which had been 283, 260, and 225 in the three preceding weeks, further declined last week to 182, and were 34 below the number in the corresponding period of last year. The causes of 48, or 1·1 per cent., of the deaths in the 76 large 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 West Ham, Bristol, Nottingham, Bolton, Salford, Newcastle-on-Tyne, and in 44 other smaller towns; the largest proportions of uncertified deaths were registered in Hanley, Smethwick, Barrow-in-Furness, Sheffield, and South Shields.

HEALTH OF SCOTCH TOWNS.

The annual rate of mortality in eight of the principal Scotch towns, which had been 19·2, 17·9, and 18·0 per 1000 in the three preceding weeks, declined again to 17·2 per 1000 during the week ending May 23rd, but showed an excess of 1·7 per 1000 over the mean rate during the same period in the 76 large English towns. The rates in the eight Scotch towns ranged from 13·4 in Dundee and 14·6 in Edinburgh to 18·6 in Glasgow and in Perth and 23·3 in Greenock. The 563 deaths in these towns included 22 which were referred to whooping-cough, 16 to diarrhœa, six to measles, three to diphtheria, three to "fever," and one to scarlet fever, but not one to small-pox. In all, 51 deaths resulted from these principal infectious diseases last week, against 57, 57, and 68 in the three preceding weeks. These 51 deaths were equal to an annual rate of 1·6 per 1000, which corresponded with the mean rate last week from the same diseases in the 76 large English towns. The fatal cases of whooping-cough, which had been 32, 26, and 25 in the three preceding weeks, further declined last week to 22, of which 13 occurred in Glasgow, three in Edinburgh, three in Greenock, and two in Leith. The deaths from diarrhœa, which had been 11 and 12 in the two preceding weeks, further rose to 16 last week, and included 10 in Glasgow, two in Dundee, and two in Aberdeen. The fatal cases of measles, which had been seven, eight, and 16 in the three preceding weeks, declined again last week to six, of which three were registered in Glasgow and two in Edinburgh. The deaths from diphtheria, which had been five and six in the two preceding weeks, declined again to three last week and all occurred in Glasgow. The deaths referred to diseases of the respiratory organs in these towns, which had been 125, 104, and 101 in the three preceding weeks, increased to 102 last week, and were 54 below the number in the corresponding period of last year. The causes of 13, or more than 2 per cent., of the deaths in these eight towns last week were not certified.

HEALTH OF DUBLIN.

The death-rate in Dublin, which had been 25·7, 25·3, and 22·3 per 1000 in the three preceding weeks, rose again to 22·4 per 1000 during the week ending May 23rd. During the past four weeks the death-rate has averaged 23·9 per 1000, the rates during the same period being 15·6 in London and 16·4 in Edinburgh. The 163 deaths of persons belonging to Dublin registered during the week under notice were within one of the number in the preceding week and included 11 which were referred to the principal infectious diseases, against 15 in each of the two preceding weeks; of these four resulted from small-pox, two from "fever," two from diarrhœa, and one each from measles, scarlet fever, and whooping-cough, but not one from diphtheria. These 11 deaths were equal to an annual rate of 1·5 per 1000, the death-rates last week from the same diseases being 1·7 in London and 1·0 in Edinburgh. The fatal cases of small-pox, which had been four in each of the two preceding weeks, were again four last week. The mortality from both "fever" and diarrhœa was slightly in excess of that recorded in the preceding week, while the deaths from measles and whooping-cough showed a decline. The 163 deaths in Dublin last week included 27 of children under one year of age and 41 of persons aged 60 years and upwards; the deaths both among infants and elderly persons last week were slightly fewer than in the preceding week. Six inquest cases and seven deaths from violence were registered, and 59, or more than a third, of the deaths occurred in public institutions. The causes of seven, or more than 4 per cent., of the deaths registered in Dublin last week were not certified.

THE SERVICES.

ROYAL NAVY MEDICAL SERVICE.

THE following appointments are notified:—Staff Surgeons: A. H. L. Cox to the *Pembroke* for the *Northumberland*. Surgeons: A. W. Iredell, W. K. D. Breton, F. C. Robinson, C. H. Dawe, C. E. C. Child, R. Thompson, W. A. Illingworth, M. T. Male, R. Kennedy, J. H. L. Page, J. J. H. Rooney, E. S. Wilkinson, W. E. Ormsby, E. A. G. Wilkinson, and A. F. Fleming to the *Duke of Wellington* for Haslar Hospital. Civil Practitioners: S. Copley to be Surgeon and Agent at Boyne and Clogher Head, and G. Byres at Belhelvie, N.B.

ROYAL ARMY MEDICAL CORPS.

Lieutenant-Colonel G. D. Bourke to be Colonel, vice W. J. Fawcett, promoted (dated April 1st, 1903); Lieutenant-Colonel E. V. A. Phipps retires on retired pay (dated May 27th, 1903).

Surgeon-General J. A. Clery, C.B., Principal Medical Officer at Pretoria, has arrived home.

ARMY MEDICAL RESERVE OF OFFICERS.

