20.1 in London and 21.2 in the twenty-seven provincial towns. During the first seven weeks of the current quarter the death-rate in the twenty-eight towns averaged 19.1 per 1000, which was 1.5 below the mean rate in the corresponding periods of the ten years 1881-90. The lowest rates in these towns last week were 11.5 in Huddersfield, 13.2 in Halifax, 14.7 in Portsmouth, and 15.9 in Nottingham; the highest rates were 26.0 in Cardiff, 27.1 in Liverpool, 28.8 in Norwich, and 31.4 in Sunderland. The deaths referred to the principal zymotic diseases, which had increased from 332 to 399 in the preceding three weeks, further rose last week to 413; they included 112 from whooping-cough, 106 from measles, 65 from diarrhoea, 46 from "fever" (principally enteric), 48 from diphtheria, 38 from scarlet fever, and one from small-pox. No death resulted from any of these zymotic diseases in Plymouth and in Halifax; in the other towns the lowest zymotic death-rates were recorded in Birkenhead and Derby, and the highest in Manchester, Blackburn, Newcastle-upon-Tyne, and Sunderland. The greatest mortality from measles occurred in Liverpool, Norwich, Newcastle-upon-Tyne, and Sunderland; from scarlet fever in Oldham; from whooping-cough in Bradford, Cardiff, and Blackburn; from "fever" in Brighton and Salford; and from diarrhoea in Preston, Oldham, and Wolverhampton. The 48 deaths from diphtheria included 30 in London, 7 in Manchester, and 3 in Liverpool. One fatal case of small-pox was registered in Liverpool, but not one in any other of the twenty-eight towns; one small-pox patient was under treatment on Saturday last in the Metropolitan Asylum Hospital at Dartford, but not one in the Highgate Small-pox Hospital. The number of scarlet fever patients in the Metropolitan Asylum Hospitals and in the London Fever Hospital at the end of the week was 1514, against numbers increasing from 947 to 1479 at the end of the preceding eleven weeks; the patients admitted during the week were 174, against 154 and 174 in the previous two weeks. The deaths referred to diseases of the respiratory organs in London, which had increased in the preceding seven weeks from 171 to 370, further rose last week to 394, but were 22 below the corrected average. The causes of 73, or 2.0 per cent., of the deaths in the twenty-eight towns were not certified either by a registered medical practitioner or by a coroner. All the causes of death were duly certified in Leicester, Bolton, Oldham, Blackburn, and in five other smaller towns; the largest proportions of uncertified deaths were recorded in Liverpool, Sheffield, Halifax, and Bradford.

HEALTH OF SCOTCH TOWNS.

The annual rate of mortality in the eight Scotch towns, which had increased from 18.7 to 28.4 per 1000 in the preceding five weeks, further rose to 31.2 during the week ending Nov. 21st, and exceeded by as much as 10.5 the mean rate that prevailed during the same period in the twenty-eight large English towns. The rates in the eight Scotch towns ranged from 21.0 in Paisley and 24.2 in Aberdeen to 34.4 in Glasgow and in Greenock and 42.2 in Perth. The 802 deaths in these towns showed an increase of 70 upon the number in the preceding week, and included 17 which were referred to whooping-cough, 9 to diarrhoea, 7 to "fever," 7 to scarlet fever, 6 to diphtheria, 5 to measles, and not one to small-pox. In all, 51 deaths resulted from these principal zymotic diseases, against 59 and 67 in the preceding two weeks. These 51 deaths were equal to an annual rate of 2.0 per 1000, which was slightly below the mean rate last week from the same diseases in the twenty-eight English towns. The fatal cases of whooping-cough, which had been 7 and 10 in the preceding two weeks, further rose last week to 17, of which 6 occurred in Glasgow and 4 in Dundee. The 7 deaths from scarlet fever showed a slight further decline from recent weekly numbers; 5 were recorded in Glasgow and 2 in Aberdeen. The fatal cases of "fever," which had increased from 5 to 21 in the preceding three weeks, declined to 7 last week, of which 5 occurred in Glasgow. The 6 deaths referred to diphtheria exceeded by 1 the number recorded in the previous week, and included 2 in Perth; and the 5 fatal cases of measles were all registered in Glasgow. The deaths referred to diseases of the respiratory organs in these towns, which had increased in the preceding four weeks from 98 to 262, further rose last week to 314, and exceeded by as many as 172 the number in the corresponding week of last year. The causes of 68, or more

than 8 per cent., of the deaths in the eight towns last week were not certified.

