

mental authorities. Moreover, the form of delegation here proposed is as unnecessary as it must be expensive; for the payment of first-class fares to these delegates, or so-called representatives, and to the members of the Council, and to members of all Committees, as well as the salaries of the clerks of the new proposed Committees, would probably soon absorb all the present annual surpluses of the Association, and soon necessitate a further increase—beyond the twenty-five shillings now proposed—of the annual subscription. And further, it is questionable whether such pecuniary arrangements are legal, as they may prove to be repugnant to the articles of association under which as a limited liability company we are registered, and precluded from distributing any accrued profits amongst the members.

3. It is matter for regret, I think, that the report of the proceedings of the general meeting of June 18th was not published in the BRITISH MEDICAL JOURNAL sooner, so that members might have been earlier made aware of our present critical position. It is the more earnestly hoped that the final general meeting on July 9th will be more fully attended, and that the Association may be saved from the threatened fate of disruption.—I am, etc.,

Swanley, June 28th.

JOHN INCE.

SIR,—I see by the new articles of association that each member in future is to pay £1 5s. instead of one guinea as formerly. This 4s. I presume is to go to the support of the Branches, but those who object to belong to a Branch will, I think, naturally object to pay the additional 4s., and I certainly, as an unattached member, prefer that my share of increased subscription should go to swell the funds of one of the medical defence societies which have done so much good work; or better again to the Medical Benevolent Association which is more in want of funds.

Surely it should be left optional with members who agree to pay the increased subscription to have the 4s. applied to either of the societies named, otherwise I fear several of the "unattached" may resign membership altogether.—I am, etc.,

London, June 29th.

ALEXANDER DUKE.

SIR,—There will be a meeting of those members interested in the adoption or rejection of this report on Tuesday night, July 8th, at 8.30, at the St. Martin's Town Hall, London, and it is hoped a large number of London men will be present who disagree with the financial proposals, and also the co-optation, referendum, and deprivation of our powers in annual meeting.—I am, etc.,

Old Trafford, July 1st.

JAS. BRASSEY BRIERLEY.

MEDICAL WITNESSES' FEES.

SIR,—Judge Greenhow's relative, Surgeon-Major Greenhow, F.R.C.S., does not, it seems to me, in the smallest degree improve his learned relative's position in the matter, nor render it necessary, in my opinion, for you to withdraw a single sentence of the observations in the BRITISH MEDICAL JOURNAL of June 14th, which as one who has paid some special attention to the subject, I cordially endorse. The judge, after making some sneering observations about those medical men who "may need the money down," went on to talk about "several guineas" where one guinea only was in question, and, sitting in his well-paid judicial chair, declared it to be an extraordinary thing that medical men should do what they are legally entitled to do—that is, require the money down before giving evidence. The Leeds Public Dispensary Board reply that it is undesirable that their medical officers should give evidence gratuitously, and add a rider that any action which tends to discourage or check "speculative litigation" is desirable in the best interests of the poorer classes. I agree with you that these resolutions will have the entire sympathy of the medical profession.

Only last week I was giving evidence before a Departmental Committee of the Home Office on this very subject of medical witnesses' fees, on behalf of the British Medical Association, and had inter alia to bring under their notice a list of eight or nine towns where no fee whatever is paid to medical witnesses in police courts unless the case is committed for trial, and of more than one town where all the medical men absolutely

refuse to have anything to do with cases which would lead to their being summoned as witnesses. When our Association and the United Kingdom Police Surgeons' Association have for years been endeavouring to get this grievance put right, it seems strange that any member of the profession should take sides with a judge in favour of speculative actions being assisted by the gratuitous evidence of medical men.—I am, etc.,

Dulwich, June 27th.

H. NELSON HARDY.

CYTOLYTIC MILK FOR CANCER.

SIR,—With reference to Dr. Otto Grünbaum's letter on this subject in the BRITISH MEDICAL JOURNAL of June 21st, it may be well to point out that the possible application of the recent discoveries as to cytotoxins to the treatment of malignant epithelial tumours was suggested by von Dungern in his original paper on the effects of sera on normal epithelial cells (*Münch. med. Woch.*, 1899, p. 1288). Further, pathologists have for some time been fully alive to the necessity of thoroughly disintegrating cells when the nature of the contents of these are being investigated. I make these remarks because to my knowledge in three laboratories in this country work has already been commenced with a view to finding if in the body of an animal there can be developed cytolytic substances which may be useful in the treatment of cancerous disease by causing the death of the cancerous cells.—I am, etc.,

Oxford, June 25th.

