

296 in the week ending the 4th inst. During the thirteen weeks of last quarter the death-rate in the city averaged 30.0 per 1000, the rate during the same period not exceeding 19.3 in London and 18.1 in Edinburgh. The 200 deaths in Dublin last week showed an increase of 14 upon the number returned in each of the preceding two weeks, and included 8 which were referred to scarlet fever, 6 to whooping-cough, 4 to "fever" (typhus, enteric, or simple), 3 to measles, 2 to diphtheria, 1 to diarrhoea, and not one to small-pox. Thus 24 deaths resulted from these principal zymotic diseases, against 20 and 31 in the preceding two weeks; these 24 deaths were equal to an annual rate of 3.5 per 1000, the rate from the same diseases being 3.3 in London and only 0.6 in Edinburgh. The fatal cases of scarlet fever, which had been 4 in each of the previous two weeks, rose to 8 last week, and exceeded the number in any previous week since the middle of January. The deaths from whooping-cough and diphtheria also showed an increase upon recent weekly numbers. The deaths referred to measles, "fever," and diarrhoea, on the other hand, showed a decline. Six deaths from violence and but 3 inquest cases were registered. The deaths included 55 which were recorded in the public institutions. The proportion of deaths of infants and of elderly persons was smaller than in recent weeks. The causes of 22, or 11 per cent., of the deaths registered during the week were not certified.

THE SERVICES.

The *Ganges* hospital ship arrived at Alexandria on the 4th inst., and subsequently left for Portsmouth with a full complement of sick on board.

WAR OFFICE.—Army Medical Staff: Surgeon-Major Thos. Ramsay is granted retired pay, with the honorary rank of Brigade Surgeon.

MILITIA MEDICAL STAFF.—The resignation of the Commission held by Surgeon-Major Charles William Marriott, M.D., 4th Battalion, the Royal Warwickshire Regiment, notified in the *London Gazette* of May 22nd, 1885, is cancelled; Surgeon Thomas Carter, 4th Battalion, Princess of Wales's Own (Yorkshire Regiment), to be Surgeon-Major.

ADMIRALTY.—The following appointments have been made:—Surgeon Harold F. D. Stephens, to the *Grappler*; Surgeon Nicholas C. Ross, to the *Cambridge*; Surgeon Matthew Digan, to the *Duke of Wellington*; and Surgeons Wm. R. M. Young and Alex. B. Murdock, to the *Alexandra*, additional.

ARTILLERY VOLUNTEERS.—3rd Lancashire: Acting Surgeon John Joseph Neville resigns his appointment.

RIFLE VOLUNTEERS.—3rd Volunteer Battalion, Northumberland Fusiliers: Acting Surgeon Samuel McBean resigns his appointment.

Correspondence.

"Audi alteram partem."

"A REMARKABLE CASE."

To the Editor of THE LANCET.

SIR,—Permit me to add to an account of "A Remarkable Case" published in your number of July 4th some details, without an acquaintance with which an imperfect impression of the nature of the case may be left on the minds of your readers. The mention of my name by Dr. Aveling enables me to identify the patient beyond mistake.

The patient, a lady aged thirty-nine, tall, with regular features, of stylish appearance, speaking fluently, without hesitation, and with perfect articulation, upon entering my room one morning in February last, began our interview with the request that I would look at her face and tell her what I saw wrong in it. Failing to detect anything wrong in it, I said so; upon which she rejoined, "Do you not see the swelling above my nose?" None was apparent to me, nor was any enlargement or thickening of the nasal or frontal bone to be detected by touch. She now first informed me that on account of an uncomfortable sensation above the root of the nose in the lower part of the forehead she had very recently consulted a surgeon, who said that the air-

