

THE ANNUAL SANITARY REPORT OF THE PROVINCE
OF ASSAM.

We have received a copy of the report of Surgeon-Colonel Costello, the administrative medical officer and sanitary commissioner of Assam, for the year 1891. The report deals with the vital statistics of the province and gives a brief history of the chief diseases which have affected its population during the year. The province is divided into three parts. The valley of Surma with its districts, Cachar and Sylhet, Assam proper, and the Khasi and Jaintia Hills. The total population amounts to 4,881,426. The vital statistics of the province are unreliable and are approximative only. Cholera, small-pox, fevers and the disease described by Dr. G. M. Giles, under the name of kala-azar, which is pathologically allied to the beri-beri of Ceylon, are the principal causes for the greatest mortality. We have on a previous occasion adverted to the disease known as kala-azar and its pathology. Cholera was very prevalent during the year, as it had previously been during the year 1889 in the Surma Valley, and caused great mortality. Much of the disease was attributed to importation, but the Sanitary Commissioner observes that wherever sanitation was most neglected there the cases were most numerous, and adds that a pure drinking water has been found to be the most efficacious means of ensuring freedom from cholera. Assam has a hot, damp climate and an exuberant vegetation. Its people care little or nothing for sanitation, but the tea planters might surely, if only from a selfish point of view, make things better than they seem to be on their estates.

DR. BRINSLEY NICHOLSON.

Dr. Brinsley Nicholson, who recently died at the age of sixty-eight, served in the Army Medical Service through the China War of 1859-60 and took part in the expedition to Peking. After his retirement from the service with the rank of Deputy-Inspector General of Hospitals, he devoted himself to the study of the literature of the sixteenth century, and contributed several papers to the New Shakespeare Society.

THE MILITARY RIDE.

We confess we are not at all sorry that this military ride was not received with any favour by the press of this country. No provision was made that the condition of the horses at its termination would be an important element in the matter. The ride is a purposeless undertaking from any military or scientific point of view, and, without some provision of the kind we have referred to, it is certainly not a humane proceeding as far as the unfortunate horses are concerned. Physiologically considered, it imposed relatively little strain upon the endurance of the riders, but a cruel one upon their horses. Long rides as a training for men and horses for the purposes of a campaign may find something to be urged in their favour provided they are undertaken for strengthening and developing the powers of both, but nothing of this kind entered into the present undertaking.

AMENITIES OF FOREIGN SERVICE.

In commenting recently upon the length of the foreign service tour we mentioned the fact that the number of appointments at home appropriated to officers on the Retired List made this grievance all the more keenly felt. It appears to us that if a certain number of changes were made tenable for a fixed period the grievance would be considerably lessened and the public service would be benefited. At the present moment the fixed changes are limited to the hospitals for women and children and a few other appointments. If army medical officers were guaranteed in their posts for a term of years instead of being constantly shifted about, it would be good for them and good for the army at large, and would save expense whilst reconciling them in a measure to their lengthened expatriation.

FOOTBALL CASUALTIES.—The following casualties occurred last week. During a match at Durham, under the Rugby rules, a Jarrow youth collided with another player and was heavily thrown. On removal to the hospital it was found his spine was seriously injured. A member, aged twenty-two, of the Thistle Football Club, Aberdeen, whilst playing in a game at Drumoak Farm, sustained a compound fracture of his left arm. In a match between the Walsall Town Swifts and West Bromwich Albion Clubs the captain of the Walsall club fractured his clavicle.—A youth aged seventeen, in a match between two junior teams at Linthorpe, Middlesbrough, fractured his left arm.

Correspondence.

"Audi alteram partem."

"VACCINATION AND SMALL-POX MORTALITY."

To the Editors of THE LANCET.

