cases of measles were fewer than in any recent week. The deaths referred to acute diseases of the respiratory organs in the eight towns declined to 54 last week, and were 17 below the number returned in the corresponding week of last year. The causes of 77, or more than 16 per cent., of the deaths in the eight towns last week were not certified.

HEALTH OF DUBLIN.

The rate of mortality in Dublin, which had been equal to 22·7, 21·8, and 17·2 per 1000 in the three previous weeks, rose again to 20·9 in the week ending the 11th inst. The mean death-rate in the city during the first six weeks of the current quarter was 21·0 per 1000, against 20·7 in London and 17·0 in Edinburgh. The 140 deaths in Dublin last week showed an increase of 25 upon the low number in the previous week; they included 4 which were referred to diarrhoea, 4 to whooping-cough, 2 to "fever," 2 to measles, 1 to scarlet fever, and not one either to small-pox or diphtheria. Thus 13 deaths resulted from these principal zymotic diseases, against but 9 and 6 in the two previous weeks; they were equal to an annual rate of but 1·9 per 1000, the rates from the same diseases being equal to 3·5 in London and 3·1 in Edinburgh. The 4 deaths referred to diarrhoea and the 4 to whooping-cough exceeded recent weekly numbers. The 2 referred to "fever," however, showed a decline. The deaths both of infants and elderly persons showed an increase upon the low numbers returned in the previous week. Five deaths were referred to different forms of violence. The causes of 17, or more than 12 per cent., of the deaths registered during the week were not certified.

MORTALITY OF OCCUPATIONS.

During the quarter ended June 30th, the deaths in the Dublin Registration District amounted to 2674, or 30·6 per 1000. From the table constructed recently by the Registrar-General for Ireland, showing the occupations or social position of the persons whose deaths were registered during the quarter, it appears that the deaths in families of the "professional and independent class" were equal to an annual rate of 24·3 per 1000; in the "middle class" the rate was 26·8; among the "artisan class and petty shopkeepers" it was 23·6; and in the "general service class" and the "inmates of workhouses" combined it was as high as 38·6.

MEDICAL TRIALS.

SOUTHWARK COUNTY COURT.—FRIDAY, AUG. 3RD.

(Before Mr. HOLROYD, Judge.)

THE SOCIETY OF APOTHECARIES *v.* PEARSON.

THIS was an action brought by the Medical Defence Association in the name and with the consent of the Apothecaries' Company to recover £20 penalty against the defendant, Charles Pearson, a chemist carrying on business at 104, Stamford-street (and who is also district registrar of births and deaths), for acting as an apothecary without legal qualification. Mr. H. R. Hodson, barrister, instructed by Mr. C. J. C. Pridham, solicitor to the Medical Defence Association, appeared for the plaintiff society, and Mr. Washington, solicitor, of the firm of Messrs. Hicklin and Washington, for the defendant. Several technical objections by Mr. Washington on behalf of the defendant having been overruled by the learned judge, Mr. Hodson stated the case for the plaintiffs and called witnesses in support. From their evidence it appeared that the defendant was in the habit of making his daily rounds as a medical man, attending the sick at the bedside, sounding the chest, feeling the pulse, &c., and after his visits forwarding medicine of his own selection for their cure or relief. The defendant in his defence relied on the 28th section of the Apothecaries Act, contending that he had done nothing which exceeded the rights and privileges reserved to chemists by that section, and that chemists had always the right to prescribe in simple cases. He also relied on the fact that he was "a perpetual student" of Westminster Hospital, and attended the cases referred to in the plaintiff's evidence at the bedside for the sake of acquiring experience.

The learned Judge found that the evidence proved that the defendant in the cases relied on by the plaintiff society

had acted as an apothecary and not as a chemist. There would therefore be judgment for the plaintiffs for the amount claimed, £20, together with costs on the higher scale, as the issues involved were of public interest.

THE SERVICES.

Surgeon-Major R. Bowstead, F.R.C.S., of the Bombay Army, has been gazetted Officiating Principal Surgeon to the Goculdas Tejpal Hospital, Bombay, vice Surgeon-Major T. Cody, deceased.

ARMY MEDICAL DEPARTMENT.—Surgeon-Major Thomas Kingston, M.D., has retired upon temporary half-pay; Surgeon John Frederick Dowman has resigned his commission.

YEOMANRY CAVALRY.—Montgomeryshire: John Gill, Gent., to be Surgeon.

ARTILLERY VOLUNTEERS.—1st Edinburgh (City): James Maxwell Ross, Gent., M.A., M.B., to be Acting Surgeon.