HEALTH OF DUBLIN.

The death-rate in Dublin, which had been 31.4 and 28.8 per 1000 in the preceding two weeks, rose again to 33.9 during the week ending Nov. 21st. During the past seven weeks of the current quarter the death-rate in the city averaged 27.0 per 1000, against 17.9 in London and 19.7 in Edinburgh. The 226 deaths in Dublin during the week under notice showed an increase of 34 upon the number in the previous week, and included 13 which were referred to "fever," 4 to diarrhoea, 3 to whooping-cough, 1 to measles, and not one either to small-pox, scarlet fever, or diphtheria. In all, 21 deaths resulted from these principal zymotic diseases, equal to an annual rate of 3.2 per 1000, the rate during the same period being 2.3 in London and 1.2 in Edinburgh. The fatal cases of "fever," which had been 14 and 6 in the preceding two weeks, rose again last week to 13. The deaths referred to diarrhoea, which had been 9 and 4 in the previous two weeks, were again 4 last week. The 3 fatal cases of whooping-cough showed a decline of 2 from the number recorded in the preceding weeks. The 226 deaths registered in Dublin included 45 of infants under one year of age, and 50 of persons aged upwards of sixty years; the deaths of infants showed an increase, while those of elderly persons were slightly below the number in the preceding week. Nine inquest cases and 7 deaths from violence were registered; and 75, or more than a third, of the deaths occurred in public institutions. The causes of 25, or more than 11 per cent., of the deaths in the city were not certified.

Correspondence.

"Audi alteram partem."

"BUTTON SCURVY" OR LEPROSY?

To the Editors of THE LANCET.

SIRS,—In his newly published book on "Leprosy" Dr. Thin appears as an advocate of the doctrine that the disease is spread by contagion. He thinks that the contagiousness of leprosy should be preached in season and out of season. I should not have judged it necessary to address a letter to you merely to remark upon Dr. Thin's opinion, which, of course, he is well entitled to, as we all are to our several opinions; but I find that the corner-stone of the evidence adduced—or, perhaps, the keystone—is a case reported at Dublin in 1877, which, says Dr. Thin, "ought to satisfy every person of ordinarily constituted mind that a person became leprosy in Dublin from close association with a leper who had acquired the disease in the West Indies." Here the implication is that anyone who refuses his assent to the inference from the facts must be abnormally constituted in his mind, and I find the same suggestion again on page 183: If any of us refuse "the evidence for the bacillus lepræ [being the sole and unassisted cause of leprosy]," it is because our minds are "so constituted." I may be permitted to remark that I have a personal interest in this style of controversy. During a good many years, and for what I think sufficient reasons, I have been unable to assent to one or more of the new pathological doctrines, as to which Dr. Thin says the profession is now "practically unanimous"; also, within a much more recent period, I have felt constrained, to my great regret, to differ from what I know well to be the solid opinion of the profession on the matter of vaccination. Anyone who takes side with a minority, or a small minority, has only himself to blame. It is, of course, easier, more pleasant, and more profitable to be in the full stream of professional accord. Recusancy has its own disadvantages; but it would seem to be visited as well with occasional gibes or taunts, which are perhaps not always intended to be taken seriously. One seems to have noticed from time to time of late the suggestion that So-and-so, indicating someone whose opposition was worth heeding at all, must be a person of a crooked understanding, just as ecclesiastics,

consistently on their part, are wont to say that the vision becomes clouded by unbelief, or indifference, or sin. At all events, here is Dr. Thin, twice in the course of a book, reflecting with easy superiority upon the mental constitution of those who cannot or will not assent to certain views on great problems which, he says, are now, or soon will be, the "practically unanimous opinion of the profession." It is not because I wish to contend against his views of leprosy that I have examined a certain part of his evidence; but because, in dealing with other pathological questions, I have acquired a personal interest in the innuendo (made not once or twice) that those who stand without the practical unanimity of the profession do so for the reason that their minds are "so constituted."

Dr. Thin's account of this "often-cited" Dublin case is as follows:—"In 1872 he (Dr. Benson) had shown to the Medical Society of Dublin a man who was affected with leprosy, which he had contracted in the West Indies, where he had resided twenty-two years. After a certain time spent in hospital he returned to his own home, and died after about a year and a half. During this latter period his brother slept in the same bed with him, and wore his clothes. This brother, who had never left Ireland, except forty-six years before, when he had passed some time in England, became a leper, and was shown May 2nd, 1877, to the Medical Society of Dublin. There had been no other cases of leprosy known in the family." The importance of this case is obvious. Dr. Thin mentions it seven times, and in one place calls it "unique;" it is unique among cases adduced in favour of contagion from British experience, because all the rest are open to the rejoinder that the alleged contagion had arisen in one or other of the endemic seats of leprosy, so that the leprosy may have been due to endemic causes, and not to contagion. Hence the importance of the case, and hence the remark upon the mental constitution of those who may venture to gainsay it.

