in Aberdeen. The 9 deaths attributed to diarrhoea also showed a decline from recent weekly numbers, and included 3 in Glasgow and 3 in Aberdeen. The 8 fatal cases of measles, however, showed an increase; 7 were returned in Edinburgh. Two of the 4 deaths referred to "fever" occurred in Paisley, and the fatal case of small-pox in Edinburgh. The deaths referred to acute diseases of the respiratory organs in the eight towns, which had declined in the preceding four weeks from 204 to 109, rose again last week to 122, but were 9 above the number returned in the corresponding week of last year. The causes of 61, or 12 per cent., of the deaths in the eight towns last week were not certified.

HEALTH OF DUBLIN.

The rate of mortality in Dublin, which had steadily declined in the preceding four weeks from 40.5 to 33.0 per 1000, further fell to 25.0 in the week ending April 17th. During the thirteen weeks of last quarter the death-rate in the city averaged no less than 33.5 per 1000; the mean rate during the same period did not exceed 24.8 in London and 20.0 in Edinburgh. The 169 deaths in Dublin last week showed a further decline of 54 from the numbers in recent weeks, and included 16 which were referred to the principal zymotic diseases, against 18, 15, and 16 in the previous three weeks; 5 resulted from whooping-cough, 3 from "fever" (typhus, enteric, or simple), 3 from diphtheria, 3 from diarrhoea, 2 from scarlet fever, and not one either from measles or small-pox. These 16 deaths were equal to an annual rate of 2.4 per 1000, the rates from the same diseases being 2.3 in London and 2.0 in Edinburgh. The fatal cases of whooping-cough, which had been 6 and 11 in the preceding two weeks, declined again last week to 5. The deaths from "fever" and scarlet fever corresponded with the numbers in the previous week, while those from diarrhoea and diphtheria exceeded the numbers in recent weeks. The 3 deaths referred to diphtheria, were, with the exception of one in February, the first deaths from this disease recorded in the city since the beginning of this year. Three inquest cases and two deaths from violence were registered; and 44, or more than a quarter of the deaths, were recorded in public institutions. The deaths both of infants and of elderly persons showed a considerable further decline from the numbers in recent weeks. The causes of 20, or nearly 12 per cent., of the deaths registered during the week were not certified.

THE SERVICES.

WAR OFFICE.—Army Medical Staff: Surgeon-Major John Butler Hamilton, M.D., to be Brigade Surgeon, vice Oliver Codrington, M.D., retired; Surgeon-Major Franklin Gillespie, M.D., is granted retired pay, with the honorary rank of Brigade Surgeon; Surgeon-Major Daniel Charles Grose Bourns is placed on temporary half-pay, on account of ill-health; Surgeon-Major Ulick Albert Jennings, M.D., is granted retired pay, with the honorary rank of Brigade Surgeon; Surgeon-Major James Henry Ussher, M.B., half-pay, has retired from the Service, receiving a gratuity.

ADMIRALTY.—The following appointments have been made:—Staff Surgeon William Henry Patterson, to the *Sapphire*; Surgeon Clement Alsop, to the *Cockchafer*; Surgeon George Hamilton H. Symonds, to the *Merlin*; and Surgeon Timothy Joseph Crowley, to the *Espoir*.

YEOMANRY CAVALRY.—Lancashire Hussars: Damer Harrison, Gent., to be Surgeon.

ARTILLERY VOLUNTEERS.—1st Sussex: Acting Surgeon Henry Algernon Hodson resigns his appointment.

RIFLE VOLUNTEERS.—1st Cumberland: Surgeon C. S. Hall is granted the honorary rank of Surgeon-Major.—1st Dorsetshire: The undermentioned Surgeons are granted the honorary rank of Surgeon-Major:—David MacEwan and Alexander Campbell. These gentlemen were in our last issue erroneously stated to be members of the 3rd Volunteer Battalion (the Essex Regiment).—2nd Volunteer Battalion, the Royal Welsh Fusiliers: Acting Surgeon H. L. Davies resigns his appointment.—2nd (the Weald of Kent) Volunteer Battalion, the Buffs (East Kent Regiment): Surgeon H. B. Wood is granted the honorary rank of Surgeon-Major.

Correspondence.

"Audi alteram partem."

INJURY TO GENERATIVE ORGANS IN LATERAL LITHOTOMY.

To the Editor of THE LANCET.

SIR,—Will you allow me to amplify the remarks I am reported (in your last issue) to have made at the Clinical Society on the above subject?

In referring to the asserted danger of wounding the ejaculatory duct on one side, or even on both sides, during the performance of lateral lithotomy, as taught by Von Langenbeck and accepted by other authorities, my object was to elicit definite information on the subject. But I did not succeed. On the contrary, Mr. Walsham, in reply to my question, said he had no evidence to adduce, and Mr. Bryant and Mr. Hutchinson, at the close of the meeting, both told me that they had not met with any cases in practice. Nor have I.