JAMES RITCHIE.

PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

HEALTH OF ENGLISH TOWNS.

IN seventy-six of the largest English towns, including London, 8,387 births and 4,258 deaths were registered during the week ending Saturday, June 21st. The annual rate of mortality in these towns, which had been 16.5, 16.0, and 15.0 per 1,000 in the three preceding weeks, further declined to 14.9 per 1,000. The rates in the several towns ranged from 4.1 in Hornsey, 7.0 in East Ham, 7.6 in Bournemouth, 7.7 in Kings Norton, 8.2 in Walthamstow, 8.3 in Hanley, 9.1 in Yarmouth, and 9.3 in Wolverhampton and in Aston Manor, to 20.1 in Middlesbrough, 20.5 in Barrow-in-Furness, 21.0 in Tynemouth, 21.8 in Rhondda, 22.9 in Sunderland, 23.6 in Rochdale, and 24.6 in Wigan. In London the death-rate was equal to 14.4 per 1,000, while it averaged 15.2 in the seventy-five other large towns. The mean death-rate from the principal infectious diseases in the seventy-six large towns was 1.7 per 1,000; in London these diseases caused a death-rate of 1.8 per 1,000, while in the seventy-five other large towns the rate averaged 1.6 and ranged upwards to 3.2 in West Bromwich and in Gateshead, 3.4 in Tottenham, 4.2 in St. Helens, 4.9 in Rhondda, 5.0 in Rochdale, and 6.3 in Barrow-in-Furness. Measles caused a death-rate of 1.8 in Derby and in St. Helens, 1.9 in Oldham and in Bradford, 2.0 in Burton-on-Trent, 2.1 in Sunderland, 2.4 in West Bromwich, 2.7 in Rhondda, 2.8 in Gateshead, 3.7 in Rochdale, and 5.4 in Barrow-in-Furness; scarlet fever of 1.2 in St. Helens; whooping-cough of 1.5 in Southampton and 2.0 in South Shields, and "fever" of 1.1 in Burnley. The mortality from diphtheria showed no marked excess in any of the large towns. Of the 31 fatal cases of small-pox registered, 24 belonged to London, 4 to Tottenham, and 1 each to Willesden, West Ham, and Liverpool. There were 861 cases of small-pox under treatment in the Metropolitan Asylums Hospitals on Saturday, June 21st, against 1,274, 1,162, and 1,035 on the three preceding Saturdays; 107 new cases were admitted during the week, against 251, 188, and 157 in the three preceding weeks. The number of scarlet fever patients in these hospitals and in the London Fever Hospital, which had been 2,266, 2,314, and 2,347 at the end of the three preceding weeks, had further risen to 2,450 at the end of last week; 378 new cases were admitted during the week, against 319, 310, and 282 at the end of the three preceding weeks.

HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday, June 21st, 1,021 births and 531 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had been 19.3 and 19.0 per 1,000 in the two preceding weeks, further declined to 16.4 per 1,000, but was 1.2 above the mean rate during the same period in the seventy-six large English towns. The rates in the eight Scotch towns ranged from 12.6 in Leith and 13.5 in Dundee, to 18.1 in Glasgow and 19.2 in Paisley. The death-rate in these towns from the principal infectious diseases averaged 1.7 per 1,000, the highest rates being recorded in Paisley and Perth. The 270 deaths registered in Glasgow were included 7 from measles, 4 from whooping-cough, and 13 from diarrhoea. Four fatal cases of measles and 3 of whooping-cough were recorded in Edinburgh. Two deaths from whooping-cough occurred in Aberdeen; 4 from measles and 2 from whooping-cough in Paisley; and 2 from measles and 2 from whooping-cough in Perth.

The annual meeting of the German Anthropological Congress will be held this year at Dortmund from August 5th to 8th.