field to the undermentioned officers and soldiers in recognition of their services during the operations in South Africa:—

To be a Companion of the Order of the Bath.

Lieutenant-Colonel Henry Halcro Johnston, R.A.M.C.

To be Companions of St. Michael and St. George.

Civil Surgeon W. F. Tyndale and Civil Surgeon E. Langley-Hunt.

To be Companions of the Distinguished Service Order.

Major Maurice Percy Cue Holt, R.A.M.C.; Major Wilfred William Ogilvy Beveridge, R.A.M.C.; and Captain Thomas Campbell MacKenzie, R.A.M.C.

To be Surgeon-Lieutenant-Colonel.

Surgeon-Major W. R. Crooke-Lawless, Coldstream Guards.

To be Brevet Lieutenant-Colonels.

Major C. Birt, R.A.M.C.; Major M. W. Russell, R.A.M.C.; and Major S. Hickson, R.A.M.C.

To be Brevet Majors.

Captain D. D. Shanahan, R.A.M.C., and Captain A. F. Tyrrell, R.A.M.C.

To have the honorary rank of Captain.

Quartermaster and Honorary Lieutenant A. Bruce, R.A.M.C.

To have the Distinguished Conduct Medal.

Sergeant-Major J. J. Saunders, R.A.M.C., Sergeant-Major E. W. Newland, R.A.M.C., Second Class Staff-Sergeant G. Fells, R.A.M.C., Sergeant E. Haynes, R.A.M.C., Corporal S. Cowan, R.A.M.C., and Private H. Ebbs, R.A.M.C.

First Class Superintendent Officer C. W. Baker, St. John's Ambulance Association.

To have the Royal Red Cross.

Superintendent Sister Miss M. Russell, A.N.S.; Nursing Sister Miss C. H. Keer, A.N.S.; Nursing Sister Miss H. O. Luckie, A.N.S.R.; Nursing Sister Miss Margaret Whiteman, A.N.S.R.; Miss Katherine Blanche Brereton (I. Y. Hospital), and Mrs. Margaret Scott Fripp (I. Y. Hospital); Superintendent Sister Miss M. Rawson, Colonial Nursing Sister (Victoria); Nursing Sister Miss Georgina Pope (Canada); and Miss Joan Charleson, Mrs. Harriet Maud Campbell-Ross, Miss Ellena Philipson Stow, Miss Isabella Jessie Philipson Stow, Miss Amy Blake Knightley, Miss Sophia Margaret Patterson, Miss Katharine Louisa Hill, and Miss Sophie Lees (Nursing Sisters of the Intombi Hospital Camp).

For services during the operations in South Africa elsewhere than in that country:—

To be Companions of the Order of the Bath.

Lieutenant-Colonel Edmond Monkhouse Wilson, C.M.G., D.S.O., R.A.M.C.

Lieutenant-Colonel William Johnston, R.A.M.C. (r.p.).

Brigade-Surgeon-Lieutenant-Colonel Alexander Crombie, retired (I.M.S.).

Sir John Furley, Kt.

CIVIL SURGEON JOHN LUNN.

An erratum in the *London Gazette* of Oct. 30th states that "Civil Surgeon Munn," mentioned in Lord Kitchener's despatch of March 8th, *London Gazette*, April 25th, should have been "Civil Surgeon John Lunn."

Civil Surgeon Lunn was mentioned for devotion to duty under heavy fire at Kaffir Spruit on Dec. 19th, 1901.

ROYAL NAVAL HOSPITAL, HASLAR.

The session of special instruction at the Royal Naval Hospital, Haslar, terminated on Oct. 24th. The prizes were awarded as follows: the Gold Medal and Microscope to Surgeon Charles A. G. Phipps, late of the London Hospital; the Silver Medal and ten pounds' worth of books to Surgeon Stanley S. H. Shannon, late of Guy's Hospital.

Surgeons in order of Seniority.

Name.	Marks.	Name.	Marks.
Charles A. G. Phipps...	4230	Frank B. Bolton...	3005
Stanley S. H. Shannon...	3537	Reginald L. Jones...	2889
Charles K. Bushe...	3202	Robert H. Atkins...	2837
William R. Harrison...	3141	Charles J. O'Connell...	2789
Walter G. Edwards...	3105	James A. Thompson...	2756

Correspondence.

"Audi alteram partem."

THE BEHAVIOUR OF SMALL-POX IN BERMONDSEY.

To the Editors of THE LANCET.

SIRS,—In THE LANCET of Oct. 11th, p. 1001, you refer to a report by Mr. R. K. Brown, the medical officer of health of the borough of Bermondsey, upon the recent outbreak of small-pox in that district and to his allegation that the disease was spread to some extent owing to defective control over the staff employed at the Metropolitan Asylums Board's South Wharf in his district, at which wharf small-pox cases are embarked for conveyance to the hospital ships.

