

will not acquire a bad name because the authority fails to deal with conditions tending to the production of disease, and of which they are fully aware. In other parts of the district sanitary works of sewerage and water-supply have been carried out, and this may be regarded as auguring well for other localities needing a similar remedy.

VITAL STATISTICS.

HEALTH OF ENGLISH TOWNS.

In twenty-eight of the largest English towns 5567 births and 2923 deaths were registered during the week ending the 19th inst. The annual death-rate in these towns, which had declined in the preceding six weeks from 21·8 to 17·3 per 1000, further fell last week to 17·1. During the first eleven weeks of the current quarter the death-rate in these towns averaged 19·2 per 1000, against 21·7, the mean rate in the corresponding periods of the nine years 1876-84. The lowest rates in these towns last week were 11·4 in Huddersfield, 12·7 in Birmingham, 14·4 in Blackburn, and 14·6 in Bradford. The rates in the other towns ranged upwards to 22·1 in Newcastle-upon-Tyne, 23·7 in Bolton, 23·7 in Cardiff, and 28·6 in Preston. The deaths referred to the principal zymotic diseases in the twenty-eight towns, which had been 584 and 478 in the preceding two weeks, further declined last week to 393; these included 183 from diarrhoea, 49 from scarlet fever, 46 from whooping-cough, 41 from "fever" (principally enteric), 36 from measles, 32 from diphtheria, and 6 from small-pox. These diseases caused the lowest death-rates in Halifax and Bradford, and the highest in Cardiff, Portsmouth, and Preston. The greatest mortality from scarlet fever last week was recorded in Wolverhampton, Leicester, and Preston; from measles in Liverpool; from "fever" in Norwich and Portsmouth; and from diarrhoea in Cardiff, Portsmouth, and Preston. The 32 deaths from diphtheria in the twenty-eight towns included 25 in London, 2 in Newcastle-upon-Tyne, and 2 in Cardiff. Small-pox caused 8 deaths belonging to London and its outer ring of suburban districts, and not one in any of the twenty-seven provincial towns. The number of small-pox patients in the metropolitan asylum hospitals situated in and around London, which had steadily declined in the fifteen preceding weeks from 1389 to 213, had further fallen to 195 on Saturday last; the admissions, which had been 47 and 32 in the preceding two weeks, rose to 47 last week. The deaths referred to diseases of the respiratory organs in London, which had been 159 and 175 in the previous two weeks, declined to 152 last week, and were 31 below the corrected weekly average. The causes of 81, or 2·8 per cent., of the deaths in the twenty-eight towns last week were not certified, either by a registered medical practitioner or by a coroner. All the causes of death were duly certified in Portsmouth, Wolverhampton, Leicester, and in three smaller towns. The largest proportions of uncertified deaths were registered in Birkenhead, Oldham, Blackburn, Hull, and Sunderland.

HEALTH OF SCOTCH TOWNS.

The annual rate of mortality in the eight Scotch towns, which had been equal to 20·0 and 17·2 per 1000 in the preceding three weeks, further declined to 16·6 in the week ending the 19th inst., and was 0·5 below the mean rate during the same week in the twenty-eight large English towns. The rates in the Scotch towns last week ranged from 12·7 and 13·3 in Greenock and Perth, to 17·6 in Paisley and 19·0 in Glasgow. The 404 deaths in the eight towns included 28 which were referred to diarrhoea, 9 from scarlet fever, 9 from whooping-cough, 3 from measles, 3 from "fever" (typhus, enteric, or simple), 2 from diphtheria, and not one from small-pox; in all, 54 deaths resulted from these principal zymotic diseases, against 84 and 66 in the preceding two weeks. These 54 deaths were equal to an annual rate of 2·2 per 1000, which was slightly below the mean rate from the same diseases in the twenty-eight English towns; it ranged from 0·0 and 0·7 in Perth and Greenock, to 2·7 and 5·3 in Dundee. The deaths attributed to diarrhoea, which had been 51 and 29 in the preceding two weeks, were 28 last week, and but half the number in the corresponding week of last year; 12 occurred in Glasgow, 6 in Dundee, and 5 in Edinburgh. The 9 fatal cases of scarlet fever showed a

slight further increase upon recent weekly numbers, and included 8 in Glasgow. The deaths referred to whooping-cough, which had been 14 and 11 in the preceding two weeks, further declined last week to 9, of which 4 occurred in Paisley and 3 in Glasgow. The 3 fatal cases of "fever" were below those returned in any recent week. Of the 3 deaths from measles 2 were recorded in Paisley. The deaths referred to acute diseases of the respiratory organs in the eight towns, which had been 48 and 57 in the previous two weeks, further increased last week to 64, and almost corresponded with the number in the same week of last year. The causes of 62, or 15·3 per cent., of the 404 deaths registered in the eight Scotch towns last week were not certified.

HEALTH OF DUBLIN.