It would be really interesting if this question could be definitely settled, as it readily may be, by recording any cases on which the doctrine rests and submitting them to scientific scrutiny. In any suspected cases, evidence must be forthcoming that the results are really due to the lithotomy and are not congenital malformations.

I presume that we should expect the danger to be greatest in those operated upon in early childhood, when available space is limited, and while the tissues are soft and easily torn; and that non-development of the testis or testes would be the lesion to look for. Rupture of or injury to the ejaculatory ducts or vas deferens is inflicted (if at all) by the laceration which follows the extraction of a large stone, rather than by the surgeon's knife; large stones are usually found only among old persons. On the other hand, secondary changes in the generative apparatus are less likely to follow in old persons, and less likely to attract attention. In young children, however, subsequent want of development of the affected organ would be more certain to follow; it would most assuredly attract the attention of parents, and so come within professional cognizance.

It is desirable that the truth on this matter should be known. If the danger exists, it will be a patent argument in favour of the supra-pubic operation, and one, by the way, not advanced by its advocates in the recent discussion at the Royal Medical and Chirurgical Society; while, if the danger is imaginary, surgeons will be glad to know it.

I am, Sir, yours faithfully,

London, April 19th, 1886.

ROBERT WM. PARKER.

ZINC PLATES IN IRON BOILERS: A CAUTION.

To the Editor of THE LANCET.

SIR,—During a recent voyage to Queensland, in the capacity of ship surgeon in a new steam-ship recently built in Glasgow, an outbreak of colic occurred towards the conclusion of the voyage, attacking certain firemen, sailors, and others, which, assuming more or less an epidemic character, seemed to suggest some special cause for its occurrence. In one case the cramps were so severe as to suggest the presence of cholera poison, an idea which was fostered from the circumstance of the report of the outbreak of "cholera" on the *Dorunda* steamship, one of the Queensland Government mail and emigrant line, which had preceded us at Batavia. Presumably actuated by this idea, one of the crew, an old fireman, on his own responsibility and without my knowledge, took one of the men then ailing—the "donkey-engine" man, whose symptoms were severe—into the watercloset, stripped him naked, and, having procured a bucketful of hot water into which he placed a handful of mustard flour, gave the man therewith a vigorous sponge bath. I subsequently got the patient into his bunk, and, placing turpentine stupes on his abdomen, gave him a dose of castor oil and laudanum; the latter a line of treatment which I had found serviceable in previous cases, with beneficial results, so that in a day or two he was fit for work again. In addition to the colic there was also noticeable, during the latter part of the voyage, a great tendency to suppuration, boils and the like,

where the skin was scratched or otherwise broken, or even where exposed to the irritation of the clothing long wet with salt water. I should say that up to Batavia and beyond we had been using Loch Katrine water, supplemented by a small supply from Plymouth, both being of unquestionable quality. Any probable intention of taking in a further supply from the port of Batavia, where we coaled, was at my suggestion entirely abandoned by the captain, especially as he had there been apprised, by telegram, of the occurrence of cholera on the *Dorunda* some time after leaving the port at which we then were; and, in fact, a message had been sent prohibiting the entrance of vessels proceeding to Queensland ports within the harbour of Batavia in consequence of that circumstance, but it arrived too late to admit of the captain's compliance with the order. We were then under the necessity of condensing the sea-water, a task which the chief engineer readily undertook.

In view of the epidemic character of the symptoms of colic and abdominal cramps, one of the engineers suggested the possibility of the zinc plates which were fixed in the "donkey boiler"—whence our supply of water for drinking purposes was condensed—in order to prevent the corrosion of the iron as being the cause—an idea, I may say, not favourably received by some others. I thought it advisable, however, to procure a sample of the water in order to test it for the presence of zinc, which I accordingly did. I may say that the weather was hot and wet, and the quantity of water consumed, especially by the poor firemen in their arduous toil, in the shape of meal and water, was unusually large. In the process of galvanising, or coating iron with zinc, the latter metal not only acts as a varnish or protective, but becomes oxidised, as you are aware, before the iron is so acted upon, even though its surface be exposed. L. L'Hôte, in "Comptes Rendus," says: "As to the inquiry if zinc free from any foreign metal decomposes water either on boiling or in presence of dilute sulphuric acid, experiment proves that such is not the case. Pure zinc heated with distilled water in a flask, so arranged as to receive the gases over mercury, gives off no hydrogen on prolonged boiling, nor is it attacked by dilute sulphuric acid. The presence of iron in the proportion of 3 to 5 in 100,000 enables it to decompose water. Traces of arsenic and antimony have the same effect."

