HEALTH OF SCOTCH TOWNS.

The annual rate of mortality in the eight Scotch towns, which had been equal to 20·6 and 17·0 per 1000 in the two preceding weeks, rose again to 20·6 in the week ending the 13th inst.; this rate was 0·4 above the mean rate during the week in the twenty-eight English towns. The rates in the Scotch towns ranged from 17·0 in Edinburgh and 17·1 in Greenock to 23·6 and 23·8 in Dundee and Perth. The deaths in the eight towns included 80 which were referred to the principal zymotic diseases, showing an increase of 16 upon the number returned in the preceding week; 25 resulted from diarrhoea, 21 from diphtheria, 16 from scarlet fever, 10 from "fever," 6 from whooping-cough, 2 from measles, and not one from small-pox. These 80 deaths were equal to a rate of 3·4 per 1000, which slightly exceeded the mean rate from the same diseases in the large English towns. The highest death-rates from these diseases in the Scotch towns last week occurred in Glasgow and Dundee. The 25 fatal cases of diarrhoea corresponded with the number in the preceding week, and were one less than the number returned in the same week of last year; 11 occurred in Glasgow and 7 in Dundee. The deaths referred to diphtheria, which in the two preceding weeks had been 23 and 12, rose again to 21 last week, of which 6 were returned in Dundee, 5 in Glasgow, 5 in Aberdeen, and 4 in Edinburgh. The fatal cases of whooping-cough, which had been 18 and 7 in the two previous weeks, further declined to 6, of which 4 occurred in Glasgow. The 16 deaths from scarlet fever showed an increase upon the number in the preceding week, and included 9 in Glasgow and 4 in Edinburgh. The fatal cases of "fever," which had been 4 in each of the two previous weeks, rose to 10 last week, of which 8 were returned in Glasgow. The 2 deaths from measles showed a further decline from recent weekly numbers, and were both registered in Glasgow. The 97 deaths referred to acute diseases of the respiratory organs in the eight towns showed an increase of no less than 38 upon the number in the preceding week, but were slightly below the number returned in the corresponding week of last year. The causes of 73, or nearly 15 per cent., of the deaths in the eight towns last week were not certified.

HEALTH OF DUBLIN.

The rate of mortality in Dublin, which in the four preceding weeks had declined from 27·5 to 23·4, rose again to 25·8 in the week ending the 13th inst. The mean death-rate in the city during the quarter ending Saturday, the 29th ult., was 22·8 per 1000, against 16·6 in London and 18·8 in Edinburgh. The 173 deaths in Dublin showed an increase of 16 upon the number in the preceding week; they included 11 which were referred to diarrhoea, 7 to scarlet fever, 4 to whooping-cough, one to diphtheria, one to "fever," and not one either to small-pox or measles. Thus 24 deaths resulted from these principal zymotic diseases, against 29 and 21 in the two previous weeks; they were equal to an annual rate of 3·6 per 1000, while the rate from the same diseases in London was 2·5 and in Edinburgh 3·3. The 11 fatal cases of diarrhoea exceeded by one the number in the preceding week. The deaths referred to scarlet fever, which had been 10 and 7 in the two previous weeks, were again 7 last week. The 4 fatal cases of whooping-cough showed a further slight increase upon those returned in recent weeks. During the first two weeks of the current quarter only one death has been referred to "fever" in Dublin, the average weekly number since the beginning of this year having been nearly 7. The deaths both of infants and elderly persons showed a slight increase. The causes of 30, or more than 17 per cent., of the deaths registered during the week were not certified.

THE SERVICES.

RIFLE VOLUNTEERS. — 1st Volunteer Battalion, the Norfolk Regiment: Charles William Doyle, Gent., M.B., to be Acting Surgeon.

ADMIRALTY. — The following appointments have been made: — Surgeon J. S. Logan, M.D., to the *Sphinx*, commissioned; Surgeon W. M. Rae to the *Duke of Wellington*; Mr. A. P. Davis to be Surgeon and Agent at Fowey, vice Mr. E. Stillingfleet White; Fleet Surgeon William Hogarth Adam, to the *President*, vice Leonard Henry J. Hayne.

Correspondence.

"Audi alteram partem."

CASE OF EPILEPSY, WITH TRAUMATIC SKIN LESIONS FOLLOWING THE ATTACKS.

To the Editor of THE LANCET.

SIR, — In THE LANCET of September 15th there appeared a letter entitled "Feigned Skin Disease." As I differ from Dr. Murrell in some respects, I venture to write some notes of the case as related to me by her friend, and as I observed her in the hospital ward.