On turning to the facts (which are given in the *Dublin Journal of Medical Science*, vol. liii., 1872, p. 290, and vol. lxiii., 1877, p. 562), I find that they are not altogether as Dr. Thin has stated them. T. H—, aged forty-seven, left Ireland in 1844, and was in the East India Company's service (as a soldier) for twenty-seven years in India and in the East Indies. He came back to Ireland about 1870, and "for a year and a half after his return enjoyed excellent health." (That, of course, is a different thing from acquiring leprosy in the West Indies.) "But about nine months ago (the date of the paper is April, 1872) he began to be conscious that his health was not up to its accustomed standard, and soon he suffered a feverish attack, followed by sensations which he described as being those of creeping, itching, and tingling all over the body." Then came an eruption, first on the backs of the hands and on the fingers, which became swollen, tense, and itching like chilblains. After nine months he was sent up from Kilkenny county to the City of Dublin Hospital, and was found at that date to have the eruption "on every part of his body, from the crown of the head to the soles of the feet." The eruption consisted (1) of round spots the size of a groat, of dark hue with a somewhat coppery tinge, fading sometimes slightly under pressure, the skin feeling normal; (2) of spots otherwise the same, but having the skin decidedly indurated, though not elevated; and (3) of a set not only indurated and pigmented, but elevated in varying degrees from a very slight rise, like that of urticaria, up to the condition of a prominent rounded sessile tubercle; on the wrists, hands, and back of the neck the tubercles had reached their largest, a few having attained the size of a large bean. "The eyebrows, from their tuberculous condition, presented a heavy, overhanging effect." The eyelids, owing to the same, appeared greatly thickened, bloated, and half-closed, causing a most sleepy, lethargic expression of countenance; the eyelashes were scanty. The face was dusky, bloated, studded thickly with sessile tuberculous masses in all stages of development, varying from the size of a No. 3 shot to that of a filbert nut. There were tubercles at the angles of the mouth. The entire mucous membrane of the lips, cheeks, palate, pharynx, and under surface of the tongue was thickly studded with small tubercles, "and in the latter situation some had ulcerated." There was some affection of the conjunctiva, but not over the cornea. The mucous membrane of the nose was affected, the voice having a nasal twang. Then follows an account of the state of the epiglottis-arytenoid folds, and of the

arytenoid cartilage, which are said to have been "studded with tubercles [follicles], some having attained the size of a small pea." There was no tendency to diarrhoea and no fetor of the breath. "A careful examination of the surface of the body failed to reveal the presence of anæsthesia anywhere." The record ends without further reference to constitutional symptoms, prodromal or other. The man was shown at the Medical Society of the College of Physicians, Dublin, and a drawing was made of the eruption, which does not appear to have been published. Having been two months in hospital in Dublin, the patient went home to Kilkenny county, where he died a year and a half after; nothing is recorded of the subsequent course of his eruption or of the manner of his death. On May 2nd, 1877, his brother, who had slept in the bed with him and worn his clothes, was shown at the same Medical Society, presenting what seems to have been the same disease. But there is no detailed record of the brother's case, except that he had the same sepulchral voice, and that "the tubercles were more developed than those shown in Hebra's original plate." After the patient had been shown, Dr. W. G. Smith made some remarks, contending for the occurrence of sporadic cases of leprosy in Ireland in modern times. The only other speaker, besides Dr. Benson, who presented the case, was Dr. Lyons, who did not believe leprosy to be contagious, thought that "the term leprosy was somewhat vaguely used," and "would confine the term to what he believed to be the true disease, which destroyed the parts from a constrictive process of the areolar tissue, and produced loss of fingers, toes, nose, and so on."

