

of the two preceding weeks, increased to 12 last week, and included seven (three of which were fatal cases of bubonic plague), in Glasgow. The deaths from whooping-cough, which had declined from 25 to 20 in the four preceding weeks, further fell last week to 12, of which five were registered in Glasgow, three in Dundee, and two in Greenock. The fatal cases of diphtheria, which had increased from three to 11 in the four preceding weeks, declined again to seven last week, and included four in Glasgow. The deaths from scarlet fever, which had been seven and four in the two preceding weeks, rose again last week to six, and were all recorded in Glasgow, where three of the five deaths from measles were also registered. The deaths referred to diseases of the respiratory organs in these towns, which had been 70 and 101 in the two preceding weeks, declined last week to 100, but showed an excess of 33 over the number in the corresponding period of last year. The causes of 31, or more than 5 per cent., of the deaths in these eight towns last week were not certified.

#### HEALTH OF DUBLIN.

The death-rate in Dublin, which had been 22.2 and 24.5 per 1000 in the two preceding weeks, was again 24.5 during the week ending Sept. 29th. During the 13 weeks of the quarter ending on Saturday last the death-rate in the city averaged 22.7 per 1000, the rate during the same period being 17.9 in London and 16.9 in Edinburgh. The 164 deaths belonging to Dublin registered during the week under notice corresponded with the number in the preceding week, and included 25 which were referred to the principal zymotic diseases, against 44 and 31 in the two preceding weeks; of these 18 resulted from diarrhoea, four from "fever," and three from whooping-cough. These 25 deaths were equal to an annual rate of 3.7 per 1000, the zymotic death-rate during the same period being 2.5 in London and 2.9 in Edinburgh. The fatal cases of diarrhoea, which had been 20, 27, and 24 in the three preceding weeks, further declined last week to 18. The deaths referred to different forms of "fever," which had been seven and three in the two preceding weeks, rose again to four last week. The three fatal cases of whooping-cough were equal to the number recorded in the preceding week. The 164 deaths in Dublin last week included 49 of infants under one year of age and 33 of persons aged upwards of 60 years; the deaths of infants exceeded the number in the preceding week, while those of elderly persons showed a slight decline. Four inquest cases and three deaths from violence were registered, and 53, or nearly one-third, of the deaths occurred in public institutions. The causes of 13, or nearly 8 per cent., of the deaths in the city last week were not certified.

## THE SERVICES.

### ROYAL NAVY MEDICAL SERVICE.

THE following appointments are notified:—Fleet Surgeon G. Kirker to the *Trafalgar*. Staff Surgeons: P. E. Maitland to the *Sybil* and A. Cropley to the *St. George*. Surgeons: E. H. McSherry to the *Pallas*; and T. T. Jeans to the *Thunderer* for Pembroke Dockyard.

### ROYAL ARMY MEDICAL CORPS.

Major J. Hickman has joined at Woolwich.

### ARMY MEDICAL RESERVE OF OFFICERS.

To be Surgeon-Majors: Surgeon-Captain George Hollies; Surgeon-Captain George Henry Darwin, 2nd Volunteer Battalion Manchester Regiment.

### VOLUNTEER INFANTRY BRIGADE.

Northern Counties: Surgeon-Major G. W. Brumwell. 2nd Volunteer Battalion the Border Regiment, to be Brigade-Surgeon-Lieutenant-Colonel, on appointment as Senior Medical Officer to the Brigade.

### TRANSVAAL WAR NOTES.

Lieutenant-Colonel J. J. Falvey, R.A.M.C., Captain Vidler, R.A.M.C., Lieutenant M'Loughlin, R.A.M.C., and Captain O'Connor, M.M.S.C., are on passage home from the Cape in the *Kildonan Castle*. Major Sir J. R. A. Clark, R.A.M.C., and Major Moir, R.A.M.C., are on passage home from the Cape in the *Briton*.

The following officers of the Royal Army Medical Corps

have been discharged from hospital and have returned to duty:—Lieutenant A. H. H. Niblett, Lieutenant J. Tandy and Lieutenant-Colonel Battersby.

The *Avoca* arrived at Southampton on Oct. 2nd with 18 officers and 259 men invalided and wounded from South Africa.

### THE APPOINTMENT OF COMMANDER-IN-CHIEF.

The retirement of Lord Wolseley from the office of Commander-in-Chief of the British Army and the appointment of Lord Roberts as his successor are events which should not be allowed to take place without a word of comment on our part. It goes without saying that Lord Wolseley is a thorough soldier. He has had a most distinguished career and his brilliant military services will always, and very deservedly so, occupy a prominent place in the military history of this country. His conduct of the Egyptian campaign of 1882 was marked by great originality of conception and boldness of execution. His lordship, it will be remembered, did not give that amount of credit and support to the medical service on that occasion which the officers of that service thought that they had a right to expect; but that is no reason why his ability and great services in the field and to the nation should not be cordially recognised. There is no need to touch upon Lord Roberts's services because they are well known and speak for themselves. The officers of the medical service have every reason to be satisfied with, and grateful to him for, his handsome recognition of their work in the present war.

