

cases of diphtheria exceeded the number recorded in any week since May last, while the mortality from whooping-cough showed a marked decline. The 177 deaths in Dublin last week included 38 of infants under one year of age, and 49 of persons aged upwards of sixty years; the deaths of infants showed a further decline, while those of elderly persons exceeded the number recorded in any recent week. Ten inquest cases and 5 deaths from violence were registered; and 62, or more than a third, of the deaths occurred in public institutions. The causes of 13, or more than 7 per cent., of the deaths in the city last week were not certified.

## THE SERVICES.

### ROYAL NAVY MEDICAL SERVICE.

STAFF-SURGEON JOHN LEONARD AHERNE, has been allowed to withdraw from Her Majesty's Naval Service with a gratuity.

The following appointments are notified:—Staff Surgeons: J. Sugrue to the *Devastation*, and H. W. G. Doyne to the *Collingwood*. Surgeons: E. Cooper to the *Buzzard*; E. D. J. O'Malley to the *Jaseur*; J. Shand to the *Brisk*; D'Arcy Harvey to the *Excellent*; W. R. Trythall to the *Daphne*, undated; E. B. Pickthorn to the *Centurion*; and L. E. Dartnell to the *Tamar*.

### ROYAL ARMY MEDICAL CORPS.

Lieutenant-Colonel Robert H. Robinson is placed on retired pay. Lieutenant-Colonels John Stevenson and Alexander S. W. Young retire on retired pay. Lieutenant O'Gorman is posted to the Dublin District for duty. Captain Way will be held in readiness for service in South Africa. Lieutenant-Colonel Hughes has arrived at Canterbury for duty. Major H. N. Thompson has arrived at the Station Hospital, Hounslow, for temporary duty.

### INDIA AND THE INDIAN MEDICAL SERVICES.

The Queen has approved of the following promotions among the officers of the Indian Medical Service made by the Government of India:—To be Surgeon-Colonel: Brigade-Surgeon-Lieutenant-Colonel David Sinclair, Madras Establishment. Surgeon-Lieutenant-Colonels to be Brigade-Surgeon-Lieutenant-Colonels: *Madras Establishment*: Henry FitzLawrence Plunkett French Esmonde-White, William Richard Browne, Arthur Henry Leapingwell, Hazlett Allison, and Thomas James Hackett Wilkins. *Bombay Establishment*: John Philip Greany. Surgeon-Lieutenants to be Surgeon-Captains: *Bengal Establishment*: John Stephenson, Frank Needham Windsor, Walter Barrie Turnbull, Ernest Edwin Waters, Asher Leventon, and Philip Francis Chapman. *Madras Establishment*: Frederick Linton Blenkinsop, Edmund Moritz Illington, Thomas Edgar Watson, and Charles George Webster. *Bombay Establishment*: Alfred Hooton, Arthur Frederick William King, Robert Frazer Standage, Andrew Armstrong Gibbs, and Henry Alfred Forbes Knapton. The Queen has also approved of the retirement from the Service of the under-mentioned officers: Surgeon-General James Cleghorn, Bengal Establishment, and Lieutenant-Colonel James Joseph Moran, Madras Establishment. The Queen has also approved of the resignation of the Service by the under-mentioned officer: Captain William Carr Sprague, Bombay Establishment.—*London Gazette*.

### ARMY MEDICAL RESERVE OF OFFICERS.

Surgeon-Captain H. G. Thompson, to be Surgeon-Major. Surgeon-Lieutenant Edmond U. F. MacW. Bourke, 18th Middlesex Volunteer Rifle Corps, to be Surgeon-Lieutenant.

### VOLUNTEER CORPS.

*Rifle*: 18th Middlesex: Surgeon-Lieutenant C. Godson to be Surgeon-Captain.

### THE TITLES OF RETIRED ARMY MEDICAL OFFICERS.

The Royal Warrant recently issued with reference to the Royal Army Medical Corps, while giving satisfaction to officers on the active list does not relieve retired but employed members of the Army Medical Service from designation by cumbrous and inconvenient titles such as Brigade-Surgeon-Lieutenant-Colonel. It should not be a difficult matter for the authorities to confer upon these

officers the same titles as those now granted to the R.A.M.C., and Lord Lansdowne would earn the gratitude of the retired as he has done of the active medical members of the Army by such a concession.

### ARMY MEDICAL SCHOOL, NETLEY.

The following is an additional list of surgeons on probation nominated for the R.A.M.C.: J. M. Sloan, Glasgow University; W. W. Scarlett, School of Surgery, Royal College of Surgeons, Ireland; D. S. Harvey, Glasgow University; G. C. Phipps, Owens College, Manchester; and F. J. Brankenridge, St. Thomas's Hospital.

