177 resulted from measles, 173 from whooping-cough, 50 from diphtheria, 43 from diarrhoea, 32 from scarlet fever, 19 from "fever" (principally enteric), and 1 from small-pox. The lowest death-rates from these diseases were recorded in Brighton, Portsmouth, Plymouth, and Halifax, while they caused the highest rates in Huddersfield, Sunderland, Swansea, and Sheffield. The greatest mortality from measles occurred in Leicester, London, Birmingham, Sheffield, Liverpool, and Huddersfield; from scarlet fever in Cardiff; from whooping-cough in Salford, Sheffield, Manchester, Bolton, Sunderland, and Swansea; and from diarrhoea in Birkenhead. The mortality from "fever" showed no marked excess in any of the thirty-three large towns. The 50 deaths from diphtheria included 32 in London, 3 in Salford, 3 in Newcastle-upon-Tyne, and 2 each in Portsmouth, Manchester, and Sheffield. A fatal case of small-pox was registered in Cardiff, but not one in any other of the thirty-three towns; 45 cases of this disease were under treatment in the Metropolitan Asylum Hospitals, and 11 in the Highgate Small-pox Hospital on Saturday last. The number of scarlet fever patients in the Metropolitan Asylum Hospitals and in the London Fever Hospital at the end of the week was 1296, against 1227 and 1289 on the preceding two Saturdays; 146 new cases were admitted during the week, against 139 and 166 in the previous two weeks. The deaths referred to diseases of the respiratory organs in London, which had declined in the preceding four weeks from 523 to 403, further fell last week to 348, and were 75 below the corrected average. The causes of 71, or 1·7 per cent., of the deaths in the thirty-three towns last week were not certified either by a registered medical practitioner or by a coroner. All the causes of death were duly certified in Portsmouth, Bristol, Sunderland, Newcastle-upon-Tyne, and in eleven other smaller towns; the largest proportions of uncertified deaths were registered in Birmingham, Salford, Blackburn, and Hull.

HEALTH OF SCOTCH TOWNS.

The annual rate of mortality in the eight Scotch towns, which had been 21·2 and 24·1 per 1000 in the preceding two weeks, declined again to 22·5 during the week ending April 16th, but was 1·6 per 1000 above the mean rate during the same period in the thirty-three large English towns. The rates in the eight Scotch towns ranged from 15·3 in Paisley and 15·6 in Leith to 25·5 in Glasgow and 27·5 in Perth. The 625 deaths in these towns included 24 which were referred to whooping-cough, 18 to measles, 10 to diphtheria, 9 to diarrhoea, 8 to "fever," 4 to scarlet fever, and not one to small-pox. In all, 73 deaths resulted from these principal zymotic diseases, against 65 and 66 in the preceding two weeks. These 73 deaths were equal to an annual rate of 2·7 per 1000, which slightly exceeded the mean rate last week from the same diseases in the thirty-three large English towns. The fatal cases of whooping-cough, which had been 24 and 30 in the preceding two weeks, declined again to 24 last week, of which 17 occurred in Glasgow. The deaths referred to measles, which had been 15 and 14 in the previous two weeks, rose to 18 last week, and included 17 in Glasgow. The 10 fatal cases of diphtheria considerably exceeded those recorded in any recent week; 5 occurred in Glasgow and 3 in Dundee. The deaths referred to different forms of "fever," which had been 8 and 5 in the preceding two weeks, rose again to 8 last week, and included 5 in Glasgow. The 4 fatal cases of scarlet fever corresponded with the number in the previous week. The deaths referred to diseases of the respiratory organs in these towns, which had been 158 and 160 in the preceding two weeks, declined last week to 130, and were 12 below the number in the corresponding week of last year. The causes of 62, or nearly 10 per cent., of the deaths in these eight towns last week were not certified.

HEALTH OF DUBLIN.

The death-rate in Dublin, which had declined in the preceding three weeks from 40·1 to 33·0 per 1000, further fell to 30·6 during the week ending April 16th. During the thirteen weeks of last quarter the death-rate in the city averaged 38·4 per 1000, the rate for the same period being 28·2 in London and 19·8 in Edinburgh. The 205 deaths in Dublin during the week under notice showed a decline of 16 from the number in the preceding week, and included 14 which were referred to measles, 6 to "fever,"

5 to whooping-cough, 2 to diphtheria, 2 to diarrhoea, and not one either to small-pox or scarlet fever. In all, 29 deaths resulted from these principal zymotic diseases, equal to an annual rate of 4·3 per 1000, the zymotic death-rate during the same period being 3·0 in London and 1·2 in Edinburgh. The fatal cases of measles, which had been 24 and 23 in the preceding two weeks, further declined to 14 last week. The deaths referred to different forms of "fever," which had been 1 in each of the previous three weeks, rose to 6 last week, with one exception a higher number than in any week of this year. The 5 fatal cases of whooping-cough exceeded by 2 the number in the preceding week; and the 2 deaths referred to diphtheria were the first recorded in the city since the middle of January last. The 205 deaths in Dublin last week included 25 of infants under one year of age, and 52 of persons aged upwards of sixty years; the deaths both of infants and of elderly persons showed a decline from the numbers in the preceding week. Seven inquest cases and 7 deaths from violence were registered; and 54, or more than a fourth, of the deaths occurred in public institutions. The causes of 21, or 10 per cent., of the deaths in the city last week were not certified.

