

Hitherto the great objection always raised has been the expense, and it is satisfactory that the committee has not hesitated to state clearly that both the inspection and treatment should be provided by a Government grant. The suggestion that those voluntary institutions which are found to be doing good work in the treatment and prevention of tuberculosis should receive aid from the public grant will, we believe, be generally approved, and may stimulate others to follow their good example.

Canada.

BRITISH COLUMBIA.

In the annual report of the British Columbia Board of Health, Dr. Fagan of Victoria urges strongly the establishment of a Government laboratory for the manufacture of serums, and particularly of diphtheria antitoxin. He states that supplies of impure antitoxin are constantly being placed on the market, and argues that the establishment of a Government laboratory would not only decrease the cost of the antitoxin, but would ensure its purity and potency.

The number of cases of typhoid fever reported during 1911 was 360, with a death-rate of 28 per cent., but there is reason to believe that the actual number of attacks was considerably in excess of that stated. This year the disease has again appeared in certain districts, including Selkirk, where the men employed by the Public Works Department in excavating a new ship canal were attacked. In the course of their work they were employed in bulk-heads driven under the ice in sewage-laden waters. Dr. Fagan draws attention to the sanitary evils existing in the logging, railway, and mining camps in the vicinity of Victoria, and reports that Dr. Davis has been appointed an inspector to take charge of this branch of the work. Dr. Fagan also directs attention to the risk of the importation of infectious diseases, especially small-pox, into the ports of British Columbia.

PUBLIC HEALTH IN ONTARIO.

With a view of improving the public health administration in Ontario, legislation is proposed to divide the province into ten districts, each composed of five or more counties. There will probably be two or three divisions in Northern Ontario, Temiskaming and the mining districts comprising one, and the rapidly developing territory to the west with Fort William and Port Arthur, Saulte Ste. Marie and Kenora probably making two more. The new provision will not apply to the larger cities which possess efficient health departments. The proposed formation of districts is approved by the medical profession, and it is thought will not be opposed in the Legislature.

UNDER the will of the late Mrs. Elizabeth Rebecca Johnson, Radcliffe Infirmary, Oxford, and the Royal Berkshire Hospital each receive £5,000 for the endowment of a ward. Other medical charities which benefit under the same will are the Victoria Hospital, Bournemouth, and the Gore Farm Convalescent Home, Dartford (each of which receives £4,000), the Royal Hospital for Incurables and Her Majesty's Hospital, Stepney (each of which receives £3,000), the Bournemouth Sanatorium for Diseases of the Chest, the Boscombe Hospital, Royal National Hospital for Consumption, Ventnor; Waterloo Hospital for Children and Women, National Hospital for Diseases of the Heart and Paralysis, the British Home and Hospital for Incurables, the Northern Convalescent Hospital, the Margaret Street Infirmary for Consumption and Diseases of the Chest and Throat, the Free Home for the Dying, the Wimbledon Hospital for Infectious Diseases, the Royal Free Hospital, and the Central London Ophthalmic Hospital (each of which receives £2,000); the Mildmay Mission Hospital, Bethnal Green, the North-Eastern Fever Hospital, Nottingham General Hospital, Dorset County Hospital, the West End Hospital for Diseases of the Nervous System, the Invalid Children's Home (each of which receives £1,000); the National Society for the Employment of Epileptics, the Chelsea Hospital for Women, the London Temperance Hospital (each of which receives £500). The same testator left £2,000 to the National Antivivisection Society, and £4,000 to the Antivivisection Hospital.

Correspondence.

APPENDICITIS—AND QUICKNESS.

SIR.—Mr. Edmund Owen, in his article in your issue of May 4th, points a moral on a subject which is not only of frequent anxiety and importance to the general practitioner, but is one which can be looked at from different aspects with advantage. Perhaps you will be good enough to allow me to present it from another. Taking the case of the boy whom he mentions, there could be no difference of opinion that the sooner he was operated upon the better, and, to extend Mr. Edmund Owen's principle still further, this case in itself would be in favour of the argument that the appendix should in every case be removed, because perforation may even occur as the very first symptom. The point I would like to raise is that it is often better, in the general interest, to take a little increased risk by waiting than subject a great many patients to unnecessary operations.

In this question of "quickness" the point of view of the man unnecessarily operated upon should surely come into consideration. Those who have the opportunity of seeing the after-results of these cases know well that it is many months before they have recovered their usual health and strength, quite irrespective of the expense and interference with their livelihood which has been necessitated. As far as this class is concerned, they have been injured by interference.

The case which presents the most difficulty to the general practitioner is that of colic which looks very like being appendicular in origin but in which we have no local symptoms sufficient to make such a diagnosis. The patient may present the aspect of it and have a temperature and pulse compatible with that condition, but yet, when we examine the region of the appendix, we find no swelling, special tenderness, or rigidity. In very many of these cases a few hours or a day shows subsidence of all the severe symptoms, there is no sign of appendicular or other serious trouble, and the patient is practically well. I do not think Mr. Edmund Owen would intend his quickness of operation to include all such, for each case must be judged on its own merits, but the principle of quickness is such a vague one that it would be a help if we could get a more definite interpretation of it.

As a contribution to this, I would suggest that in such cases we should wait a few hours at least for one of two things:

1. Something objective pointing to local trouble.
2. No subsidence of the constitutional symptoms which themselves begin to threaten the life of the patient.

My main object, however, is to suggest that in deciding how quick this quickness should be, the harm that is done by being too quick should be considered as well as the harm that accrues by being too slow.—I am, etc.,

London, S.W., May 7th.

F. J. DIXON.

PEREZ'S SIGN AND AUDIBLE MOTOR CRACKLES.

SIR.—Having read in your issue of April 6th the article by Dr. Wm. Ewart on "Perez's Sign," and also his letter on the same subject on April 13th, it may not be out of place for me to make a few comments. When I found in 1895 that elevating and lowering either arm produced very curious crepitant friction sounds and crackles over the sternal region in a patient with a distinct tuberculous history who had repeatedly suffered from what others as well as myself had diagnosed as attacks of dry pericarditis (mediastinitis?), probably also of a chronic tuberculous nature, I little suspected that identical sounds could be produced in or about the shoulder-joint in other cases. In 1896 Dr. Wm. Ewart, in company with Sir Kingston Fowler, examined my patient very carefully, and I remember well that the former dwelt strongly on what was then new to me—that is, that the clavicle and other bones, including the scapula, can conduct sounds quite as well as a stethoscope; and I distinctly recollect seeing Dr. Ewart patiently auscultate the clavicle and scapula and the shoulder-joint during the elevation and lowering of the arm, also the neighbourhood of the sterno-clavicular joints where those curious crackles were also well heard, although the region of *maximum* intensity, at any rate in