I am at a disadvantage in not having seen the two cases, but so also is Dr. Thin. I speak also with deference about the diagnosis of leprosy, because I have seen only a few cases in London, although I have read much upon it and seen many pictures of it. The original illness, which began a year and a half after the man's return from the East, and was an interruption, seemingly abrupt, of a period of excellent health subsequent to his return, is in several important respects unlike leprosy, and in some striking particulars is like the curious disease called button scurvy, which used to be not uncommon among the poorer Irish in interior parts of the country. Thus the very first case recorded of the latter by Wallace had an excrescence on the nape of the neck, just as the case in 1872 had (perhaps also on "the crown of the head"); whereas in leprosy the nape of the neck as well as the scalp is not a characteristic seat of the disease. Again, the somewhat uniform size and shape of the spots (where there were no excrescences) suggest button scurvy, but not leprosy. If the Dublin record of 1872 had contained any reference to a dried secretion on the surface of the nodules, forming a kind of capsule to the excrescence underneath, the resemblance would have been clearer; but there is no description of the structure of the tubercles at all, although it is clear that some of them were elevations not unlike urticaria, and that none of them underwent the disintegration of leprosy growths, the mucous membrane of the under surface of the tongue being the only part for which ulcerations are described. Again, the tubercles were "sessile" in the Dublin case, just as in button scurvy "the body of the tumour overhangs the pedicle on all sides" (Kelly). Also they appear to have been nowhere joined in confluent masses. As to the constitutional symptoms of leprosy, there is nothing in the Dublin record that appears to correspond to them; on the other hand, the absence of anæsthesia is positively stated. Button scurvy was reported in THE LANCET as late as Sept. 13th, 1851, by Mr. Kelly of Mullingar, who speaks of it as "a disease now becoming rare" in Kilkenny. But it might still have been in existence in Kilkenny county twenty years after without necessarily being present to the minds of physicians in Dublin. Button scurvy was admitted to be contagious, and to be usually caught from clothes and bedding. Corrigan mentions a case, the subject of which "was positive in his assertion that he was inoculated by the disease from secondhand clothing. In the country parts of Ireland where the disease is endemic, there is no doubt entertained of its being contagious. In the case from which the casts before you [at a clinical lecture] were taken, the patient said he never had any symptom of the disease until he lay in the same bed with a man who had a similar eruption. That man I had the opportunity of seeing, and the only eruption on him was a crop of venereal condylomata around the anus." Corrigan then remarks on the resemblance of

button scurvy to yaws, and proceeds: "Yaws has been supposed by some to be a variety of the leprosy of the East, and, if so, the persistence to the present time of a similar disease in Ireland" might be used as an argument to prove some ethnological doctrine dear to Sir Dominic touching the illustrious descent of the Irish race. The coloured plate in the Med. Chir. Trans., vol. xiii., 1827, says Corrigan, is "execrable," but the accompanying description of the disease (by Wallace) is "exceedingly accurate."

I am not formally concerned with the positive diagnosis of the two cases shown at Dublin in 1872 and 1877, although I risk the opinion that the probabilities point to button scurvy. I claim, however, to have supplemented Dr. Thin's facts about them to such an extent that one may say *non liquet* to the diagnosis of leprosy without being thought queer or paradoxical, or obstinate or perverse.

I am, Sirs, your obedient servant,
Great Ormond-street, W.C., Nov. 19th, 1891. C. CREIGHTON.

CONSULTANTS AND GENERAL PRACTITIONERS.

To the Editors of THE LANCET.

SIRS,—Most consultants will, I think, agree with your correspondent "Fair Play," whose letter appears in your last number. But few practitioners seem to realise the great difficulty consultants frequently experience in inducing a patient to permit them to adopt the proper course, and write regarding the treatment, and the difficulty is especially great when, as is so often the case, the practitioner merely gives the patient the name and address of the consultant—a fact which is seldom mentioned unless specially inquired about. A note of introduction should invariably be given to the patient, or, still better (since the introduction is sometimes concealed), sent by post. Unless such a note, or at least a card, is received by the consultant, it is practically impossible for him to *insist* on sending the prescription to the practitioner; if it is, it becomes his duty to adopt this course, and the consent of the patient, when at first withheld, can generally be obtained by a little reasoning. But the subterfuges often adopted to obtain the prescription are extraordinary, and practitioners should not be hasty in their conclusions, and should especially remember how increasingly great is the burden of the consultant's correspondence. I need hardly say that these remarks do not apply to "Fair Play," but are merely suggested by his letter.

I am, Sirs, yours truly,
London, Nov. 23rd, 1891. W. R. GOWERS.

THE ALBERT UNIVERSITY AND FORMER LONDON STUDENTS.

To the Editors of THE LANCET.

