

Assam, though it is not common (testimony of villagers themselves), and it would be interesting to know if the distribution of the disease is in every case coextensive with that of the ankylostoma duodenale. Of course, the conditions found on a tea garden—the constant cultivation, and consequent soaking of the coolies feet in the warm, moist soil, are peculiarly conducive to the appearance of the disease.—I am, etc.,

WILLIAM E. LLOYD ELLIOTT, M.D.,
Late Medical Officer of the Assam Frontier Tea Co.
Dibrugarh, Assam.

Crowborough Beacon, Sussex, March 16th.

A NEW METHOD OF DEALING WITH THE PERITONEUM IN OPERATING FOR RADICAL CURE OF UMBILICAL AND INGUINAL OR FEMORAL HERNIA.

SIR,—In his lamentation in the BRITISH MEDICAL JOURNAL of March 15th over my failure to have noticed his description of Kocher's method of investigating the sac in inguinal and femoral hernia, published in the *Bristol Medico-Chirurgical Journal* of December, 1898, Mr. Thomas, of Cardiff, possibly overestimates the attention which his paper attracted at the time. For, in spite of its having "been quoted by American and Continental surgeons," Vol. II of the *International Textbook of Surgery*, published in 1900, and edited by Messrs. Gould and Warren, makes no mention in the chapter on hernia, written by Messrs. Bull and Coles of New York, of invagination of the sac, but still describes as Kocher's operation his method of extraperitoneal displacement. So that if I have sinned so heinously it would seem that I have at least sinned in good company.

As regards the relative merits of Kocher's special forceps and the aneurysm needle, inasmuch as the former requires that the muscles should be incised before the sac can be pushed through the abdominal wall, I still, for the reason stated in my paper, prefer the latter or some similar instrument which will find its own way through the muscles without incision. Rigidity, and in the case of a fat abdominal wall, a larger size than usual are the only essential points in connexion with it.

The history of science in all its branches abounds in instances of rediscovery of fact and re-enunciation of principles, by independent workers, and at the present rate of increase of current medical literature, inasmuch as there is no equivalent increase in the length of human life, these instances in our branch of science are bound to increase. Nor should they be regarded in any other light than a tribute to the value of the discovery, and consequently also to the original discoverer. I am still expecting and hoping to hear that my operation for radical cure of umbilical hernia, the subject of the first and principal part of my paper has also been anticipated.—I am, etc.,

Swansea, March 24th.

W. F. BROOK.

A POOR-LAW ABUSE.

SIR,—It may interest district medical officers who act as surgeons to cottage hospitals to hear that if they perform operations on their pauper patients in a cottage hospital they must forfeit the "extra medical fees" which otherwise would be payable by the guardians. This question has recently been raised here, where it has been the custom of two district medical officers to treat their pauper patients in the hospital. An appeal to the Local Government Board has elicited the reply, a copy of which I now enclose. It will be seen that no fees are payable to the medical officer if the patients are treated away from their own homes. The guardians may, however, forward a fee to the managers of the hospital.

It would appear that wherever possible the law takes advantage of the humanity of the medical profession to deprive its members of fees which are justly due (witness the Coroners Act), and when a medical man gives his services to a charity he is liable to be penalized.—I am, etc.,

Brackley, March 24th.

JOHN S. FENTON.

[Copy].
Local Government Board, Whitehall, S.W.
March 22nd, 1902.

Sir,—I am directed by the Local Government Board to acknowledge the receipt of your letter of the 26th ultimo with reference to the question of

the payment by the guardians of the Brackley Union of fees in respect of operations performed by district medical officers on pauper patients in Brackley Cottage Hospital.

I am to state for the information of the guardians that the Board are advised that where district medical officers perform operations in a cottage hospital such as those mentioned in Article 177 of the General Consolidated Order, upon patients who are paupers chargeable to the Union, it is open to the guardians to make a payment to the managers of the hospital similar to the fee which would have been payable to the district medical officer if the operation had been performed at the patient's own house.

I am, Sir,
Your obedient servant,
W. E. KNOLLYS,
Assistant Secretary.

The Clerk to the Guardians of the Brackley Union.

PUBLIC HEALTH

AND

POOR-LAW MEDICAL SERVICES.

HEALTH OF ENGLISH TOWNS.