### OOTACAMUND.

This well-known hill station of Madras has of late had the reputation of being exceptionally unhealthy and the Madras Government directed their Sanitary Commissioner, Colonel Thomson, I.M.S., to proceed to Ootacamund to investigate and report thereon. This has accordingly been done.

Professor A. E. Wright, M.D. Dub., Professor of Pathology in the Army Medical School, Netley, has been selected to proceed to India at once as a member of the new Commission appointed to study the spread of the plague. During his absence Major D. Semple will act as Professor of Pathology in the Army Medical School. Major C. Birt, R.A.M.C., is to succeed Major Semple as Assistant Professor of Pathology, while Captain G. Lamb, of the Indian Medical Service, has been appointed for one year as an Extra Assistant in the Pathological Laboratory of the Army Medical School.

## Correspondence.

"Audi alteram partem."

### "THE LANCET ANALYTICAL COMMISSION ON SHERRY: ITS PRODUCTION, COMPOSITION, AND CHARACTER."

To the Editors of THE LANCET.

SIRS,—I have read your most interesting article on Sherry. A similar description and analysis of Australian brandy which you issued some years ago has been the means of furnishing the profession with a genuine and good article. The need of pure, unadulterated wines and spirits is greatly felt by all who have to prescribe for gouty, dyspeptic, and "livery" subjects. You would add very much to the value of your work on sherry if you would trace the wine from its importation at our docks to its arrival on our tables. Is it adulterated by the British wine-merchant? I have at times questioned several friends "in the trade" on this point. They all assured me that the "blending" of sherry is essential and universal. The blending consists of adding water, spirits, curaçoa, burnt sugar, &c., and variously mixing different casks of sherry, so they told me. The British public will not drink it in its pure state, but demand this adulteration and alteration. I have some natural sherry that I get at the stores, discovered after hunting for it for some time. Being a dyspeptic I can drink very little wine, but this agrees with me and I like it. It is a light wine, dry, free from burning taste, and fruity in flavour. But I find that the ordinary guest at my table does not like it—the man, that is, who rather fancies himself as a connoisseur in wines; so that my friends the wine-merchants, who told me the British public will not drink "natural sherry," I now find are about right. How many people one meets say they cannot drink sherry. It would be a great advantage if some sherry importers would guarantee to sell nothing but the pure wine as imported; we could then recommend it with confidence to those who are poisoned by the usual stuff.

I am, Sirs, yours faithfully,

H. HOWARD MURPHY, M.D. Cantab.

East Twickenham, Oct. 29th, 1898.

### "MEMBRANOUS RHINITIS AND ITS RELATION TO DIPHTHERIA."

To the Editors of THE LANCET.

SIRS,—May I be allowed to correct the figures given in your report in THE LANCET of Oct. 29th of my remarks in the discussion following Dr. Lack's very interesting

paper on Membranous Rhinitis and its relation to Diphtheria, read at the Royal Medical and Chirurgical Society on Oct. 25th? Doubtless I failed to make them sufficiently clear, but as they may be published in another place, I would like to have an opportunity of preventing any apparent discrepancy between their final appearance and that which they present in your report. I examined 125 children. Of these 69 had nasal discharges of varying quality and 56 were free from discharge. Of the former 37, and of the latter 24, presented the Klebs-Löffler bacillus; 5 cases where the discharge was more or less blood-streaked gave the bacillus in every case. None of the discharges were associated with constitutional symptoms not otherwise to be accounted for; all were of a markedly chronic character, and several of the children on the surgical side were apparently in good health, being admitted for accident or deformities. Trusting you will find space for this statement, I am, Sirs, yours faithfully,

THOS. D. LISTER,

Pathologist, East London Hospital for Children.  
Wimpole-street, W., Oct. 28th, 1898.

