

the previous wee. The deaths of infants showed an increase, while those of elderly persons were fewer than those in the previous week. Eleven inquest cases and 3 deaths from violence were registered; and 51, or nearly a third, of the deaths occurred in public institutions. The causes of 26, or more than 13 per cent., of the deaths in the city were not certified.

THE SERVICES.

The Queen has given orders for the appointment of Surgeon-Major Richard Hugh Carew, Medical Staff, to the Distinguished Service Order and for promotion in the Army by Brevet, in recognition of his services during the operations at Sikkim, bearing date Nov. 2nd, 1888.

ARMY MEDICAL STAFF.—Brigade Surgeon Benjamin Cowan Kerr, M.D., has been granted retired pay (dated April 2nd, 1889); Surgeon-Major John Ross Murray, M.D., F.R.C.S. Edin., to be Brigade Surgeon, ranking as Lieutenant-Colonel, to complete establishment (dated April 1st, 1889). The undermentioned Surgeons-Major are granted retired pay (dated April 17th, 1889):—Francis Alfred Turton, M.D., F.R.C.S. Edin., Thos. Babington, and John Nugent Stock.

YEOMANRY CAVALRY.—Royal 1st Devon: Frederick Morgan, Gent., to be Surgeon (dated April 17th, 1889).

ADMIRALTY.—In accordance with the provisions of Her Majesty's Order in Council of April 1st, 1881, Fleet Surgeon Astley Cooper has been placed on the Retired List, at his own request, with permission to assume the rank of Deputy Inspector-General of Hospitals and Fleets (dated April 12th, 1889).

The following appointments have been made:—Doyle M. Shaw, C.B., Inspector-General of Fleets and Hospitals, to Haslar Hospital (dated April 25th, 1889); S. J. Hunter, M.B., surgeon, to the *Research*, and E. St. M. Nepean, surgeon, to Haulbowline Hospital (both dated April 24th, 1889); Richard J. Barry, Staff Surgeon, to the *Rupert*, additional, temporarily (dated April 1st, 1889).

VOLUNTEER CORPS.—*Artillery*: 1st Northumberland: John Victor Walton Rutherford, Gent., to be Acting Surgeon (dated April 13th, 1889).—1st Newcastle-on-Tyne: Acting Surgeon M. J. Wakefield, M.B., resigns his appointment (dated April 13th, 1889).—9th Lancashire: The following Officers are transferred from the 3rd Lancashire Artillery Volunteer Corps on its division into two Corps—viz.: Acting Surgeons R. Patrick, M.D., and J. J. Neville, to be Acting Surgeons (dated April 1st, 1889). The above-named Officers will be considered to have received commissions of the same rank and date as those previously held by them in the 3rd Lancashire Artillery Volunteer Corps.—3rd Volunteer (Kent) Brigade, Cinque Ports Division, Royal Artillery: Surgeon R. Gooding to be Surgeon-Major, ranking as Major (dated Feb. 25th, 1889).—1st Volunteer (Hampshire) Brigade, Southern Division, Royal Artillery: Acting Surgeon G. G. Sparrow to be Surgeon, ranking as Captain (dated April 13th, 1889).—*Rifle*: 2nd Volunteer Battalion, the King's (Liverpool Regiment): Charles Thurstan Holland, Gent., to be Acting Surgeon (dated April 17th, 1889).—1st Volunteer Battalion, the Buffs (East Kent Regiment): Sidney Wachter, Gent., to be Acting Surgeon (dated April 13th, 1889).—3rd Volunteer Battalion, the Norfolk Regiment: Acting Surgeon A. W. Thomas to be Second Lieutenant, Supernumerary (dated April 13th, 1889).—2nd Volunteer Battalion, the East Surrey Regiment: Surgeon E. Pocklington to be Surgeon-Major, ranking as Major (dated March 18th, 1889). 3rd Volunteer Battalion, the Queen's Own (Royal West Kent Regiment): Surgeon William Robert Smith, M.D., to be Surgeon-Major, ranking as Major (dated Feb. 4th, 1889).—3rd (the Blythswood) Volunteer Battalion, the Highland Light Infantry: Alexander Dryden Moffat, Gent., to be Acting Surgeon (dated April 13th, 1889).—1st Dumbartonshire: James McLachlan, M.B., to be Acting Surgeon (dated April 13th, 1889).