On my return home, and having leisure to prosecute the inquiry, I find, on evaporating a portion of the water in question and testing it, there is decided evidence of the presence of zinc. Hence it will, I think, appear evident that the presence of zinc plates in iron boilers used for condensing water for human consumption is fraught with danger to the health, if not, indeed, to the life, of those consuming the water for any length of time. Although in the case of the ship in question, intended for the coasting trade of Australia, it is probable that condensed water will not often be used, and although unhappily the quality of the water obtainable at some of the ports on that coast is not of the best, and will not suffer from boiling before being drunk, yet the subject, embracing also the very general use of galvanised iron under similar circumstances, I think you will be prepared to admit, is well worthy the attention of those concerned, and, as in cases similar to the above, of investigation by the Board of Trade.

I am, Sir, yours faithfully,

JOHN WARD, M.D.,

Sutton Coldfield, Birmingham,
April 12th, 1886.

Ex-Medical Officer of Health.

LAW AND LUNACY.

To the Editor of THE LANCET.

SIR,—As a forcible illustration of one of the social phases of the deleterious consequences arising from the recent prosecutions of medical practitioners for giving certificates of insanity, I venture to forward to you a few extracts from a letter my wife received from a lady friend this morning. They appear to me to be so brimful of materials for reflection, alike to doctors, lawyers, and the general public, that they ought to be made known. I give the extracts in the lady's own words, for although the language she employs is simply that of a friendly letter, it seems to me to be quite telling enough, and will possibly be all the more impressive by reason of its very simplicity. I suppress, of course, the name of the writer, and as the extracts from her letters are

forwarded to you without her knowledge, I hold myself responsible for them. They are as follows:—

"My husband's illness from overwork has taken a very serious turn, after apparent complete restoration. He has some form of brain mischief which makes him believe that he is very rich, and he has been buying everything he fancies for a year past, including land, and entering into terrible expense connected with railway-making. He will take no advice, and I have been consulting doctors in vain for months, hoping to get help to protect him from those preying upon him. But, alas! from the state of the law and the fears medical men are in of the consequences, it has been all in vain, though they admit the need. All his property is involved now; our home is sold up, and our pretty things have all been ruthlessly squandered by a forced sale. I see no end of my troubles, for Mr. — considers himself still as rich as ever, and is so angry at me for doubting it that I hardly dare go to him. At present I have no home to go to, except to one of his country farm-houses, where he had furnished a part for ourselves."

These extracts are, I think, sufficient to show how recent actions against alienists is beginning to react against the general public, and when viewed in association with Lord Shaftesbury's sad suicide prove that the present state of the Lunacy Law as regards the responsibilities of medical men in signing certificates requires immediate emendation.¹ For while Lord Shaftesbury destroyed his own life, here, in the above-mentioned case, the gentleman destroys the means not only of supporting his life, but that of his family. Every medical man knows how often a few months of well-regulated restraint will suffice to cure an attack of monomania, and how that the individual after recovery may enjoy many long years of comfort and happiness. He equally knows that it is exceedingly rare for any of these cases, except during the incubation period, to possess either sufficient mental power or moral strength to voluntarily place himself under restraint, while the medical treatment of monomania involves quite enough of anxiety without having the additional terrors of the law superadded to it. If Lord Shaftesbury's and the above-described case be not examples of true insanity, my notions of mental disease and moral responsibility, I fear, require important revision.

I am, Sir, faithfully yours,

Harley-street, Cavendish-square.

GEORGE HARLEY, M.D.

THE PERILS OF SUBCUTANEOUS MEDICATION.

To the Editor of THE LANCET.

SIR,—Having just heard from Dehra-Dûn to the effect that my old friend and quondam companion in some Himalayan rambles, Frederick Wilson, Esq., better known as "Shikari" Wilson, died at Mussoorie in July, 1883, of what would appear to be an over-dose of morphia, subcutaneously injected, I wish to take this opportunity of calling attention to the subject, and of intimating at the same time that two such cases of this description have occurred within the sphere of my own individual cognisance. I am precluded by personal or professional reasons from entering into any details respecting these, and I merely alluded to them here to enable me to offer it as my opinion—an opinion which, as you, I think, know, is based on something better than books—that this form of poisonous drug administration is fraught with the greatest danger in that most weakening or worrying malady—frequently recurring or chronic, suppressed, or systemic—gout.

As regards the case of my poor friend, and making all due allowance for the feelings or the exaggeration of a son, the circumstances under which he succumbed are briefly as follows:—"He had just returned (says my informant) from Gungostre—the source of the Ganges—suffering, as usual, from his old enemy the gout. As the pain became intense, — was called in, and he carelessly injected an overdose of morphia, for my poor father never recovered from the deep sleep it produced, but died about three hours after the injection." And had the Emperor Charles V. or the great Earl of Chatham, who were both undoubtedly victims to this disease, been similarly treated during any of their paroxysms, the history of the Spanish Armada or of the French fleet

¹ This necessity has already been represented in a letter signed "General Practitioner," published in THE LANCET of March 6th last.—Ed. L.