## THE WATER-SUPPLY OF LEICESTER.

*To the Editors of THE LANCET.*

SIRS,—As one who is interested in water-supplies in general and the question of the causation of endemic goitre in particular allow me to say a few words on this matter. The question of the Leicester water-supply seems to me one for very serious consideration. The upper reaches of the Derwent derive their water, at any rate in part, from well-known goitre-stricken geological horizons, the lower carboniferous limestone and Yoredale series of the carboniferous formation. The most goitrogenous water in my experience is that which remains quietly in contact with the soil (in affected localities), such as is the case with well water. It is found that when water originally goitrogenous flows away from its source, especially if exposed to the oxidising agencies of oxygen or light, it quickly loses its poisonous properties. Now will this be the case with the water of the Upper Derwent Valley and will the conveyance by pipes render the water innocuous on its arrival at Leicester? Personally I think that even in this latter case the water will lose the greater part of its poisonous properties, though I doubt if all will be eradicated. Most certainly also should the water be subjected to thorough filtration, another agency found to be efficacious in diminishing the amount of the goitrous poison. Another element of danger, it seems to me, in this Leicester case is that natural reservoirs are to be formed, so far as I can ascertain, and these in a goitrous locality. As to the question of the causation of the malady I think it quite time that the ancient theories of lime and magnesia were relegated to some museum of antiquities. On two formations in this country, largely goitre-stricken, hardly any lime or magnesian salts exist—viz., the Ordovician shales and the Volcanic Series of Borrowdale. The cause of the malady is rather to be sought in the agency either of soil-bacteria (or possibly hæmatozoa having a soil origin), or, secondly, of metallic salts, especially the sulphides of iron or copper (or rather the results of their decomposition). With regard to soil-bacteria certain chemical factors in the soil favour their growth no doubt, and this may account for the presence of goitre in particular localities. With regard to the goitre-producing faculties of decomposing iron and copper pyrites the evidence in their favour is very convincing. For example, in the lower carboniferous limestone, and Yoredale series I have found abundance of iron pyrites occurring as marcasite. Ordovician shales contain a large amount of cubical iron pyrites and marcasite. The English chalk formation, according to Berry, has goitre fairly evenly distributed though not to any extent (if lime salts caused goitre we should expect a large amount of goitre on this formation). Now with the exception of disseminated lime phosphate and glauconite I am unaware of any mineral in this formation except marcasite, which I may mention is a very readily decomposed form of iron sulphide. The gault clays of England are goitrogenous and their blue colour is due to disseminated iron pyrites. On the corresponding formation in France (*marnes aptiennes*) Saint Lager found an abundance of goitre with a corresponding abundance of the mineral in question. Many other instances could be

adduced in favour of this theory and adverse to the lime and magnesian salts theory, but I think I have said enough to draw attention to this fascinating subject, as I consider too little attention has been directed in this country to a disease which has such a baneful influence on the health and intelligence of the affected localities.

I am, Sirs, yours faithfully,

LOUIS E. STEVENSON.

Temple Sowerby, Penrith, Oct. 28th, 1898.

## “WHAT IS ‘FIRST AID’?”

*To the Editors of THE LANCET.*

SIRS,—Dr. Clayton Jones brings out in his letter some other points in the teaching of “first aid” which also require considerable reform and I am glad to find that he agrees with me in desiring a more definite course and a more practical scheme of instruction. He has “not much faith in representative committees and ..... would rather see an able man appointed who should write a new text-book.” I am not fond of such committees either, but it is not of much use that “an able man” should write a new text-book without some previous assurance that it would be accepted as the recognised manual and that the present state of things would not continue. Again, who is to appoint him? Instruction in “first aid,” although largely in the hands of the ambulance department of the Order of St. John of Jerusalem, is not entirely so, and what is wanted is complete and definite agreement among the various authorities as to the scope of the subject and the method of teaching. Provided, however, the end is attained I do not much care whether it is by committees or otherwise, but I feel sure that reform of the kind indicated by the correspondence in your columns would be welcomed by all really interested in the proper teaching of “first aid.”

I am, Sirs, yours faithfully,

Suffolk-street, S.W., Oct. 29th, 1898. VALENTINE MATTHEWS.

## THE PLAGUE IN INDIA.

*To the Editors of THE LANCET.*

SIRS,—Your otherwise fair leading article in THE LANCET of Oct. 22nd on “The Indian Government and the Plague” contains some sentences from which it would appear that the natives of India are hostile to the *legitimate* steps which have been taken to stamp out the plague. That is a chimera which is affectionately hugged by a large majority of the British public. You quote the words of the Indian Government, “To attempt by force to eradicate a disease when the entire population exerts itself to oppose the methods adopted is an effort doomed to failure.” In what way does the “entire population exert itself to oppose the methods adopted”? It is not the necessary steps to which they object, for disinfection, though not always with the modern therapeutic agent, is practised night and morning in every Indian household. Isolation is an ancient custom among the small-pox ridden people of India and inoculation as a science was practised in the East from time immemorial and, indeed, spread from the East to the West. So that in principle there is nothing which is being done which can be called an innovation. What they really object to (and what self-respecting nation would not?) is the arbitrary and high-handed manner in which the orders of the Government are executed. I do not say that it was the intention of the Government that its officers should ride roughshod over the people, far from it. But it is a notorious fact that the feelings of the people were grievously trampled upon; it may be from ignorance of Indian customs and manners. The Government cannot be altogether guiltless when it rejected the counsels and coöperation of the natives of the country and imprisoned without trial (a privilege given the meanest of Her Majesty’s subjects in England) two highly born leaders of the people for sounding the warning note against some of the unpopular plague measures which had to be cancelled afterwards, but not till a serious riot had opened the eyes of the Government. By appointing a committee of investigation at the tail end of the outbreak the Government earns for itself the compliment of “being better late than never.” As regards M. Haffkine’s system of inoculation it seem to me that there is much ado about next to nothing. Whatever may be