were not certified either by a registered medical practitioner or by a coroner. All the causes of death were duly certified in Norwich, Plymouth, Nottingham, Preston, Birkenhead, and Bolton; while the largest proportions of uncertified deaths were recorded in Brighton, Portsmouth, Liverpool, and Sheffield.

HEALTH OF SCOTCH TOWNS.

The annual rate of mortality in the eight Scotch towns, which had declined from 28·7 to 24·2 per 1000 in the preceding seven weeks, further fell to 24·1 in the week ending April 5th, but exceeded by 4·8 that which prevailed during the same week in the twenty-eight English towns. The rates in the eight Scotch towns ranged from 18·4 in Greenock and 20·5 in Paisley to 24·8 in Aberdeen and 27·0 in Glasgow. The 624 deaths in the eight towns showed a slight decline from the number in the previous week, and included 47 which were referred to measles, 33 to whooping-cough, 9 to "fever" (typhus, enteric, or ill-defined), 7 to diarrhoea, 6 to diphtheria, 3 to scarlet fever, and not one to small-pox. In all, 105 deaths resulted from these principal zymotic diseases, against 101 and 83 in the preceding two weeks. These deaths were equal to an annual rate of 4·1 per 1000, which exceeded by 2·2 the mean rate last week from the same diseases in the twenty-eight English towns. The highest death-rates from these diseases last week were 5·8 in Aberdeen and 7·8 in Leith. The fatal cases of measles, which had been 34 and 31 in the preceding two weeks, rose again to 47 last week, of which 22 occurred in Glasgow, 14 in Edinburgh, 6 in Dundee, and 4 in Leith. The deaths from whooping-cough, which had declined from 53 to 26 in the previous five weeks, rose to 33 last week, and included 14 in Glasgow, 10 in Edinburgh, and 4 in Aberdeen. The 9 fatal cases of "fever" exceeded by 5 the number in the preceding week, and included 5 in Glasgow. The deaths from diphtheria, which had been 12 and 5 in the previous two weeks, were 6 last week, of which 3 occurred in Edinburgh. The deaths referred to diseases of the respiratory organs in the eight towns, which had been 129 and 141 in the preceding two weeks, declined again to 130 last week, and exceeded by 6 the number returned in the corresponding period of last year. The causes of 65, or more than 10 per cent., of the deaths in the eight towns were not certified.

HEALTH OF DUBLIN.

The death-rate in Dublin, which had been 30·9 and 25·9 per 1000 in the preceding two weeks, rose again to 26·6 in the week ending April 5th. During the thirteen weeks of last quarter the death-rate in the city averaged 37·0 per 1000, the mean rate for the same period being only 23·6 in London and 25·9 in Edinburgh. The 180 deaths in Dublin last week showed an increase of 5 upon the number in the preceding week; they included 6 which were referred to measles, 5 to whooping-cough, 5 to "fever," 1 to diphtheria, and not one either to small-pox, scarlet fever, or diarrhoea. Thus the deaths from these principal zymotic diseases, which had declined from 18 to 11 in the preceding three weeks, rose again last week to 17; they were equal to an annual rate of 2·5 per 1000, the rate from the same diseases being 1·9 in London and 5·8 in Edinburgh. The fatal cases of measles, which had been 6 and 3 in the preceding two weeks, rose again to 6 last week. The deaths referred to "fever" (principally enteric), which had declined from 4 to 1 in the previous three weeks, rose again last week to 5. The 5 fatal cases of whooping-cough corresponded with those recorded in the preceding week. Five inquest cases, and 4 deaths from violence, were registered; and 67, or more than a third, of the deaths occurred in public institutions. The causes of 20, or more than 11 per cent., of the deaths in the city were not certified.

THE SERVICES.

ARMY MEDICAL STAFF.—Surgeon-Major Arthur Sander-son has been placed upon retired pay (dated March 28th, 1890).

ADMIRALTY.—The following Surgeons have been promoted to the rank of Staff Surgeon in Her Majesty's Fleet (dated March 30th, 1890):—Arthur Wm. May; Alexander John James Johnston; Frederick Adolphus Trevan; James O'Brien Williams, M.D.; and Samuel Keays.

The following appointment has been made:—Surgeon Charles H. Upham to the *Cambridge* (dated April 5th, 1890).

YEOMANRY CAVALRY.—Hampshire (Carabiniers): Surgeon S. Andrews resigns his commission (dated April 5th, 1890).