VOLUNTEER MEDICAL STAFF CORPS.—The Aberdeen Division: Alexander McGregor, M.D., to be Acting Surgeon (dated April 17th, 1889).

DONATIONS.—Mr. Gervas Taylor and Messrs. John Jameson and Son have each given £50 towards the funds of the Adelaide Hospital, Dublin.

Correspondence.

"Audi alteram partem."

THE COLLEGE OF SURGEONS AND ITS MEMBERS.

To the Editors of THE LANCET.

SIRS,—Will you allow me to point out why neither Mr. Marsh's letter nor Mr. Trimmer's reply to Mr. Marsh's inquiry in the least affects my argument? In answer to the demand of the Members to have some share in the management of the affairs of the College, it is said that any Member may, if he will, become a Fellow. I say this is true only of those having convenient access to a large hospital and a medical school; but to those not so situated, and having to depend for their living on their day's work, the Fellowship is practically impossible. Mr. Marsh puts into my mouth words in quotation commas which I never used at the meeting on the 3rd inst. Quoting the College Calendar of the current year, I said that six years must be spent in study (p. 72, par. d), and that Mr. Trimmer assures us that the extra two years of the curriculum may be spent in a village surgery (!) does not affect the fact that in a village it is impossible to get the course of operative surgery on the cadaver (Section 3, Clause 2), which is an extra necessity; nor does country practice afford the opportunities for getting the special information—say in abdominal surgery—which would enable the candidate who had successfully passed the examination for the Membership to have any chance at the pass examination for the Fellowship.

The new conditions of admission to the examination indicated by Mr. Trimmer, as compared with those in force in 1871, afford merely another grievance against the present system of government of the College. In those days a harassing number of extra certificates and signatures were required which are apparently now not insisted on. Many applicants at that time were refused admission altogether for want of them; very many had their admission deferred for periods of six and twelve months, till they could be earned by attending new courses. These frequent alterations make the value of the Fellowship a variable and unknown quantity, and yet it is evident that the apparent relaxation of the technical conditions is a mere sham. The Council appear to have made of their own bye-law a condition so elastic that the "six years" clause may mean anything; yet it does mean what it really was—two extra years of hard hospital and school work, which few men in practice would face, and which they could avail themselves of only in a town large enough to have a clinical hospital and a medical school. Therefore, to say that any Member can, after he has settled in practice, become a Fellow is mere nonsense.

I am, Sirs, yours obediently,

April 18th, 1889.

LAWSON TAIT.

"IS SYPHILIS CURABLE?"

To the Editors of THE LANCET.

SIRS,—The question which has been raised by Dr. Gowers is so important that it behoves all who have had practical experience in the treatment of syphilis to throw whatever light they can upon the subject, however little that light may be.

The reoccurrence of syphilis in the same individual has been already adduced as a proof that syphilis may be considered curable; and the belief, formerly general, that a second attack of syphilis was unknown, may now be considered as quite exploded. The exceptions are much too numerous to prove the rule. If syphilis were incurable, ought we not to see many more deaths from it? That it is the cause of many abortions, many stillbirths, and many deaths in early childhood is clear, but how seldom comparatively do we see or hear of the death of an adult from syphilis pure and simple. Even the cases in which it plays a more remote part in causing death are few, considering the general prevalence of syphilis in this country for many years past.

I would also ask another question. If syphilis were not curable, should we not see much more of it among the wives and children of those who have formerly suffered from it? Every practitioner of middle or advanced age must be able to recall scores, if not hundreds, of cases of male patients,

relatives, and friends who have suffered from what was undoubtedly syphilis, but have subsequently married, with the result that their wives and families have been perfectly free from any syphilitic affection. Could this be possible were syphilis incurable? One sees now and then cases of wives suffering from syphilis acquired by their husbands before marriage; but these are few compared with those cases where the husband has acquired it after marriage.

The coincidence of scrofula, too, must be taken into account when discussing the curability of syphilis. That the combined effects of syphilis and scrofula are much more severe than that of syphilis, those who have had any experience in the practice of a lock hospital must admit. I find that this was alluded to in an address delivered by Dr. Malden at Bath in 1838, when speaking of the importance of caution in the mercurial treatment of syphilis: "Once light up scrofulous action, which an incautious exhibition or an injudicious management of mercury may easily do, and you are at once in a wood, and know not where its 'wandering mazes end,' for you have to perplex you not only a hybrid between the diseases of syphilis and mercury, but a more disastrous mixture of syphilis, mercury, and scrofula." Thanks to the care with which mercury is now administered, there is less fear of the triple poison, but the more intractable and even fatal cases of syphilis which I have seen have been those in which scrofula coexisted.

