269; and of these, 336 were removed to the public workhouses and fever wards—that is to say, 1 in every 3·8 cases were separated from their relatives, and thus prevented becoming so many fresh centres of infection. In the course of the same year there were 1927 cases of scarlet fever, of which 28 only were removed to the workhouses and fever hospital. The Association ask whether it would not be expedient, in order to secure isolation, to encourage the establishment of "self-supporting institutions, in which, on the payment of a weekly fee, the children of artisans and of such persons amongst the middle classes as might desire to avail themselves of their benefits might obtain admission. Such institutions should be situated in those quarters of the town in which the disease was observed to take on a mild type. By such arrangement those dwelling in localities less favourable to the disorder would, by the circumstance of removal alone, reap advantage. In many cases, also, in which every member of a family is successively attacked, the immediate removal of the first seizure might arrest the disease at its source." We commend this suggestion to our readers.

The Association have commenced the publication of quarterly reports. This well-advised step must widely extend the influence of the organization. The reports already published are excellently conceived and most instructive. It would be well if every important town and city in the kingdom possessed so efficient and ably-conducted a Society as the Sanitary Association of Manchester and Salford.

THE MINUTES OF THE COUNCIL OF THE COLLEGE OF SURGEONS.

THE resolution that the proceedings of the Council should be published was carried last year by a majority, after a full debate, as we stated at the time. The questions relating to the

best manner of publication were referred to a committee. That committee met and deliberated, and sent up a report to the Council—rather a lame document—recommending that the publication of the proceedings take place in the shape of minutes. This was the form adopted at first by the General Medical Council, who printed their minutes at the close of each sitting, after confirmation, and issued them without delay. That report, although received and adopted, has never been acted upon. This is a fact to which we desire to call attention. We had long urged the publication of these minutes, assured that it would be satisfactory to the members and useful to the College; and now that this has been carried by a resolution of the Council, we are not disposed to see it quietly shelved by the Fabian policy of inaction. There will be one more meeting of the Council, and it will be expected that the report of the committee be acted upon in no evasive manner.

THE MEDICAL OFFICER OF HEALTH FOR ST. MARYLEBONE.

A SHORT time since we referred with great regret to the serious illness of Dr. Dundas Thomson, a gentleman well known to our readers by his highly distinguished scientific attainments, and who for some years has held the appointment of Officer of Health for the parish of St. Marylebone with credit to himself and great advantage to the extensive and populous district under his charge. The illness of Dr. Thomson has, we are sorry to find, given rise to certain proceedings which cannot be too strongly condemned. We have been informed that for some time past an active canvass has been going on in the parish, and that the votes of vestrymen have been personally solicited by more than one medical practitioner. But what is still more incredible is the statement that, at a recent meeting of the vestry, the members as they entered were shown into an ante-room, and asked to sign a requisition calling upon one of their own body to offer himself as a candidate. Setting aside the fact that any member of the vestry is, or ought to be, disqualified from holding office, we can imagine nothing more hasty, premature, and indecent than this proceeding. The requisition, it is further stated, is now being used in order to secure the votes of other vestrymen. We feel satisfied that those persons who have been induced to sign could not have seriously reflected on the impropriety of the act they were committing, and, now that this must have become apparent, that they will repudiate the document altogether, and decline to be bound by it.

The post of Officer of Health is too important a one to be jobbed away. It concerns too nearly the health and lives of the people, and the inhabitants and vestrymen of St. Marylebone who should represent them should use their utmost endeavours to secure the services of a man of scientific standing and reputation, skilled in analytical chemistry and microscopic lore, as capable of performing the delicate and difficult duties of the office as the present incumbent, and whose name would give authority to his opinions and recommendations. The plain duty of the vestrymen is to keep themselves free from all promises and engagements.

Correspondence.

"Audi alteram partem."

THE HOSPITAL FOR STONE.

To the Editor of THE LANCET.

SIR,—I venture to send you an extract from a paper of mine on Lithotritry, in the forthcoming volume of Holmes's "System of Surgery," which perhaps you may think worthy of a place

in THE LANCET, relative to your observations on the Hospital for Stone:—

"Being anxious to have accurate information as to the progress lithotripsy was making in hospital practice in London while these pages were going through the press, I applied for information on this point to all the London hospitals, and was most obligingly and readily supplied with what I required from all, with the exception of the Hospital for Stone; the authorities of this hospital made no reply to my request. I must also state that the return from University College Hospital is not quite complete, as I failed to obtain any information from one of the surgeons of that hospital. If the numbers reported from University College Hospital be compared with those from other hospitals of the same size, it will be seen that the number of cases unreported cannot be large. The absence of information from one surgeon cannot in any great degree influence the result obtained by the subjoined table; from which it will be seen that out of 91 adult patients admitted in two years into the London hospitals with stone in the bladder, only 32 were treated by lithotripsy: 6 underwent no operation.

Patients with Stone in the Bladder admitted into the London Hospitals in the years 1862 and 1863.

HOSPITALS.	Total.	Children	Adults.	Lithotripsy.	Lithotomy.
Guy's	31	15	16	7	24
St. Bartholomew's	25	16	9	3	22
King's College	22	7	15	9	13
London	17	5	12	2	15
University College	16	6	10	5	11
St. George's	13	2	11	3	8
St. Mary's	12	9	3	1	11
St. Thomas's	11	7	4	1	8
Royal Free	7	7	0	0	7
Middlesex	6	2	4	1	3
Westminster	5	3	2	0	5
Metropolitan Free	4	1	3	0	4
Charing-cross	3	2	1	0	3
Sick Children	3	3	0	0	3
Great Northern	2	1	1	0	2
	177	86	91	32	139 "

The most absurd statement with regard to the supposed necessity of a special hospital for stone is reported to have been made at a previous dinner for the Hospital for Stone—namely, "That Sir Benjamin Brodie was so convinced that stone could not be treated in a general hospital, that he took a house in Lisson-grove in order that persons afflicted with this disease might be properly attended to." It is hardly necessary for me to say that this statement is an entire fabrication. Almost the last professional act Sir Benjamin Brodie performed was to affix his name to the protest against special hospitals; remarking, at the time, that the absurdity of special hospitals had reached a climax when an hospital for patients afflicted with stone was established.