IN seventy-six of the largest English towns, including London, 8,849 births and 5,015 deaths were registered during the week ending Saturday last, March 22nd. The annual rate of mortality in these towns, which had been 23.3, 20.5, and 19.6 per 1,000 in the three preceding weeks, further declined to 17.6 per 1,000 last week. Among these large towns the death-rates ranged from 7.5 in Handsworth, 9.2 in Ipswich, 9.7 in Hornsey and in Grimsby, 9.8 in Barrow-in-Furness, 10.0 in Aston Manor, and 10.4 in West Hartlepool to 21.1 in Sunderland, 22.1 in Stockport, 22.9 in West Bromwich, 23.0 in Rochdale, 25.1 in Merthyr Tydfil, 27.1 in Devonport, and 29.7 in Burnley. In London the death-rate was 18.8 per 1,000, while it averaged 17.1 in the seventy-five other large towns. The death-rate from the principal zymotic diseases in the seventy-six large towns averaged 1.9 per 1,000; in London this death-rate was equal to 2.4 per 1,000, while it averaged 1.7 in the seventy-five other large towns, among which the highest zymotic death-rates were 3.2 in Blackburn, 3.4 in West Ham, 3.7 in Smethwick, 3.9 in Willesden, 4.1 in Walsall, 5.0 in South Shields, 5.3 in York, and 9.0 in Burnley. Measles caused a death-rate of 1.6 in Warrington and in Grimsby, 1.8 in Northampton, 1.9 in Rotherham, 2.0 in Great Yarmouth, 3.0 in Willesden, 3.3 in York, and 7.9 in Burnley; scarlet fever of 1.0 in Burton-on-Trent, 1.1 in Burnley, and 1.4 in Reading; diphtheria of 1.1 in West Ham, 1.2 in Salford and in Blackburn, and 1.6 in West Bromwich; whooping-cough of 1.1 in Liverpool and in Middlesbrough, 2.0 in Aston Manor, and 4.0 in South Shields; "fever" of 1.8 in Smethwick; and diarrhoea of 3.0 in Walsall. Of the 68 fatal cases of small-pox belonging to these towns, registered last week, 53 belonged to London, 5 to West Ham, 3 to East Ham, 3 to Tottenham, 2 to Swansea, 1 to Willesden, and 1 to Leyton. The number of small-pox patients in the Metropolitan Asylums Hospitals at the end of the week was 1,567, against 1,309, 1,508, and 1,542 on the three preceding Saturdays; 449 new cases were admitted during the week, against 360, 554, and 450 in the three preceding weeks. The number of scarlet fever cases in these hospitals and in the London Fever Hospital, which had decreased from 3,137 to 2,206 at the end of the twelve preceding weeks, had further declined to 2,185 on Saturday, March 22nd; 258 new cases were admitted, against 215, 277, and 266 in the three preceding weeks.

HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday last, March 22nd, 1,006 births and 767 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had been 25.4 and 23.6 per 1,000 in the two preceding weeks, rose again last week to 23.7, and was 6.1 per 1,000 above the mean rate during the same period in the seventy-six large English towns. The rates in the eight Scotch towns ranged from 12.5 in Perth and 18.2 in Greenock to 25.8 in Aberdeen and 26.3 in Paisley. The zymotic death-rate in these towns averaged 2.6 per 1,000, the highest rates being recorded in Dundee and Greenock. The 363 deaths registered in Glasgow included 6 from small-pox, 6 from measles, 15 from whooping-cough, 2 from "fever," and 12 from diarrhoea. Four fatal cases of whooping-cough were recorded in Edinburgh; 2 of measles, 2 of diphtheria, 3 of whooping-cough, and 5 of diarrhoea in Dundee; 4 of whooping-cough and 4 of diarrhoea in Aberdeen; 2 of whooping-cough in Paisley; and 3 of scarlet fever in Greenock.

THE R. B. ANDERSON FUND.

THE following is the detailed list of subscriptions to this fund acknowledged under the head of "Per Dr. R. H. Wolstenholme for Medical Guild, Manchester," published in the BRITISH MEDICAL JOURNAL of February 22nd, 1902, p. 466:

	£	s.	d.		£	s.	d.		
The Medical Guild, Manchester	5	5	0	R. H. Wolstenholme	...	0	10	6	
Individual subscriptions by some of its members:				F. H. Worswick	...	0	10	6	
G. H. Broadbent	...	0	10	6	W. G. Booth	...	0	5	0
J. J. Cox	...	0	10	6	Alex. Fraser	...	0	5	0
S. Crawshaw	...	0	10	6	T. W. H. Garstang	...	0	5	0
J. Staveley Dick	...	0	10	6	J. Wilson Hamill	...	0	5	0
C. C. Heywood	...	0	10	6	Wm. Graham	...	0	5	0
R. M. Marshall	...	0	10	6	D. Owen	...	0	5	0
A. Stewart	...	0	10	6	Alic Phillips	...	0	5	0
				Leyland Roe	...	0	5	0	
				J. W. Wood	...	0	5	0	