VOLUNTEER CORPS.—*Artillery*: 1st Cumberland: Joseph Henry Dickson, M.B., to be Acting Surgeon (dated April 5th, 1890).—2nd Northumberland (Percy) (Western Division, Royal Artillery): Surgeon E. P. Thew, M.B., resigns his commission (dated April 5th, 1890).—*Rifle*: 1st Volunteer Battalion, the Buffs (East Kent Regiment): Surgeon C. G. M. Lewis to be Surgeon-Major (dated April 5th, 1890).—3rd Volunteer Battalion, the Northumberland Fusiliers: William Crump Beatley, M.D., to be Acting Surgeon (dated April 5th, 1890).—1st Volunteer Battalion, the Lincolnshire Regiment: Surgeon-Major J. W. Walker, M.B., resigns his commission; also is permitted to retain his rank, and to continue to wear the uniform of the Battalion on his retirement (dated April 5th, 1890).—2nd Volunteer Battalion, the Duke of Cornwall's Light Infantry: Acting Surgeon W. Nettle to be Surgeon (dated April 5th, 1890).—5th (Perthshire Highland) Volunteer Battalion, the Black Watch (Royal Highlanders): Acting Surgeon R. Lunan resigns his appointment; also is permitted to retain his rank and to continue to wear the uniform of the Battalion on his retirement (dated April 5th, 1890).

Correspondence.

"Audi alteram partem."

"THE PREVENTION OF RABIES AND HYDROPHOBIA."

To the Editors of THE LANCET.

SIRS,—I hope that my old friend Dr. Gordon will not think me captious if I venture to take exception to the remark with which he concludes his article with the above heading in your issue of the 29th ult. The words are as follows: "As to the expression at the present day in such common use of 'stamping out' this or that disease, it implies a process to which analogy, reason, and experience are alike adverse." I take it that with our knowledge of contagious maladies, reason urges that they can be stamped out, and experience demonstrates that reason is justified. I am one of those who contend that every contagious disease can be suppressed, and will be so, when the public are sufficiently enlightened to sanction, and agree to assist in carrying out, the necessary measures. On several occasions in this country, and also on the Continent, that terribly infectious and destructive scourge of ruminants—the rinderpest or cattle plague—has been completely extinguished by sanitary police measures, and it will not be seen again until it is introduced from those countries in which, for lack of such measures, it permanently prevails. Another very infectious and harassing fever of ruminants, foot-and-mouth disease, has been completely stamped out of this country, and will no more trouble us until we allow it to enter from abroad. In the army our troop horses used until quite recently to be decimated by glanders. By the strict enforcement of sanitary measures it has been extinguished; we have not had a case in two years, and this notwithstanding the fact that it prevails extensively in the stables of civilians. Rabies could be easily stamped out if our legislators willed it. It has been got rid of in countries which were infected—Denmark, Sweden, Norway, Baden, the island of Réunion; and it is kept out of them by careful watching; while Australasia remains free from it because a rigid quarantine is enforced in the case of imported dogs.

Therefore, reason, analogy, and experience all testify that contagious diseases can be extirpated, and this will be done when medical men and veterinary surgeons unanimously agree to advise the public that it can be done, and the public desires to have it done. How comparatively easily might not human syphilis be stamped out if sentiment and ignorance did not interpose, and the same obstacles have to be over-

come with regard to rabies—a disease infinitely more easily dealt with than that scourge of mankind.

I am, Sirs, yours faithfully,

April 9th, 1890.

GEORGE FLEMING.

To the Editors of THE LANCET.

SIRS,—It would be interesting if Surgeon-General Gordon would favour the profession with the necessary references for the verification of the statements made by him in his paper on "The Prevention of Rabies and Hydrophobia" which is published in THE LANCET of March 29th, as the subject is one of pressing importance and absorbing interest at the present time, when the champions of sentimental perversion are doing all in their power to annul the efforts now being made to eradicate the direst disease which falls to the lot of humanity. If Surgeon-General Gordon is right, the advocates of muzzling are wrong; but before accepting his dicta on the subject we may justly ask for the facts upon which he bases them. Surgeon-General Gordon makes two initial statements, which are briefly these:—1. "Hydrophobia in man is not the same affection as rabies in dogs." 2. "In a very considerable number of recorded instances hydrophobia has occurred in the absence of a bite or other physical injury."

Such statements as these, boldly put forward in the very forefront of the battle, must, I cannot but suppose, be reinforced by facts to which Surgeon-General Gordon will be able to refer those members of the profession who, like myself, would meet such statements with a direct negative. For myself, I can only reply to his first statement: Firstly, that, following upon a bite from dogs suffering from rabies, I have seen a disease known as hydrophobia develop itself in man; secondly, that when a dog and a human being were bitten by a rabid jackal, the dog died of rabies and the man of hydrophobia; thirdly, that I have never met with a case of hydrophobia in the human subject independent of the bite of a rabid animal, nor am I aware of any development of hydrophobia in the human subject without precedent contact with an animal suffering from rabies. No doubt Surgeon-General Gordon is in possession of evidence in support of his statements to which I have not had access, and as his views traverse those of the best authorities, I hope he will lay the facts themselves with the recorded instances before the profession.

I am, Sirs, yours faithfully,

GEORGE RANKING, M.D.,

Surgeon-Major, Her Majesty's Indian Army.

