

to 0·75 per cent. of the whole, in which vaccination was temporarily postponed on account of the children's state of health. The proportion of children not coming within the above categories amounts to about 3·8 per cent. of the whole, the large majority being cases which, on account of the removal of the parents after the registrations of the births, the vaccination officers were unable to trace. No doubt, it is observed, such cases are especially numerous in years when, as in 1877-78, trade is bad, and there is much movement of labourers from place to place, sometimes in search of work, sometimes in search of cheaper quarters.

"It thus appears," the report continues, "that of the entire number of children born, only about  $4\frac{1}{2}$  per cent. remain unaccounted for as regards vaccination in the returns. This proportion is larger by a small fraction than that of the children similarly unaccounted for in 1876, but is smaller than in previous returns, the percentage in the six years 1872-77 being 5·1, 4·8, 4·8, 4·7, 4·3, and 4·5 respectively. Making allowance for a not inconsiderable number of cases in which children have been vaccinated, although vaccination has not been certified, or the certificate has not been registered, and for those in which vaccination, postponed at the times when the returns were made up, has been subsequently performed, we may safely assume that the proportion of children born during these six years and now living without protection against small-pox is considerably less than 4 per cent."

The district in which the largest proportion of children escape vaccination is the metropolis. This is attributed chiefly to the migratory habits of certain classes of the population. The number of children who escape yearly from vaccination in London, or of whom there is no proof of vaccination, is stated to be about 9000, and so far as they really are unvaccinated they constitute a serious danger and widen the field of small-pox.

The awards given to public vaccinators in recognition of excellence of work done and careful observance of the instructions and regulations on the subject amounted to £16,906 17s. 4d. The applications to the National Vaccine Establishment for supplies of vaccine lymph during the year were 9410, and to meet them 36,633 charges of lymph were issued. The question of "animal vaccination" was under the consideration of the Board, but since the period to which this report refers the Board has determined upon certain measures with regard to this subject which render further allusion to it here unnecessary. Numerous inquiries were undertaken by the medical department of the Board with reference to outbreaks of disease and other sanitary matters, more particulars as to which will be here deferred until the special report of that department appears.

The number of annual reports sent by medical officers of health to the Board, in accordance with their instructions, during the year amounted to no less than 1403. The reports, it appears, present great diversity, but on the whole, the Board says, they exhibit progress from year to year, in correctly appreciating the questions with which the medical officer of health has to deal.

An inquiry has been instituted (or rather return called for) by the Board relating to the sanitary condition of the various districts, which have been the subject of special inspection by their medical inspectors since 1871. The report of the inquiry (or return) will be presented to Parliament, and will be looked for with much interest.

The Board has received several petitions from local authorities in favour of a general compulsory enactment that all householders, or all medical practitioners, should notify to the sanitary authority the outbreak of infectious disease. The Board, however, holds that further experience is required of the working of such schemes on the subject as exist under local Acts, before venturing to introduce a general measure. The Board, however, thinks it may be necessary to strengthen the hands of sanitary authorities with reference to the closing of schools on account of local epidemics of infectious disease.

Numerous other subjects touching sanitary administration enter into the report, for which, however, we must refer to the report itself.

On the 11th inst. a bust of Lord Provost Boyd was presented to the Royal Infirmary of Edinburgh by Sir Robert Christison. An inscription on the pedestal of the bust states that the erection of the new Royal Infirmary was due to the exertions of Lord Provost Boyd.

## THE SERVICES.

### THE AFGHAN WAR—KANDAHAR.

WE have received a letter from a correspondent with the Kandahar Army giving us some particulars of the force in occupation since the disaster of the 27th July. He describes the time as having been a most anxious one, not so much on account of scarcity of provisions or water as the intense heat of the weather, added to the confined space occupied by the garrison with the numbers of native followers, horses, and transport animals. In food the chief want was vegetables, of which there were none to be had, except some preserved cases fortunately stored by the Commissariat before the siege began. There was a fair supply of lime-juice, and this was issued to the troops daily as long as it lasted. Scurvy did not actually appear during the time the garrison was shut up, but a good number of cases were developing a scorbutic taint. The sickness up to the time of relief by General Roberts was not heavy, but the Bengal Division brought in no less than 860 sick; of these only 240 were Europeans, the rest native troops and followers. The cases were chiefly malarial and sun fevers, diarrhoea, and general debility, induced by the long marches, privations, and exposure. Surgeon-Major Preston, who was wounded in the arm and through the loins at the action of Maiwand when in medical charge of the 66th Regiment, left for India with a convoy of sick on the 7th September, and was doing well. At the sortie of the 16th August the medical officers and subordinates were most assiduous and zealous in their efforts to dress and bring in the wounded. Surgeon-Majors Giraud, Keith, Arnott, and Kelsall were with the attacking party. One hospital assistant and five doolie bearers were killed while carrying in wounded men; ten doolie bearers wounded. Great praise is given to these native bearers for their pluck and steadiness; they were often under hot fire, but showed no sign of disobeying orders, even at imminent risk of their lives. It was decided by Dr. Hanbury, the Principal Medical Officer of General Roberts's force, that a section of the Field Hospital should accompany each brigade into action on the morning of Sept. 1st, when the General determined to attack Ayoob Khan. Stretcher parties in charge of medical officers and subordinates were formed to convey the wounded from the field to the dressing stations and on to the Field Hospitals. As on the 16th, they did their work admirably, calling forth loud encomiums from the General and his staff. The total killed and wounded in this action was 237; the latter were comfortably housed in European privates' tents—six beds to a tent, instead of the regulated number of eighteen. The native sick were also amply provided for and attended to. On the march from Cabul to Kandahar only two Europeans died—one from dysentery, the other committed suicide. Of the Sepoys only seven died, and of the native followers twenty-one succumbed during the journey—a total that must be considered remarkably small when the arduous and trying nature of the march is remembered. That the medical officers did their duty with a will is proved by the fact that not one was ever absent from duty a single hour from Cabul to Kandahar—a fact of which their Surgeon-General is justly proud.