The rate of mortality in Dublin, which had risen from 20·1 to 26·7 per 1000 in the preceding three weeks, declined again to 22·9 in the week ending the 19th inst. During the first eleven weeks of the current quarter the death-rate in the city averaged 23·2 per 1000, the rate during the same period not exceeding 18·7 in London and 15·5 in Edinburgh. The 155 deaths in Dublin last week showed a decline of 26 from the high number in the preceding week, and included 21 which were referred to the principal zymotic diseases, against 23 and 27 in the previous two weeks; 9 resulted from diarrhoea, 5 from fever, 3 from whooping-cough, 3 from scarlet fever, 1 from diphtheria, and not one either from small-pox or measles. These 21 deaths were equal to an annual rate of 3·1 per 1000, the rate from the same diseases being 1·5 in Edinburgh and 1·8 in London. The deaths attributed to diarrhoea, which had increased from 7 to 18 in the preceding three weeks, declined to 9 last week. The fatal cases of fever, which had been 4 and 6 in the previous two weeks, were 5 last week. The deaths referred to scarlet fever and to whooping-cough exceeded the numbers in the preceding week. Two inquest cases and 1 death from violence were registered; and 35, or nearly one-fourth of the total deaths, occurred in public institutions. The deaths both of infants and of elderly persons showed a decline from the numbers returned in the previous week. The causes of 30, or more than 19 per cent., of the deaths registered during the week were uncertified.

Correspondence.

"Audi alteram partem."

"A SPECIAL FORM OF NUMBNESS OF THE EXTREMITIES."

To the Editor of THE LANCET.

SIR,—Having read with much interest in your number of September 5th Dr. Saundby's article on the above subject, the following clinical experience may not be out of place. It has been my lot of late to meet with a series of cases similar to what he has there described. The leading characteristics of my cases were as follows:—1. Sufferers were all women at or about the climacteric period of life. 2. All were stout in a marked degree. 3. Dyspeptic symptoms were present in all save one. 4. Night was the dreaded time for the manifestation of the attacks. In the last case so noted sleep had only been procured by snatches for over a fortnight, the patient having to get up and walk about and to have the limbs vigorously rubbed several times during the night. The line of treatment adopted was a powder given at bedtime consisting of rhubarb, grey, and soda, and repeated for three successive nights, with bromide of potassium in ten-grain doses thrice a day in a bitter infusion. The last case noted, and in which the symptoms were most severe, was treated with the bromide mixture alone, and this because I had come to the conclusion that the bromide was really the active agent in bringing about the desired result in my former cases. In this last case, treated by the bromide alone, recovery was perfect in three days. I am inclined to think that the functional disorder under consideration is connected with vaso-motor disturbances, like many other indefinite phenomena experienced by females about the period of the menopause. Bromide of

potassium acts as a sedative to the vaso-motor system (see article by Dr. Russell Reynolds, *The Practitioner*, July, 1868), hence its action in the class of cases just referred to.

I am, Sir, yours, &c.,

W. B. MOIR, M.D.

Belford Hospital, Fort William, N.B., Sept. 10th, 1885.

To the Editor of THE LANCET.

SIR,—I would not trouble you with any reply to Dr. Notley did not his theory lead to practical conclusions which, I believe, are erroneous. My paper was intended to be clinical. I pointed out the symptom and the way to cure it. Compound rhubarb powder and calomel cure gastric disorder, but do not cure anæmia; hence I attribute the disease to some gastric disturbance, which is often, but not always, obviously present. If Dr. Notley is right, iron should cure these cases; but that has not been my experience. I would ask that my method should have a fair trial. With respect to its success, I may quote from a letter of a medical correspondent—a stranger to me, personally—who writes: "The treatment you recommended in *THE LANCET* in Mrs. W—'s case was as successful as could be desired. The numbness has already *disappeared*." He goes on to say how much better her digestion is—a tribute of praise which I would accord to the plan of treatment pursued,—which is as good now as it was when Abernethy practised it, though abandoned by too many in favour of more fashionable means.

I am, Sir, yours faithfully,

Birmingham, Sept. 19th, 1885.

ROBERT SAUNDBY.

To the Editor of THE LANCET.

SIR,—With reference to Dr. Robert Saundby's article on the above subject, which appeared in *THE LANCET* of Sept. 5th, I should like to be allowed to point out that a similar, if not identical, form of numbness is mentioned by Dr. Liveing¹ as a phenomenon of the paroxysm of megrim. It is even possible that some of the cases mentioned in Dr. Saundby's article were megrim with some of its phenomena absent or modified; though, if in their previous history there was no record of chronic and recurring headache, this diagnosis could hardly be sustained. The symptoms mentioned by him, however, especially in Cases 3 and 5, are by no means unsuggestive of megrim, and even the drugs on the use of which he lays stress—viz., rhubarb and calomel—are perhaps of all others the most useful in the dyspepsia of megrim, as a good many years of experience in my own case have convinced me. It would doubtless be too much to claim that all similar cases of numbness are megrim or some modification of it, but I think that those of your readers who will now look for this numbness in the light of Dr. Saundby's article, will do well to bear in mind the possibility of megrim.