Tunbridge Wells, March 31st, 1890.

SELECT COMMITTEE ON MEDICAL CHARITY ADMINISTRATION.

To the Editors of THE LANCET.

SIRS,—As the petition presented by the London Charity Organisation Society asked for an inquiry into the metropolitan medical charities only, and as many of us are very anxious that the inquiry be extended so as to include the provincial hospitals as well, may I ask all interested in the success of the latter desire to petition Lord Sandhurst to grant our request.

The following resolution was passed at the Leeds meeting of the British Medical Association, and has been, I understand, forwarded: "That this general meeting of the British Medical Association views with great pleasure the action of the Charity Organisation Society of London in presenting a petition to the House of Lords praying for an inquiry into the management of the metropolitan medical charities, and earnestly hopes that the scope of the inquiry will be extended so as to include the provincial hospitals and dispensaries, and thereby obtain as complete information as is possible upon this important subject. That a copy of this resolution be forwarded to the Lord President of the Privy Council; that he be requested to receive a deputation thereon; and that the Council be requested to appoint a special committee to deal with this question, and to request the Charity Organisation Society of England to form a similar committee to act in conjunction with it." But these efforts should be supplemented (a) by practitioners sending letters to Lord Sandhurst, (b) by asking the medical practitioners in Parliament to use their influence, (c) by asking other members of Parlia-

ment to help us, (d) or by forwarding petitions from medical societies, or signed by practitioners in different towns, to Lord Sandhurst. If we do not wake up and help ourselves we shall be left out in the cold, and for this we shall have ourselves to blame. Just now there is a strong desire to tackle this medical charity question, and if we in the provinces are not included, it is most likely we shall not have another opportunity for the next fifteen years.

I am, Sirs, yours truly,

Liverpool, April, 1890.

ROBERT R. RENTOUL, M.D.

RELATIVE SAFETY OF ANÆSTHETICS.

To the Editors of THE LANCET.

SIRS,—The letter of Surgeon-Major Lawrie in to-day's issue of THE LANCET again draws attention to the Hyderabad Chloroform Commission and its effects on the practice of anæsthetists, respecting which I ask you to allow me to make a few remarks.

Surgeon-Major Lawrie considers that "Syme's principles have stood the test of experience, and been proved by the Hyderabad Commission to rest on a secure physiological foundation"; and that "Hyderabad students can be taught to give chloroform with guaranteed safety." Now, so far as the "test of experience" is concerned, it is indeed remarkable, if not unique, that with his many thousands of cases he himself has never met with a single death. I confess that if anything should ever induce me again to give chloroform promiscuously in all cases, it would be such an experience as that with the human subject. But as to the value of the "secure physiological foundation" one may be more sceptical. For although the experiments of the Commission were most elaborate and quite worthy of Dr. Lauder Brunton's high reputation, the "practical conclusions" appended to their report appear to be inconsequent and misleading. Possibly the one precise lesson that may be drawn from the experiments is "that chloroform may be given to dogs," and some other animals, "by inhalation with perfect safety and without any fear of accidental death, if only the respiration, and nothing but the respiration, is carefully attended to throughout." But, directly this deduction is extended to the case of human beings—as in the "practical conclusion" which states that "the administrator should be guided as to the effect entirely by the respiration," and that "his only object, while producing anæsthesia, is to see that the respiration is not interfered with,"—it meets with the strenuous opposition of the most experienced anæsthetists of the day, who consider it to be very unsafe teaching, far too hazardous for students at Hyderabad or elsewhere; whilst to the concluding paragraph of the report, which favours the exclusive employment of chloroform, and which says: "The Commission has no doubt whatever that, if the above rules be followed, chloroform may be given in any case requiring an operation with perfect ease and absolute safety, so as to do good without the risk of evil," there is simply an uncompromising resistance.

Anæsthetists in England (and in India, too, if one may judge from the letter of Mr. Mitra published in THE LANCET of to-day) have not been convinced by this report that their work is capable of improvement on the lines that the Commissioners would recommend. Be it remembered that after a controversy of some twenty or thirty years in this country between the advocates of chloroform and ether respectively, in which at first the advantage was entirely with the chloroformists, it has come to be acknowledged that ether, or its congener, the handy A. C. E. mixture, is much the safer agent. In fact, if during the administration of chloroform the pulse shows signs of failure, a "whiff of ether" is credited with the capability of restoring its fulness. On the one hand, therefore, English anæsthetists, after experiments on human beings that amount to many hundreds of thousands (for "each administration may be regarded as an experiment on the action of the particular anæsthetic employed"), reject chloroform on the ground that it is not trustworthy, and advise that it should not be used where ether can be employed. On the other hand, the Commission, after 430 experiments on lower animals, would teach us that chloroform is absolutely safe for human beings, if only certain rules, which many practised anæsthetists deem questionable, be followed during its administration. Can it