T. H —, aged fourteen, female, was brought to the out-patient ward of the Westminster Hospital suffering from a number of superficial sores, and fits called epileptic. The account given was that these sores had come out in successive crops — if I may be allowed the term — during the past six months, and that they had always been noticed after the patient had had a fit. The history was as follows: — Her father suffered as a youth from fainting fits and vertigo, but is now quite healthy. Two of his brothers were insane: one died, aged fifty, of softening of the brain; the second has been an inmate of Banstead Asylum for twenty years. The father has a nephew and niece, both epileptic. The mother's brother is an epileptic. The patient was healthy at birth, and, with the exception of measles and scarlet fever, remained so until seven years ago. She then became subject to fits. These fits varied in intensity, in frequency, and in the time of their occurrence. At times she had nine or ten daily, and at other times would be free for two months. They often occurred at night, a sister who always slept with her being awakened by the patient's struggles, though the patient in the morning had no recollection of the attack. A severe fit would begin with a cry, and then the patient would lose her senses, fall to the ground, with her head and eyes turned to the left, and then would follow clonic twitchings of the muscles of her face and limbs, most marked on the left side. As she recovered consciousness there would be foam on the lips, and often the tongue was bitten. They could not say whether the urine was ever voided. Sometimes a series of fits would occur, but of a milder kind. The condition after the attacks, again, varied. At times, she would soon recover herself, and at other times she would be dull and listless, and did not appear to recognise her father and sister. Sometimes her memory would fail her for a day or two. As she became more accustomed to the fits she began to recognise the onset of an attack, and would seek a refuge. This state of things went on till last Christmas, when, for the first time, they noticed in the morning, after a nocturnal attack, the sores for which she sought relief. The patient is a well-developed girl of fourteen, of a sallow complexion, eyes rather deeply set in the head, with an areola round them. Her expression is that suggestive of epilepsy, which is more easily appreciated when seen than described. Her intelligence is good. Pupils are equal, and act to light and accommodation. Special senses are intact, and there is no loss of sensibility or power in any part. All her functions are normal and healthy. On the extensor aspect of her arms, on her cheeks, and on her breast are the sores mentioned, which are already so fully described in the letter of the 15th that I will not enter into further detail. While in the hospital I had an opportunity of observing the fits. The fits I saw were of the petit mal order, and consisted in a loss of consciousness, followed by twitchings of the muscles of her face and arms for a few seconds. Several of these fits occurred in succession. After the attacks had subsided, I addressed her and asked a few questions; but, although she answered at once, she appeared quite unconscious of her surroundings. She failed to recognise several people who were familiar to her, and she did not remember where she was. Her pupils were dilated. There was apparently no loss of sensibility or power in her limbs. She soon became drowsy and slept for a few hours, and then awoke in her right mind. The fits have been observed by the resident officers, and the same condition of imperfect consciousness noticed.

That the fits are epileptic I have no doubt; the strong neurotic inheritance, the description given by the friends, and the fits as they have been seen in the hospital, admit of no other diagnosis. My object in relating the case is that I

believe it to be extremely rare for epileptics to wound themselves, except, so to speak, accidentally. The epileptic delirium, which is sometimes vicarious with the fits, and the similar condition observed after the fits, are well known; and at such times, as Nothnagel says, "the patients will throw themselves on other persons and strike them; or they destroy objects around them; or they wound themselves in a senseless way." Murders and suicides have been committed in this state, and persons have otherwise seriously injured themselves, but there has been no method in their madness. Murders have been done on those dearest to the killers, and suicides committed by those who in their lucid intervals would have been thought in easy, contented circumstances.

The explanation I would suggest is that during the curious half-oblivious state this patient appears in after the attacks there is some irritating sensation, and that she seeks to relieve the annoyance by rubbing or scratching the skin; that it is in response to some feeling of itching, or a feeling which she interprets as itching or furriness, that she so injures herself; the fact that the injuries always assume the same form would seem to support this explanation. Again, in this state she has not so acute a sense of pain as she would naturally have on such severe scratching. It would seem a paradox to say that she feels and yet does not feel; but we know that in the insane a misinterpretation of sensation does occur, or else that sensation is so altered as to give a suggestion of pleasure rather than of pain. My argument, then, is that this girl, unconscious of all her surroundings, not even knowing her father and sister, forgetful of the place in which she actually is, and moreover, as I believe, inflicting these painful wounds on herself, is not at that time sane, though rational enough in the intervals. There have been cases reported of marks and sores self-inflicted by girls suffering from the disease "hysteria," and this case was stated as such in the letter of the 15th. I conclude that by the phrase "feigned skin disease" is meant that the sores are traumatic and self-inflicted; but that title would imply a distinct attempt to mimic disease. If by the term "hysteria" is meant a condition which consciously and intentionally imitates disease, and does so to attract sympathy, such a term is compatible with deliberately self-inflicted injuries, and in such a use I understand the term employed by Dr. Murrell. I can neither agree with such a definition, nor do I admit that this case comes under such a heading. To summarise, I wish to show that, firstly, though I believe the wounds are self-inflicted, they are in answer to some irritation referred to the periphery, and done unconsciously without any intention to feign disease; and, secondly, that the girl suffers from well-marked epileptic attacks, and not from a sham complaint, as I understand to be implied in the letter of Dr. Murrell.