I am, Sir, yours faithfully,

Welbeck-street, W., Sept. 22nd.

A. HAIG, M.B.

TRACHEOTOMY TUBES.

To the Editor of THE LANCET.

SIR,—In your last week's issue is figured an "improved tracheotomy tube" by Messrs. Salt and Sons. As considerable importance attaches to the construction of tubes, I venture to say that I do not consider the present tube is in any way "improved" by the proposed alteration. It will be remembered that the shape of the loops in Fig. A was suggested by Trousseau, and had for their object to prevent inconvenience to respiration from the too close fitting of the muslin cravat which his patients were made to wear in order to protect them from too direct contact with the outer air. They serve also to keep away sponges, or the child's dress, from the orifice of the tube, and allow free discharge of all secretions. I do not think anything will be gained by the change proposed in Fig. B. As for allowing the finger to close the tube more readily when the patient is speaking, I consider this a doubtful gain; for if a patient has need to wear his tube permanently, there are many contrivances of greater value and more suitable for the purpose. I notice, too, that the outer tube is a bivalve, a most unsuitable form

for chronic cases, and one which I would gladly see abolished altogether. Finally, I would draw attention to the general outline of the tube for reasons which I have detailed at length in my little work on tracheotomy. I think such a tube should never be used. I am, Sir, yours, &c.,

Old Cavendish-street, W., Sept. 21st. ROBERT WM. PARKER.

"DIGITAL TENOTOMY IN PIANISTS."

To the Editor of THE LANCET.

SIR,—Your remarks upon this subject seem to me very opportune, for the introduction of the above operation into this country has excited a good deal of interest among pianists, and is likely to lead to indiscriminate attempts at its performance. The operation is not so simple in all cases as might be thought, the great variety in the arrangement of the accessory slips giving rise sometimes to difficulty in their isolation, especially in hands in which none of the tendons are prominent. Certainly, in the case which I recently published, there was no difficulty whatever, a single accessory slip was divided at once, and the result has remained perfectly satisfactory. But it is not always so easy to single out and divide the slips with the limited subcutaneous cut to which I have thought it judicious to restrict myself. As to the question whether the operation ought to be performed at all, we are in the first instance naturally disinclined to undertake any operation, however slight, for other than a surgical purpose; but it is another question whether we ought to withhold our services when a distinct advantage accrues to the person operated upon, provided of course that no great danger is incurred. The bare possibility of the wound not healing by first intention should, of course, be stated to every "would-be" patient, but the risks of the operation are surely infinitesimal. As to the result involving loss of power, this is certainly a mistaken idea. The fact is quite the reverse: the restriction to free movement causes the finger to be weak; when the latter is freed from this restriction, it gains strength. The likelihood of "cicatrical union of the several ends leading to a distinct crippling of the finger" is negatived by the fact that a similar result has never been known to occur among the thousands of tenotomies performed in other parts of the body by skilled operators. Dr. Forbes of Philadelphia has operated upon the ring fingers of fourteen persons since the year 1857, and he reports that "in not one of them did any accident follow the operation." He further states that "the operation does not lessen in the least the power of the common extensor muscle."

In conclusion, I would recommend (1) that the operation be only performed in cases where the tendon slips can be clearly defined; (2) that the patient be first warned that no wound can be made without some danger; and (3) that no one should undertake it who is not practically experienced in dividing tendons.

I am, Sir, yours truly,

Queen Anne-street, Sept. 21st, 1885.

NOBLE SMITH.

"CHOLERA MALIGNA."

To the Editor of THE LANCET.

SIR,—Dr. Illingworth has impugned the accuracy of my statements, and has quoted a portion of my letter, which he strives to show is inaccurate because incomplete. Dr. Illingworth has evidently quite lost sight of the sentence immediately following the quotation. He will see on referring to my letter again that I quite admit his claim to treat successfully one and all cases of British cholera, but not necessarily those of the Asiatic disease. Dr. Illingworth asserts that the two diseases differ only in degree. What evidence has he to offer on this point? Further on he says that "it is difficult to see how they can be 'quite distinct from each other' when they have 'many clinical features in common.'"

I confess I cannot see the difficulty. Take for example coma due to cerebral apoplexy and that due to opium poisoning: these two resemble each other in many of their clinical features, and yet no one would ever maintain that cerebral apoplexy and opium poisoning are one and the same thing, and that they differ only in degree. Again, what has Dr. Illingworth to say to the late ravages of Asiatic cholera in Spain? Can Dr. Illingworth show anything approaching the epidemic nature of this disease in all his wide experience

¹ On Megrim, Sick-headache, and some Allied Disorders. J. & A. Churchill, 1873, pp. 15, 16, 64-85 *et seq.*