SIRS,—Your annotation in THE LANCET of Sept. 24th under the above heading raises a point in connexion with this controversy which I think needs emphasising. I refer to the practice of nominal or insufficient vaccination, which, while it conforms to the letter of the Act, engenders in the minds of ignorant people a false sense of security, and is therefore calculated to bring discredit on a most salutary measure. There can be no doubt, I think, that the number of those who are practically "unprotected" from small-pox is increasing year by year to a dangerous extent, and if we could include under this term only such as are "unvaccinated," our opponents would not have the grounds they now have for declaiming against compulsory vaccination. Unfortunately, however, it is only too true that numbers of persons are now growing up who can only show one or perhaps two small marks as the result of their primary vaccination, and who, when exposed to an epidemic of small-pox, will doubtless, as in the past, swell the number of those who are triumphantly cited by anti-vaccinationists as having contracted the disease in spite of having been vaccinated. These gentlemen would, however, do well to note in this respect what they seem wilfully to ignore, but what is abundantly shown by the reports of the various outbreaks of the disease which have occurred from time to time—viz., that whenever small-pox has attacked vaccinated persons the severity of the disease has been in inverse ratio to the number of marks such persons can show. This being the case, there must surely be something radically wrong with an Act which, while imposing upon public vaccinators the production of four vesicles, allows a systematic evasion of its provisions to go on unchecked; and I cannot but think that we are fast losing the advantage of protection from small-pox which that Act was framed to secure for the want of more stringent measures to ensure its efficient administration. It is notorious that at some of the public vaccination stations in our large towns the office of public vaccinator is becoming a sinecure, simply because their work is drifting into the hands of the cheap vendors of advice and medicine who, it may be, from a misplaced sympathy, encourage an evasion of the spirit, if not of the letter, of the Act which must sooner or later lead to direful results. I do not pretend to see clearly how this anomalous state of things is to be remedied; but at least it is not unreasonable to expect that if the public vaccinator has to submit to supervision of his work by Government inspectors, such supervision should also be extended to the large number of irresponsible private vaccinators who are at present quite uncontrolled. Of course, as long as the operation is in the hands of the medical profession at large it would be impossible to inspect every case, but it might at least be made compulsory to state on every certificate the number and size of the vesicles. Would not also a periodical inspection of Board schools afford some means of checking the work of private practitioners among the poorer classes? There is still the question of compulsory revaccination, but I fear I have already trespassed too much on your valuable space. I should, however, be glad to see the whole matter taken up by some of your numerous readers who may be more competent to deal with it.

I am, Sirs, yours faithfully,

Bristol, Sept. 29th, 1892.

E. H. WARNER, M.D. Edin.

"THE NOTIFICATION OF DISEASE."

To the Editors of THE LANCET.

SIRS,—It is clear that nothing is to be expected from the medical officer of St. George's, Hanover-square, concerning the point I raised in your journal of a fortnight ago, and I do not wish to take up your space further than to make clear the point at issue. Dr. Corfield is unable to go outside the strict letter of the Notification Act, and maintains that no matter how many medical practitioners are called in to see a case of infectious disease, every one of them is bound to

notify. "As a matter of fact," he says, "if only one certifies it to the medical officer of health, the latter is quite satisfied, as he does not want more than one certificate of one case, but if neither of them certifies he is bound to report them all." But it is not a question of the *satisfaction* of the medical officer of health. The question is what is right, and the right is determined in a new Act by the administrators of that Act. Most Acts, if we abide by their letter, are in places doubtful in their meaning, or often enough absurd, and in this case I maintain that to compel three or four individuals to notify when only one certificate is required is absurd, and is not the *intention* of the Act, whatever the wording may be. I further maintain that inasmuch as the medical officers of health are the administrators of the Act they are "not bound to summon everyone who may happen to be called in to see a case of infectious disease." The one in charge of the case is the one who is responsible and none else, and the medical officers of health ought so to work the Act. How am I to know who is the medical officer in twenty or thirty parishes not my own? Moreover, I know, as I said in my former letter, that a large number of medical officers of health interpret the Act in this liberal spirit. So they tell me, and there ought to be some uniformity.

I am, Sirs, yours faithfully,

JAMES F. GOODHART.

Weymouth-street, W., Oct. 3rd, 1892.

"GLYCOSURIA WITH LOW SPECIFIC GRAVITY OF URINE."

To the Editors of THE LANCET.

SIRS,—Dr. Nicholson, writing in your last issue, gives details of a case of this unusual occurrence, and remarks upon the extreme rarity of the condition. Possibly, if the urine were tested for sugar as a routine and not passed over with the remark, which I have sometimes heard, "Normal (or sub-normal) specific gravity, therefore no sugar" these cases might be found to be not so very rare after all. The following case was seen for the first time on Sept. 25th; it may perhaps interest Dr. Nicholson and others.

Mrs. B—, aged sixty-five, had enjoyed good health until five years ago, when she became suddenly hemiplegic and aphasic. She slowly recovered the use of her limbs, but her speech has remained much impaired up to the present time. A second similar but slighter attack occurred three years later, but she has remained fairly well and able to do her house work up till two or three weeks ago, when she had to give up on account of increasing dyspnoea. Examination showed the following:—Heart slightly hypertrophied; sounds extremely irregular both in force and rhythm; no bruit; arteries rigid and tortuous; lungs slightly emphysematous; abdominal viscera apparently healthy; ankles rather cedematous; veins of legs varicose; urine acid, sp. gr. 1020, no albumen or casts; sugar about 5 gr. in the ounce. I was surprised at these results, and at first inclined to doubt them, as there were no symptoms of diabetes, and I happened to be using for the first time the cupric test pellets introduced by Dr. Pavy; but some freshly made Fehling's solution gave precisely the same result. After three days' treatment by digitalis and diet the urine showed sp. gr. 1010, no albumen or casts, but still a trace of sugar; dyspnoea all but gone. Four days later, though the specific gravity had risen to 1015, not a trace of sugar was present.

