in Liverpool, three in Birmingham, two in South Shields, and one in each of nine other towns.

HEALTH OF SCOTCH TOWNS.

The annual rate of mortality in eight of the principal Scotch towns, which had been 13·2, 13·8, and 14·0 per 1000 in the three preceding weeks, further rose to 14·4 per 1000 in the week ending Oct. 26th, but was 0·2 per 1000 below the mean rate during the same period in the 76 large English towns. Among these Scotch towns the death-rates ranged from 9·4 in Leith and 10·2 in Aberdeen, to 15·9 in Paisley and 16·9 in Glasgow. The 499 deaths in these towns last week were 13 in excess of the number in the previous week, and included 59 which were referred to the principal epidemic diseases, against 57, 81, and 61 in the three preceding weeks. These 59 deaths were equal to an annual rate of 1·7 per 1000, which was slightly below the mean rate last week from the principal epidemic diseases in the 76 large English towns; they included 20 which were referred to diarrhoea, 16 to measles, 14 to whooping-cough, five to "fever," two to scarlet fever, and two to diphtheria, but not any to small-pox. The fatal cases of diarrhoea, which had been 37 and 26 in the two preceding weeks, further decreased last week to 20, of which 13 occurred in Glasgow and three in Dundee. The deaths from measles, which had been nine and eight in the two previous weeks, rose again to 16 in the week under notice, and included eight in Dundee, six in Glasgow, and two in Greenock. The fatal cases of whooping-cough, which had been 17, 15, and six in the three preceding weeks, increased again last week to 14, of which ten were registered in Glasgow, two in Edinburgh, and two in Dundee. The five deaths referred to "fever" included four in Glasgow and one in Edinburgh; they were all cases of cerebro-spinal meningitis. The deaths in the eight towns referred to diseases of the respiratory organs, including pneumonia, which had been 51 and 71 in the two previous weeks, further rose to 83 in the week under notice, but were 14 below the number in the corresponding period of last year. The causes of 15, or 3·2 per cent., of the deaths in these towns last week were not certified or not stated; in the 76 English towns the proportion of uncertified deaths did not exceed 0·4 per cent.

HEALTH OF DUBLIN.

The annual rate of mortality in Dublin, which had been equal to 20·2 and 20·3 per 1000 in the two preceding weeks, declined again to 19·1 per 1000 during the week ending Oct. 26th. During the first four weeks of the current quarter the death-rate has averaged 20·2 per 1000 the rate during the same period being 13·9 in London and 12·8 in Edinburgh. The 143 deaths of Dublin residents registered during the week under notice were nine fewer than the number in the previous week, and included 15 which were referred to the principal epidemic diseases, against 18, 30, and 19 in the three preceding weeks; of these, eight resulted from diarrhoea, five from measles, one from whooping-cough, one from "fever," and not any from small-pox, from scarlet fever, or from diphtheria. These 15 deaths were equal to an annual rate of 2·0 per 1000, the death-rates last week from the principal epidemic diseases being 1·6 in London and 0·8 in Edinburgh. The deaths from diarrhoea, which had been 23 and 15, in the two preceding weeks, further declined to eight in the week under notice; while the five fatal cases of measles exceeded the numbers recorded in recent weeks. The 143 deaths from all causes included 39 of children under one year of age and 37 of persons aged upwards of 60 years; the deaths of infants showed a slight decline from the number in the preceding week, while those of elderly persons were in excess. Six inquest cases and five deaths from violence were registered; and 55, or 38·5 per cent., of the deaths occurred in public institutions. The causes of six, or 4·2 per cent., of the deaths registered in Dublin last week were not certified; in London the causes of all the deaths were duly certified, while in Edinburgh the proportion of uncertified deaths was 3·8 per cent.

THE SERVICES.

ROYAL NAVY MEDICAL SERVICE.

The following appointments are notified:—Fleet-Surgeons: J. Chambers to the *King Alfred* and E. C. Oridland to the *Crescent*. Surgeons: W. P. Walker to the *Crescent* and to the *King Alfred* on recommissioning; W. W. D. Chilcott to the

Hawke on recommissioning and to the *King Alfred* on recommissioning; J. L. Barford to the *Snipe*; H. A. Kellond-Knight to the *Racer*, additional, for Royal Naval College, Osborne; and A. S. Bradley to the *London*.

ARMY MEDICAL RESERVE OF OFFICERS.

Surgeon-Lieutenant Paul J. O'Sullivan to be Surgeon-Captain (dated Oct. 9th, 1907).

VOLUNTEER CORPS.

Royal Garrison Artillery (Volunteers): 6th Lancashire: Surgeon-Captain R. Humphreys resigns his commission (dated Oct. 3rd, 1907).

