

diphtheria, which had been 6, 4, and 9 in the three preceding weeks, were again 9 last week, and included 4 in Aberdeen and 2 in Glasgow. The 4 deaths referred to enteric fever, of which 2 were recorded in Glasgow, were slightly in excess of the average in the earlier weeks of the quarter. The fatal cases of measles occurred in Glasgow and Aberdeen.

The deaths referred to diseases of the respiratory system, which had been 73, 62, and 64 in the three preceding weeks, rose to 71 in the week under notice; 27 deaths resulted from various forms of violence, against 33 and 20 in the two preceding weeks.

HEALTH OF IRISH TOWNS.

In the 27 town districts of Ireland with an aggregate population estimated at 1,205,280 persons at the middle of this year, 598 births and 443 deaths were registered during the week ended Saturday, Sept. 26th. The annual rate of mortality in these towns, which had been 18.1, 17.0, and 19.9 per 1000 in the three preceding weeks, fell to 19.2 per 1000 in the week under notice. During the 12 weeks of the quarter the mean annual death-rate in these towns averaged 16.8, against corresponding rates of 13.1 and 14.4 per 1000 in the English and Scotch towns respectively. The annual death-rate in the week under notice was equal to 18.4 in Dublin (against 15.5 in London and 17.7 in Glasgow), 22.1 in Belfast, 22.4 in Cork, 22.8 in Londonderry, 23.0 in Limerick, and 17.1 in Waterford, while in the 21 smaller towns the mean death-rate was 21.7 per 1000.

The 443 deaths from all causes were 16 fewer than the number in the previous week, and included 92 which were referred to the principal epidemic diseases, against 89 and 97 in the two preceding weeks. Of these 92 deaths, 71 resulted from infantile diarrhoeal diseases, 9 from whooping-cough, 5 from measles, 3 from diphtheria, and 2 each from enteric fever and scarlet fever, but not one from small-pox. The mean annual death-rate from these diseases was equal to 4.0, against corresponding rates of 3.4 and 2.9 per 1000 in the English and Scotch towns respectively. The deaths of infants (under 2 years) from diarrhoea and enteritis, which had been 74, 71, and 74 in the three preceding weeks, fell to 71 in the week under notice and included 44 in Belfast, 13 in Dublin, 4 each in Cork and Londonderry, and 3 in Newtownards. The deaths referred to whooping-cough, which had been 3, 7, and 4 in the three preceding weeks, rose to 9, and included 4 in Belfast and 3 in Cork. The 5 fatal cases of measles, of which 4 occurred in Belfast, were 3 below the average in the earlier weeks of the quarter. Of the 3 deaths attributed to diphtheria, 2 were recorded in Dublin and 1 in Tralee; the 2 fatal cases of scarlet fever occurred in Belfast, and those of enteric fever in Dublin and Belfast.

The deaths referred to diseases of the respiratory system, which had been 49, 35, and 50 in the three preceding weeks, rose to 56 in the week under notice. Of the 443 deaths from all causes, 123, or 28 per cent., occurred in public institutions, and 10 resulted from different forms of violence. The causes of 16, or 3.6 per cent., of the total deaths were not certified either by a registered medical practitioner or by a coroner after inquest; in the 97 English towns the proportion of uncertified causes in the week under notice did not exceed 0.8 per cent.

In the 27 town districts of Ireland with an aggregate population estimated at 1,205,280 persons at the middle of this year, 676 births and 401 deaths were registered during the week ended Saturday, Oct. 3rd. The annual rate of mortality in these towns, which had been 17.0, 19.9, and 19.2 per 1000 in the three preceding weeks, further fell to 17.3 per 1000 in the week under notice. During the 13 weeks of last quarter the mean annual death-rate in these towns averaged 16.9, against corresponding rates of 13.2 and 14.4 per 1000 in the English and Scotch towns respectively. The annual death-rate last week was equal to 15.1 in Dublin (against 14.9 in London and 15.5 in Glasgow), 17.4 in Belfast, 14.3 in Cork, 14.0 in Londonderry, 16.2 in Limerick, and 17.1 in Waterford, while in the 21 smaller towns the mean death-rate did not exceed 13.5 per 1000.

