(3) Calcutta and the Saran and Howrah districts of Bengal; (4) the Nagpur division of the Central Provinces; (5) the Mysore State, including Bangalore; (6) the Hyderabad State; and (7) the Hoshiapur district of the Punjab. Plague mortality is going up slightly in Bombay city and a slight recrudescence is reported in the Jullunder district of the Punjab, but everywhere else in India it continues to decrease. The total number of deaths from plague during the week ending Dec. 2nd was 1576, against 1946 in the preceding seven days. Calcutta returns 56 deaths, Saran district 13 cases and two deaths, Bombay city 159 deaths, Karachi two deaths, the rest of the Bombay Presidency 1159 deaths, Madras Presidency 10 deaths, the Punjab nine deaths, the Central Province 16 deaths, and Mysore State 166 deaths. In Bombay city, however, while the official returns indicate but a slight increase of plague the general mortality has been rising rapidly and ominously. There has been a rise of 90 deaths during the past week—viz., from 959 to 1049. The average weekly mortality is about 600. It is curious to note that last year plague became epidemic (100 deaths a week) in the third week of November. Nearly the same thing occurred again this year, the week's record being 135. An unusual occurrence at this time of the year is the prevalence of measles and small-pox, but these only account for 18 and 15 deaths respectively. Dysentery and diarrhoea account for some of the increased mortality, but it is tolerably certain that undiscovered plague is responsible for the greater part.

In Calcutta also there has been an ominous rise in the general mortality but the number of deaths from plague reported continues about the same. The death-rate is 37.1 per 1000 per annum against, 34.7, the mean of five years. Attempts are made in the local press to throw doubt on the existence of plague and to question the returns of the plague staff. It is true that comparatively few cases are seen during life but investigations indicate approximately the amount which still continues. There is a tendency everywhere to conceal deaths from plague. In addition to the deaths returned as due to plague there still continue to be a large number of suspected cases.

The long-disputed question about typhoid fever affecting the natives of India is almost settled. More exact observations than were formerly taken show that the disease, although not nearly so common as in the European population, does nevertheless exist among them. I pointed out some time ago that the disease is not only milder in character, but is characterised by the less-marked development of abdominal symptoms. It is very probable that typhoid fever has been in existence in India for very many centuries and that a great evolutionary immunity has been effected by the elimination of those susceptible to it. This question of racial immunity by previous experience applies probably to nearly all diseases, and I have also previously pointed out the mortality and incidence of certain diseases affecting the British as compared with the native troops to illustrate this argument. The reports of the younger medical officers of the Indian Medical Service indicate that enteric fever is more common than is generally supposed while the senior officers seem to think it very rare or almost unknown. In this connexion it is interesting to note the large number of deaths which take place in a city like Calcutta after from 15 to 30 or more days of fever. Few of these cases come under accurate observation and when they do they are generally labeled remittent fever. The statistics of the gaols of India show 21 cases of enteric fever with seven deaths for 1896, and 34 cases with 15 deaths for 1897. As these cases have all been verified by post-mortem examination the figures are particularly trustworthy. They are undoubtedly very small compared with the immense gaol population, but then it is probable that a large number of mild cases passed unrecognised. The same thing applies to men serving in the native army.

Calcutta, Dec. 14th, 1899.

NEWPORT WATERWORKS.—The total expenditure by the Newport (Mon.) Corporation on the Wentwood Waterworks Scheme up to the present has been £188,508.

VACCINATION FEES.—At the meeting of the Tetbury Board of Guardians held on Jan. 3rd it was decided that the public vaccinator (Mr. W. Wickham) should receive 5s. for each successful vaccination in Tetbury and 7s. 6d. in rural parishes.

Correspondence.

"Audi alteram partem."

THE LATE SIR JAMES PAGET.

To the Editors of THE LANCET.

SIRS,—You have alluded to the great consideration which Sir James Paget always displayed towards those whom he met in consultation. Many years ago an instructive illustration of this came under my notice. I was seeing a patient suffering from, I think, some form of paralysis, but without any "surgical" feature, with an old practitioner in a southern suburb. He said that a month before he had got Sir James Paget to see the patient with him, and added in a half-apologetic way, "I always call in Paget whenever I can, because I know that, whatever the case is, the patient is safe and I am safe."—I am, Sirs, yours faithfully,

Queen Anne-street, Jan. 5th, 1900.

W. R. GOWERS.

BORIC ACID IN FOOD.

To the Editors of THE LANCET.

SIRS,—Dr. Liebreich, in THE LANCET of Jan. 6th, makes a communication in which he assumes that an erroneous conclusion was arrived at in attributing serious illness to five individuals and the death of five fowls to the use of boric acid, which had been added as a preservative to the food consumed. Dr. Liebreich's assumption is based upon an experiment of giving boric acid in definite quantities to eight fowls without the manifestation of illness amongst them. In a subsequent paragraph, however, when criticising Dr. Annett's investigations, he says, in reference to the same: "All that these experiments prove is already known—viz., that animals finally succumb under the repetition of large doses."

Now this admission utterly destroys the value of Dr. Liebreich's experiment for the purpose of argumentative disproof of the toxic effects of boric acid in the cases I narrated. "Large doses" were unintentionally given in the preservative added to the food, and, further, the fowls that took most died, whilst those which devoured less recovered. But Dr. Liebreich himself evidently does not consider his experiment sufficiently convincing, because he has recourse to various suggestions to account for the results otherwise than by boric acid. In reference to some of these suggestions I may say that although the symptoms were very typical of poisoning by large doses of boric acid, including suppression of urine, &c., the desirability of considering other causes was not overlooked, and amongst other poisons, one of the most likely toxic bodies to be present in milk—viz., tyrotoxin—was especially searched for but with negative results. On the other hand, large quantities of boric acid were found by the borough analyst in the crop and gizzard of one of the fowls. Boric acid was also found in the milk supplied by the dairyman and in the glacialene which the cook added to the milk. Add these facts to the admission of Dr. Liebreich—viz., "That it is known that large doses prove fatal to animals"—and I fail to perceive the error with which Dr. Liebreich taxes me. I ought to add, as Dr. Liebreich refers to vanilla, that this flavouring agent was used by the cook, but I am unaware of any poisonous effects which have been traced to this article when supplied in a pure state. With regard to "alarming the world," I sent no communication to the lay press on the subject, but simply brought the question before a meeting of the East Kent Medical Society for discussion and put the facts on record in my annual report. I trust that Dr. Liebreich does not attribute to me any desire for sensational publicity.

I am, Sirs, yours faithfully,

M. K. ROBINSON, M.D. Erlang.,

Dover, Jan. 9th, 1900.

Medical Officer of Health, East Kent.

"A CASE OF HÆMORRHAGIC ASCITES."

To the Editors of THE LANCET.

SIRS,—Since writing the account of the case which appeared in THE LANCET of Jan. 6th (p. 17) under this title there has been a case in the post-mortem room of the Bristol Royal Infirmary which presented some similar features. No