

evidence lies quite on the other side, and refers to researches by Hyernaux and cases by Clay and Kleinwachter. On referring to these (*Lond. Med. Record*, Jan. 1879), I find that Hyernaux administered hypodermic injections of pilocarpine to two pregnant women. In the first case labour resulted, but enemata and vaginal injections and hip baths had been employed as well. In the second case labour was not induced, although sweating was caused. In Clay's case pilocarpine caused uterine contractions until the os was the size of a halfpenny, and labour pains were present at intervals of fifteen minutes. In Kleinwachter's case three injections of pilocarpine were given to induce labour. Uterine contractions set in an hour and a half after the first injection. An hour and a half after the second injection the membranes burst, but the pains went off during the night. After a third injection the pains again commenced. I submit that these cases of Clay and Kleinwachter afford positive evidence of the ecboic action of pilocarpine. No doubt if the drug be given at long enough intervals the action may not be great; but if given at short intervals it will in most cases cause uterine contractions; but these are so prolonged that it is not desirable to employ pilocarpine for the induction of labour.

I am, Sir, yours truly,

St. Thomas's-street, S.E., Nov. 9th, 1886.

P. HORROCKS.

To the Editor of THE LANCET.

SIR,—The experiments of Dr. Donald with the pilocarpine used in Dr. Cullingworth's case are very interesting, and dispose of the assumption that it was altogether inert; but that does not at the same time dispose of my contention, that the trial was not a satisfactory one, inasmuch as the characteristic diaphoresis did not take place. Now, from what we know of pilocarpine, it may be safely stated this was owing to causes either extrinsic or intrinsic to the patient; if the former, it does not concern me; if the latter, the failure was due to some cause peculiar to the patient as an individual, or to some feature of the disease. If due to an idiosyncrasy, we need not further discuss it; but if from his experience of this one case Dr. Cullingworth contends that there is a type of the albuminuria of pregnancy in which pilocarpine properly administered in full doses does not produce diaphoresis, I may, I think, in perfect fairness, ask him to admit that in this peculiar type, as far as he knows, convulsions never occur, and the termination is always favourable. I am, Sir, yours &c.,

Sunderland, Nov. 9th, 1886.

JAMES MURPHY.

## INFANT MORTALITY IN READING.

To the Editor of THE LANCET.

SIR,—Dr. Shea, medical officer of health for Reading, shifts the question of infant mortality in the borough, which was the subject brought by me before the Pathological Society for discussion, to that of the "vital statistics of Reading." He complains that I compare the thickly populated borough of Reading with the sparsely populated rural districts adjoining; and thus implies that the comparison is unfair to the borough, as these have a "greater area in acres." Density of population is not necessarily associated with as high a death-rate as that of Reading. For example, West Ham, in Essex, has a population of more than 150,000—i.e., nearly four times the population of Reading—and the same population to the acre as Reading; yet its death-rate is not so high this town. Other comparisons might be made not favourable to Reading; but this was not the object of my communication to the Pathological Society. The Registrar-General states that "healthy districts are all those registration districts in which the mean annual death-rate for persons (males and females together) was under 17.00 per 1000 in 1871-80." Reading during this period had a death-rate of 19.00, or, excluding the deaths in the Royal Berks Hospital, 18.00, so that the registration district of the borough of Reading is excluded from the Registrar-General's list of healthy districts. No one is more competent, by his knowledge and earnestness in the work, to effect a permanent reduction in the death-rate of Reading than Dr. Shea. But the period embraced by his statistics is too brief to bear comparison with that of the Registrar-General.

I am, Sir, yours obediently,

Nov. 10th, 1886.

J. G. BARFORD.

## INFANTILE DIARRHOEA.

To the Editor of THE LANCET.

SIR,—Your annotation on the above-named disease (?) in THE LANCET of Sept. 18th serves to awaken memories of the past. My interest in the subject began with my advent in Leicester at the end of 1876, and terminated with the meeting of medical officers of health at York on April 7th, 1881. To this meeting, which was specially convened to discuss Infantile Mortality from Diarrhoea, I was invited as one who had put on record his observations of the complaint in question both at Leicester and Nottingham. Drs. Ballard and Parsons represented the Local Government Board, and an interesting and instructive discussion ended with Dr. Ballard's announcement of his Commission of Inquiry into the causes of summer diarrhoea. Dr. Ballard had the honour of closing the debate in a speech, from which I extract the following:—"He had been at a great deal of trouble to cleanse, and sweep, and brush, and scour his mind from everything in the shape of a preconceived notion either as to what diarrhoea is or what its cause or causes." After such a declaration considerable expectations were naturally raised, and all present appeared inclined to yield the palm to a gentleman of such impartial views, and to await his promised report. Of that report I have never since heard, and my chief object in writing is to ask if any such report has been published. From the tone and wording of the annotation referred to, no progress appears to have been made since 1881, and therefore I assume that no such report has been issued from the central department of public health. It occurred to me at the York meeting that Dr. Ballard was too free in his use of the "broom," for there had been some very searching inquiries (both official and non-official) going on for several years at Leicester—where the disease is endemic—and elsewhere, my own line of inquiry being conducted in the following order: 1. What is the average quarterly and annual birth-rate of the given town or district in question, and what proportion does the infant population bear to the general population? 2. What are the habits and employment of the parents, and their physical and moral status? 3. What are the direct effects of heat on the human economy, and particularly on infants? 4. Will heat *per se* produce diarrhoea, irrespective of sanitary condition, and will insanitary conditions aggravate the disease when heat is present? 5. What increment of heat is necessary to produce epidemic diarrhoea? 6. Is summer diarrhoea a mild form of cholera, and are the Americans justified in calling it "cholera infantum"? 7. Is infantile summer diarrhoea a zymotic or a constitutional disease?

My actual experience of summer diarrhoea at Leicester and Nottingham, which has been published in detail, together with a review of the sanitary history of the former town extending over a period of thirty years, enabled me to arrive at certain definite conclusions which have never been traversed, and which time (the great avenger) has verified. For these and for kindred observations on infant mortality I have never received the shadow of acknowledgment from the medical press of this country. It is not so abroad; our French neighbours can and do appreciate voluntary effort in the cause of science and of humanity; but in England it appears to be necessary first to die in order to live! Do we not see it illustrated every day, and notably at present in your influential columns?

I am, Sir, your obedient servant,

ALEXANDER MCCOOK WEIR, M.D., &c.

Nottingham, Sept. 1886.

SOCIETY FOR THE PREVENTION OF HYDROPHOBIA AND REFORM OF THE DOG LAWS.—The General Committee of this Society held its fourth meeting on Friday last at the offices, 50, Leicester-square, London, W.C., to consider a programme which had been drafted by the Sub-committee and circulated among members and supporters. Mr. Victor Horsley, F.R.S., was elected a member of committee. Many letters were read expressing approval of the programme, and regretting that the writers were unable to attend. The Honorary Secretary having made a financial statement of a satisfactory nature, the Chairman, Colonel R. H. Rosser, briefly explained the care and time given by the Sub-committee to the programme, which was then discussed in detail, and ordered to be printed with some additions and alterations.