As you observe, he makes a serious allegation against this board when "he suggests that the men from the ambulance steamers should not be allowed to land when and where they please." The superintendent of the wharf, in reporting on this allegation, states that on his appointment in 1885 he—

Issued an order forbidding any of the staff to land anywhere except at South Wharf, and this I feel certain has been strictly carried out. The captains of the steamers from whom I have made inquiries aver that no member of the staff has since then ever landed anywhere but at South Wharf. As a rule, except when the small boats are in use for cleaning or painting the outside of the steamers, they are in winter kept at the davits and in summer are nearly filled with water in order to keep them tight. From the constant supervision it would be next to impossible for a boat to leave South Wharf without being seen.

In January last, upon the arrival in London of a new steamer from Southampton, it was necessary to keep two of the builder's men, who had assisted in the navigation of the vessel to London to complete certain work. In order to prevent the possibility of infection none of the staff of the wharf was allowed on the vessel during the time these men were there, and the Southampton men landed at, and were taken off from, the Commercial Dock Pier in the small boat which came round with the steamer from Southampton. The same course was pursued when a second steamer was purchased and two boiler-makers were employed on her for a few days. It is possible that these instances may have misled Mr. Brown or his informants. I am glad to be able to add that no case of small-pox has ever occurred among the families of the men employed in the river ambulance service, most of whom are married.

I am, Sirs, your obedient servant,

T. DUNCOMBE MANN,

Clerk to the Metropolitan Asylums Board.

London, Oct. 29th, 1902.

DRINK AND INSANITY.

To the Editors of THE LANCET.

SIRS,—I have read with much interest the paper by Dr. Robert Jones of Claybury Asylum on Mental Dissolution the Result of Alcohol as published in THE LANCET of Oct. 25th (p. 1118). May I beg of your favour opportunity to say a word and to ask a question or two upon it? Am I to infer from the opening sentences of the paragraph on the distribution of alcohol that the writer of the paper regards the wide diffusion of that drug which he mentions as entitling it, when used as an ingredient of common dietetic beverages, to be regarded as a good creature of God? Will he indicate a bubbling spring on the face of God's earth from whose stream an ounce of it can be distilled or extracted by any process, chemical or mechanical, for each barrel (36 gallons)? I observe with much satisfaction his very guarded assertion that the consensus of medical opinion is that "in many instances, under the control of the reasoning and moral faculties, its use [query] as a drug or as a daily beverage is to some extent beneficial." Does Dr. Jones really mean to assert that a drug which, to use his own words, "affects the weakly by reducing their energy, their vigour, their initiative, and their enterprise" can have a totally different kind of effect upon the stronger? If so, can he oblige us with a definition or description by which a weakling can be distinguished from a strong person? Surely, it seems to me that a person of strong constitution can more readily recuperate from "the fell effect" of this "lethal

weapon," but he has to pay the price for his indulgence, as has been well and forcibly indicated by Sir Henry Thompson. I presume that Dr. Jones will not argue that because a man by chronic excessive indulgence kills himself by some one or more of the many forms of alcoholic disease by the time he reaches the age of 40 or 45 years, that therefore he was a weakling when he began his fatal career. If so, he must assert that the large army of persons who are engaged in the retail liquor traffic, and who as a class notoriously die young, are for the most part weaklings when they enter into the business. He speaks of the many wise and tolerant men who have found benefit from it in moderation and who have abstained from its use because they have recognised its evil consequences on the community. He omits to characterise such action here but indirectly does so before he concludes, as I will indicate hereafter. What I want to ask at this point is, does Dr. Jones recognise any difference between real physiological effect and apparent sensation? He says that wise men have found benefit from it and yet have totally abstained from its use. If that were so, could they be legitimately called wise? Rather, I take it, they displayed their wisdom by recognising, as did the prophet of old, that "wine is a mocker and whosoever is deceived thereby is not wise." The temporary sensation of well-being is a very different thing physiologically from actual well-being and sensations are often base deceivers.

If I were to go on with my criticism in detail—and there is much more I should like to refer to—I should have to ask you for as much space as Dr. Jones's paper has occupied and this I dare not do. I want to say that I sympathise with his view that much evil at present connected with the liquor habit might be prevented by careful administration of restrictive legislation and that people can be made sober and kept sober by Act of Parliament. But I venture to think that many more people could be usefully influenced if the medical profession, with its mighty power for good, would more fully regard this subject from the standpoint of the wise and tolerant total abstainers. I entirely fail to appreciate the consistency of a man of unsurpassed experience who expresses the opinion "that the best working hypothesis for the prevention and cure of all forms of alcoholic disorders, whether mental or physical, must be based on the practice of total abstinence" and who yet prides himself on avoiding the "fallacy of extremes" in his own person. Alas for logic, well-a-day for consistency. The earnest hope of all who take an interest in the diminution of the "national degradation" arising from the alcoholic habit must be that Dr. Jones, and with him many of his professional brethren, will throw their weight into the scale with the wise and tolerant total abstainers.

