

find meteorological records for London from 1882 onwards in Whitaker's Almanack.

The number of deaths from apoplexy in Bath being too few to afford statistics from which reliable conclusions could be drawn, I applied to Dr. D. S. Davies for permission to use the returns for Bristol and so obtained a total of 1575 certificates of deaths from cerebral hæmorrhage, apoplexy, or hemiplegia during the six years 1899-1904. The duration of illness or date of attack is only given in 299 of these certificates; these may not be representative as the date of attack may be more often stated when soon followed by death. In 70 per cent. of these cases death occurred within seven days and in 80 per cent. within one month; 55 deaths, or 18 per cent., being within 24 hours of attack and for these rapidly fatal attacks the following table shows the corrected 9 A.M. readings of the barometer on the day of death and also on the day preceding death; the groups of cases would not be the same. I have also given an approximate estimate of the comparative frequency of attacks of cerebral hæmorrhage at each pressure when allowance is made for the proportion of days of such pressure.

	Barometric pressure (inches).			
	28·8 to 29·4	29·5 to 29·8	29·9 to 30·1	30·2 to 30·8
Death same day ...	6	15	17	17
Death next day ...	5	16	20	14
Estimated ratio ...	21	24	25	29

This empirical estimate founded on a small number of cases seems to support the argument which has been put forward, but a careful consideration of the monthly death-rates from cerebral hæmorrhage, which must be closely related to monthly attack-rates, in connexion with the meteorological conditions of each month for the past six years, leads me to the conclusion that atmospheric conditions have no special influence in determining an attack of cerebral hæmorrhage. January, February, and March are the months which show the highest death-rates from cerebral hæmorrhage and also from all other causes among elderly people. The Registrar-General's annual reports prove that the death-rate from apoplexy and cerebral hæmorrhage varies always in the same direction as the death-rate of deaths from all causes among persons between 65 and 75 years of age, although these special diseases cause less than 10 per cent. of all deaths at such ages.

I am, Sirs, yours faithfully,
Bath, Jan. 29th, 1905. W. H. SYMONS.

THE PRINCIPLES OF TREATMENT OF PNEUMONIA.

To the Editors of THE LANCET.

SIRS,—The able letter published in THE LANCET of Jan. 28th by Dr. A. G. Auld in criticism of my recent address on the Principles of Treatment of Pneumonia would have been still more welcome and valued had it been less exclusively devoted to the discussion of debatable points of theory. We are in full agreement in recognising that the first principle of treatment should be to prevent the invasion and the second to summon at once the force needed for its suppression. Although former attempts have failed to carry out these objects our hopes have been revived by Wright and Douglas's brilliant observations and may perhaps be at the eve of their fulfilment. But there is one point upon which we remain at variance. I still regard the risks which attach to lobar consolidation and to disablement of the lung as greatly in excess of any advantages which may belong to them in nature's scheme of cure. Preventive treatment, when it comes, will obviate pneumonic consolidation; and the anti-pneumococcus treatment of the future would presumably either forestall its occurrence or insure that arrest of its full development which it is the present endeavour to secure. Since an immediate cure cannot yet be attained, let us aim at as speedy a cure as may with safety be achieved with the remedies at our disposal. I believe that much can be effected by prompt and judicious action on the lines proved to be correct by the clinical results. Those measures which I have found to succeed in

materially shortening or modifying the course of the attack are best described in one word by "elimination." To get rid of the germs and of the products of disease is to liberate the powers of health, which include any opsonic powers special to serum. How this is to be best effected and most quickly must have engaged the attention of many clinical workers. Their practical criticisms and suggestions would be most valuable as the special kind of help which the address was intended to invite.

I am, Sirs, yours faithfully,
Curzon-street, W., Jan. 28th, 1905. WM. EWART.

P.S.—*Dechloridation* does not at present form part of my treatment. As I have employed it in one case only, that reported in my address, I keep an open mind as to its merits with considerable doubt as to its value.

BED-GEAR FOR INVALIDS.

To the Editors of THE LANCET.

SIRS,—In a recent number you published the design of a useful invalid night-gown. There is another simple garment often wanted by invalids which it is generally difficult or impossible to procure at a short notice and which, it seems to me, might profitably be put upon the market by an enterprising firm. I refer to a bed-jacket or covering for the shoulders, arms, and chest. Most people when confined to bed, even for a short time, need such a covering and in many hospitals bed-jackets of various kinds are provided, but in private it is generally found necessary to improvise such a garment or to use shawls or similar articles, all of which are unsuitable, in one or other way, for the object needed. What is wanted is a fairly closely-fitting jacket, extending to the waist, easily opened front and back, and with arms fastening at the wrists. It could be made of any woollen or soft material, preferably, I think, knitted. Such a bed-jacket I find it almost impossible to get in private and I feel sure that if a garment of this sort were put upon the market it would find a very large demand and many households would provide themselves with two or three of different sizes for use in any case of illness. Only this week a patient of mine, a gentleman of a practical turn of mind, asked me why we medical men did not suggest a suitable bed-jacket for housewives to keep in readiness for sickness. After trying various arrangements of shawls, &c., all equally unbearable, he had fallen back on a dressing-gown which, of course, while fulfilling the purpose of covering the arms and shoulders, still encumbered the bed with unnecessary skirts. I defended my profession as well as I could and said that we were not oblivious of such details as there had been quite lately in THE LANCET a beautiful picture of a convenient invalid nightdress. He insisted that his bed-jacket was of far greater importance and I am inclined to think he was right.

I am, Sirs, yours faithfully,
Bromsgrove, Worcestershire, Jan. 27th, 1905. H. CAMERON KIDD.

INDIAN UNIVERSITY DEGREES AND THE ROYAL COLLEGE OF SURGEONS OF ENGLAND.

To the Editors of THE LANCET.

SIRS,—In replying to a correspondent in your issue of Nov. 12th, 1904, you mention that "the L.M. & S. is not a degree—it is a diploma." The University of Bombay calls it "the degree of L.M. & S." There is no such degree as M.B. in this University. The Vice-Chancellor when admitting us as graduates of the University also pronounces at the convocation, "I admit you to the degree of L.M. & S." I admit that the University should not have used the word "Licentiate" while granting a degree and that the degree of M.B. should have been instituted when the Faculty of Medicine was founded.

In other universities, such as those of Madras, Dublin, &c., where licences are granted in addition to the degree of Bachelor of Medicine, the L.M. & S. may properly be regarded as a licence, but such is not the case with the University of Bombay. It would be well for the examining boards in the United Kingdom to read the calendars of the