

declined to 117 last week, and were 5 below the number returned in the corresponding week of last year. The causes of 79, or 15 per cent., of the deaths in the eight Scotch towns last week were not certified.

HEALTH OF DUBLIN.

The rate of mortality in Dublin, which had been equal to 34.0 and 33.5 per 1000 in the preceding two weeks, further declined to 28.5 in the week ending the 9th inst. During the first five weeks of the current quarter the death-rate in the city averaged 32.4 per 1000, the mean rate during the same period not exceeding 21.3 in London and 18.7 in Edinburgh. The 193 deaths in Dublin last week showed a further decline of 34 from the high numbers in the previous two weeks; they included 12 which were referred to measles, 4 to whooping-cough, 2 to "fever" (typhus, enteric, or simple), 2 to diarrhoea, 1 to scarlet fever, 1 to "fever," and not one to small-pox. These 22 deaths from the principal zymotic diseases showed a decline of 18 from the number in the previous week, and were equal to an annual rate of 3.3 per 1000, the rate from the same diseases last week being 3.1 in London and 1.5 in Edinburgh. The fatal cases of scarlet fever in Dublin, which had been 15 and 17 in the previous two weeks, declined to 12 last week. The deaths from scarlet fever, "fever," and diarrhoea also showed a considerable decline. Five inquest cases and 5 deaths from violence were registered last week, and 63, or nearly a third of the deaths, were recorded in public institutions. The deaths of infants showed a marked decline. The causes of 43, or more than 22 per cent., of the deaths registered during the week were not certified.

THE SERVICES.

Deputy Surgeon-General George Stewart Watson Ogg, of the Madras Medical Department, principal medical officer of the Hyderabad Subsidiary Force, has been selected for the chief medical charge of the Quetta Field Force.

INDIA OFFICE.—The Queen has approved of the following promotions among the officers of the Staff Corps and Indian Military Forces made by the Government in India:—Deputy Surgeon-General Benjamin Simpson, M.D., of the Bengal Medical Establishment, Deputy Surgeon-General Michael Cudmore Furnell, M.D., of the Madras Medical Establishment, and Deputy Surgeon-General William James Moore, C.I.E., of the Bombay Medical Establishment, to be Surgeons-General. Brigade Surgeon John Brake, of the Bengal Medical Establishment, and Brigade Surgeon John McNeale Donnelly, M.D., of the Madras Medical Establishment, to be Deputy Surgeons-General. Surgeon-Major George Sackville Sutherland, M.D., and Surgeon-Major Emanuel Bonavia, M.D., of the Bengal Medical Establishment, Surgeon-Major William Frederick De Fabeck, M.D., of the Madras Medical Establishment, and Surgeon-Major Edward Harley Raynsford Langley, of the Bombay Medical Establishment, to be Brigade Surgeons.

ADMIRALTY.—The following appointments have been made:—Fleet Surgeon John Thomson Comerford, to the *President*, additional; Fleet Surgeon John S. Dobbyn, M.D., to the *Repulse*; Fleet Surgeon James W. Fisher, M.D., to the *Hercules*; Staff Surgeon Solomon Kellett, to the *Rupert*; Surgeon George W. Low, to the *Ganges*; Surgeon Thomas R. Pickthorne, to the *Excellent*; and Surgeon James C. Dow, to the *Pembroke*.

ARTILLERY VOLUNTEERS.—1st Renfrew and Dumbarton: Surgeon William Aitchison Wilson, M.D., is granted the honorary rank of Surgeon-Major; Acting Surgeon James Finlay, M.D., resigns his appointment; William Robert Sewell, Gent. M.D., to be Acting Surgeon.—1st East Riding of Yorkshire: Major William Henry Marwood resigns his commission; also is permitted to retain his rank, and to continue to wear the uniform of the Corps on his retirement; Thomas Tinley, Gent., to be Acting Surgeon.—1st Argyll and Bute: David Macneilage, Gent., to be Acting Surgeon.

RIFLE VOLUNTEERS.—3rd (the Buchan) Volunteer Battalion, the Gordon Highlanders: Acting Surgeon George Innes Fraser, M.D., resigns his appointment; Adam Blackhall, Gent., M.D., to be Acting Surgeon.—20th Lancashire (2nd Manchester): William Coates, Gent., to be Acting Surgeon.—1st Perthshire: William Haldane, Gent., M.D., to

be Acting Surgeon.—1st Bedfordshire: Surgeon Charles Cyril Hicks, M.D., resigns his commission.—1st Cinque Ports: Honorary Assistant-Surgeon Charles Harris, M.D., resigns his commission; also is permitted to retain his rank and to continue to wear the uniform of the Corps on his retirement.—1st Elgin: George Hugh Mackay, Gent., M.B., to be Acting Surgeon.—2nd Volunteer Battalion, the Royal Welsh Fusiliers: Arthur Llewelyn Evans, Gent., to be Acting Surgeon.—2nd Volunteer Battalion, the Loyal North Lancashire Regiment: Surgeon John Grindall Brayton resigns his commission.—5th (Deeside Highland) Volunteer Battalion, the Gordon Highlanders: Acting Surgeon Hunter Urquhart Walker resigns his appointment.—7th Middlesex (London Scottish): George Ogilvie, Gent., M.B., to be Acting Surgeon.—2nd Volunteer Battalion, the East Yorkshire Regiment: Alexander Ferrier Angus Fairweather, Gent., M.A., M.D., to be Acting Surgeon.