I am, Sirs, yours faithfully,

CHARLES L. ROTHERA,

Coroner for Nottingham.

Oct. 26th, 1902.

"SORE-THROAT ILLNESS AT DITCHAM" AND ISOLATION HOSPITALS.

To the Editors of THE LANCET.

SIRS,—In the annotation under the above heading in THE LANCET of Oct. 11th, p. 1004, in justifying the practice of hospital isolation in scarlet fever you say: "You cannot fool all the people all the time." Isolation hospitals by the score have been established and in full work for many years in this country. We have never heard of an instance where a local authority, responsible for the prevention of infectious disease, has attempted to abandon its isolation hospital."

Surely, this is rather an unscientific argument to use, begging as it does the whole question. A similar argument could at one time have been equally applied in support of blood-letting or any other once universally accepted but now exploded doctrine. The answer to it, of course, is that you can, without any difficulty, "fool all the people" for a very long time, especially if the doctrine has been officially accepted and expressed in bricks and mortar. Now, as a matter of fact, the utility of hospital isolation has already been seriously questioned, and although it is only three years since Mr. E. D. Marriott first called attention to the unsatisfactory results which were being obtained a very perceptible change in expert opinion is taking place. It is coming to be tacitly admitted that it is impossible to demonstrate any very material advantage in the way of a reduced prevalence of the disease; also,

that the reduced mortality of scarlet fever (which has so often done duty as evidence of the supposed value of hospital isolation) is really due to a change in the *type* of the disease and has been at least equally marked in localities where hospital isolation has never been practised. The open advocates of hospital isolation for scarlet fever are becoming less in number, less enthusiastic, and less dogmatic. Indeed, the attitude now adopted is usually one of apology. Some towns which formerly made great efforts to remove to hospital as large a proportion of their cases of scarlet fever as possible have now relinquished the attempt as futile and content themselves with isolating the more urgent cases only, preferring to utilise their hospital accommodation for other diseases, such as diphtheria and typhoid fever. The doctrine that the success of hospital isolation in stamping out scarlet fever depends upon the proportion of cases removed to hospital is apparently falling into disrepute. The limitations of hospital isolation are being emphasised and the importance of other factors than personal infection is being suggested. In some quarters hospital isolation is coming to be looked upon as a philanthropic rather than as a preventive measure. Lastly, much more importance is being attached to "return" cases as constituting a real drawback to hospital isolation. The Ditcham outbreak has proved (if proof were needed) that the real extent of the evil is not indicated by the number of recorded "return" cases, and there is a growing belief that these "return" cases are, to some extent at least, the direct outcome of the "aggregation" which hospital "isolation" in practice entails. In view of the uncertainty which now exists several local authorities which contemplated building hospitals have, I believe, begun to doubt the wisdom of proceeding further until some of this uncertainty has been cleared away. Nor can they be greatly blamed. The obvious remedy surely is that the whole question of hospital isolation should be made the subject of an exhaustive and authoritative investigation and the various issues as far as possible thoroughly threshed out. That there are not a few persons interested in sanitation who at present feel in doubt, and who would welcome such an investigation, is shown by the fact that at the Eastbourne Health Congress last year 42 members voted in favour of and 73 against it. In the face of this it would seem inevitable that sooner or later an inquiry must be made, nor do I anticipate that anything but good would result to the cause of true sanitary progress.

The whole of the charge brought by Mr. Marriott against hospital isolation in connexion with scarlet fever may or may not prove to be well founded, but that the startling and disquieting facts which he has adduced are substantially correct cannot now be denied.

I am, Sirs, yours faithfully,

Leicester, Oct. 20th, 1902.

O. KILLICK MILLARD.

THE TREATMENT OF THE SUMMER DIARRHŒA OF INFANTS.

To the Editors of THE LANCET.

SIRS,—The etiology and pathology of this affection I pass over with one or two general observations. In hot, dry seasons diarrhœa is more prevalent than in wet summers and in warm but moderately wet years it is not nearly so common as in dry, moderately warm weather. From this we may reasonably deduce that dust has something to do with the spread of the disease. It is more commonly met with among the infants of the poor than among the well-to-do and, of course, it is more often met with in bottle-fed children than among breast-fed infants. I believe that the disease is commoner in closes and courts than in the open street houses, and I have observed that the child living next a dry midden is more likely to suffer than the infant situated in a house at some distance from the general midden which serves as a repository of offal for a street or part of a street. The infant of the lazy young mother who is careless about the cleanliness of the bottles and who to save her bones employs a long-tube bottle is nearly always a sufferer from epidemic diarrhœa. In houses where remnants of food are allowed to lie about and where there is a lack of tidiness the affection is often met with. Between thrush and summer diarrhœa there is a close connexion and I have often debated in my own mind whether the two are really not one and the same. Whatever be the remote cause of epidemic diarrhœa—and I am certain the most