

about to be carried out, it is very probable, as Dr. Mackay in effect observes, that these works will result in a diminution of this disease among the squadron.

The North American and West Indian squadron has been, comparatively speaking, free from yellow fever during the past year, thus causing a reduction in the death-rate of that station to the extent of no less than 7 per 1000. The fatal outbreak of this disease, however, alluded to above increased the death-rate on the South-east Coast of America station to the extent of 261 per 1000, the cases being almost entirely confined to the receiving ship permanently stationed at Rio de Janeiro, thus giving one among many other examples of the unwisdom of keeping vessels at permanent moorings in a tropical climate for any length of time.

The operations on the West Coast of Africa and Cape of Good Hope stations in connexion with the Ashantee campaign were, of course, productive of much invaliding, but nevertheless the ratio of cases entered on the sick-list, as well as the actual mortality, were less than in the previous year. The sanitary condition of the East Indian, China, and Australian stations does not call for special comment. Besides the usual medical and surgical reports from the surgeons of the Royal Dockyards, Naval Hospitals, and Lunatic Asylum, the Report contains Notes and Statistics relating to Boys under Training for the Royal Navy during the past year, by Staff-Surgeon Peter W. Rolston; a Report on the Physical Condition of the Royal Marine Light Infantry, by Surgeon Henry C. Woods, M.D.; some Spectroscopic Observations on certain Pathological Absorption Spectra, by Surgeon E. L. Moss, M.D.; and a most interesting and exhaustive chapter by Staff-Surgeon A. B. Messer, of H.M.S. *Pearl*, on the Physical Geography and Climatology of the Fiji Islands, an abstract of which we must reserve for a separate and prominent notice.

Correspondence.

"Audi alteram partem."

SANITARY WORK IN INDIA.

To the Editor of THE LANCET.

SIR,—Will you kindly afford me space for the following reply to Dr. Macnamara's letter in last week's LANCET on this subject:—

1. Dr. Macnamara has stated his own view that the old high death-rate of the Indian army was mainly due to field service, and doubts the conclusions arrived at by the Royal Commission on the sanitary state of the Indian army after an inquiry extending over several years, and carried on not only in England, but at every station in India, during which there was a concurrence of opinion manifested as to the causes that led the commissioners to adopt the conclusions they arrived at, and of which Dr. Macnamara's own view is not one; and all the sanitary work which has been done in India has followed from the principles laid down by the Commission. On this matter the facts must be left to speak for themselves.

2. Dr. Macnamara's estimate of the sanitary results of sending young fellows to India would, I am afraid, not be sustained by many other authorities, as these very young fellows have been claimed by statistics as among the causes of increased mortality and invaliding; moreover, they supply the chief victims for typhoid fever. Some years ago the matter came before us, in conjunction with the Army Medical Department, and we felt it to be our duty to object to young recruits.

3. Dr. Macnamara appears to place some weight on increased invaliding as a cause of lower death-rates, and cites the experience of 1868 (for Bengal?) with an invaliding rate of 67.7 per 1000, and a death-rate of 21.71 per 1000. The results for all India in 1873 may be compared with Dr. Macnamara's figures. The total invalids were under 40 per 1000, including about 600 men who recovered their health in a month's voyage, and never went to Netley. The actual invalids who went to Netley were under 30 per 1000. The final loss by discharge was 10.3 per 1000, and the total death-rate, including those who died at Netley, for the Indian army, 15.8 per 1000, to which the invalid deaths contributed 5 per 1000, leaving the deaths in India 15.3 per 1000 in that year.

4. In regard to the question of water-supply, Dr. Macnamara appears to consider that the Army Sanitary Commission should have dealt with this subject on the basis of disease poison. But, as I have already pointed out, the Commission, as a purely practical body, is bound not to interfere with doctrine, except to take practical good out of it. Besides, these views are by no means generally adopted in India, and it is scarcely our duty to decide such questions, although we by no means undervalue their teaching. We entirely concur, however, on the Mussack question, and have set our faces against this practice from the beginning. No water, however pure, can be safely carried in skins. At a number of stations metal vessels have been lately substituted. It is true, as Dr. Macnamara states, that several Bengal stations require permanent works, but it is something to have got the Presidency stations improved, and at others there has, I believe, been much good work of a temporary kind done in drainage and water-supply, and at all the conservancy has been undergoing improvement.

5. Dr. Macnamara states that the condition of the civil population of Bengal has not improved, and that in some respects it has degenerated (referring to the fatal Burdwan fever district). Now let us see what the Sanitary Commissioner for Bengal says in his report for 1874. "Very great advancement has been made in the sanitation of municipal towns during the year. The famine has largely extended, in a most practical manner, a knowledge of what is needed and how it can be done"; and he cites reports of improvements from country districts also, in cleansing, draining, filling up holes, improving the water-supply, &c., on a considerable scale. The Burdwan fever has for years been a subject of representation by the Commission with the view to improve the drainage, agriculture, and water-supply, and also the sanitary state of the villages. The difficulties were very great, but a beginning has been made. As a point of experience it may be stated that the same report mentions that in Hooghly district extensive drainage works were completed during the year, "and the result is that a large tract of the country, which was formerly the centre of much disease and mortality, has become healthy." We hope that the same result may be realised, before many years are over, for the whole region.—Your obedient servant,

London, 14th December, 1875.

JOHN SUTHERLAND, M.D.

UPPINGHAM SCHOOL.

To the Editor of THE LANCET.

SIR,—I understand that the Rural Sanitary Authority at Uppingham has sent you a resolution about the school. I should be obliged if you will publish at the same time with it, or in your next issue, if it has already appeared, the letter from Mr. Robert Rawlinson, who has been appointed by the Government Board at Whitehall to decide on the whole question. Mr. Rawlinson wrote this letter on having the resolution from Uppingham put before him. I enclose a copy.

Believe me, yours faithfully,

EDWARD THRING.

The School House, Uppingham, Dec. 10th, 1875.

"UPPINGHAM SCHOOL.

"Local Government Board, Whitehall,
December 9th, 1875.

"DEAR SIR,—I have not yet seen the plans, reports, and estimates of Messrs. Rogers Field on behalf of the Rural Sanitary Authority, and of Mr. Tarbotton on behalf of the school's trustees, and until I see these, and report, it is premature to publish any statement relative either to the state of the town or the state of the school.

"I am yours truly,

"The Rev. Edward Thring."

"ROBERT RAWLINSON.

*** We insert the above letters at the request of the Rev. Ed. Thring, the Head Master of Uppingham. The resolution referred to appeared in our columns last week: it was to discountenance a premature return of the scholars till the Sanitary Authority at Uppingham were able to report that "each individual house in connexion with the school is in a perfect sanitary condition." We do not see that these letters in any way affect the resolution in question, which seems to us, under the circumstances, both reasonable and prudent.—ED. L.