

41 deaths from scarlet fever were slightly below the corrected average number; among the various metropolitan boroughs the greatest proportional fatality from this disease was recorded in Fulham, St. Marylebone, Shoreditch, Bethnal Green, Southwark, and Greenwich. The fatal cases of diphtheria were 53 last month, against an average of 144 in the corresponding quarters of the ten preceding years; this disease was proportionally most fatal in Hammersmith, Fulham, Shoreditch, Stepney, Poplar, and Southwark. The 136 deaths from whooping-cough were 72 below the corrected average number; among the various metropolitan boroughs the highest death-rates from this disease were recorded in Kensington, Hammersmith, Fulham, Shoreditch, and Southwark. The 15 fatal cases of "fever" showed a decline of 30 from the average number in the corresponding quarters of the ten preceding years; the greatest proportional mortality from enteric fever occurred in Chelsea, Hackney, Battersea, Wandsworth, Deptford, and Woolwich. The 55 deaths from diarrhoea were equal to the corrected average number; among the various metropolitan boroughs this disease was proportionally most fatal in Fulham, Stepney, Southwark, Bermondsey, and Greenwich. In conclusion, it may be stated that the aggregate mortality in London last month from the principal infectious diseases was nearly 43 per cent. below the average.

Infant mortality, measured by the proportion of deaths among children under one year of age to registered births, was equal to 113 per 1000. The lowest rates of infant mortality were recorded in Paddington, Fulham, Shoreditch, Lambeth, and Wandsworth; and the highest rates in St. Pancras, the City of London, Bethnal Green, Poplar, and Southwark.

## THE SERVICES.

### ROYAL NAVY MEDICAL SERVICE.

THE following appointments are notified:—Fleet Surgeon J. Menary to the *Good Hope*, on recommissioning, to date Feb. 28th. Staff Surgeons: R. S. Bernard to the *Terrible*, to date Feb. 28th; and A. G. W. Bowen to the *Amethyst*, undated. Surgeons: A. Woollcombe to the *Pandora*, undated; J. H. McDowall to the *Good Hope*, to date Feb. 28th; and F. R. Mann to the *Firequeen*, to date March 6th.

### ROYAL ARMY MEDICAL CORPS.

Lieutenant G. F. Rugg is seconded for service with the Egyptian Army (dated Feb. 10th, 1905).

The undermentioned Majors to be Lieutenant-Colonels (dated Jan. 31st, 1905):—J. R. Forrest, Brevet Lieutenant-Colonel M. W. Russell, G. E. Moffet, H. A. Haines, G. E. Hale, D.S.O., C. W. Johnson, A. T. I. Lilly, C. C. Reilly, A. De C. Scanlan, W. Turner, W. E. Berryman, S. E. Duncan, and R. Caldwell.

The undermentioned Majors are placed on retired pay (dated Jan. 31st, 1905): B. F. Zimmermann, A. Stables, J. D. Moir, R. Crofts, D.S.O., H. D. James, and G. M. Dobson.

Lieutenant S. M. Adye-Curran to be Captain (dated Nov. 28th, 1904).

### VOLUNTEER CORPS.

*Royal Garrison Artillery (Volunteers)*: 1st Shropshire and Staffordshire: Surgeon-Lieutenant-Colonel E. Cureton is granted the honorary rank of Surgeon-Colonel (dated March 8th, 1905). 1st Worcestershire: Surgeon-Lieutenant G. H. Rutter to be Surgeon-Captain (dated March 8th, 1905). 1st Monmouthshire: John O'Keefe to be Surgeon-Lieutenant (dated Feb. 25th, 1905).

*Rifle*: 3rd Volunteer Battalion the Royal Fusiliers (City of London Regiment): James Searson to be Surgeon-Lieutenant (dated March 8th, 1905). 2nd Volunteer Battalion the King's (Liverpool Regiment): Supernumerary Surgeon-Lieutenant J. G. Martin to be Surgeon-Captain and to remain Supernumerary (dated March 8th, 1905). 18th Middlesex: Surgeon-Lieutenant-Colonel C. Godson is granted the honorary rank of Surgeon-Colonel (dated Feb. 25th, 1905). 7th Middlesex (London Scottish): Surgeon-Lieutenant A. H. Pirie to be Surgeon-Captain (dated Feb. 21st, 1905).

### ROYAL ARMY MEDICAL CORPS (VOLUNTEERS).

The Aberdeen Company: Lieutenant D. Rorie, from the

Black Watch Bearer Company, to be Lieutenant (dated March 8th).

### THE WAR IN THE FAR EAST.

The stupendous struggle between the vast armies under General Kuropatkin and Marshal Oyama remains at an acute stage as we go to press. Enough is known to make it clear that a terrible drama of death and of anguish worse than death is being enacted, but for the time being no more can be said with certainty.