Rifle: 6th Volunteer Battalion the Royal Scots (Lothian Regiment): Surgeon-Lieutenant A. J. de Spiganovicz resigns his commission and is appointed Second Lieutenant (dated Sept. 24th, 1907). 6th (Fife) Volunteer Battalion the Black Watch (Royal Highlanders): Surgeon-Lieutenant R. T. Ferguson to be Surgeon-Captain (dated August 6th, 1907).

ROYAL ARMY MEDICAL CORPS (VOLUNTEERS).

A meeting was held on Oct. 24th at Bristol under the presidency of Mr. A. W. Prichard (Surgeon-Lieutenant-Colonel, Gloucester and Somerset Volunteer Infantry Brigade) to consider the possibility of raising a section of the Royal Army Medical Corps (Volunteers) in Bristol. At the conclusion of the meeting several names were handed in with a view to enrolment if the sanction of the War Office is obtained.

DEATHS IN THE SERVICES.

Deputy-Surgeon-General Rowland Wimburn Carter, A.M.D., at Southsea recently. He entered the service in 1854 as assistant surgeon, became surgeon in 1867, surgeon-major in 1873, brigade-surgeon in 1879, and retired with the rank of honorary deputy-surgeon-general in 1884. He served with the 26th Regiment in the Crimea (medal with two clasps and Turkish medal), with the 82nd Regiment in the Indian Mutiny campaign (medal), and in the Afghan War of 1878-80 (medal).

Correspondence.

"Audi alteram partem."

THE PLAGUE IN INDIA.

To the Editors of THE LANCET.

SIRS,—With reference to the leading article on Plague in India in THE LANCET of Sept. 14th in which you were good enough to state that under the organisation adopted in the Madras Presidency plague has been kept under "reasonable control," I would invite attention to an erroneous *post hoc propter hoc* deduction in regard to the influence of the Indian Medical Congress as to the employment of correctly educated sanitary inspectors who form the backbone of the system in that Presidency. Whilst it is true that the first class of certificated sanitary inspectors in the Madras Presidency did not assemble till "1895, that is, a year after the Congress," as stated by you, the suggestion that special training should be required was placed by me before Government on Nov. 16th, 1893. Official pecuniary difficulties prevented an early decision, but after consultation with the Educational Department the scheme was definitely sanctioned by the Madras Government on Dec. 10th, 1894. This fact, as President of the Section of Public Health of the Indian Medical Congress (which was held on Dec. 23rd, 1894), I duly stated to the members, as will be found on p. 234 of the Transactions of that body. More than a decade anterior to this date one of my predecessors, the late Surgeon-General Cornish, C.I.E., secured an important stage in organisation in the Madras Presidency by giving each civil surgeon an assistant, so that they were capable of touring as "district medical and sanitary officers." Whilst, then, I would deny to the influence of the Congress the initiation of a sanitary organisation, I would gladly acknowledge that it was of utility in pressing upon the Government of India the importance of bacteriology and the necessity for improvements in sanitary administration; suggestions that were largely due to the late Surgeon-General Harvey and Professor Simpson, then health officer of Calcutta.

Not only did Madras not wait for the Congress, but I believe I am right in stating that the official recognition of certificated sanitary inspectors by the Madras Government

preceded similar recognition of their English prototypes by the Local Government Board of England. As time has passed, the technical education of the Madras certificated sanitary inspectors has been improved and, at the present time, includes a sound college education and searching examination in practical and theoretical hygiene and allied subjects for assistant sanitary inspectors, and in addition sanitary engineering and allied engineering subjects for "full-fledged" certificated sanitary inspectors. The entrance examination for training is the matriculation of the Madras University, which is reputed to be of a more severe character than that of either Calcutta or Bombay. From the published list of April, 1907, I find that there is available a total of 598 officially recognised certificated sanitary inspectors, several of whom are graduates of the Madras University, or hold certificates of competency in Government examinations in various scientific and technical subjects. Their names are maintained by the Sanitary Commissioner for the Madras Government in a register on conditions no less severe as to their morality than those which guide the General Medical Council as to the fitness of those who hold medical diplomas.

I have said thus much, because I notice that in your article you state that in India "the fewer sanitary inspectors there are the better. Sanitary inspectors are not usually a success in the East; monetary considerations are liable to destroy their utility." The meaning is veiled but sufficiently obvious. As an officer who was required to decide during 11 years whether complaints brought against sanitary inspectors by local authorities or private individuals affected their moral character I would state most positively that condemnation of the nature stated by you can be derived solely from experience in dealing with *unqualified* sanitary inspectors of an inferior class and inferior education to those with whom I have had the pleasure to deal. Nothing is easier than for the taxpayer, regardless of sanitation, to feel and speak spitefully as to an executive sanitary officer and during plague work such conditions are necessarily exaggerated. But a searching examination as to the position of certificated sanitary inspectors and other matters affecting plague organisation throughout the Madras Presidency by the Madras Government in 1905 ended in a clear proof that if occasional cases of want of honour were found amongst men hastily trained as "temporary plague inspectors" to aid the numerically deficient certificated sanitary inspectors be put aside, this great body of men may be regarded as possessed of exemplary rectitude. A more recent testimony to their value has been given during the last month in a published official communication by the able health officer of Rangoon, Major Williams, D.P.H., D.T.M., concerning men who have been imported to aid him in plague and general sanitary work. He stated: "They have been exceptionally useful in dealing with the Indian population of all races. Their ability in writing useful reports and their loyalty and devotion to their work have contrasted most favourably with the work of some of the European and Eurasian inspectors."