Surgeon-Major R. S. Smith having resigned his appointment in the Volunteers ceases to be an officer in the Army Medical Reserve of Officers.

ROYAL ARMY MEDICAL CORPS (VOLUNTEERS).

The Manchester Companies: Lieutenant W. M. Steinthal to be Captain. Dated May 27th, 1903.

VOLUNTEER INFANTRY BRIGADE BEARER COMPANY.

Devon: Lieutenant H. W. Webber to be Captain. Dated May 27th, 1903.

ROYAL ARMY MEDICAL CORPS (MILITIA).

Captain A. R. H. Oakley resigns his commission. Dated May 27th, 1903.

The promotion of Lieutenant H. E. Dalby to the rank of Captain, which was announced in the *London Gazette*, dated May 5th, 1903, bears date March 28th, 1903, and not as therein stated.

IMPERIAL YEOMANRY.

Gloucestershire (Royal Gloucestershire Hussars): Surgeon-Captain H. Bramwell to be Surgeon-Major. Dated May 20th, 1903. Lothians and Berwickshire: Surgeon-Major T. F. S. Caverhill to be Surgeon-Lieutenant-Colonel. Dated May 20th, 1903. Pembroke: Surgeon-Lieutenant-Colonel G. R. T. Phillips resigns his commission and is granted the honorary rank of Surgeon-Colonel, with permission to wear the uniform of the regiment on retirement. Dated May 20th, 1903. Worcestershire (the Queen's Own Worcestershire Hussars): Surgeon-Lieutenant J. H. Beilby to be Surgeon-Captain. Dated May 20th, 1903.

VOLUNTEER CORPS.

Royal Garrison Artillery (Volunteers): 2nd Sussex: Surgeon-Captain E. Downes resigns his commission. Dated May 20th, 1903. 4th West Riding of Yorkshire: Surgeon-Lieutenant P. E. Barber to be Surgeon-Captain. Dated April 25th, 1903.

Royal Engineers (Volunteers): 2nd Cheshire (Railway: Surgeon-Lieutenant E. Gray to be Surgeon-Captain. Dated May 27th, 1903.

Rifle: The Queen's Rifle Volunteer Brigade the Royal Scots (Lothian Regiment): Captain J. H. A. Laing resigns his commission and is appointed Surgeon-Captain, with precedence next above Surgeon-Captain J. A. Clark (dated August 29th, 1894); Surgeon-Lieutenant S. Hillier to be Surgeon-Captain (dated May 20th, 1903). 3rd Volunteer Battalion the King's (Liverpool Regiment): Surgeon-Lieutenant J. P. Pendlebury resigns his commission. Dated May 27th, 1903. 3rd Volunteer Battalion the Lincolnshire Regiment: Surgeon-Lieutenant J. Bruce to be Surgeon-Captain. Dated April 25th, 1903.

INFECTED ARMY BLANKETS.

The report that a large quantity of soiled and infected army blankets had been brought from South Africa to this country and widely distributed and that an outbreak of enteric fever on board the reformatory ship *Cornwall* had been directly traceable to this cause was well calculated to give rise to the consternation with which the news was received. It certainly seems inconceivable that such an occurrence could have taken place, but the facts appear to leave no doubt on the subject. It calls

for very searching investigation, for it is clear that there have been very reprehensible negligence and blundering somewhere. Consequent upon the highly commendable action taken by the port sanitary officer of the corporation of the City of London in connexion with the outbreak on the training-ship lying off Purfleet, the Government and sanitary authorities were promptly informed with a view to the necessary measures being taken. The subject has excited great attention not unmixed with a natural feeling of indignation. Both Mr. Long and Mr. Brodrick have made statements in Parliament in regard to it and have promised full inquiry. In the face of what the War Minister said as to the existing regulations about infected bedding and materials, supplemented by the special orders issued to South Africa in regard to this matter—to say nothing of what is, or should be, common knowledge in this respect—there seems to have been an inexplicable amount of gross negligence and disregard of ordinary precautions for which somebody should be held responsible. Who was it that ordered the sale of these blankets?

Correspondence.

"Audi alteram partem."

ACUTE EPENDYMITIS.

To the Editors of THE LANCET.