A report has been published by General Trepoff, chief medical officer of the Manchurian Army, giving particulars of the officers and men sent from the front, sick and wounded, to Kharbin, Stretensk, Khavarsovsk, and other places in the rear of the seat of war, from the beginning of operations up to Jan. 14th (Jan. 1st, O.S.). The report relates to those officers and men who came under the attention of his staff in the hospitals over which he had direct control and does not include the losses at Port Arthur. Accurate particulars of the numbers killed in action are not available. The wounded officers were 1710 and the sick 2308, the wounded men 53,890, and the sick 72,531, making a grand total of 130,439. Of these, 107 officers and 3900 men died in the hospitals; a total of 17,722 were permanently invalided and 9429 were sent to European Russia to recuperate. At the date of the return there remained 21,554 in the hospitals.

## Correspondence.

"Audi alteram partem."

### THE CAUSATION OF LEPROSY.

To the Editors of THE LANCET.

SIRS,—The last number of the *Scottish Medical and Surgical Journal* contains a paper from the pen of Dr. Armauer Hansen of the utmost interest in reference to the causation of leprosy. Excepting by the few who love controversy for its own sake it will be read with much satisfaction by all, for it brings the rival camps of contagionists and non-contagionists as nearly as possible into union. It was Dr. Hansen's discovery of the lepra bacillus which gave new life to contagionist doctrines and it has been under his supposed leadership that measures for "the stamping out of leprosy" by compulsory segregation have been carried out in various countries. Prior to his renowned discovery Norwegian authorities (Danielssen and Boeck) were strenuous in their denial of contagion. That discovery, however, brought a change and made an epoch. Another step is, however, now to be taken. With that noble candour which is so marked a feature in his character the discoverer himself now admits that for practical purposes he has fallen back on the older creed. Speaking of the circumstance that in Norway lepers are allowed to travel, without precautions, in public vehicles Dr. Hansen states: "We have no particular rules for the transport of patients, *I see no reason for them*." He goes on to add: "Leprosy is a disease which it is not necessary to have any particular dread of"—that is, not as regards its contagiousness—and he finally makes full admission that there must be some other and more important agency at work. "In order to stimulate it [the bacillus] into activity there are evidently required special circumstances—circumstances which we unfortunately know nothing of."

These pregnant expressions appear to admit quite fully that in the spread of leprosy contagion (in the sense of communication by touch, breath, clothes, &c.) plays only so small a part that it may be safely neglected and to assert that there is some other more efficient factor. Now those who advocate the food (or, more definitely, fish) hypothesis by no means ignore the bacillus. On the contrary, they assert that if only the living bacillus be received into the stomach it is efficient *per se* to the production of leprosy. The facts as to the disease in young children make this very probable. In this matter we are on the same platform with Dr. Hansen, if not, indeed, even more advanced in his direction than himself, since we are prepared to ignore all other "circumstances" if only the bacillus be received in the way mentioned. We have joined his camp in this belief, whilst he has now joined ours in denying the importance of precautions against other modes of contagion.

The question which remains open for debate between us is as to the nature of the "special circumstances" which are as a rule required in order "to stimulate the bacillus into action." He thinks that we know nothing of them. Some of us, on the other hand, hold that facts collected all over the world, and nowhere with more obvious pointing than in Norway, clearly indicate their nature. It is not, however, my intention on the present occasion to discuss that question. My object in asking you to publish this letter is simply to draw attention to the fact that our foremost authority on leprosy now definitely refuses to recognise the importance of precautions against contagion. Surely those who are responsible for the miseries of Molokai and Robben Island may suitably lay to heart Dr. Hansen's declaration that "leprosy is a disease which it is not necessary to have any particular dread of." I am, Sirs, yours faithfully,  
March 2nd, 1905. JONATHAN HUTCHINSON.

## THE INCIPIENT STAGE OF INSANITY.

To the Editors of THE LANCET.

SIRS,—Your annotation under the above heading in THE LANCET of Feb. 25th, dealing with a pamphlet by Mr. Charles Williams of Liverpool, quotes the latter as saying that his view, that from hallucinations alone a person should never be pronounced insane, is opposed to that generally held by the profession. According, therefore, to Mr. Williams the profession in general holds that from hallucinations alone a person should or could sometimes be pronounced insane. I entirely decline to believe that medical men, even excluding those specially engaged in the department of mental disorders (whom, however, he does not exclude), are so ignorant of the elements of psychology as such a view would imply, or so inferior to Mr. Williams in this elementary knowledge. Your annotation clearly conveyed to me that there was no reason to suppose that the general view in this matter differed at all from Mr. Williams's and that there was no likelihood of a diagnosis of insanity being made on hallucinations alone.

I understand him to say in the last paragraph of his letter that all the books on insanity he has read and all the superintendents of asylums he has spoken to teach and hold that persons suffering from hallucinations alone (for, of course, it is a question of these *alone*) are usually not insane. That is, they are sometimes insane. Will Mr. Williams mention the books which teach that hallucinations alone can constitute insanity and name the asylums where superintendents are prepared to receive and to detain persons suffering from hallucinations alone?—I am, Sirs, yours faithfully,  
EDWIN GOODALL.