The grounds, therefore, upon which you would put aside sanitary inspectors with the statement "the fewer the better" is, I think, liable to mislead seriously those interested. Were such opinions to prevail the sanitary regeneration of India and the correct treatment of plague epidemics must be hopeless. No amount of skilled European sanitarians or bacteriologists can have any real influence upon the position until a well-paid, respectable, and technically well-trained executive staff of the same race as the people treated has been enrolled in each Province. No amount of talking, publication of leaflets, influence of revenue officers, or mandates from the Government of India can have any real effect unless there be a skilled executive staff to carry out intelligently the orders of skilled sanitarians and bacteriologists, which class I quite agree with you requires strengthening in India and should be an essential part of the organisation. Irrespective of the possession of such a staff of men enabling orders by officers possessed of a higher grade of technical skill to be carried out intelligently, the great yet simple practical fact remains that the sanitary inspector, if of suitable race and caste, is of the people and is with the people, and if, as should be the case, he is both possessed of a sound general education and skilled sanitary technical knowledge, he above all persons has it in his power to prove the necessity for sanitary action and the philanthropic policy of Government which actuates it. Both for political and sanitary reasons, therefore, the sooner the production of this

class of men is proceeded with "the better" for India. I am glad to be able to add that the Government of Burma, which I have now the honour of serving, is, on my recommendation, taking preliminary steps towards the inauguration of a sanitary service whose executive staff will be formed of specially educated sanitary inspectors who will be provincial servants.

I am, Sirs, yours faithfully.

W. G. KING,

Sanitary Commissioner for Burma.

Insein, Burma, Oct. 5th, 1907.

* * Nothing could be more vexatious to us than the idea that a loose generalisation appearing in our columns might increase the difficulties of sanitary administration in India. We should have made it clear that the persons to whom the words "the fewer the better" were applied were unqualified sanitary inspectors. We publish Colonel King's interesting letter with pleasure.—ED. L.

THE NEEDS OF LONDON MEDICAL STUDENTS.

To the Editors of THE LANCET.

SIRS,—In the letter published in THE LANCET of Oct. 26th, p. 1189, Dr. Bertram Abrahams referred to my remarks on the subject of a degree for London students made when presiding at the dinner of the University College Hospital Medical School on Oct. 2nd. It may be of interest to state the suggestion I offered for consideration, since I believe that its essential difficulties are less than those that stand in the way of any other plan. It is that the University of London should, after such an examination in medicine as is thought proper, confer an M.D. degree on all holders of the Conjoint diploma who have taken the whole of their medical education, early as well as late, in London. To preserve the weight of the ordinary degree that which is suggested should have a distinctive designation, such as M.D. Conjoint Lond. or M.D. Met. Lond., this alone being used by the holders. The fact that many universities confer honorary as well as ordinary degrees is itself a precedent for two kinds.

The resistance such a proposal is likely to encounter seems less than that of accepting the Conjoint Diploma as the equivalent of the M.B. Lond. Year after year passes and nothing is done to remedy the defect which is a misfortune to the profession and is becoming a disgrace to the University that bears the name of London.

I am, Sirs, yours faithfully,

London, Oct. 26th, 1907.

WILLIAM R. GOWERS.

THE COMPULSORY NOTIFICATION OF TUBERCULOSIS.

To the Editors of THE LANCET.

SIRS,—I have read with interest the annotation in THE LANCET of Oct. 26th, p. 1174, upon the subject of the compulsory notification of tuberculosis, in which the point is raised as to whether the voluntary system of notification would in practice meet the requirements in the case of patients coming to the out-patient rooms of hospitals. Seven years' experience of the voluntary system of notification of phthisis in this city enables me to concur fully in the view that the voluntary system is sufficient to meet the requirements of these cases. The medical officers of the various medical and other charities have at all times given the most cordial coöperation in this system of notification and it is indeed largely owing to this that the system is as successful as it is; it would be invidious, as it certainly is unnecessary, to single out medical officers of public institutions for compulsion.

It may perhaps be of interest to state that the Health Committee in 1901 decided to make the same payment for notification of cases of phthisis as for other forms of infectious sickness. A large number of measures—preventive, administrative, educational, and curative—have combined to bring about the marked decline in tuberculosis in this city. A further valuable addition to these means will be available shortly, when the Liverpool Country Hospital for Chronic Diseases of Children is opened at Heswall, as this large establishment will be available for the treatment of