having an aggregate population of rather less than half a million of persons. The mean annual death-rate during the quarter in these towns was 24·7 per 1000, and was 1·3 below the mean rate in the same towns in the corresponding quarters of the eight years 1876-83. With reference to the recent prevalence of zymotic disease in Switzerland, it may be noted that, excepting only typhoid fever, it showed a decline last quarter, somewhat similar to the decline in the general death-rate. It is necessary, however, to refer to the epidemic of typhoid fever which has recently been so fatal in some parts of the country. The deaths from this disease in the fifteen Swiss towns were 228 in the second quarter of this year, against 64, 41, and 18 in the three preceding corresponding quarters. These 228 deaths were equal to an annual death-rate of 2·0 per 1000 in the Swiss towns, which was six times the rate from "fever" in the twenty-eight English towns during the same period. The epidemic was mainly confined to two centres of infection. In Zurich and its suburbs, with a population of 82,846 persons, the deaths from typhoid fever were 127, equal to 7·3 per 1000; while in Geneva and its suburbs, with a population of 70,765, the fatal cases were 82, and equal to 4·6 per 1000. In the thirteen other towns the deaths from this disease in the three months did not exceed nineteen. Towards the end of June the epidemic of typhoid fever in Geneva and Zurich had almost died out. More recently, however, a recrudescence has occurred in Geneva and its suburbs, and the recorded deaths from this disease, which had been 1 and 3 in the first two weeks of July, further rose to 10 in the third week of that month.

THE SERVICES.

THE COMPOSITION OF MEDICAL BOARDS.

A circular of the Government of India, Military Department, notifies a change in the composition of medical boards for the examination of officers of the Indian service proceeding on furlough on medical certificate, whether within or beyond Indian limits. Under the regulations now superseded, an officer of the Indian service, who can be granted furlough for a longer period than an officer of the British service, had to appear before a local medical board, presided over by an administrative medical officer, at the headquarters of divisions and districts, except in emergent cases, when a special medical board could be convened by the officer commanding the station. It has now been decided that all officers of the Indian service are in future to appear before local medical boards, composed of such officers as are available on the spot, subject to the conditions detailed in section 13 of the Regulations for the Medical Department, Bengal, 1882.

ARMY MEDICAL DEPARTMENT.—Brigade Surgeon Randolph Webb, to be Deputy Surgeon-General, vice W. Stewart, M.D., granted retired pay; Brigade Surgeon Richard Chapman Loffhouse, M.D., is granted retired pay, with the honorary rank of Deputy Surgeon-General; Surgeon-Major Albert Stanley Knight Prescott, to be Brigade Surgeon, vice R. O. Hayden, retired upon temporary half-pay; Surgeon-Major John Colahan, M.D., to be Brigade Surgeon, vice R. Webb, promoted; Surgeon-Major Thomas Walsh, to be Brigade Surgeon, vice J. H. Whittaker, granted retired pay; Surgeon-Major David Arthur Leslie, M.D., is granted retired pay, with the honorary rank of Brigade Surgeon.

ADMIRALTY.—Staff Surgeon Alexander Scott has been placed on the retired list of his rank.

The following appointments have been made:—Surgeon George J. Fogerty to Chatham Dockyard; Surgeon James S. Wray to the *Banterer*; Surgeon William M. Rae to the *Mistletoe*; Fleet Surgeon W. J. Eames, additional, to the *President*; and Staff Surgeon T. L. Horner, additional, to the *President*.

RIFLE VOLUNTEERS.—1st Cambridgeshire: John Parkinson Atkinson, Gent., M.D., to be Acting Surgeon.—1st Dumbartonshire: Acting Surgeon James Stevenson, M.B., resigns his appointment.—4th Lancashire: William Mitchell Roocroft, Gent., to be Acting Surgeon.—3rd Volunteer Battalion, the Prince Albert's (Somersetshire Light Infantry): Surgeons Henry William Livett and William Harford Glover Phelps, M.D., are granted the honorary rank of Surgeon-Major.—1st Stirlingshire: Alexander Duncan Fraser, Gent., M.B., to be Acting Surgeon.

Correspondence.

"Audi alteram partem."

CHESELDEN AND LITHOTOMY.

To the Editor of THE LANCET.