### THE ASHANTI RISING.

But for the fact that the public mind has been so occupied with events which have been taking place in South Africa and China, the military operations against the Ashantis would no doubt have received far more attention than has been bestowed upon them. The fighting has been severe; the operations have apparently been skilfully planned and conducted, and several of the engagements with the enemy have been of a brilliant kind. Owing to the climate and to the nature of the country and to the fact that the troops have frequently had to advance through dense bush, the campaign has been a very trying one and the progress has been slow. The force on the British side has been mainly a native one, composed of such corps as the Central African Rifles, West African Frontier Force, and others, and it is probably owing to this fact that it has been relatively healthy and that the men have suffered much less from climatic disease than might have been expected. We regret to notice that the death of Dr. Langstaff, serving with the force, has been reported in a letter from the special correspondent of the *Standard*.

### THE LATE LIEUTENANT-COLONEL M. R. RYAN, R.A.M.C.

At a recent meeting of the sanitary board at Hong-Kong, Mr. J. Bell, L.R.C.P. Lond., M.R.C.S. Eng., vice-president and acting principal medical officer, the chairman, brought forward a resolution of regret for the loss which they had sustained by the death of one of their members, Lieutenant-Colonel M. R. Ryan, R.A.M.C., who had succumbed to an attack of pneumonia. He was a prominent member of the board, which could ill afford to lose a member, especially when that member was a medical man, and one who had served in one of the best medical schools in the world. He begged to move that the board express its deep regret at the death of Lieutenant-Colonel M. R. Ryan, R.A.M.C. The resolution was declared carried.

## Correspondence.

"Audi alteram partem."

### "THE NOTIFICATION OF PLAGUE."

To the Editors of THE LANCET.

SIRS,—In an annotation in THE LANCET of Sept. 29th, p. 959, on the notification of plague you truly say that it is undoubtedly difficult for a practitioner to diagnose a disease which he has never seen. I would add that the difficulty becomes extreme when you have—as is often the case with poor people who can only afford to pay for one visit—to make your diagnosis on a first, or even a second, examination in a dark room with filthy surroundings. You also wisely advise your readers to go carefully over the Glasgow cases which you

have fully published from week to week. It is evident that the early diagnosis in general practice of plague is of national importance, and as we all learn far more from a mistaken than from a correct diagnosis I venture to supplement the report of one of the cases mentioned in Dr. A. K. Chalmers's valuable weekly report and at the same time to bring out two interesting facts from a practitioner's point of view. He refers to this case in this week's report as "Rosina M., unmarried, aged 25, of 23, Florence-street, sickened on August 23rd, and her illness was not recognised till Sept. 10th. She had no regular medical attendance."

I was called in to see this patient for the first time on Sept. 10th, and having seen the first cases, the Malloy cases, as well as the other cases at present in Belvidere Hospital, I had no difficulty in diagnosing bubonic plague, for in answer to my question: What is the matter with you? she at once directed my attention to very palpable, painful buboes in each groin. Moreover, she worked beside the other young women who had been to the "wake" in Rose-street and are now in Belvidere Hospital with plague. I learned from her mother that during her illness of 18 days she had been seen twice by a medical man. His first visit was when she sickened and was "raving," and his second visit was 14 days later. On calling on him he informed me that on his first visit her temperature was 104° F., but on his second visit it was normal. He thought, not unreasonably, that the buboes were most probably gonorrhoeal. I may add that when I saw her on Sept. 10th her temperature was normal, there was no rash or mottling of the skin, nor was there anything apparently the matter with her but the painful buboes in each groin. Now the two points I wish to emphasise are (1) that unless seen early the temperature, which would be a valuable differentiation sign between plague buboes and gonorrhoeal buboes, would be absent; and (2) that in my limited experience in cases where I suspected gonorrhoea in women I have never seen buboes although I often see them in men. I think that the common sequel of gonorrhoea in women is not a bubo but inflammation and suppuration of the vulvo-vaginal or Bartholin's glands. If buboes are a rare sequela of gonorrhoea in women—and an authoritative statement at present on this point might be important—the fact of finding buboes in a woman, even with a history of suspected gonorrhoea, and especially with a rise of temperature, ought at the present time strongly to suggest bubonic plague.

I am, Sirs, yours faithfully,

Glasgow, Sept. 29th, 1900.

THOMAS COLVIN.

## "INOCULATION AGAINST TYPHOID FEVER."

To the Editors of THE LANCET.