I am, Sirs, yours faithfully,

CHARLES CLAYTON, M.R.C.S., L.R.C.P. Lond.

Broadhurst-gardens, N.W., Oct. 3rd, 1892.

To the Editors of THE LANCET.

SIRS,—The condition of urine described at p. 773 is not so extremely rare. Both in THE LANCET and other medical periodicals cases are reported with a specific gravity as low as 1005, *vide* "Medical Digest," Section 332: 1.

I am, Sirs, yours obediently,

RICHARD NEALE, M.D. Lond.

Boundary-road, South Hampstead, N.W., Oct. 3rd, 1892.

To the Editors of THE LANCET.

SIRS,—Seeing an account of a case under the above heading in THE LANCET of Oct. 1st I should like to mention the case of an old gentleman I am now attending; his age is seventy. He has the usual symptoms of diabetes as met with in elderly people: the urine contains abundance of sugar, the test used

being Pavy's method, and the sp. gr. is only 1015. Thinking that there might be some error in my manipulations I submitted a sample of the urine to a medical friend, who verified the above statements after using two urinometers. There is no albumen present.—I am, Sirs, yours faithfully,

WALTER BARBER, L.R.C.P.I

Roman-road, Bow, E., Oct. 4th, 1892.

THE PROPAGATION OF CHOLERA.

To the Editors of THE LANCET.

SIRS,—The propagation of cholera by means of human intercommunication is a simple explanation of the extension of the disease, but the theory is not altogether satisfactory, for if it were it would be natural to expect a more frequent visitation of the disease, since the same causes which brought about the present outbreak are in constant existence. To describe cholera as a "filth" disease is to create an erroneous and misleading impression, for the utmost disregard of all the laws of sanitation will not generate cholera any more than any other disease. It is true filth naturally creates a susceptibility and that those who live amidst insanitary surroundings more readily fall victims to any prevalent disease, and therefore every epidemic might and should with equal justice be called a filth disease. Further, we are informed on the highest authority of the probability of a renewed outbreak next spring. How is this temporary abatement explained on the theory of human intercommunication? Again, this theory fails to explain how the epidemic reaches a "maximum of intensity" and then gradually declines, sometimes, however, to rise a second or even a third time. How, too, can the fact be accounted for that occasionally those who live on one side of a street are affected whilst those on the other side escape? The theory of human intercommunication lacks corroboration. As an independent observer I am convinced cholera can only exist under certain meteorological conditions, and that the poison can be, though not necessarily always is, conveyed by the winds, and I maintain that the meteorological theory offers as rational and as simple an explanation of the vagaries of cholera as the theory of human intercommunication.

I am, Sirs, yours obediently,

G. SHERMAN BIGG,

Formerly Staff-Surgeon, Allahabad, India.

Victoria-street, S.W., Oct. 3rd, 1892.

"THE BIRKBECK PANIC: A MANIACAL EXCITEMENT."

To the Editors of THE LANCET.

SIRS,—In your issue of Sept. 24th is an annotation in which the term "maniacal excitement" is applied to the depositors who, under the influence of a scare which turned out to be unfounded, withdrew their money from the Birkbeck Bank. Will you allow me to protest against this application of a term which is a scientific one, connoting definite phenomena that were not present in the case in question, and which ought, I think, to be restricted to its true scientific meaning? By maniacal excitement, as understood in alienism, is meant excitement which (1) is in excess of what is justified by the circumstances in which the individual is placed; and (2) does not subside when the true nature and significance of the circumstances are made clear. In neither of these particulars was the excitement of the Birkbeck depositors maniacal. When they had reason to believe that the money—which in many cases was the result of the toil and saving of a lifetime—was in jeopardy a considerable height of excitement was natural and justifiable; and I do not find in the published accounts that the degree of excitement manifested was so extreme as to be in excess of what might naturally be expected of the normal or average man under such circumstances, supposing the circumstances to be as the depositors imagined. Secondly, when by the prompt payment of all claims the true nature and significance of the circumstances were made clear the excitement at once subsided. Since, therefore, neither of the qualities which are necessary to constitute the excitement maniacal was present in this case, it is, I think, to be regretted that this term should be applied to it.

I am, Sirs, your obedient servant,

CHAS. MERCIER, M.B. Lond., F.R.C.S. Eng.

Catford, Sept. 24th, 1892.

* * We publish Dr. Mercier's letter with pleasure. We are well aware that the removal of the cause of a disorder or