I am, Sir, your obedient servant,
Savile-row, July 16th, 1864. CHARLES HAWKINS.

THE COLLEGE OF SURGEONS.

To the Editor of THE LANCET.

SIR,—In continuation of my letter which you inserted last week, I beg leave to submit to your readers another analysis of the Council of the College of Surgeons—one showing the hospitals and schools represented at the Council-board, and the proportionate interest of each.

St. Thomas's has 4 representatives (South, Mackmurdo, Solly, Clark); St. Bartholomew's has 3 (Lawrence, Skey, Wormald); London, 3 (Luke, Adams, Curling); Middlesex, 2 (Arnott, Shaw); King's College, 2 (Partridge, Fergusson); Guy's, 2 (Hilton, Cock); University College, 1 (Quain); St. Mary's, 1 (Lane); Charing-cross, 1 (Hancock).

Although St. Thomas's stands first in number of medical officers, the Bartholomew's interest really predominates, and for the following reason:—Messrs. Hodgson, Kiernan, Paget, Busk (and I believe Mr. Swan also), the "unattached" members of the Council, were all educated at St. Bartholomew's, and have all revered its senior surgeon for so many years that they are at his beck and call, and cannot shake off the

trammels he artfully throws around them. As if this were not enough, however, we have Mr. Arnott and Mr. Partridge, who were both educated at Bartholomew's, and whose interest also goes with the predominant party; Mr. Arnott because he is a life member and a member of the Dental board, and is thus brought into close connexion with Mr. Lawrence, and Mr. Partridge because he is led captive *volens volens*.

It will be evident that before any good can be expected of the Council this preponderating element must be eliminated; but at the same time it will be absurd to raise any other hospital to the same position. It may be doubted, therefore, whether we did wisely in adding to the St. Thomas's and the London interest at the last election, although certainly the best of the candidates were chosen. My object in writing now is to suggest the propriety of candidates being brought forward next year to assist in this equalization, and I may venture to suggest three gentlemen for the purpose.

The only metropolitan schools unrepresented on the Council at present are St. George's and Westminster, and I would therefore take the leading surgeon of each, Messrs. Prescott Hewett and Barnard Holt, for two of the candidates. The first of the schools having only one representative is University College, and I would therefore take Mr. Erichsen for the third name. As regards these three gentlemen, there can, I believe, be but one opinion as to their fitness for the office, both from their positions as leading hospital surgeons, and their status as practitioners. Mr. Erichsen has also proved his liberal views by taking office at the College of Physicians, and would therefore be of material assistance in the propagation of correct views as to medical education, to say nothing of his being the author of the standard work on Surgery, which, by the way, it is the custom for some of the learned examiners to sneer at.

In my enumeration of Liberals and Conservatives last week, I included all those recently elected amongst the former class; but if many more months are allowed to pass without some move in the direction of change of examiners, I fear we shall be obliged to class them all as Conservatives. Would you allow me to suggest to those gentlemen who are on the Conservative side, that if they wish to "conserve" their seats at the Board (which are most certainly doomed at present), the only way for them to show that they have embraced Liberal views will be by opposing the re-election of the examiner whose quinquennial period next comes round. Such a re-election must soon occur, and the voters on each side are pretty sure to be published; therefore by their fruits we shall know them.

Yours obediently,

F.R.C.S. by Exam.

July, 1864.

VENEREAL IN THE ARMY IN IRELAND:

MERCURIAL *versus* THE CONTRARY TREATMENT.

To the Editor of THE LANCET.

SIR,—A few words about venereal in the army here, more particularly at present, when the disease is becoming worse and worse. Huddled together, sometimes as many as twenty in a house, in the neighbourhood of the Royal Barracks, Dublin, the women live in filth, communicating the vilest diseases (syphilis, gonorrhoea, and itch) to almost every soldier who shows himself in the neighbourhood; and it not unfrequently happens that on account of the time the poison has been latent in the system, and the hopes entertained by the soldier himself that "it is nothing," when he does come to hospital he gets an attack of secondary disease before he is about to be discharged. When a battery of artillery of under 200 men is totally ineffective for more than three weeks in the course of the year, what must be the true state of things! It has been thought that as the Horse Artillery is hard worked, the men get out late and run off to the nearest brothel; get, perhaps, the worst form of disease, having no opportunity to select their loves, and this leads frequently to an ultimate break down of their systems.

At the present time the Curragh Camp is a hot-bed of disease; but the women there are cleaner than in Dublin. They have some little regard to cleanliness, and wash like dogs in the ponds on the common. The fashionable sore at present amongst the men is a thick, hard nodule, with the skin scarcely broken, nearly as often on the body or outside skin of the penis as beneath the prepuce, and discharging a thin fluid quite unlike that of pus. This may be traced to a certain part of the Curragh—"the gibbet's rath." The men think it is nothing, and the result of which is in the long run secondaries, ulcerated throats, rheumatism—probably attributed frequently to other causes, and, in fact, making the man's face as familiar to the regimental surgeon as the "morning state."