RIFLE VOLUNTEERS.—2nd Volunteer Battalion, the Norfolk Regiment: Acting Surgeon Edward Fawcett, M.B., resigns his appointment.

ADMIRALTY.—The undermentioned Staff Surgeons have been promoted to the rank of Fleet Surgeon in Her Majesty's Fleet, with seniority as stated against their names: Henry Dawson Stanistreet, dated July 29th, 1883; John Horrocks, M.D., dated July 30th, 1883; William Bainbridge Fletcher, dated Aug. 1st, 1883.

The following appointments have been made:—Fleet Surgeon John Bucklay, to the *President*, additional, for temporary service at Deptford Victualling Yard during the absence of Fleet Surgeon Meiklejohn.

Correspondence.

"Audi alteram partem."

THE ETHICS OF NOTIFICATION.

To the Editor of THE LANCET.

SIR,—I should scarcely have supposed that any opinion which I may be reported to have expressed would have been worthy of a leaderette in THE LANCET if I had not seen it so commented on. I should also have thought that my advocacy of what I consider to be the right principle of notification was too well known by those who take an interest in this matter for them not to have perceived that there must have been some error in the statement. If you had reported the observations which I did make at the meeting of the Sanitary Institute, as well as Dr. Corfield's paper, it would have been unnecessary for me to trouble you with this communication, and the leaderette would not have been written. I am obliged to you, however, for the opportunity you give me of contradicting the report which I understand was published in one of the Sunday papers, but which I do not see, and have not yet seen. I stated very clearly to the meeting the views which I hold upon this matter, and gave the most emphatic objections to the private medical attendant being made a State official without his own consent. I did state that which I conceive to be the decided duty of the doctor when he is called upon to prescribe for a case of infectious disease—viz., that it is his bounden duty to inform the legal guardian of the case, or at any rate the person employing him to attend upon it, that the case was an infectious one, and that care must be taken by those in charge to obviate infection as regards the rest of the community. I stated that if a medical man failed to do this, he failed in a most essential part of his duty. That even if the householder or person in charge failed to make the communication to the local authority, the doctor could be put into the witness-box by the local authority, who would have a right to call him, and if he stated that he had not communicated the information, he would, to my mind, have been guilty of a much more serious offence than that of not informing the local authority, the object being repression of disease, not mere notification, which is being sought for. The judge before whom the case was brought would

by his reprimand be a greater terror to the ill-doer than a fine of 40s. could ever be, if the medical man is made a defendant as well as the householder, the fines in both cases being paid by the employer. I have no right to be surprised at your note upon the case, although I do take credit to myself for having been the first to sound an alarm among my practising *confrères* upon this point, and to show the evils which must follow if the medical man was made a co-defendant. The subject of notification by the medical attendant was discussed by the Social Science Association, and resolutions approving it were passed ten years ago. I was asked by the Council to read a paper upon the subject. The title of my paper was, "On the right of the State to obtain early information of the appearance of epidemic or infectious disease in a given district—Ought the medical attendant to be the informer?" That paper was read at Adam-street, Adelphi; and in 1876 it was commented on by the daily journals; and the arguments used in it have been some of the stock arguments which have been used ever since. Mr. Hastings has endeavoured to make the moral obligation to a private individual a public duty to the State, and to place the legal foot upon the neck of the doctor. I have opposed that action at meetings of the Social Science Association more than any other medical man, not even excepting Dr. Carter; I did this long before Dr. Carter or any of his colleagues took any part in the matter, as several letters in the medical journals and communications to *The Times* will prove, and which led to leading articles in that journal on the subject. If you will take the trouble to turn to the "Report of the Royal Commission upon Hospitals for Infectious Diseases," and will read the examination which most of the witnesses underwent at my hand, who were capable of giving useful information upon this point, with the object of showing that to enact such a law as that proposed by Mr. Hastings would, I believe, impede and not assist sanitary work, you will find that my antagonism prevented the Commission reporting in its favour. You will then understand my surprise at your remarks, and also, I hope, will be satisfied that the report upon which they were based is not true.

I take the liberty of sending you the papers of the sessional proceedings of the Social Science Association, which you will observe is dated April 29th, 1876.

I am, Sir, yours faithfully,

Croydon, August 13th, 1883.

ALFRED CARPENTER.

* * Our readers will scarcely regret that our comment on what appears to have been an erroneous report of Dr. Carpenter's views has had the effect of eliciting the above letter.—ED. L.

CHOLERA.

To the Editor of THE LANCET.