I offer my sincere thanks to Dr. Donkin, physician to the hospital, for kindly allowing me to publish the case.

I remain, Sir, your obedient servant,

CHARLES HEBBERT.

Oct. 8th, 1883.

Medical Registrar to the Westminster Hospital

"TREATMENT OF CHOLERA": A NEW METHOD PROPOSED.

To the Editor of THE LANCET.

SIR,—About two months ago I took up my pen to address you on the subject of the treatment of cholera, but relinquished the idea for fear of trespassing on your valuable space. Now that communications under the heading of this letter are well-nigh exhausted, will you, should you deem my letter worthy of a place in your esteemed journal, kindly allow me a small space to mention a method of treatment which has occurred to me, and which I believe might be tried with advantage should cholera again visit these shores? The method I refer to is medication per vesicam. We are all aware of the empty and contracted condition of the bladder, and of the great demand made on the system for its fluids in cases of malignant cholera; and considering the small quantity of fluid we can administer to the sufferer by the mouth or by injection (subcutaneous and intravenous), I think we have in the bladder cavity a means whereby we can supply that deficiency of fluid, and at the same time administer such remedies to the patient as our judgment dictates. I do not believe that in health any great absorp-

tion can or does take place; but in cholera I believe it to be otherwise, and that fluid injected into the bladder would be speedily absorbed. Such remedies as chloral hydrate and thymol (strong antiseptics in very dilute solutions) could easily be administered, combined with sedatives (e.g., morphia) or stimulants if necessary, the fluid so injected being first raised to 98° or 99° F.

It is my firm belief that non-irritant fluids could safely be administered by way of the peritoneal cavity; but no one in his senses would attempt such a method without first experimenting on the lower animals (now, alas! in the hands of a favoured few). Should, however, future research enable us to overcome the dangers of injecting suitable remedies into the peritoneal and other serous cavities, we shall then have solved the problem of directly acting on the great lymphatic vessels, and so influencing various septic diseases, which we know to have their origin, by open mouths, in such serous cavities.—I am, Sir, your obedient servant,

G. CARRINGTON PURVIS, M.B., C.M. Ed.

Loughboro'-road, Brixton, S.W., Oct. 9th, 1883.

THE WESTMINSTER GUARDIANS AND DR. ROGERS.

To the Editor of THE LANCET.

SIR,—Accustomed as the British public unfortunately is to strange freaks on the part of our more or less representative bodies, I presume most people will hear with surprise of the treatment of Dr. Rogers by the Westminster Guardians. All right-minded people will sympathise with Dr. Rogers, to whom, doubtless, full justice will be done by the Local Government Board, who will not allow, in the interest of the public service, such a palpable injustice as that a tried and valuable public servant should be dismissed for giving evidence in a Government inquiry.

But there is another and very serious aspect of the case. Dr. Rogers is a strong man and a brave, and has done, and will do, his duty, let who will threaten. But how many weaker men will be scared by the fact that such treatment is possible from giving evidence in future? Henceforth, who ever enters the witness-box will do so with the sword over his head, and unless the right be promptly and abundantly vindicated, it will be difficult to obtain witnesses. Shall English civilisation retrograde to such a point as that?

I am, Sir, yours truly,

Oct. 1883.

JAMES MILWARD, M.D.

CASES OF REPUTED CHOLERA IN SLIGO.

To the Editor of THE LANCET.

SIR,—I have been surprised to see in your issue of September 29th a letter from your "own correspondent" in Ireland, stating that two cases of genuine Asiatic cholera had occurred in Sligo. The facts are as follows:—On Wednesday morning, Sept. 19th, I was called to see the man K—, who had been for many weeks previously drinking to great excess. Diarrhoea with vomiting had set in on the previous Monday morning, and when I saw him cramps were superadded, but the other symptoms mentioned by your correspondent were not then fully developed. Dr. MacDowel kindly saw the case with me without delay, and after consultation we deemed it advisable to have him at once removed to hospital under Dr. Murray's charge, as he could have no care in his own wretched home. We looked on the case as one of aggravated English cholera brought on by unwholesome food in a constitution ruined by drink and predisposed to the disease. Perhaps I should mention that this man had suffered from similar attacks on previous occasions, in one of which I attended him some years ago; and that although stated to be a quay porter he had not recently been employed as such. The second case referred to by your correspondent was a man named D—, who was employed on Thursday, Sept. 20th, to disinfect and limewash the house lately occupied by K—. He was liberally paid for this duty, and so drank heavily for two days afterwards, showing no signs of illness until early on Saturday morning, after eating a supper composed of tea, hot sodden soda-cake, potatoes, porter, and buttermilk. Soon after this he was attacked by diarrhoea and vomiting, but my aid was not sought until several hours after the attack set in. I immediately asked Drs.