

building, &c., has just been published. Messrs. Witherby and Co., 326, High Holborn, W.C., and 4, Newman's-court, Cornhill, E.C., are the publishers.

NAVAL MEDICAL SUPPLEMENTAL FUND.

At the quarterly meeting of the Directors of the Naval Medical Supplemental Fund, held on Oct. 10th, Inspector-General W. H. Lloyd being in the chair, the sum of £40 was distributed among the several applicants.

THE TRANSVAAL CRISIS.

In another column of our present issue will be found a detailed account of the arrangements with regard to the disposition of army medical officers for South African service.

The excellent way in which the Union Steamship Company's *Spartan* has been transformed into a hospital ship is also fully described elsewhere. Her sister ship, the *Trojan*, is being fitted up for a like purpose and will be ready to start for South Africa in a few days.

THE RED CROSS SOCIETY.

Lord Wantage, the chairman of the Central British Red Cross Committee, has issued an appeal for contributions. The following donations are announced:—Messrs. Rothschild, £5000; Messrs. Werner, Beit, and Co., £5000; Messrs. Newman, £1500; the Duke of Westminster, £1000; Lord Wantage, £1000; H. L. Bischoffsheim, Esq., £500.

CIVIL PRACTITIONERS FOR MILITARY SERVICE.

The number of applications in response to the advertisement for civilian medical practitioners for temporary service with troops in consequence of the departure of army medical officers to South Africa has been so large that no further applications can be considered.

On Oct. 21st the Lord Mayor will receive for custody the Ambulance Challenge Shield of the Volunteer Medical Association, won at the last contest by the 3rd (Bermondsey) Volunteer Battalion of the West Surrey Regiment.

Correspondence.

"Audi alteram partem."

"THE WORKMEN'S COMPENSATION ACT, 1897."

To the Editors of THE LANCET.

SIRS,—Since the appearance of the above-named paper in THE LANCET of Sept. 30th I have had the advantage of receiving the opinions of many barristers, solicitors, and medical men well qualified to form judgments on the points raised. There is a general consensus of opinion that the workman should be bound to send a medical certificate clearly and concisely stating the nature and extent of the injury and whether the claimant is suffering from any disease likely to affect the duration of his disability. It is also agreed that the workman should not be made to pay for these certificates, but that the Home Office should devise regulations for the necessary payments by the Government.

It has been pointed out to me that the payment of half wages under the Workmen's Compensation Act during the progress of litigation as to whether there was liability under the Employers' Liability Act might be an incentive to such litigation and cause endless trouble and annoyance to employers. I do not, however, believe that the legal profession is incapable of formulating proper safeguards and regulations so that these payments may be received by the *bonâ-fide* sufferer from accident at the time named by the Workmen's Compensation Act and privation and suffering prevented and early recovery aided without prejudice to the employer. I have received many opinions on the question of the present medical referees or of the appointment of medical assessors as I have ventured to suggest. From what I learn, although medical assessors sitting with a judge would be of the greatest advantage to the proper administration of justice, yet it is felt that they would be in a quasi-judicial position and that therefore they should be appointed from the ranks of consultants, not from those of general practitioners. The reason of this feeling being widespread is that it certainly would lead to friction if a medical man in

general practice in a district was to sit in judgment and authoritatively decide upon the views advanced by men practising in opposition to himself when they had given evidence as medical witnesses. It is considered generally that the appointment of consultants of standing as medical assessors would command the approval of the profession and be advantageous from every point of view.

I am, Sirs, yours faithfully,

Oct. 10th, 1899. ALBERT BENTHALL, F.R.C.P. Edin., &c.

THE HUNTER CASE.

To the Editors of THE LANCET.

SIRS,—I am directed to state that the Society of Apothecaries has obtained the opinion of Sir E. Clarke, Q.C., M.P., on this case and to inform you that he "is of opinion that the L.S.A. (1886) is entitled to describe himself as 'physician' or 'surgeon' or both, and that the Society of Apothecaries is justified in so advising its Licentiates notwithstanding the decision in the case of Hunter v. Clare." Sir E. Clarke "is further of opinion that should the question again be raised in the Courts the case of Hunter v. Clare would not of necessity be held to be a binding authority on this point inasmuch as the conviction of the appellant was quashed on other grounds and the opinions expressed by the Court as to the rights of the L.S.A. were under the circumstances immaterial to the issue."