SIRS,—Former London medical students, or those just about to pass their final examinations, and who have been looking forward to obtaining a degree from the proposed new university, should be indebted for the note of warning sounded in THE LANCET of the 7th inst. Since that note was published I have been anxious to hear whether any movement has been inaugurated with a view to having our status exactly defined and our position represented to the Privy Council. The subject appears to have been allowed to drift into its present unsatisfactory position because it is nobody's business to watch over our interests. The hardship and anomaly of our position, if we are ineligible to obtain the new degree after satisfactory examination, must be apparent to all who understand the circumstances under which the new university is to be established. I would suggest, therefore, that an association of former London students should be immediately established, having a committee formed by representatives who have studied in the various London medical schools, and that such committee should consider our present position, and take such early and necessary steps as may appear advisable to protect our interests. If steps of this nature have not already been taken, I shall be pleased to hear from any gentlemen who may be willing to coöperate with me in some such movement, or who sympathise with the object I have in view.—I am, Sirs, yours faithfully,

JAS. BUSFIELD, F.I.C., M.R.C.S., L.R.C.P.
63, Abbeville-road, S.W., Nov. 24th, 1891.

WANT OF ISOLATION ACCOMMODATION IN SOUTH HORNSEY.

To the Editors of THE LANCET.

SIRS,—In the parishes of Hackney and Stoke Newington, or Islington, if a case of infectious disease in a small and crowded house is notified to the sanitary authorities, they can procure its prompt removal to hospital, and carry out immediate disinfection of the premises; if a similar case is notified to the sanitary authorities in South Hornsey, they can do nothing—or worse. What is known as the Milton-road district of South Hornsey is actually surrounded by the parishes above mentioned, so we have this anomaly: a circle of metropolitan parishes with proper hospital accommodation, and at its centre an extra-metropolitan parish with no hospital accommodation at all. At the circumference of this circle notification is compulsory, at its centre it is optional, and, in my experience, is received with any-thing but effusive gratitude by the authorities.

On the 9th inst. I was called to see a child with scarlet fever, on the ground floor of a six-roomed house in the Milton-road district. The house was occupied by two families, numbering fourteen individuals. Of these, one was a woman recovering from a severe miscarriage, and four were men going to daily work from home, one of them being a milkman. I immediately notified the case at the Local Board, and called on the medical officer of health with reference to it. He was from home, but I saw his deputy. This gentleman entirely agreed with me as to the necessity for isolation, but regretted that they had nowhere to send such cases. He suggested, however, that I should write a certificate to the effect that the child's parents were able and willing to pay for its accommodation in the Liverpool-road Hospital, when the Board would provide the necessary funds *sub rosa*; he warned me, however, that if the true source of the money were discovered the case would be refused admission. To such sorry straits is South Hornsey reduced in endeavouring to get rid of its infectious disease. I declined to take part in this, and ventured to suggest that an empty house in the neighbourhood might be obtained at a very small cost. This would surely be better than to allow the men (including a milkman, save the mark!) to go forth to their daily work from a house saturated with scarlet-fever germs. This suggestion was not acted on, and the further action of the sanitary authorities is somewhat remarkable. They advised the upstairs family to "get out" as soon as possible, the board to pay their expenses. They have "got out" accordingly, without, as far as I can discover, any preliminary disinfection, and I should think it very probable that they will carry with them to their new habitation, wherever that may be, the seeds of a plentiful future crop of scarlet fever.

Now, Sirs, I maintain that the state of things which I have described is not only anomalous, but disgraceful, and that until such time as the long-talked-of hospital is built, it is the duty of the sanitary authorities in South Hornsey to provide some temporary accommodation for the isolation of infectious cases. To leave them practically unisolated in the midst of this dense population is unfair to every ratepayer in it, whether he chance to live in South Hornsey or in one of the adjacent metropolitan districts, which have provided proper accommodation for themselves, but are yet powerless to deal with infectious disease in this extra-metropolitan parish within their borders.

I am, Sirs, yours obediently,
South Hornsey, Nov. 17th, 1891. G. ANGUS HUNT.

* * A letter has also been received from Dr. W. T. Wyatt, pointing out the above-mentioned defect in the Milton-road district.—ED. L.

A CORRECTION.

To the Editors of THE LANCET.

SIRS,—In your issues of the 14th and 21st of this month it is stated that I have had the honour of being elected Mayor of Manchester. This is not the case. It is on Mr. Alderman Bosdin T. Leech, and not on myself, that this office has been conferred. You furthermore allude to me as a member of the Court of the Victoria University. I was formerly a member of the Court, but my term of office expired some time since. I am, Sirs, yours truly,

Whalley Range, Manchester, Nov. 22nd, 1891. D. J. LEECH.