cells were broken, that the air they should contain was now replaced by water, and that for the evacuation of this water an operation was required. Alarmed at this, she decided not to submit to the proposed operation until the necessity for it had been confirmed by two other surgeons. She had, therefore, by the advice of the family doctor, consulted me, and intended, she said, after hearing my opinion, to visit a third consultant. Some days later she wrote me that she had done this, and that his opinion of her ocular symptoms agreed with mine. She complained not only of the fronto-nasal discomfort already mentioned, but of a "buzzing" (*sic*) in the left eye, weariness of the eyes on close application, and of noises in the left ear. These disorders, which were first noticed by her a fortnight previously, she attributed to a slight blow received in the previous October. Three years before this she had had a very severe illness—pleurisy and pericarditis. Her confinements (three) were attended with great floodings. Inspection of her pharynx and nasal passages showed puffiness and undue vascularity of their mucosa, and it was thought probable that her fronto-nasal uneasiness might depend on a similar condition of the mucosa lining the frontal sinuses; and there being no evidence whatever of distension of these sinuses—mucocoele—no indication for an operation for opening these cavities was considered to exist. The examination of her eyes showed the proximate point of distinct vision to lie at ten inches; that when either eye was covered, the uncovered eye fixed an object at the distance of a few inches; the covered eye diverged; and that when both eyes fixed the same object, uneasiness in the eyes was quickly felt. The visual acuity of the left eye was $\frac{2}{3}$, nearly $\frac{2}{3}$ of Snellen's scale. Lines intersecting the horizontal at about 35° appeared to the left eye blurred, and were not quite cleared by any + or - glass. The visual acuity of the right eye was normal. The above symptoms indicated presbyopia = $\frac{1}{10}$, slight irregular astigmatism in the left eye, and insufficiency of the internal recti muscles. An examination of the left ear showed the external auditory meatus to be unobstructed, and no abnormal appearances either in it or in the membrana tympani were noticeable. Impact of air in the membrana tympani, when the pharynx was distended and expiration attempted with the mouth and external nostrils closed, was both unnoticed by the patient and inaudible by myself with a stethoscope, whilst it was distinctly audible on the right side. A watch-tick was heard distinctly by each ear at the distance of two feet. She complained of tinnitus in the left ear. From these symptoms it was inferred that the left Eustachian tube was obstructed, and the impediment was judged to be due to puffiness of its mucosa. The characters of the above symptoms collectively, and the long interval which had elapsed between their first appearances and the receipt of the slight blow, about three months, were inimical to the supposition that they were due to this accident. The discomfort resulting from the above disorders appeared to be exaggerated by a neurotic temperament. Their direct causal dependence on the uterine disorder is difficult to understand.

I am, Sir, yours faithfully,

Old Burlington-street, July 4th, 1885.

J. W. HULKE.

THE POLITICAL BEARINGS OF MEDICAL RELIEF.

To the Editor of THE LANCET.

SIR,—Your article on the above subject is of more than passing importance to medical men, and more especially so to such of them as hold Poor-law appointments. The question demands, before it becomes law, their most serious consideration, and it should be approached entirely apart from its political issues.

As it stands now it is simply a party question, and is made by place-seekers a peg on which to hang a diatribe against the House of Lords. Now, in whatever way politicians look at the matter, this is not the way we medical men should; to us and to the poor it is of vital interest, and the question arises, What will be the effect upon the pauper in the present and in the future if he is raised to the position of an elector? My own humble opinion is that it is offering a premium to pauperism. I have always been led to believe that any legislation that tended without impoverishing the poor to raise them in the social scale,

teach them thrift, self-reliance, and self-respect, was a desideratum. If the desire to possess a vote is considered by the labourer to be what some politicians would have us believe—a strong one, surely,—it is not too much to expect in return for it some of those good qualities I have mentioned, combined with a little more desire to provide for sickness and a little too much pride to go to the parish before going to the poll. I have, in common with most Poor-law medical officers, a most profound sympathy for the labouring poor, but at the same time I cannot help seeing that a great deal of misery among them is due to their being so prone to look upon charity as their right, and pauperism as no degradation at all. The present Poor Laws are a curse; they foster pauperism, and are not generous enough to those upon whom age and infirmity have laid their cold and cruel burdens. If the pauper is to have a vote (how generous it is to give him what costs nothing!), let it be given to the aged man who has worked all his days, and who, more shame to the country, has, after his labour is over, to exist on half-a-crown a week; and not to the young one, who generally requires medical relief—the first step in pauperism—because he is too improvident, careless, or intemperate to make the best use of his earnings. To give such as these the rights of citizenship and the power of legislating for those more thrifty and deserving brethren in their own sphere of life would be unjust, and would, by its demoralising tendency, eventually increase pauperism to an enormous extent—a consummation, even for the sake of the poor themselves, to be deplored and, if possible, discouraged.

Now, no set of men know more of the poor and their requirements, and are more anxious for their welfare socially and politically, than we Poor-law medical officers; therefore would it not be possible, through your columns, to find the opinion and feeling of them on this important subject, a subject on which so much of the prosperity of millions yet unborn depends? There are in our ranks men of every shade of political thought, and I feel sure that they would express their convictions on such a subject more in its social than its political bearings. To us it is not a party question, nor is it so to the poor themselves; and what the country would like to know is, whether giving a vote and medical relief combined will tend to destroy self-reliance, thrift, and the desire to live for something better than the workhouse, a parish coffin, and a pauper's grave, or whether it will not.

Your excellent article is forcibly adverse to giving the recipient of medical relief a vote. Let us see whether your opinion is endorsed by the profession at large. At all events, no party can accuse us of ever wishing to be unjust or to oppress the poor committed to our charge; and therefore, if we as a body are adverse to the scheme, it is from the conviction that it would not be for the social benefit of the poor.—I am, Sir, yours faithfully,

N. E. DAVIES, L.R.C.P. Lond., M.R.C.S.E., &c.

Sherborne, July 6th.