SIR,—Although Cheselden has been dead upwards of 130 years, perhaps you may find space in your columns for some extracts from the minutes of meetings of the governors of St. George's Hospital relative to him and the performance of lithotomy. The first surgeons to that hospital were appointed on October 19th, 1733—viz., Amyand and Dickens (serjeant surgeons) and Mr. Wilkie; and on the 22nd Cheselden, then surgeon to St. Thomas's Hospital and lithotomist to the Westminster (then Infirmary) Hospital, was appointed surgeon also, and, as it would appear, solely to perform lithotomy; for at a court of governors held on April 1st, 1737, the minutes state:—"Mr. Cheselden, who had from the foundation of the hospital cut the patients for the stone, now desiring to resign, and proposing that another surgeon be chosen for that operation—resolved, that the thanks of the court be given to Mr. Cheselden for his great care and trouble in and about the operation aforesaid." It was then proposed that a court be called to supply his place, and on April 22nd "the court resolved, on the motion of Mr. Ranby, after proper consideration, that it would be of most advantage to the patients, and more to the credit of the hospital, that one only of the surgeons in ordinary be chosen to succeed him; thereupon Mr. David Middleton was unanimously chosen to succeed him. Mr. Middleton was called in, and accepted the office with thanks." At a court held on April 6th, 1745, "David Middleton, Esq., having informed the court that he desired to resign the particular operation for cutting for the stone, as confined to him, but to perform the same in his turn with the other surgeons of this house—ordered, that the consideration of proper persons to perform that operation be referred to the next court"; and on April 27th "it was ordered that the operation of cutting for the stone be left to such of the surgeons of this hospital as think proper to perform the same." Cæsar Hawkins, so eminent as a lithotomist, had then been ten years surgeon to the hospital. In 1864 I saw at an engraver's a plate of a portrait of Cheselden, and, on asking how it came there, I was informed that it had been sent to be destroyed by a relative who was affronted at the little interest taken by the medical profession in the memory of her ancestor. I requested leave to have an impression taken before the destruction, which was courteously granted me. The copy, taken one hundred and eleven years after the likeness was executed, I presented to the Royal Medical and Chirurgical Society, as well as one of his works containing his own autograph and that of Prout and Brodie. Cheselden was appointed surgeon to the Royal Hospital at Chelsea in 1737, where he died on April 10th, 1752. A handsome tomb was placed over his grave in the burial-ground of that hospital. On visiting it lately I found it fast going to decay: a little cutting of the stone might still preserve some memorial of this eminent surgeon. Next to him is buried Sir Everard Home, also surgeon to this hospital.

I am, Sir, your obedient servant,

Savile-row, August 4th, 1884.

CHARLES HAWKINS.

P.S.—I have presented to the Royal Medical and Chirurgical Society H. Dekker's "*Exercitationes Practicæ*," edition 1695. At page 193 there is depicted an operation of removing a crushed calculus. I should like opinions as to what this operation was.

THE CHOLERA.

To the Editor of THE LANCET.

SIR,—The subject of cholera is of perennial moment, but it never was more so, we might say, than at the present juncture, in consequence of its prevalence in France. In reference to a letter published in your current issue by Dr. John Roche, retired list of Her Majesty's Indian Medical Service, it should be noted that the malarial view of its etiology is by no means a novel one, as it was forcibly brought under the notice of the profession by Dr. Scriven, retired list of the Indian Medical Service, as long back as 1866 (*vide*

THE LANCET of that year, vol. ii., p. 184, *et seq.*); and about twelve years ago I remember reading its revival in the columns of a contemporary medical journal, by Dr. Smith. It was under the assumption of a malarial origin of the malady that quinine was indicated and prescribed by mouth and subcutaneously, but it has signally failed to answer, and that reason alone ought, *pro tanto*, to cast into oblivion a view, or a theory, or whatever else we may call it, which has been found to be erroneous. I need scarcely mention in this connexion the absence—or, at any rate, comparative immunity—of cholera in many malarious regions, not only of India, while at other non-malarious places it rages with considerable virulence. That the malarial theory of the origin of cholera is now exploded cannot be gainsaid. Evidence is not wanting to prove that in healthy (non-malarious) regions, such as in some of the tea plantations in India, cholera has frequently been rife, from being imported, of course, while fevers of an ague type have been conspicuous by their absence. Mr. Vincent Richards, medical officer of emigrants, cites some interesting instances of importation among the coolies (labourers) emigrated to the tea gardens in Assam from foci of infection. (*Indian Medical Gazette*, April and May, 1881; and Jan. 1884.) I cannot understand how or for what reason Dr. Roche attributes to Sir Joseph Fayrer his support of the malarial hypothesis, for I do not remember reading anywhere his advocacy of such a view. One of his last utterances on the subject was at the International Medical Congress at Amsterdam recently, and he is then reported to have said that he "felt that after twenty-four years' experience he was totally and absolutely ignorant of the cause of the disease." It is idle to rest on that belief in these days of advance, when the germ theory of disease is making such rapid strides; but while we may be duly indebted to modern workers, we cannot forget former ones in the same field of research, for Mr. C. Macnamara long ago advanced this view of the origin of cholera and its propagation. And subsequently Drs. Lewis and Cunningham have tended to confirm that view, though without succeeding in discovering a particular and characteristic virus of cholera. Concerning the germ theory view and my own observations on cholera in the new-born, Dr. Roche writes:—"The cholera witnessed by Dr. Lucas in new-born children discards at a stroke the fungus theory." Now, I venture to hold that that circumstance, on the contrary, tends to afford a great support to the germ theory view. The cholera virus containing the bacilli would appear to have infected the babes through the maternal and placental circulation before birth in some instances, and in others after birth, through the mammary secretion. The doctrine of evolution is fast throwing aside all notions and dogmas concerning origin *de novo* or spontaneous generation alike of disease as of creatures in the animal and vegetable kingdoms. It is, therefore, hardly tenable, I beg respectfully to observe, to write as he does: "I trust no one believes that cholera or its contagium existed in the Ark as a specific thing; this being granted, it follows that cholera may under extraordinary and exceptional circumstances arise spontaneously." Now, might we question that which is rendered a premise for his argument, what scientific evidence have we that such a thing as the Flood or Deluge took place, and that Noah and his people, his mammals, birds, and reptiles, alone were saved in the Ark?