### THE MEDICAL OFFICERS' MESS, ALDERSHOT.

General Sir Daniel Lysons and staff dined with the officers of the Army Medical Department on Wednesday, the 13th, in their new mess-room in the South Camp. By the kind permission of the officers of the 7th Dragoon Guards, the band of the regiment attended during dinner.

### MEDICAL OFFICERS SERVING WITH THE KURAM FORCE.

To the Editor of THE LANCET.

SIR,—In your number of the 14th August, you give lists of the medical officers employed in Afghanistan. But your correspondent has only given the names of the Army Medical Department; leaving out all those of the Indian Medical Service, which in this force form half the medical staff and in the other divisions a much larger proportion, I believe.

I enclose a correct list of the Kuram Force Staff (Medical).  
The Khyber line Divisions are now broken up.

Yours faithfully,

A. F. DALE,

Deputy Surgeon-General, P. M. O., Kuram Force.  
Kuram, Sept. 22, 1880.

Deputy Surgeon-General A. J. Dale—Principal Medical Officer.

*Army Medical Department.*

Surge-Major T. Wright, European Base Hospital.  
" W. O'Halloran in medical charge E-3 R.A. Kohat.  
" R. Jackson " 2-8 Regt.  
" J. J. O'Reilly " Depôt Hospital, Thall.  
" T. W. Patterson " 1-8 R.A.  
" W. M. Harman " 85th K. L. I.  
Surgeons W. Donovan, doing duty with Base Hospital.  
" R. H. Quill, in medical charge C-4 R.A.  
" J. C. Dorman " Depôt Hospital, Kuram.  
" J. Boulger, doing duty Depôt Hospital, Thall.  
" P. H. Johnstone doing duty with Base Hospital.  
" P. G. Jeners " Depot Hospital, Kohat.

*Indian Medical Department.*

Surge-Major G. Griffith, in medical charge 18 Bengal Cavalry.  
" H. Compique, Deoli Irregular Force.  
urgeons W. N. Keefer in medical charge Native Base Hospital.  
" J. E. C. Ferris, 1st Bengal Cavalry.  
" W. E. Griffiths, in medical charge 20th Punjab Infantry.  
" J. Crofts, in officiating medical charge 21st P.N.I.  
" S. F. Bigger " 13th N.I.  
" G. M. Nixon " 5th N.L.I.  
" G. W. P. Dennys " 13th B. Lancers.  
" S. C. Sarkies " 29th P.N.I.

Deputy Surgeon H. Kendall, who was promoted to the rank of Surgeon-General in last Saturday's *Gazette*, remains at Chatham as Principal Medical Officer of that district until he is retired on full pay, in January next.

ARMY MEDICAL DEPARTMENT.—Deputy Surgeon-General Henry Kendall, M.D., to be Surgeon-General, vice H. G. Gordon, M.D., granted retired pay; Brigade Surgeon John Ogilvy, M.D., to be Deputy Surgeon-General, vice H. Kendall, M.D.; Surgeon-Major William Skeen, M.D., to be Brigade-Surgeon, vice J. Ogilvy, M.D.; Surgeon-Major Emil Becher, M.D., is granted retired pay, with the honorary rank of Brigade Surgeon; Surgeon-Major Thomas Allen Thornhill, M.B., is granted retired pay, with the honorary rank of Brigade-Surgeon; Surgeon-Major Francis Patrick Staples has retired upon temporary half-pay; Surgeon-Major Alexander Johnston, M.D., from half-pay, to be Surgeon-Major. The undermentioned Surgeons to be Surgeons-Major:—Alexander Haldane Stokes, M.B.; George Roderick Triphook, M.B.; James Scanlan, M.B.; George Corry; Francis Arthur Davy, M.D.; Alexander William Duke, M.D.; Robert Mark Bradford; Henry Stannard; Richard Dawson Bennett; Thomas Faris, M.B.; and Hugh Brady White.

