

member of the Association without any restriction except simple membership, and would suggest that it should be obtainable on the demand of 10 per cent. of the constituencies having a collective membership of not less than 10 per cent. of the Association.

We are assuming that a reasonable period, within which a Referendum may be obtainable, will be decided upon subsequently.—We are, etc.,

S. NOY SCOTT, Plymstock.
A. BERTRAM SOLTAU, Plymouth.
R. V. SOLLY, Exeter.
C. W. VICKERS, Paignton.
W. GORDON, Exeter.

THE HEARING AFTER OTECTOMY.

SIR,—Hearing that Mr. Faulder White takes serious exception to my letter published in the *BRITISH MEDICAL JOURNAL* for October 15th, 1910, both as to its tone and to certain statements made therein, I recognize that he is entitled to an expression of regret on my part.

Although one is ready to give and, indeed, receive hard knocks in the heat of controversy in a scientific journal, yet on reading my letter again in a calm after-spirit I frankly admit that to some its tone may pass the bounds of temperate criticism and courteous debate.

It contains, moreover, a quotation from another journal which I regret having employed, as its phraseology does not fully or accurately describe what I had in my mind, is liable to misinterpretation, and may well have caused Mr. Faulder White great offence and pain. Had I stayed to examine the various meanings of the term "ruthless" and the construction which might be placed upon the phrase, "a method condemned by all modern otologists as contrary to the elementary canons of surgery," I would certainly not have employed the quotation as being applicable to the operative procedures which Mr. Faulder White advocates.

It is unnecessary to refer to my general criticism of Mr. White's advocacy of otectomy (more especially ossiculotomy) as this matter is in a great degree one upon which there is a diversity of professional opinion, but I wish unreservedly to withdraw any expressions which may have wounded Mr. Faulder White or which could be interpreted as impugning his honour or professional skill.—I am, etc.,

London, W., May 9th.

MACLEOD YEARSLEY.

THE REDUCTION OF DOMESTIC MOSQUITOS AT DEMERARA.

SIR,—In a lecture delivered before the Royal Agricultural and Commercial Society of British Guiana, at Georgetown, Demerara, on April 6th last, Dr. Minett, Assistant Government Bacteriologist to the Colony, described the dangers of mosquitos and mosquito-borne diseases. His lecture was clear, concise, convincing; but when he appealed to his hearers to assist the Government of the colony in undertaking practical measures against these insects some adverse criticism appears to have broken out in the lay press of the town.

To one who has witnessed the beneficial results accruing from measures against domestic mosquitos at Ismailia and Port Said it seems almost criminal to delay similar measures elsewhere. Yet now we find the *Demerara Daily Chronicle* trying to belittle the good intentions of the authorities of British Guiana in their endeavours to succour a malarious town. The reason for this adverse criticism lies, apparently, in the dislike to a mosquito ordinance recently issued by the Government of the colony. Yet similar laws have been enforced at New Orleans, Rio, Panama, and at many other places without much hardship or disfavour, and that such laws have proved most conducive to health is well known. It seems a great pity that all the journals of Demerara do not support the health authorities of the colony in their attempts to lessen suffering, instead of producing petty objections to the proposed measures. The reduction of domestic mosquitos is not costly. At Port Said, which has a population of 50,000, the annual cost of the mosquito campaign is £900. Surely British Guiana can afford and will not grudge 6d. per head of population per year if

improved health in its chief city is to be the result. That it will have this result there can be no doubt.

—I am, etc.,

E. H. ROSS, M.R.C.S. Eng., L.R.C.P. Lond.,
Lately Health Officer, Port Said and the
Suez Canal District.

Liverpool, May 4th.

THE INFECTION OF CHICKEN-POX.

SIR,—With reference to Dr. Hamilton's letter and case of chicken-pox, may I suggest that it would be impossible to say that the incubation period was prolonged at all, on the evidence. Dr. Hamilton appears to assume that the second case incubated the disease on the day of contact with the original case. He wonders if two letters sent through the post could possibly have carried the infection, yet no consideration has been given to the articles left infected after the first child's visit; these, of course, may not infect immediately, perhaps for want of opportunity, but it is quite feasible that they might infect his patient at a later date, thus allowing the disease to commence in the infected child well within the ordinary limits of the incubation period, instead of thirty-five days after supposed infection.

In my opinion, many of the so-called "return cases" of scarlet fever are not genuine, but are caused by the favourite hat or other article which has been hidden from the disinfectors, and placed carefully away, being brought out again on the return of the patient from hospital six weeks afterwards; from this a second child is infected, and not from the patient. The chance of the letters being infected in Dr. Hamilton's cases is infinitesimal compared with that of all the other articles directly infected at the house.

The old law Dr. Hamilton quotes "that two infectious fevers never appear at the same time" is a fallacy—they very frequently do.—I am, etc.,

County Sanitary Office, Truro,
April 30th.

ROBERT BURNET.

POOR LAW INFIRMARIES AND HOSPITALS.

SIR,—If Dr. Jervis is satisfied with the result of this correspondence I am sure I am. I repeat for what it is worth that in my opinion the Poor Law fails to really help people because there is a want of willingness to help and a want of kindness shown to poor people who have the misfortune to need their help. This is shown by the arrangements made for attending to and nursing the sick in their infirmaries; I do not say everywhere, but speak generally. One example, which is typical of many, has come to my knowledge last week. The guardians of the Blean Union recently advertised for a trained nurse, and have appointed a Metropolitan Asylums Board ward or dormitory maid! At night she will be left in charge, I understand, of sixty patients, old and young.

And so I say again, God forbid that the voluntary hospitals should be handed over to the Poor Law authorities to manage.

It is not worth while answering that part of Dr. Jervis's letter which simply misquotes what I said and wrote.—I am, etc.,

Royston, May 6th.

SYDNEY HOLLAND.

THE PLACE OF THE HOSPITAL IN A CIVILIZED COMMUNITY.

SIR,—In response to the request made by Mr. Penrose Williams in the *JOURNAL* last week and to other requests privately received, I have arranged for my address on the above subject to be published in pamphlet form. Copies can be obtained on application to the Manager of the *BRITISH MEDICAL JOURNAL*, the charge being for a single copy 1½d, for 12 copies 1s., and for 100 copies 7s. 6d. Correspondents who have asked that this should be done have intimated that they wished to forward copies to the governors of local hospitals where some reforms of the kind suggested in the address were desired by the medical profession of the district.—I am, etc.,

London, W., May 9th.

LAURISTON E. SHAW.