The Society of Apothecaries had previously obtained the opinion of Mr. Haldane, Q.C., M.P., that the decision of the Queen's Bench Division of the High Court was erroneous. In view of the opinions of these eminent counsel who concur in regarding the present state of things as unsatisfactory the Society has addressed an official communication to the President of the General Medical Council inviting the coöperation of the Council in having the questions at issue retried in some form to be agreed upon and the matter authoritatively set at rest.

I am, Sirs, your obedient servant,

JAMES R. UPTON.

Society of Apothecaries, London, E.C., Oct. 9th, 1899.

RARE (?) COMPLICATIONS OF TYPHOID FEVER.

To the Editors of THE LANCET.

SIRS,—In several recent annotations you have called attention to the "rare" complications of typhoid fever which have been recorded in England and elsewhere. The two most recent instances are "suppurative orchitis" and "multiple ulcers of the vulva." With all due deference to the expressions of authorities as to the respective rarity of the various complications of this disease I venture to think that even the rarest are constantly met with by physicians, although they may not be reported. The result is that a few authorities publish a series of cases and reckon the rarity of complications by their own series, taking perhaps into their calculations the few cases which from time to time are reported by others.

In support of my statement I may mention that within the last two or three years I myself have attended patients with typhoid fever complicated with "suppurative orchitis" (one case) and "hæmorrhage under the skin" (two cases, while I have lately known of a third). At the present time I have a young man in the fourth week with hemiplegia (right-sided with aphasia) from cerebral thrombosis, also a young lady who developed ulcers on the mucous surfaces of the labia majora and on the labia minora in the second week. Here in a short period and in a comparatively small series (about 60 cases) are seen some of the supposed rarest complications.

I could mention other interesting conditions met with in the same period, such as typhoid fever in a woman seven months pregnant without abortion, &c. I may have been fortunate in seeing these "rarities," but I fancy there are many others equally fortunate. Most people, especially those who see most, do not care about rushing into print with every unusual isolated case, hence the "rarity" of the unusual. It has occurred to me that if THE LANCET and British Medical Journal each had a page for weekly observations—each note not to exceed two or three lines, with, if you like, the name of the observer—then we should soon have a valuable basis on which to establish our statistics.

for no one would hesitate to send a note where a "paper" might be considered superfluous.

I am, Sirs, yours faithfully,
W. BLAIR BELL, M.B. Lond., &c.

Wallasey, Oct. 10th, 1899.

"A MODIFICATION OF THE ARONSON AND PHILLIPS STAINING METHOD AND ITS APPLICATION IN THE CASE OF MALARIAL BLOOD."

To the Editors of THE LANCET.

SIRS,—In THE LANCET of Sept. 30th, p. 889, Mr. Edward G. Horder has written a short clinical note upon the staining of malarial blood. In connexion with this subject he puts his remarks under three headings—the preparation of the cover, the heating, and the staining. Under the first of these headings he introduces what he appears to think a novelty—that is, the application of Manson's smearing method to cover-slips. May I be allowed to point out that this same application was described in a paper by Dr. R. Howard and myself in the *Journal of Tropical Medicine* for February, 1899? Under his second and third headings he makes statements with which we cannot agree. The methods of fixing and staining which he describes may be enough for pigmented parasites—which by-the-bye, can be seen without staining—but they are not satisfactory for the purposes of research.

In our paper we give an account of the various methods we have employed, and as a matter of fact we have tried both his method of fixing and that of staining and we discarded them as useless because of their coarseness. We have laid it down, as others have done before us, that it is impossible to be too accurate in staining blood films which may contain a few young parasites, and we are quite convinced that with the rough-and-ready methods which Mr. Horder describes for fixing and staining it would be impossible to find one or two young quartan parasites. If I might be allowed to say so, his methods are no improvement upon those described by Dr. Gerrard in THE LANCET of June 3rd, 1899, p. 1490.

I am, Sirs, yours faithfully,
WALTER C. C. PAKES.

Guy's Hospital, Oct. 7th, 1899.

"THE MEDICAL REGISTER."

To the Editors of THE LANCET.

SIRS,—In THE LANCET of July 1st, recently to hand, your correspondent "Col., R.A.M.C." points out with surprise that the name of Sir Samuel Rowe, who has been dead for a number of years, still appears on the Medical Register. Some time ago, on looking over the Register for 1896, I discovered that my name had been omitted and thereupon I wrote to the General Medical Council asking why and that it might be reinstated. In reply the reason assigned was that a communication had been sent to my former address in Ireland and no answer thereto having been received by the Council the name was left out, but upon forwarding a fee of 5s. it would be re-inserted. I wonder why the same reason does not apply to the case of Sir S. Rowe? As I have been resident in New South Wales for the last ten years it is of no consequence to me that my name should appear in the British Medical Register and therefore I did not forward the required fee. Had I their permission or were it worth while I could point to the names of several practitioners who had lived in this colony for years prior to 1896, whose address was still in the United Kingdom according to the copy of the Register for that year, which is the latest I have seen.