VOLUNTEERS.—1st Norfolk (Artillery) Corps: William Mallam Vores, M.B., to be Acting Surgeon; dated Oct. 20th, 1880. 1st Buckinghamshire (Rifle) Corps: Cadwallader Brooke Wolseley, M.D., to be Acting Surgeon; dated Oct. 20th, 1880. 1st Worcestershire Corps: Honorary Assistant Surgeon Cecil Webster resigns his commission; dated Oct. 20th, 1880. 10th Lancashire Corps: John Murray, M.B., to be Acting Surgeon; dated Oct. 20th, 1880.

ADMIRALTY.—In accordance with the provisions of Her Majesty's Orders in Council of Feb. 22nd, 1870, and Feb. 4th, 1875, Staff-Surgeon Alexander Crosbie, M.D., has been placed on the Retired List of his rank from the 8th inst.

Royal Naval Artillery Volunteers (London Brigade).—Arthur Price, M.R.C.S., to be Surgeon.

Surgeon J. A. Langdon has been appointed to the *Firefly*.

THE MASON SCIENCE COLLEGE has made a good beginning forty-four students having already entered.

## Correspondence.

"Audi alteram partem."

### ON THE IMMEDIATE TREATMENT OF STRICTURE OF THE URETHRA.

To the Editor of THE LANCET.

SIR,—In my letter to you of Oct. 2nd, I omitted to refer to Mr. Holt's second note, in which he stated that there was a false passage in one of the fatal cases at King's College Hospital. As I mentioned that Mr. Henry Smith had had a death, and as it was to his case that Mr. Holt's remark applied, I think it only just to Mr. Smith to state that the false passage existed months before he even saw the patient, and had apparently nothing to do with the fatal result. If Mr. Holt had honoured the meeting at Cambridge with his presence, and stated, as he has done in his note, that he had been fortunate enough not to have had a fatal case in private, I should have asked him for information as to certain cases about which it is possible I might have been misinformed. Much good will come out of the discussion which has taken place in your columns. It was not known at the meeting that Mr. Christopher Heath had had five deaths, for, although that gentleman had published successful cases of the operation, *in extenso*, in THE LANCET, he had not enlightened the profession with the details of his fatal ones. My remark as to how few of the deaths had been published was based on a list I had with me at the meeting of upwards of thirty cases terminating fatally, which had occurred to different surgeons in this country, of which I had been accidentally informed by various members of our profession. In reply to Mr. Harrison, I would say that I am not aware that any advocate of internal urethrotomy has ever asserted of it, as Mr. Holt has done of rupture, that it was "free from every danger immediate or remote." I have yet to learn that such an affirmation can be made of any operation on the urinary organs: "A scratch in the urethra may cause death" (Gouley). As Mr. Macnamara has omitted to specify what were the "unsupported" charges to which he refers, I am unable to notice his letter. The advocates of internal urethrotomy are to be congratulated on Dr. Lyster's accession to their ranks. His example is just another illustration of what is to be seen all over the world of surgeons abandoning rupture and taking to cutting. If anyone can show me an operation which is attended by less risk, and followed by better results than internal urethrotomy, I will at once say "I am already converted; my heart is with him."

I remain, Sir, your obedient servant,

Portman-square, Oct. 18th, 1880.

W. F. TEEVAN.

### CHIAN TURPENTINE IN CANCER.

To the Editor of THE LANCET.

SIR,—I am sorry to see in to-day's LANCET that Prof. Clay accuses me of having "made an attack upon him." I had no such intention. If, however, to make a painstaking, scrupulous, and detailed trial of Chian turpentine in the treatment of uterine and other cancer, and to publish my results, is to attack him, then I am guilty. If to declare my intention still further to prove or disprove its efficacy is attacking him, I am guilty. If to invite Mr. Clay to watch a case with one of my colleagues or myself, and to treat that case as he shall choose, or to allow us to see one of his cases, if this be attacking him, I am guilty. If to utter no single word in criticism of Mr. Clay's theories or facts is to attack him, then, and then only, I am guilty.

Indeed, Sir, Prof. Clay's severest critic has been Prof. Clay himself, whose own words (quoted in my letter of the 9th) tell of pain relieved, hæmorrhage checked, infiltration lessened, and cancers "literally melting away" in a time varying from four days to at most a few weeks. Sure nothing quicker was ever achieved by magic or spell in the Middle Ages—

"Eye of newt, or toe of frog,  
Wool of bat, and tongue of dog,"

never worked more mightily. And yet in the same breath