The 401 deaths from all causes were 42 fewer than the number in the previous week, and included 53 which were referred to the principal epidemic diseases, against 97 and 92 in the two preceding weeks. Of these 53 deaths, 41 resulted from infantile diarrhoeal diseases, 6 from whooping-cough, 2 from diphtheria, 2 from scarlet fever, and 2 from enteric fever, but not one from small-pox or from measles. The mean annual death-rate from these diseases was equal to 2.3, against 2.5 and 2.1 per 1000 in the English and Scotch towns respectively. The deaths of infants (under 2 years) from diarrhoea and enteritis, which had been 71, 74, and 71 in the three preceding weeks, further declined to 41 last week, and included 21 in Belfast, 11 in Dublin and 4 in Cork. The deaths referred to whooping-cough, which had been 7, 4, and 9 in the three preceding weeks, fell to 6 last week, of which 4 occurred in Belfast. The

deaths from diphtheria were registered in Dublin and Bangor, those from scarlet fever in Belfast and Limerick, and those from enteric fever in Dublin and Belfast; the number was in each case slightly below the average in the earlier weeks of the quarter.

The deaths referred to diseases of the respiratory system, which had been 35, 50, and 56 in the three preceding weeks, further rose to 58 in the week under notice. Of the 401 deaths from all causes, 127, or 32 per cent., occurred in public institutions, and 7 resulted from different forms of violence. The causes of 21, or 5.2 per cent., of the total deaths were not certified either by a registered medical practitioner or by a coroner after inquest; in the 97 English towns the proportion of uncertified causes last week did not exceed 0.7 per cent.

WAR AND THE DANGER FROM CHOLERA AND PLAGUE IN THE NEAR EAST.

(BY THE BRITISH DELEGATE ON THE CONSTANTINOPLE BOARD OF HEALTH.)

FIVE of the great Powers of Europe (England, France, Russia, Germany, and Austria), one great Power in the Far East (Japan), and three of the smaller European Powers (Belgium, Serbia, and Montenegro) are now involved in war—a war that is already not only the most colossal but also the most deadly that the world has ever seen. Deadly, not only on account of the enormous death-dealing powers that science has put into the hands of modern armies, but also on account of the angry passions aroused—passions that have been embittered a thousandfold by the atrocities committed against humanity and civilisation by one of the principal combatants. And to these death-dealing forces disease will most assuredly be added sooner or later. The experience of the next few months will show how far modern military medicine and hygiene have succeeded in keeping under enteric fever, dysentery, diarrhoea, and the many other disorders that have ravaged armies in almost all former wars. That these diseases will prevail to some extent is inevitable. Should cholera or plague be added to them the results will be still more disastrous.

In my last letter (published in THE LANCET of August 1st, p. 337) I showed that cholera had already made its reappearance in Russia, and now a more serious extension of the disease there has to be reported. In Turkey cholera was admittedly present, in and near Adrianople and elsewhere, as late as May last, and there is reason to believe that cases of the disease have recently occurred in and near Constantinople without being reported by the authorities. In Austria and in Roumania cholera was prevalent to a considerable extent in 1913; it only disappeared from those countries towards the end of the year, and a fresh revival of the disease there is far from impossible. But while the risk of a serious extension of cholera in Europe owing to the war cannot be excluded, that risk may be regarded as very greatly diminished by the fact, upon which I have dwelt before, that the present cholera virus in Europe is one which appears to have lost to a great extent its primitive force and virulence, owing, no doubt, to the long period that has elapsed since it was introduced into Europe from the endemic home of cholera in India.

Plague is a disease that offers far less menace to fighting forces than does cholera. Even the pneumonic form of the disease is scarcely likely to sweep over an army in the field; but the possibility of the infection, both in its bubonic and its pneumonic form, being diffused widely as a result of the war, and especially of its attacking refugees herded together under insanitary conditions, cannot be wholly lost sight of. I have added, therefore, to the following brief summary of recent cholera prevalence in the Near East a survey of the various outbreaks of plague that have been recorded in the same part of the world during the past few months.

Cholera in Russia.

As stated in my last letter on this subject, a fatal case of cholera was seen at Kherson on July 9th; no further cases of the disease have been reported from here. But in the government of Podolia there has been a more extensive outbreak. It began on July 2nd (15th), and the districts of Yampol and Vinnitza seem to have been the most seriously affected. According to a bulletin issued in the *Official Messenger* of July 25th (August 8th), there had occurred up to

that date in the Podolia government 303 cases of cholera with 115 deaths. Of these, 241 cases and 84 deaths had been registered in the Vinnitza district; 52 cases and 28 deaths in the Yampol district; 8 cases and 3 deaths in the Litinsk district; and 2 cases in that of Bratslav. A later bulletin, dated August 19th (Sept. 1st), states that only isolated and sporadic cases of cholera had been seen in the interval, and that cholera had completely disappeared from most of the infected places formerly mentioned. On the other hand, some cases of cholera had been seen in the Ouman district of the Kief government, but no fresh case had been reported for five days. It had been rumoured that cholera was present in Batoum and other Russian ports of the Black Sea, but this was officially denied by the Russian Government on Sept. 5th.