SIRS,—On seeing the leading article on this subject in THE LANCET of Sept. 29th (p. 952), I again studied the official report referred to, but must confess that I can see no reason to modify my criticism of it in the *Times* of Sept. 24th. Paragraph 3 of the report seems quite explicit, and the inoculation was certainly put a stop to at one time. Here is the passage:—

..... and it appears to have been understood from the concluding portion of the War Office letter of 24th January, 1898, that the objection of Lord Lansdowne to the introduction of the treatment applied rather to the formal authorisation of inoculation at the public expense than to voluntary operations at private cost. Under this supposition the latter have been carried out at certain stations (advantage being taken of the presence of Professor Wright in this country as a member of the Plague Commission), though without the sanction of the Government of India or of the Commander-in-Chief. On the facts becoming known, however, orders were issued to stop further inoculations, and the treatment has accordingly been abandoned.

The italics are mine. We have a perfectly clear statement, not only that the "inoculation at the public expense" was prohibited, but that when it became known that Professor Wright, then in India on the Plague Commission, was carrying on "voluntary operations at private cost," these, too, were put a stop to. If this is not "express prohibition" of inoculation against typhoid I do not know what is—at all events it seems to have effectually stopped it for a considerable period. That inoculation was resumed after August, 1899, has nothing to do with the question raised by me. I ask *why it was* that the measure was checked in 1898. I submit that though Government might reasonably have refused to encourage "inoculation at the public expense"—though even this was in my own humble opinion thoroughly bad policy—yet they had no justification for going so far as

to stop Dr. Wright's private inoculations altogether. In doing so they practically took up the position that the inoculation is *harmful*—that their own leading pathologist was going about poisoning their soldiers. If they did not think so, why did they prohibit the measure?

I am, Sirs, yours faithfully,

Liverpool, Oct. 2nd, 1900.

RONALD ROSS, D.P.H.

## BERI-BERI.

To the Editors of THE LANCET.

SIRS,—Into the Provincial Hospital, Port Elizabeth, to which I was attached for many years, cases have been admitted from ships arrived from the East the diagnosis of which has been disputed. They have presented symptoms I think common to two diseases—"malaria," so called, and "beri-beri." Being health officer to the port as well as medical officer to the hospital some eight or 10 years ago I sent on shore several members of a crew who had been in an Eastern port. They were stated to have suffered from "fever" more or less for a considerable time; they presented, if I remember rightly, the usual appearance of fever-stricken patients—anæmia, sallow skin, emaciation, and more or less œdema of the limbs, &c.—a picture familiar to anyone who has lived in the East, Mauritius, or Madagascar. It so happened, I think, that the subject of beri-beri was being written and talked about at that time and it became a disputed point whether the men should be allowed to remain in or be removed to the lazaretto. Having on previous occasions admitted men in like condition without ill result following I pressed their being allowed to stay, which was done. No harm came from it, and after good nursing and rest they were allowed to go out to be sent home by steamer on a certificate from me that no harm was to be anticipated. No deaths occurred. Had these been the subject of beri-beri the outcome of the affair, I imagine, would have been very different as regards the patients themselves. I had never seen a case of beri-beri, neither had any of the local medical men. All we knew of the malady was from books. Since then I learn that "beri-beri is an endemic form of 'peripheral neuritis,' pathologically in the same category as diphtheria, alcoholic, and other forms of neuritis." In a late Port Elizabeth paper I learn that cases have occurred in Algoa Bay of a like nature, that the port officer advised their admission into the Provincial Hospital, that the hospital authorities objected, and I believe the men were sent to a lazaretto.

To prevent any further friction in similar cases I should like to be informed in the pages of THE LANCET what is the differential diagnosis between cases of long-standing malaria and the disease called "beri-beri." Some of your readers who have had experience in the East might supply this information with great service to patients and hospital authorities. If there be a well-recognised "bacillus beri-beri," by sending a specimen of blood or local effusion to the nearest bacteriological institute—e.g., that of Graham's Town—this question might be decided at once and acted on. And what is the difference between the bacillus of "malaria" fever and that of beri-beri, if there be any? Is beri-beri considered infectious? It appears to be frequently fatal, hence the necessity of strict care in admitting such cases; but how to prove their nature? From experience I know nothing of beri-beri, but from books only. The difference between extreme cases of malaria and beri-beri is difficult to decide and I apprehend that the bacteriological examination of blood and tissues of these cases is the only scientific guide for action. The evidence of experiment and experience is much desired.

I am, Sirs, yours faithfully,

Oct. 2nd, 1900.

F. ENSOR, M.R.C.S.

## "ANNUAL REPORT FOR 1899 ON BIRTHS, DEATHS, AND MARRIAGES IN IRELAND."

To the Editors of THE LANCET.

SIRS,—In thanking you very heartily for the complimentary remarks you were pleased to make in your review in THE LANCET of Sept. 29th, 1900 (p. 963), of the Annual Report of the Registrar-General for Ireland for 1899 on my meteorological observations I wish to correct