THE SERVICES.

Surgeon-Captain A. P. Blenkinsop is under orders for India.—Surgeon-Captain F. P. Nichols has been posted to the Secunderabad District, Madras command.—Surgeon-Captain W. Hallaran has been appointed to Bangalore, and Surgeon-Captain F. W. C. Jones to Mhow District, Bombay command.—Surgeon-Captain J. J. C. Watson has joined Aldershot, for duty, on arrival from Singapore.—Surgeon-Lieutenant Mitchell has been posted to Devonport.

Correspondence.

"Audi alteram partem."

THE OPIUM QUESTION.

To the Editors of THE LANCET.

SIRS,—I trust that it will not be considered an unkind reflection on the 5000 signatories of the anti-opium manifesto to suggest that there is probably a confusion in their argument where a clear distinction ought to be drawn. It arises from a certain ambiguity in the use of the word drug. On the abstract principle that any drug which has poisonous properties should be sold only under the regulations of the Pharmacy Act there is little dispute. On the practical point whether it is expedient that opium shall be sold in the countries to which it is indigenous only as a poison, experts of the highest authority give a negative answer. If we consider the subject medically we find that Sir Joseph Fayrer, Sir George Birdwood, Sir W. J. Moore, and many others well qualified to judge, affirm decidedly that the habitual moderate use of opium is not injurious, and that they "see no reason for abrogating the present regulations concerning opium in India." From the administrative standpoint we read that the Indian Government finds it to be the "unanimous opinion of its responsible officers that it is impossible to devise any machinery by which the consumption of opium could be suppressed, while the attempt to enter upon any such policy of suppression would involve gigantic evils" under the wholly different conditions of life and society in India compared with those in England. These evils are connected chiefly with the impossibility of preventing smuggling and illicit consumption, with the certainty of increasing the use of deleterious drugs, with disaffection caused by interference with national habits, and with revenue difficulties. If we look more to moral considerations we find that the large majority of Chinese opium-smokers are respectable people of the better class and well-behaved labourers, while carefully authenticated statistics of the frequenters of the Bombay smoking houses show that, "at the fewest, 70 per cent. are regular craftsmen and labourers." Mr. James, of the Bombay service, although opposed to the practice of smoking among Indians, testifies, "from his own observations when travel-

ling in the north of China, that opium smoking, in 99 cases out of 100 in China, is a harmless habit, like cigar smoking among Europeans."

To recur to the working of the abstract principle. Let us suppose that a European nation were under the rule of a Mahomedan power, and that, acting on principle, this Government decreed that alcohol, being a poison, should be sold only for therapeutic purposes. With what feelings would the ordinary "native" look upon the prohibition of taverns, beershops, and houses of public entertainment? Now consider the Mahomedans of India and the Chinese. They have not malt and hops, and they have not vineyards. Are we to prohibit their chief luxury for the sake of an abstract opinion, and because some enthusiasts picture imaginary evils? Rice, fruits, sweet-meats, and tea—are the races of the East to be limited to these alone? We cannot judge of the effect of habitual moderate use of an indigenous drug without seeing the conditions under which it is employed; but perhaps it will bring the question more home to English readers if we advocate the claims of a society for the total suppression of the trade in alcoholic beverages. This is more urgently wanted, more philanthropic, and equally practical with the scheme of the Society for the Suppression of the Opium Trade. We demand, in the first place, that our Government shall cease to derive any revenue from such a harmful drug as alcohol. We demand that our authorities shall not sanction by licence the infamous sale of a poison which has wrought incalculable harm. We can point to the multitudes in the East of the Mahomedan creed who do without spirits, and remark that even the millions of China produce very few drunkards. Why should not our Government stop the vice which reduces the morality of the public streets below the level of those of Eastern barbarians? If anyone wishes to know something of the issues involved in the opium question, let him procure the *Journal of the Society of Arts* for April 1st and the Blue-book on the Consumption of Opium in India, C. 6582, 1892. Dr. Watts' article on "East India Opium" is very full and instructive, and is published by Messrs. Eyre and Spottiswoode.

I am, Sirs, yours faithfully,

Watford, April 12th, 1892.

W. D. SCOTT, M.D.

OPERATION FOR SPASMODIC TORTICOLLIS.

To the Editors of THE LANCET.