Rumoured Cholera in Turkey and the Mobilisation.

After the Great Powers declared war (or began it without a declaration) Turkey lost no time in mobilising practically the whole of her army. The mobilisation has been on a larger scale, more thorough, more virulent, if the expression may be permitted, than even that of two years ago, when this country was truly at war. No one has been spared; requisitions have been carried out ruthlessly, with little regard for the law on the subject, whether local or international. Some half million or more of men are now in barrack and camp on a war footing, mostly in Adrianople and in other places on the European side of the Bosphorus and Dardanelles. If but one half of the stories be true that are widely repeated respecting the lack of food, proper clothing, and other necessities from which these troops suffer, the condition of the latter must be lamentable indeed. No doubt most of these stories are exaggerated, but it is certain that the men are for the most part very badly found in food and other necessities, and should cholera appear among them it might well cause a serious epidemic. For some time past it has been persistently rumoured that cases of the disease have occurred, first at Eski-shehir, in Asia Minor, then at Tchamlidja, one of the hills near the capital overlooking the Bosphorus, and now in Constantinople itself. Officially, nothing is published as to the truth or untruth of these rumours, but when inquiries are made the reply is carefully worded to the effect that no cases of cholera have occurred "among the civil population."

Cholera (?) in Serbia.

A telegram to the press from Salonica, dated Sept. 13th stated that cholera was prevalent at Nisch, where "many cases have already been observed." This is, however, denied by a press agency telegram from Nisch itself, dated Sept. 19th, which states that not a single case of cholera has been seen there.

Plague in Beirût and the Lebanon.

A few sporadic cases of plague have been observed in or near Beirût since as long ago as October, 1913. On the 27th of that month the first recorded case was seen in a village called Keferchina, situated in the Lebanon, at a distance of two hours from the town of Beirût. The patient was a dock labourer, but no evidence has been furnished as to the source of the infection. A month later, on Nov. 26th, another case was reported, occurring in Beirût itself; the patient was a factory hand. On Dec. 8th a soldier in the Beirût garrison fell ill with the disease, and a second case among the troops occurred on the 13th. The diagnosis in all the cases in the town itself was confirmed bacteriologically. No further case was heard of until May 16th, 1914, when a pupil at the English boys' school was found to be suffering from plague; the boy died on the 17th. On June 16th yet another case was seen; the patient was a man aged 45, a merchant living in the centre of the town; in this, as also in the preceding case, there was bacteriological proof that the disease was plague. On July 6th a mild case was reported, occurring in the south-east quarter of the town; and this was followed by other cases on July 25th, on August 2nd, and on August 23rd.

Plague in Jaffa and Caiffa.

On May 30th a negro "hamal," or porter, a resident in Jaffa, was found to be suffering from plague, and on the same day the body of another negro was discovered, presenting the external appearances of having died from plague. There followed two more cases on June 4th, one on the 8th, one on the 9th, and one on the 26th, since when Jaffa

appears to have been free from the disease. It is remarkable that all these seven cases occurred in negroes and all apparently in the same quarter of the town. The source of the infection was not traced. In most, if not all, of the cases there was bacteriological proof of the nature of the disease. On August 29th a suspected case of plague was reported from Caiffa, but its exact nature was never confirmed.

Plague in Tripoli (Syria).

Only a single case has been reported from Tripoli; it was first seen on June 14th, but the patient, a grocer, was then said to have been ill for seven days.

Plague and Cholera in Greece and in the Islands of the Aegean.

The uncertain political status of many islands of the Aegean has led, among other results, to considerable difficulty in obtaining definite information as to their sanitary state, in respect of the presence or absence of epidemic diseases. Rhodes and the islands of the Dodecanese are in Italian occupation; Chios, Mitylene, and others are in Greek occupation, and few remain definitely in Turkish possession. Rumours of the existence of plague in Chios began to be heard as long ago as May. It seems to have been a fact that four cases of the disease did occur then; but how many more (if any) followed has remained uncertain. Early in August plague was again stated—on no very certain authority—to be present in Chios and in Samos, but no figures were made known, and it was not wholly unsuspected that the report of the existence of the disease in those islands was made with a political rather than with a purely sanitary object. On August 30th the Turkish Legation in Athens telegraphed to the effect that 12 persons arriving at the Piræus from Chios and Mitylene had been found to be suffering from plague and had been isolated at the village of Daphne, near to the Piræus. The telegram added that many cases of the disease were still occurring in Chios and Mitylene; but there has been no confirmation of this from other sources. On Sept. 3rd the Turkish Vice-Consul in the island of Syra (in the Cyclades) reported that a case of plague had occurred there on the 2nd, and that the patient had died on the 3rd. Finally, on Sept. 12th the Turkish Consul-General at Salonika reported that seven cases of plague had been observed there, three of the patients being soldiers and the other four immigrants. No intimation of this outbreak has, however, yet been received from the Greek authorities. On August 5th the Turkish Consul-General at Janina reported that a suspected and fatal case of cholera had occurred there. No subsequent information has been received respecting this case.