Dr. Roche says that he is ready to swallow "any amount of Prof. Koch's bacilli, provided they are well washed in distilled water until the colour of the permanganate is slowly affected." As Koch is now exhibiting the bacilli at Paris from cases which occurred at Toulon and Marseilles, Dr. Roche, by proceeding to Paris, will have an opportunity of trying the experiment he refers to. At the same time, I trust he will not undertake so fatal an experiment, and make an untimely call on his friends to mourn their loss.

I am, Sir, yours truly,

Edinburgh, July 21st, 1884.

JOHN C. LUCAS.

To the Editor of THE LANCET.

SIR,—A considerable amount of discussion is going on at the present time in France and elsewhere as regards the propagation of cholera by the agency of the air. A residence of several years in India and experience gained in several severe epidemics of that disease must be my apology for asking you to be so good as to insert the following remarks in your valuable journal, as facts coming under my own

notice, and proving, I think, that the agency of the air in the diffusion of cholera may sometimes exist as the chief, if not only, factor.

From what is known of the whole life of the lowest organisms, it is undoubted that they possess the faculty of living in the air, as well as when attached to different solid substances, but they lead a much less active life, and their capacity for increase is much diminished outside of fluids; developing, however, dangerous energy when moistened, as seen in the infection of those who had been employed in washing the linen or other articles used by cholera patients. In my own experience, I have seen cholera cases appear simultaneously in various houses and barracks at a station where none existed before, and where none existed within a very great distance from the locality. And not only did these cases appear all within the same hour, usually in the night time, but, taking a line from the house on the outermost part of the station, it was found that the epidemic followed a straight or sometimes a diagonal course through the whole place, as if wafted through the open doors or windows in a current of air, and, seizing its victim or victims, passed on to the next building straight in its direction, leaving those to the right or left untouched, to attack those in the succeeding house. In one instance I saw a cholera epidemic follow the occurrence of a dust storm in India, which broke on the Rock of Gwalior one afternoon in the month of June, 1867, after skirting the cantonment of Morar, some four miles away. It was accompanied by rain and hail, dust and sand, with a high wind, and it passed away as rapidly as it appeared, but directly after its passage cholera broke out, attacking simultaneously the European and native soldiers in the barracks of the fortress on its summit, as also men employed at work on various parts of the Rock. Not a single case of cholera existed either in the town of Gwalior, in Morar, or in any of the villages for a great distance round, nor had done so for a considerable time previously; and I may add that this same phenomenon was observed in 1881 at the same place by the medical officer then in charge of the fortress, confirming what I myself had observed fourteen years before; this can only be put down as an outbreak of the disease occasioned by the transport thither of the cholera germs by the agency of the air, its dangerous qualities being probably heightened by the rain falling at the time.

I am, Sir, yours truly,

W. WAKEFIELD, M.D. Univ. Glasg. & Paris,
July 21st, 1884. Late Army Medical Department.

"THE LOSS OF THE MEDICAL BILL."

To the Editor of THE LANCET.

SIR,—As some victories are hardly distinguishable from defeats, so some apparent losses turn out in the end to be real gains, and among these latter I agree with you in thinking that we must reckon the loss of the Medical Bill. As proposed to be amended (?) by Sir Lyon Playfair, it would have provided for an examining board in each division of the kingdom, to be kept up as a standard of what such boards should be; while at the same time, by the device of appointing coadjutor examiners to university and conjoint board examinations, it would have rendered it unnecessary for a single student to pass the new boards. In at least two divisions of the kingdom it would clearly have been the interest, and probably the desire, of those bodies whose representatives formed the divisional boards to ensure the failure of the new examining boards, while, failure or no failure, the examinations must have continued to be held while the Act remained in force, and the double expense of these and the coadjutor examiners must have come out of the pockets of somebody in the profession or of those just entering it. It would surely have been a great misfortune to have had such a system as this fixed upon us for the next quarter of a century or so, and no pains should, I think, be spared to prevent the possibility of such a calamity occurring next session. Personally I am of opinion that the Government Bill, even without Sir L. Playfair's amendment, was seriously defective in that it attempted too much in one direction and too little in another. I agree with Dr. Farquharson's speech on the second reading, that the Bill would probably have injured, if not ruined, the corporations; and I do not think that in England, at any rate, there is any desire to see these bodies either ruined or seriously injured,