Joint Counties Asylum, Carmarthen, March 6th, 1905.

\* \* Mr. Williams did not represent our annotation correctly. We made no "complaint that persons suffering from hallucinations are not usually considered insane."—Ed. L.

## THE MEDICO-PSYCHOLOGICAL ASSOCIATION OF GREAT BRITAIN AND IRELAND.

To the Editors of THE LANCET.

SIRS,—As president of the Medico-Psychological Association and in that capacity chairman of the meeting held on Feb. 23rd at the North Riding Asylum I write to correct the report of proceedings published in your issue of March 4th on page 585 as it is inaccurate in a very important particular.

The Medico-Psychological Association at its last annual meeting decided that the period of training for nurses and attendants, before examination for the purpose of obtaining the certificate of competency in mental nursing, should be extended from two to three years, so as to bring the period of training in asylums into line with that in general hospitals. The resolution, which was moved by Dr. J. Carlyle Johnstone and seconded by Dr. E. B. Whitcombe, was not framed for the purpose of disturbing this principle but with the object of insuring that the entire period of training must be served in one institution. The amendment, which Dr. T. Outterson Wood proposed, contained no reference whatever to limiting the period of training to two years as is represented in your report and it may be said that there is no more ardent supporter in the association of the recent lengthening of the period of training than

Dr. Outterson Wood. His amendment was framed with the purpose of allowing that the period of training already fixed at three years should be spent in not more than two institutions. This was adopted by the association. The error in your report which I have referred to so entirely misrepresents the action of the association that I venture to ask you to publish this comment.

I am, Sirs, yours faithfully,  
Queen Anne-street, W., March 7th, 1905. R. PERCY SMITH.

\* \* The reporter who supplied us with the account of the quarterly meeting of the Medico-Psychological Association of Great Britain and Ireland, referred to above by Dr. Percy Smith, endorsed his copy with a note to the effect that he sent the report "authorised by the secretary of the Medico-Psychological Association and at his request."—Ed. L.

## PROPOSED AMALGAMATION OF THE MEDICAL SOCIETIES IN LONDON.

To the Editors of THE LANCET.

SIRS,—I feel sure the majority of the members of the medical profession in London hail with satisfaction the proposed amalgamation of the medical societies. For some years I have thought what is required is the establishment of an Academy of Medicine in London, for which I trust the prefix Royal could be obtained. In this academy the various societies could be grouped in sections dealing with the different branches of medicine, surgery, and obstetrics. The members of the societies would become *ipso facto* members of the Academy of Medicine, but the Fellowship of the academy should be conferred as a mark of distinction on those members who were in the opinion of the executive worthy of that honour. Further, by amalgamating the funds of the different societies it might be possible to acquire additional property in Hanover-square and so increase the library and other accommodation.

It has always seemed to me that this proposal would be less hurtful to the older societies who might with dignity acquiesce in such a change whilst objecting to be incorporated in another "society" as has been suggested. I hope, however, an opportunity may arise for discussing this proposal at the meeting of the representatives of the different societies.—I am, Sirs, yours faithfully,

FREDERICK J. MCCANN, M.D. Edin., F.R.C.S. Eng.,  
M.R.C.P. Lond.

Curzon-street, Mayfair, W., March 6th, 1905.

## TREATMENT OF PERFORATED GASTRIC AND DUODENAL ULCERS.

To the Editors of THE LANCET.

SIRS,—May I say a few words in answer to Mr. W. Bruce Clarke's letter in THE LANCET of March 4th, p. 600? The eight successful cases of perforated gastric ulcers published in THE LANCET last July were operated on 4, 5½, 10, 12, 17, 24, 24, and 48 hours after perforation. The only unsuccessful case had come about 100 miles by rail and was not seen until the third day after perforation when she was practically moribund. All the cases were treated by irrigation and suprapubic incision except one case of leaking subphrenic abscess. The fluid in the pelvis is noted as "foul" in three of the cases, "turbid" in two, and "gastric" in three. I still believe that irrigation combined with suprapubic drainage is the best way of cleansing the pelvic peritoneum and seeing that nine out of 11 cases of gastric or duodenal perforation treated in this way at St. George's Hospital have recovered I cannot allow that it is either "unnecessary" or "harmful."

I am, Sirs, yours faithfully,  
G. R. TURNER.

Half Moon-street, Piccadilly, March 6th, 1905.

## SCHOOL GREEK IN SOME OF ITS NATIONAL ASPECTS AND THE VIA MEDIA.

To the Editors of THE LANCET.

SIRS,—Dr. William Ewart in his letter which appeared in THE LANCET of March 4th, p. 599, gave cogent reasons for the retention of Greek as a necessary part of the highest medical education. Since he wrote his communication Cambridge