Plague in Smyrna.

The first known case of plague in Smyrna seems to have been that of a police official charged with the supervision of dock labourers; he died on the night of July 15th-16th, after three days' illness. On Sept. 2nd another case was reported. The patient, a woman, had been ill since August 22nd, and there was some doubt as to the real nature of the case. Two more cases were reported on Sept. 7th, and the same day it was announced that a grain merchant, who had died on the 5th with uræmic symptoms, had died from plague.

Plague in Adalia.

On July 31st a case of plague was seen in Adalia, on the south coast of Asia Minor, where, it will be recalled, sporadic cases of the disease have occurred almost every summer for many years past.

Plague in Jeddah.

The first case of plague in this year's revival of the disease in Jeddah was seen on Feb. 2nd. Between that date and March 11th some six cases in all were reported—a strikingly small number as compared with other recurrences of the disease here in recent years.

Plague in Basra and on the Tigris.

On May 25th a case of plague was observed in Basra, the patient being a grocer. The following day three fresh cases were admitted to the American hospital (situated on the canal which joins the town of Basra to the great Shatt-ul-Arab river). These were followed by several other cases, and between the date named and July 17th 20 cases, with 12 deaths, were recorded. It may be added that one of these cases occurred on the premises of the principal

British navigation company in those waters, and that several dead rats were found on these same premises. On June 23rd the dead body of a passenger on one of the river boats that ply between Basra and Bagdad was landed at Kut-el-Amara, one of the principal places of call of these steamers, three days' voyage from Basra (on the upward journey). Fortunately there was no spread of the disease in Kut-el-Amara or elsewhere.

Plague in the Russian Steppes.

Since my last letter on this subject¹ the following have been the principal outbreaks of plague in the Kirghiz and Kalmuck steppes of Southern Russia. In the autumn of last year plague was present in four places in the Don Territory. At Novopetrovsk 35 cases with 34 deaths occurred between Oct. 7th and 28th; at a farm at Kalatch 5 cases with 4 deaths were seen between Oct. 11th and 28th; at Breslavsk also 5 cases with 4 deaths occurred between Oct. 16th and 29th; and at Gromoslavsk a few cases also occurred about the same time. On the other hand, an official notice of Nov. 9th stated that in all 58 cases of plague, all of the pulmonary variety and all fatal, had been registered in the Don Territory between Oct. 9th and Nov. 4th. Two medical assistants, named Kurilkin and Serpokarylof, died from the disease in this province. A severer outbreak occurred in the Uralsk province in November. Between the 2nd and 30th of that month 319 cases of the disease and 290 deaths were recorded, and at the last-named date 19 were still under treatment. This outbreak occurred mainly at Inder, in the district of Lbishtchensk, but there were also cases at Kalmykof, Kizildjar, and Djaksibaief. There was a revival of the disease at Inder in March of this year, when, between the 15th and 29th of the month, 16 cases of plague, all fatal and mostly of the pulmonary form, were recorded. In the Astrakhan government three cases of plague were seen at Aktubé at the end of December last. In the past summer several other centres became infected. Cases of the disease were seen at Boulanaï, Manish-Tchagyl, Bektass-Tchagyl, and Tourgun, in the Kirghiz steppes of this government; at Arkhanskoé-Tebé, Kekshin, and Goubia, in the Kalmuck steppes; and in the village of Tsaref (all in the Astrakhan government). The total number of cases of plague here, between May 25th and July 16th, was 48, and 45 of these were fatal. (All the dates mentioned above are according to the New Style.) Between the last-named date and July 23rd no fresh cases were seen in this government. At Arkhanskoé-Tebé a member of the medical staff, Dr. Yefimof, caught the disease in its pulmonary form from a patient and died from it.

Constantinople, Sept. 19th.

¹ THE LANCET, Nov. 29th, 1913.