I am, Sirs, yours faithfully,
R. D. GIVIN, M.D. Brux., L.R.C.P., L.R.C.S. Ed.
Sydney, New South Wales, August 4th, 1899.

A GENEROUS GIFT: IN MEMORIAM.—Lord Rookwood has handed over the Cottage Hospital, Broad Oak, Essex, as a gift to the parish in memory of the late Lady Rookwood, who took an active interest in the institution. In addition to this gift upwards of £400 have been subscribed among her ladyship's personal friends to be appropriated as an endowment fund.

THE MALARIA EXPEDITION TO WEST AFRICA.

(FROM A CORRESPONDENT.)

IN spite of several attempts by the members of the expedition to find the breeding-places of anopheles at Wilberforce, the station of the 3rd West India Regiment, the search has been in vain. But there has been no increase in the number of mosquitoes at the barracks. The failure is probably accounted for by the following circumstances. The nature of the surface is such that water runs away very quickly down the hill and can only collect in a few small holes in the surface of the rocks. These are continually scoured out during heavy rain and quickly dry up during sunshine. Only during a period of four or five days' gentle rain, not too heavy to scour out these puddles, could they serve as breeding-places for mosquitoes. Such conditions naturally occur but rarely and, as already mentioned, have chanced apparently only once during the seven weeks' stay of the expedition at Sierra Leone. The experience of the expedition at Wilberforce has been exceedingly instructive and affords very strong evidence of the truth of the mosquito theory. Here but one genus of mosquito—anopheles—and but one species of that genus, lodged in the barracks of the regiment. Of over a hundred of these mosquitoes caught at various times during the period of seven weeks, 26 per cent. proved to be infected, some showing a few zygotes only, others many and containing numerous "germinal rods" or "zygotoblasts" in their salivary glands. Simultaneously fresh cases of fever came daily to hospital, with tertian, quartan, or æstivo-autumnal parasites in the blood of the patients. Further, mosquitoes allowed to feed on these patients proved on dissection two or three days later to be infected. Thus the complete history was easy to trace at Wilberforce and proved a good guide for work in other districts.

It may be mentioned that the bodies discovered by Ross and described by other authors and usually called "black spores" were never met with in any of the numerous mosquitoes found here. This tends to disprove their connexion with malaria. It is a very common idea that mangrove swamps are good breeding-grounds for mosquitoes and that they also play a prominent part in the production of malaria. During the search at Wilberforce for breeding-places, in order to test every possibility, two swamps in the neighbourhood were explored. One is an ordinary swampy tract forming a kind of terrace half way down the hill on which Wilberforce stands, the other is a mangrove swamp at the base of the hill. In neither could any spot likely to form a breeding-place for anopheles be found.

The whole experience of the expedition at Sierra Leone tends to prove very strikingly that mosquitoes of the genus anopheles cannot travel far. The whole of Freetown has been explored for anopheles larvæ puddles and their positions have been carefully indicated in a plan of the town. The distribution of these puddles is limited very strictly to the immediate vicinity of human habitations. In no place has a puddle containing larvæ been found more than 40 yards from a native hut.

Similarly, again, the distribution of the mosquitoes themselves. Tower Hill barracks, where the 1st West India regiment is stationed, is an admirable example. The hill is about 250 feet high; a ring about half a mile wide immediately around the barracks is clear of native huts. Just beyond that distance puddles containing the larvæ of anopheles have been discovered; on two sides, in the parts known as Soldier Town and Bambare Town, they were particularly numerous. But although several times the whole of the barracks were searched, never was anopheles discovered. Mosquitoes of the genus culex were common—disused tubs, mortars, and other vessels in the immediate vicinity of the barracks were their breeding-places. Cases of fever did occur among the men at these barracks, but, compared to the number at Wilberforce, they were very few, mostly relapse cases; while from "first attack" cases it was easy to get the history that a week or fortnight previously the patients had slept in a native hut in the town.

The puddles containing anopheles larvæ may be described as follows: 1. Rock puddles occurring in shallow hollows on the surface of the bare hard rock. These are often only from a few inches to one or two feet across and many of the smaller ones swarm with larvæ. 2. Street-side puddles. These occur in the course of the rough