SIRS,—Having read the interesting paper by Dr. J. A. Coutts on Acute Ependymitis in an Infant in THE LANCET of April 25th, p. 1163, it has occurred to me that brief notes of a case somewhat similar in character may be of value. The case was briefly as follows. A child, aged three years, was admitted into the Bristol Royal Infirmary under the care of Dr. J. E. Shaw, with a history of having been attacked the same evening with severe vomiting. On admission the child was cyanosed, the respirations were 70, the pulse was 172 to the minute, and the temperature was 104° F. On the following day there were twitchings of the right arm, internal strabismus of the right eye developed, and double optic neuritis was found to be present. The child died the same evening. At the necropsy the brain externally appeared to be perfectly healthy and no trace of exudation could be seen over the vertex, at the base, in the Sylvian fissures, or elsewhere. On cutting across the cerebral hemispheres, however, the walls of the lateral ventricles were seen to be in the diffluent condition not uncommonly present in meningitis. The only firm portion of the walls of these cavities, as is so commonly the case, was the basal ganglia. In spite of this condition of the walls of the ventricles the choroid plexuses and velum interpositum to the naked eye presented nothing abnormal and the ventricular fluid was only slightly turbid. Dr. J. O. Symes took cultures from the fluid of the lateral ventricles and found Friedländer's diplobacillus. Portions of the basal ganglia were taken for microscopic examination, but the sections were not cut by myself, and unfortunately the ependyma became detached and lost before the sections were made. In spite of the softened character of the greater part of the walls of the lateral ventricles microscopical examination of the basal ganglia showed nothing especially noteworthy. It should be added that the posterior half of the upper lobe of the right lung showed consolidation of typical lobar type. The same bacillus was obtained from the consolidated lung as from the fluid in the cerebral ventricles. The course of this case was very much more rapid than the case of Dr. Coutts but resembled it in the sudden onset in which vomiting was a marked feature and in the presence of convergent strabismus. I am, Sirs, yours faithfully,

Clifton, May 18th, 1903. THEODORE FISHER.

SOUTH AFRICAN CIVIL SURGEONS' DINNER.

To the Editors of THE LANCET.

SIRS,—May we call attention through the columns of THE LANCET to the above dinner on June 5th at the Hotel Cecil at 7.30 P.M.? Owing to the difficulty of obtaining correct addresses of many of the civil surgeons we have been unable to communicate with all those who have served in South Africa. Over 800 cards of invitation have been sent out and some 50 returned as "Gone away," so we take this opportunity of endeavouring to catch the eyes of those who have not received cards. Sir William Thomson, C.B., will preside. Guests may be invited and miniature medals and decorations will be worn.

We are, Sirs, yours faithfully,

F. E. FREMANTLE, C. G. WATSON, } Honorary Secretaries.

44, Welbeck-street, W., May 25th, 1903.

THE TREATMENT OF CONICAL CORNEA.

To the Editors of THE LANCET.

SIRS,—May I be allowed to thank Sir Anderson Critchett for his letter which appears in THE LANCET of May 23rd, p. 1477, in which he unreservedly admits the claim I made in my former letter on the above subject? I should also like to say as regards his method of "two distinct zones" that I shall certainly be disposed to give it a trial when opportunity arises in a suitable case. I must add, however, that later experience has tended to show me that operation can be avoided in many cases by a suitable pair of glasses combined with general treatment.

I am, Sirs, yours faithfully,

Liverpool, May 25th, 1903. RICHARD WILLIAMS.

ASEPTIC AND ANTISEPTIC SURGERY.

To the Editors of THE LANCET.

SIRS,—In THE LANCET of March 21st, p. 837, is a letter by Mr. A. Webb Jones commenting on an address by Mr. W. Watson Cheyne on Aseptic and Antiseptic Surgery in which Mr. Cheyne says that one trained solely in aseptic methods is less liable to adapt himself to his surroundings once he has to practise surgery far from the polished walls of a modern operating theatre. My experience has been of a similar kind to that of Mr. Jones. I have been engaged in operative work in the West Indies for the past eight years, and my results, especially in abdominal surgery, have been very encouraging. I am impressed that it is not inability in adapting oneself to the surroundings, but the blame attached to surroundings is due to the recklessness of the ordinary general practitioner in attempting surgery and instead of attributing the bad results to lack of operative skill and incorrectness in surgical diagnosis and surgical technique, censuring the surroundings, &c.

I am convinced from the results that I have obtained that the surroundings have little to do with the results of the operation. Of course an operator always tries to obtain the best hygienic surroundings possible. Two of my recent cases go to prove what I say about surroundings. The first case was that of a woman, aged 65 years, the diagnosis being malignant disease of the cervix uteri. The patient resides in a small house in a densely populated village and to improve matters a cooper's shop adjoins the yard of the house. On March 5th, 1903, I removed the uterus, both of the ovaries, tubes, &c., and the upper part of the vagina by the abdominal route. The patient has done well, the wound healing by first intention and the stitches were removed on the tenth day. The second case was that of a man, aged 40 years, the subject of appendicitis, who resides in another densely populated village. I operated upon him on April 5th, 1903, at his own house—a small room 12 feet by eight feet. The appendix vermiform was bent upon itself and very adherent; the tip of the appendix was alongside the cæcal origin of the appendix. This case did well; all the stitches were removed on the seventh day, the wound healing by first intention. The patient is up and about

I have had several such cases and I feel the more convinced that it is the man and his methods that succeed in surgery and the surroundings should never be blamed. All of my cases are prepared for operation as though they were in the most up-to-date equipped hospital. My instruments are boiled in soda and carbolic solution for one hour. The dressings, gauzes, aprons, towels, &c., are sterilised in a Schimmelbush steriliser under a steam pressure of ten pounds for one hour; 1 in 20 carbolic solution is used (Bowdler and Richerdike carbolic). Distilled water is easily obtained from our ice factory. This I boil and filter. The cases are nursed by trained nurses and I consider that the surroundings play practically no part in the surgical operation, provided the methods are