A MEETING of the Society for the Study of Inebriety will take place next Tuesday, Oct. 13th, at 4 P.M., when a discussion on Drug Addiction in Relation to Mental Disorder will be opened by Dr. Robert Armstrong-Jones.

UNIVERSITY OF LONDON: UNIVERSITY COLLEGE.

—The following Entrance Scholarships and Exhibitions have been awarded in the Faculty of Medical Sciences:—Bucknill Scholarship (135 guineas), B. Rosenstein, of Westminster City School. First Medical Exhibition (55 guineas), H. N. F. Cook, of University College, London. Second Medical Exhibition (55 guineas), A. W. Holgate, of Alleyn's School, Dulwich. Proxime accessit, M. Baranov, of King Edward VII. School, Johannesburg, and University College, London. Epsom Free Medical Scholarship, H. E. Beasley.

DONATIONS AND BEQUESTS.—The late Mr. John Railton, of Alderley Edge, Cheshire, has left £1000 to the Manchester Royal Infirmary, Dispensary, and Asylum; £500 to the Manchester Royal Eye Hospital; and £500 to the St. Mary's Hospitals, Manchester, which include St. Mary's Hospital and the Manchester and Salford Lying-in Hospital, the Manchester Southern Hospital for Women and Children, and the Manchester Maternity Hospital.—The Royal Berkshire Hospital will receive £300 under the will of the late Mrs. Elizabeth S. Neall.—Under the will of the late Dr. Aldis Wright, LL.D., the Beccles Hospital will receive £500. The testator also left £5000 and his books to Trinity College, Cambridge.

Obituary.

SIR HENRY DUNCAN LITTLEJOHN, M.D. EDIN.,
F.R.C.S. EDIN., LL.D. EDIN. (HON. CAUSÂ),

LATE PROFESSOR OF FORENSIC MEDICINE, EDINBURGH UNIVERSITY;
EX-PRESIDENT, ROYAL COLLEGE OF SURGEONS, EDINBURGH;
AND MEDICAL OFFICER OF HEALTH OF EDINBURGH.

Sir Henry Duncan Littlejohn died at his country residence, Benreoch, Arrochar, N.B., on Sept. 30th, at the age of 86. He had been in poor health for the preceding three years, and this, together with his ripe age, rendered his death, though deeply regretted by many friends, the community at large, and his profession in particular, hardly unexpected.

Henry Duncan Littlejohn, who was the son of Thomas Littlejohn, a well-to-do merchant and burgess of Edinburgh, was born in that city in 1828. He received his general education at Perth Academy, and subsequently at the Edinburgh High School, whence he entered the University of Edinburgh. He graduated there as M.D. in 1847, and in the same year became a Licentiate of the Royal College of Surgeons of Edinburgh at the extra-mural school of which he received part of his medical education. He was admitted to the Fellowship in 1854. He studied for a while at the Sorbonne, in Paris, and also at the Universities of Vienna and Berlin. In 1855 he was appointed lecturer on medical jurisprudence at the Royal College of Surgeons, which post he continued to hold for 42 years, until, in fact, on the death of Sir Douglas Maclagan, he succeeded him in the corresponding professorship at the University of Edinburgh, being then in his sixty-ninth year.

In September, 1862, Sir Henry Littlejohn was appointed medical officer of health of Edinburgh, and it was in this capacity that he first set out on the road to distinction. Edinburgh was about that time a hotbed of epidemic fever, and he prepared a monumental report on the sanitary condition of the city, which dealt in an illuminating manner with the overcrowding, the filthy condition of the closes and houses, especially in the old town, the condition of the byres and bakehouses, the drainage, the water-supply, and so forth. His observations bore fruit (being reinforced in 1866 by another outbreak of cholera) in the passing of the Edinburgh City Improvement Act of 1867. The Improvement Trust, which demolished many of the slum districts and replaced them by new streets at a cost of over half a million sterling, was the outcome of this excellent work. To detail the work of Sir Henry Littlejohn in the field of public health would be to recount the entire sanitary history of Edinburgh for a period of 46 years—viz., until his resignation of the office in 1908. Special mention, however, must be made of four points in connexion with this work. To him is due, first, the origination and completion of the Hospital for the Treatment of Epidemic Diseases; secondly, the development of notification of infectious diseases; thirdly, the establishment of a higher standard of physical comfort among the working classes; and lastly, and in consequence, a progressive fall in the death-rate of the city from an average around 34 per 1000 in the "sixties" to 14·3 per 1000, its present figure in the last annual report. Sir Henry Littlejohn's work in this capacity brought him into intimate relations with the Board of Supervisors, now the Local Government Board for Scotland, by which his