SIR,—Statements of fact regarding the rise and dissemination of cholera are of great practical import at the present time; but it is essential that the experience of individual observers in one district or country should be carefully weighed in relation to the experience gained by competent observers in other districts and countries. In your issue of this week Dr. Roche, in his "Notes and Reminiscences of a Cholera Epidemic at Kotree," in the autumn of 1869, naturally confines his observations to what occurred there during the period, and asks your readers, on the data furnished by him, to decide some of the most practical questions regarding the disease. Now, what is the actual value of Dr. Roche's data?

1. Cholera appeared in an epidemic form at Kotree, on the Lower Indus, in September, 1869, and on a simple uncertified statement of events Dr. Roche claims to have established the fact that the outbreak was due to personal intercourse, association, and infection. But cholera broke out also in a severely epidemic form in September, 1869, far away on the Upper Indus valley at or about the exact time, and with equal severity on the Upper as well as the Lower Indus. All so-called first cases of cholera based on police reports in India have the same description, which, if closely inquired into by a competent committee, shows only too frequently that it is adapted to suit a preconceived idea of importation. If a person is seized with cholera, and if it can be ascertained that that individual has been in or near

a cholera area, it is ordinarily assumed, without the slightest real proof, that this is the first case. When really thoroughly investigated, such first cases can often be demonstrated to be secondary cases. Doubt is at once thrown on Dr. Roche's statement regarding the first cases reported by his exaggerated endeavour to prove too much. Is Dr. Roche correct in stating that there was no defect in the water-supply of Kotree? Can such a statement be true of any village in India? Also in maintaining that there was no predisposing cause in existence at Kotree? Will any sanitary commissioner support Dr. Roche in such unqualified statements regarding the sanitary condition of any town or village in India?

2. Dr. Roche says there was no predisposing cause that could be discerned except in excess of rain and floods in the preceding months, and that the air in September was unusually still and moist; but these very conditions, which are strangely ignored to support the idea of contagion, have been followed in innumerable instances in India by severe local outbreaks of cholera. Besides the fact of severe outbreaks of cholera following floods, there is always the apprehension amongst civilians in Middle and Lower Bengal that cholera will appear with greater or less severity according to the extent of country and the period it is under water. There is almost a consensus of medical opinion on the same subject in the provinces mentioned. Therefore to ignore seasonal conditions, atmospheric influences, defective and impure water-supply, and every other insanitary condition which existed at Kotree, and exists in every town in India, in their influence on the rise and spread of cholera, and to base our ideas or views of cholera on the few unproved facts stated by Dr. Roche, would be to credit the profession with reasoning powers of a very limited order. Cholera, in fact, is essentially controlled and defined by seasonal, atmospheric, and other natural influences, and the history of all great epidemics of cholera shows its relative rise and decline within a fixed period, its latency more or less during winter, and its rise in spring, corresponding more or less, as we shall see later, with its behaviour in its so-called "home" in Lower Bengal.

3. Cholera, Dr. Roche states, is contagious. Did he thoroughly investigate personally and with European assistance the cases on which he founds his assertion? I have seen whole households of sorrow-stricken relatives attend on a sick relative with immunity. European husbands and others labour affectionately beside dying wives and children with immunity. From Peshawur to the banks of the Brahmaputra I have never seen a hospital assistant or attendant attacked. During the anxious period regarding which Dr. Roche writes—September, 1869—other officers beside myself went in and out amongst the cholera-stricken with immunity. Besides, the disease is considered so little contagious, so non-contagious in what might be considered the cholera lighthouse, a combined European and native station of Middle Bengal, that in the small European and native hospital there cholera cases were always removed to the hospital in the immediate vicinity of other patients for treatment with perfect immunity to other classes of patients, European hospital attendants, and natives for a period of four years. Is such experience consistent with the idea of contagion? It may be urged that every precaution is taken to prevent the spread of the disease amongst the European troops in India, particularly in hospitals; but though the small hospital was almost the only combined hospital in India where the European and native sick were treated in wards almost adjoining, yet cases of cholera amongst Europeans were almost invariably so badly attended that assistance had to be rendered by volunteers from barracks. Yet in no instance, as stated, was ever any attendant, whether native or European, attacked. It must be stated that the cases of cholera so treated in hospital were brought from localities beyond the hospital limits; for if cholera had appeared in the hospital in the first instance it would have been necessary, with our present knowledge of the laws under which the epidemic progresses, to consider the hospital itself an infected area, and to have cleared it accordingly.

4. Dr. Roche says cholera is liable to occur periodically about every ten years in some parts of India, and such an indefinite statement should not pass unchallenged. Cholera has no such relative periodicity in any yet published record. The disease prevails in a more or less virulent form in the spring and late autumn months, varying with seasonal changes every year in Lower Bengal, and frequently as an epidemic all over Bengal at varying periods.