Correspondence.

"Audi alteram partem."

THE TREATMENT OF SEPTICÆMIA BY IRON AND QUININE.

To the Editor of THE LANCET.

SIR,—In THE LANCET of Jan. 17th last there is the record of a case of septicæmia treated by ammonia and chlorate of potash. The following case I desire to place in contrast.

Mrs. H—, aged twenty-two, was confined on Oct. 15th, 1884, after a very protracted labour of two days' duration. It was her first child, and she was delivered with the forceps. All seemed to go on well until the third day, when the temperature was found to be rising. On the 19th high fever developed, and the discharges were very foul. My directions as regards thorough cleansing of the genitals and injections of Condy's fluid into the vagina (as is my practice after all cases of instrumental labour) had not been carried out. There was, it should be observed, a tear of the mucous membrane, about an inch in length, but not very deep, on the posterior wall of the vagina. The evening temperature was 104.8°. I injected Condy's fluid into the fundus, and gave a mixture of steel and quinine every two hours. On the 20th the morning temperature was 101.7°. The fluid was again injected into the fundus, and followed by the injection of carbolic oil (1 to 10). Linen cloths in small pieces, dipped into the oil, were applied to the tear in the vagina, and the external genitals washed thoroughly with carbolic soap by the nurse. I gave directions that the linen rags should be changed three times a day and that the soap should be used every eight hours. Injections were repeated in the evening. On the 21st the morning temperature was 101.9°; evening, 101.7°. The injections of Condy's fluid were continued, but the carbolic oil injection was not used any further. On the 22nd the temperature throughout the day was 100.5°; and the respiration 23. On the 23rd the temperature in the morning was 100.4° and the respiration 22. The medicine was now taken three times a day only. On the 24th the temperature had fallen to 100° in the evening, and the patient expressed a wish to get up, but was ordered to keep her bed for a day or two. On the 25th the temperature in the morning was 99.4°, and fell on the 26th to 98.4°. She was now allowed to get up and go downstairs.

In Mr. Coffin's case, although no doubt the infective material was of a much stronger nature than that developed in this, the recovery seems slow in comparison. The temperature, he states, for six days and a half was over 105°, for nine days over 103°, and for eleven days over 102°. My patient was cured in seven days, and my sole object in recording the case is to speak of my theory of the nature of such cases, and the consequent indications as regards treatment, the more especially as Mr. Coffin speaks with considerable reserve in reference to his case.

As regards local treatment, my practice is to purify with Condy's fluid the whole genital tract, and then to inject carbolic oil of the strength of 1 to 10 into the fundus, afterwards applying the same, or else vaseline and iodoform, to any tears in the mucous membrane. The oil I employ as an injection once or twice only, keeping afterwards solely to Condy's fluid in warm water twice a day until the temperature becomes normal, or nearly so. As to consti-

tutional remedies, I consider the arrest of all such septic processes in the blood to be perfectly feasible. Avoiding ammonia, which is a powerful agent for the prevention of the formation of fibrin, and is thus useful (as has been clearly proved) when given to the blood-giver in cases of transfusion, I prescribe astringents and hæmatinics, such as iron and hydrochloric acid, along with germicides, such as quinine and chlorate of potash.

I argue that in puerperal septicæmia we have a disease in which every effort of nature for the prevention of absorption of infective material should be fostered and encouraged. The clots in the maternal sinuses formed on the separation of the placenta may be regarded as the natural barrier to any external morbid influence. The preservation, therefore, of their integrity until they become organised and contracted should be of paramount importance. Hence the advisability of avoiding agents which tend to soften and disperse fibrinous deposits and formations of this nature. Should infection by septic materials have occurred, the efforts of the physician should be directed to strengthen the fortifications raised by natural means, and this can only be effected by astringent and hæmatinic remedies, such as steel and hydrochloric acid, with the assistance of quinine and chlorate of potash, for the destruction of the germs which have found entrance to the circulation by means of the lymphatics. To give "liquefacient" remedies, such as ammonia, sodic salicylate, or potassic iodide, is, I think, simply to break down the natural barrier described, and to further absorption of septic materials by a diffused and weakened circulation—weakened by reason of its deficient fibrin-forming power. Infection of the blood, indeed, is thus doubly ensured by medicinal liquefaction and septic softening of clots, for wherever there is the development of sulphuretted hydrogen by decomposition of animal matter no fibrin can exist. I prescribe five-minim doses of the perchloride of iron, one-grain or two-grain doses of quinine, and five-grain doses of chlorate of potash, with glycerine in half-drachm doses, every two hours, until there is a considerable reduction in the temperature, when I order the mixture to be taken less frequently.