SIRS,—In an important annotation, upon the subject of spasmodic torticollis in THE LANCET of March 26th you have directed the attention of your readers to the operative measures at present most relied on for its relief. Nerve stretching and nerve section having failed to have ever given more than temporary relief, the more drastic method of nerve excision and removal has been adopted; and as, like its predecessors, it is supremely empirical and unsupported by any pathological justification, it must also prove a failure. "Surgery," as Dr. Goodhart said, in his Harveian Lecture, "can happily accomplish now much of what it undertakes, but it needs to remember that it has not yet attained to the enucleation of the neurotic constitution. Operations of this kind are on a par with some of those on a painful kidney or the destruction of Meckel's ganglion for tic; they are conspicuous for the failure of those higher and more fundamental arts of treatment that should have lifted the patient over this necessity." The narrative of Keen's new operation for wry neck, and that of sympathisers nearer home, read so painfully like vivisection, from which even the inferior animals are saved by legal enactment, that such sections and dissections should not be sanctioned by the profession save as the *dernier ressort*, and after all the other resources of civilisation had been exhausted. As I have not observed in our medical periodicals any reference to a simple yet effectual plan of treatment adopted in an obstinate case of spasmodic torticollis by that eminent neurologist, Dr. Morton Prince, physician for nervous diseases to Boston City Hospital, U.S., and published in the *Boston Medical and Surgical Journal* of October 14th, 1886, I have to request the favour of its republication in your influential journal. Dr. Prince, taking for his text the title of an article which appeared in THE LANCET of July 12th and December 6th, 1884—viz., "Tenderness of the spine in health and disease, and the therapeutic effects of blistering over the region of the fourth and fifth dorsal vertebræ"—communicated to the Suffolk Medical Society a paper detailing his experiences of

the subject, and among other successful results of the treatment he mentions one of spasmodic torticollis as follows:—

"The most strikingly successful case was that of a woman of about thirty to thirty-five years of age, who had been under treatment in the surgeon's room at the dispensary for about four or five weeks without any improvement; she was finally brought to me. At this time she complained of great pain and tenderness in the back of the neck, the pain shooting upwards over the back and sides of the head. The muscles of the back were stiff, almost rigid, the head being in one position. There was great tenderness over the cervical vertebræ, and the slightest jar on the top of the head or movement of the head caused intense pain; indeed, it had been thought there might be caries of the vertebræ, especially in view of the physical condition of the woman, which was that of anæmia and debility. Her expression was indicative of prolonged suffering; there was also enlargement of the submaxillary glands. Finding also tenderness over the fourth and fifth dorsal vertebræ, I directed that a blister be placed over that region. The next day the woman returned, presenting an entirely different picture. The pain and tenderness were gone, the motion of the head was natural, and the look of suffering had disappeared from the face. Of course the pleasure exhibited by the patient at being at last relieved from pain was what might have been expected. She afterwards had some trouble with the enlarged glands, but the above symptoms never returned. I saw her about a year afterwards, when she stated she had had no return of the symptoms. Two other cases of the same character, but of less severity, were equally successful. One was that of a man whose surprise and delight at his sudden cure were truly comical. I have tried the treatment in one case only of vomiting of pregnancy, when it was eminently successful." He concludes his paper with this sentence: "Decided and beneficial effects may often be obtained by blistering over the fourth and fifth dorsal vertebræ in various neuroses."

I am, Sirs, yours faithfully,

ALEXANDER HARKIN, M.D., F.R.C.S.

Belfast, April 2nd, 1892.

SMALL-POX TRAMPS: WHO IS RESPONSIBLE?

To the Editors of THE LANCET.

SIRS,—I beg to lay before you the following case:—A "tramp" walked into the waiting-room of an infirmary the other day and stayed there until the house surgeon came in, who instantly diagnosed the case as one of small-pox; this was confirmed by other members of the staff soon after. The fact was then announced to the committee, which was at the time sitting, who immediately communicated it to the medical officer of health. This occurred about one o'clock P.M. The medical officer of health, after consultation with some members of the Town Council, decided that the sanitary authorities should not be called upon to take charge of the case; and the sick man was allowed to stay at the infirmary until the evening, when the relieving officer was requested to take him to the workhouse. He replied he had instructions not to do so, the sick man being "no pauper until he sought relief," and he declined to do anything in the matter, both the sanitary and the parochial authorities thus throwing the responsibility on the infirmary. A consultation was consequently held by two of the medical staff, who came to the conclusion that it was not consonant with the safety of other patients to admit the case into the house, there being no convenient arrangement for the treatment of small-pox. The poor man was therefore told he could not be attended to, and that the doors were open to him to go out. He took the hint and walked away. The case being one of modified small-pox, he was able to go as he had come in. In the course of the night the police took him to the relieving officer, who then took charge of him and provided him with lodgings. Subsequently the sanitary authorities stepped in. This case has caused great altercation among the authorities. I have endeavoured to state it as accurately as I can. Will you or anyone kindly inform me as to who was wrong in not taking the responsibility and not providing for the requirements of the case in the first instance?—I am, Sirs, yours faithfully,

April, 1892.

A CONSTANT READER.

* * The above letter is very curious reading, after all our boasts of sanitary legislation and administration in England. We feel bound to give it insertion. It reminds us somewhat of a striking story in an old book of a man