VACCINATION.

To the Editor of THE LANCET.

SIR,—Having been public vaccinator to the western district of Brighton for twenty years, and having witnessed the experiments performed by Mr. Badcock in inoculating his cows with the small-pox, will you allow me to make some observations in your widely circulated journal, the result of my experience upon the subject. During that period my colleagues and myself vaccinated more than 17,000 persons. In each case nothing but vaccine resulted, no other disease of any kind, no permanent injury to the constitution whatever.

The excessive infectiousness of the small-pox is shown in a fact I have witnessed in my practice. A mother perfectly free from the small-pox herself gave birth to an infant covered with the small-pox. On the other hand, the wife giving birth to an infant while the husband was suffering from the small-pox, Mr. Rugg, my colleague, immediately vaccinated the new-born infant and saved it from the small-pox, thus showing the harmless nature and the protective power of the vaccine.

On reading a paper upon the subject at the time I exhibited to the Brighton Medical Society photographs of the vaccine vesicle as it appeared upon the cow, produced

by inoculating her with the human small-pox. Thus you put the disease as it were into an alembic. You put in a disease which is confluent, diffusing itself over the whole system. You take it out confined to one small vesicle; you put in a very infectious disease, you take out a disease that is not infectious at all; you put in a pestilence which sends millions of victims to an early grave, you take out an illness which never endangers life. Anyone can obtain gratuitous vaccination at a public station, the fee (1s. 6d.) being paid from the public funds. I would suggest that where there is sufficient population, a vaccination station should be appointed for the more wealthy class, where, for an adequate fee (each practitioner in the district taking it for a term), vaccination and revaccination could always be obtained.

Jenner discovered that if a human subject were inoculated with a harmless disease which rose in a vesicle on the cow, it would prevent the small-pox. By inoculating the cow with the human small-pox Messrs. Ceely and Badcock produced the very same vesicle which Jenner discovered fifty years before. During the fifty years Jenner's vesicle was in use it passed through more than 2500 persons. Upon comparing it with that produced by Dr. Badcock, it was shown to be identically the same, unaltered. Vaccinated with only the first charge, according to Jenner's rules, no other disease ever was or ever can be imparted. I used Mr. Badcock's ichor, not that it differed from Jenner's, but I liked its pedigree better. I want nothing purer, more unmixt with other diseases. I require nothing more harmless in the system. An epidemic of small-pox occurring in Brighton subsequently to my retiring from practice, Mr. Ross informed me not one of those whom I had vaccinated was attacked with the disease. Take an infant perfectly healthy in a healthy atmosphere, let it be vaccinated according to Jenner's instructions from the first charge only of a genuine Jennerian vesicle, let all sources of contamination from other diseases be excluded, then, judging from my experience of twenty years' public vaccination in Brighton, I could say, my life for his if it be lost from the sole cause of vaccination.

I am, Sir, yours &c.,

D. RICHARDSON, M.R.C.S., &c.

Newhaven, Sussex, June 20th, 1885.

HEMICHOREA IN AN AGED PERSON.

To the Editor of THE LANCET.

SIR,—The occurrence of chorea in old people has furnished a subject for several contributions to the last two volumes of THE LANCET. In an interesting paper by Dr. Saundby (vol. ii., 1884, p. 948), Charcot's conclusions as to the essentially chronic nature of this form of the ailment, its association with dementia, and its incurability, have been called in question. The latter's observation, that "there is no cure for it," has been disproved by at least two cases reported, and the following instance, as also modifying that verdict, may not be devoid of interest:—

On April 28 last I saw for the first time Mrs. M—, aged seventy-four, suffering from distinctly choreic phenomena affecting the left side. The woman, during a fairly healthy life, has passed through an attack of cholera, but never had rheumatism. She has had seven children, four of whom died after reaching adult life, three from chest affections, and one from what was said to be abscess of the brain. The remaining three are still alive, and have healthy families. Of late she had been feeling rather low in condition, and this she ascribed to having nursed her husband through an illness. For this she had been advised to try a daily glass of rum and milk, and her relatives noticing that she had become recently somewhat excitable and irritable, were now suspicious that the beverage had been resorted to more often than was prescribed. I found her of spare but not ill-nourished body, with no joint swellings and no abnormal cardiac signs, though the superficial arteries were markedly cord-like. She appeared very intelligent and cheerful. Ten days before I was called she had first noticed a frequent involuntary twitching about the shoulder, and as she had just been engaged in some garden duties this was set down to a supposed strain. By degrees the movement involved the whole arm and fingers, the tongue became similarly affected, and the utterance faltered, and ultimately the whole movements got so violent that she decided on calling in medical aid. I found the shoulder, arm, fingers, and tongue almost