Similarly, I hold that the treatment of enteric fever should be conducted upon an acid and not an alkaline method. I believe I have seen an increased blood heat induced by such a remedy, for instance, as salicylate of soda in this disease, with passive pulmonic congestion, from a condition of overfluidity thus induced, and quickly removed by the administration of fifteen-minim doses of hydrochloric acid every two hours, and drop doses of steel.

I am, Sir, yours truly,

C. R. ILLINGWORTH, M.D. Edin.

Clayton-le-Moors, March 23rd, 1885.

"TAURO-CHOLATE OF SODA PILLS."

To the Editor of THE LANCET.

SIR,—Please let me add to my little paper which appeared in your issue of the 25th ult., that it is better to use pig's-bile than ox-bile in preparing the tauro-cholate of soda; and that the *bulk* of the glyco-cholate—which is not of any therapeutic value—should be thrown out with acetate of lead, avoiding any excess of the acetate before evaporating the tauro-cholate to the consistency for making into pills. Keratin, easily made from the residue of an ethereal digest of horn shavings by boiling in liquor potassæ, forms the best coating.

I am, Sir, yours truly,

Hanover-square, May 13th, 1885. J. MORTIMER GRANVILLE.

"THE COLLOQUIAL LINGUISTIC FACULTY."

To the Editor of THE LANCET.

SIR,—If I may judge by the considerable extract you have given from Dr. W. H. Walshe's new work, reviewed in the current number of THE LANCET, he has raised the novel and very interesting question, "When may a person properly be said to know a foreign language?" But I fear the tests Dr. Walshe has applied are much too sweeping and exclusive to be of any practical value towards its solution. For instance, a well-known linguist of my acquaintance went for a three weeks' holiday into Wales, without knowing a word of the vernacular, and with no aid towards its acquirement but a pocket dictionary. Yet, by a method of his own and by constant intercourse with the peasantry, he learned the language in the above time—i.e., he was able

to converse in it, to read and write it correctly, and knew its formation and grammar. Whether he could understand a Gaiety burlesque in the Welsh tongue I had not thought of asking him.

I know I must not trespass upon your space, but I should just like to submit the following points for Dr. Walshe's consideration. What does he say to the number of our Indian officials who converse and correspond in Hindi, Persian, Pashtú, and other Eastern languages? What to the humble missionaries who translate our Scriptures into such difficult languages as Lithuanian, Finnish, Aramaic, and Coptic, to say nothing of the Kaffre click? A friend of mine, a German cavalry officer, himself a native of Westphalia, has told me he was stationed on one occasion with his regiment at Munich, and that it took him six months to become acquainted with the lingo of his Bavarian servant; yet surely the former must be said to have known German.

On the whole, it seems to me that what marks linguistic power in individuals is an initial faculty of learning language, rather than the degree of actual attainment in any particular form of speech, and the Mezzofanti type is by no means so doubtful as Dr. Walshe appears to think.

I am, Sir, yours truly,

Sussex-gardens, May 12th, 1885.

T. FITZPATRICK.

SMALL-POX RISKS.

To the Editor of THE LANCET.

SIR,—I was gratified to find that you call attention to the serious risks run by the unrevaccinated in London during the present widespread epidemic of small-pox, and that you instance the well-known immunity of the servants and nurses of the Highgate Small-pox and Vaccination Hospital, and I was further gratified to find your excellent article widely quoted in the daily papers. After all, it is the general mass of the public who are likely to be led away by the specious tales and one-sided reasoning of the anti-vaccinationists, whom we want to reach. I confess that I think the extraordinary efficacy of the protection from small-pox afforded to our nurses and other employées is largely due to the fact that the lymph which the surgeon makes use of at this hospital he has himself taken from a subject he has operated upon, and of the efficacy of which he is consequently well assured; and, moreover, it is used as nearly as possible from arm to arm. I regret that at the other large institutions of the kind in the metropolis those conditions which appear to me to be essential for the absolute security of those confided to their charge are absent, and that the medical officers at such hospitals are compelled to make use of lymph of the quality of which they cannot themselves be absolutely certain. I cannot conclude also without expressing my regret that at the present day, notwithstanding the amount of evidence we have on the subject, a medical man of the standing of Surgeon-Major Pringle should, as in his recent lecture before the Society for the Encouragement of Arts, &c., publicly state his disbelief in the necessity for revaccination in adults who have been efficiently vaccinated. Such a statement is, I think, eminently calculated to encourage the present apathy of the general public as regards revaccination, and is certainly not warranted by the statistics of his professional brethren, at all events in Europe.—I remain, Sir, yours faithfully,

HERBERT GOUDE, F.R.C.S. Edin.

Small-pox and Vaccination Hospital, Highgate-hill, N.,
May 9th, 1885.

LIVERPOOL.

(From our own Correspondent.)

HOSPITAL SATURDAY IN LIVERPOOL.

SATURDAY, April 25th, was observed here as Hospital Saturday, boxes being distributed among all places where large bodies of working men are employed, and cages being attached to the street lamps at reasonable intervals. The result will be watched with keen interest this year, extraordinary pains having been taken to ensure the increased success of this mode of obtaining the working men's support to the hospitals, which are such a benefit to them. The amount collected in former years, averaging between £2000 and £2500, has been justly regarded as considerably less