That syphilis may remain latent in the system for many years is too true, and that very intractable cases are met with now and then is also evident. But my experience is that the great majority of cases of syphilis occurring in otherwise healthy individuals, taken in hand promptly after the first appearance of its initial manifestation, and treated judiciously with mercury and iodide of potassium, will terminate in a mild attack of secondaries.

Another point to be observed is that the difference between the treatment of primary and tertiary syphilis, so far as the lower classes are concerned, is just the difference between a neglected and a spoiled child. Primary syphilis is relegated to out-patient departments, prescribing chemists and druggists, and quacks. Syphilis occurring in the spinal cord or in the viscera is treated in hospital wards under the most favourable auspices; it has the concentrated attention of all the medical staff, and the assiduous care of house physicians and clinical clerks; and after death it furnishes the theme for lectures and addresses from the most eminent physicians and surgeons. Dr. Gowers' lectures were admirable, and his advice as to the duty of encouraging chastity most excellent. But as a very considerable time must elapse before we can hope to see any diminution in the prevalence of syphilis, I would suggest that the students in all our medical schools should have the opportunity of studying syphilis as thoroughly as they are required to study less important subjects, and that they should be required to produce certificates of attendance on lock hospital or lock ward practice. Then, and then only, will primary syphilis receive the attention which it merits.

I am, Sirs, yours faithfully,

Liverpool, April 15th.

FRED. W. LOWNDES.

THE VACCINATION COMMISSION.

To the Editors of THE LANCET.

SIRS,—Every sensible practitioner must agree with your article, that a commission for the further enlightenment of anti-vaccination bigots is simply a waste of money and of time, for there is a substratum of ignorance and prejudice that no facts will convince or arguments reach. If any scientific truth has ever been proved to the hilt all the world over, it is that vaccination is a blessing, and it is simply an injustice to posterity to allow a few bigots to make future generations of English children as scarred and hideous as so many of their ancestors were a hundred years ago. It would be far more reasonable and beneficial if the grandmotherly legislation of the present day insisted upon a few facts upon vaccination, cleanliness, fresh air, abstinence, and such subjects being taught in Board schools. In a few years a more enlightened generation would spring up, and the necessity of the above absurd commission would never arise again—at least we might hope so, for the infant or child mind is amenable to argument when based on fact, and, once convinced, not likely to fall astray in after years. We all know how difficult it is in after-life to disbelieve even palpable fallacies instilled into our minds in childhood—such as the belief in ghosts, fairies, and other

supernatural absurdities. I am happy to say that in this part of England, during twenty years as a public vaccinator, I have never had a rabid anti-vaccinationist to deal with. I have had many objectors, but a few facts put plainly have generally been all that has been necessary to convince, and I have never during that time had a case that has "gone wrong" or brought the operation into disrepute. The anti-vaccinationists talk of sanitation as a cause of less small-pox now; I believe it is due a great deal more to the fact that the benefits of vaccination are transmitted from father to child, and that, as three or four generations have now been subjected to the virus, the constitution of the new-born infant has to an appreciable extent been influenced to resist the poison of small-pox. If this be not so, how is it that when small-pox attacks an unvaccinated race—such as the North-American Indians—it simply sweeps them off the face of the earth by its deadly virulence?

We know the poison of syphilis is transmitted through three or four generations in a modified form to the detriment of the constitution. Why not the effect of vaccination to its benefit? It is only reasonable to assume that Nature, if she inflicts evils, gives us benefits to compensate, them—at least let us believe so. I commend this theory for elucidation by the Commission. If it is so, it will destroy one argument of the anti-vaccinationists—that Leicester and other similar towns is protected by sanitation, and not by what I should like to call the heredity of vaccination.

I am, Sirs, yours faithfully,

Sherborne, April 12th, 1889.

NATH. ED. DAVIES.

THE LATE DR. JOSEPH ROGERS.

To the Editors of THE LANCET.

SIRS,—You will no doubt be good enough to insert this correction of the notice which you published about my late brother Joseph. The little work which I am seeing through the press is entirely his own composition, written or dictated in the intervals of his distressing sickness. I have simply supplied a preface and corrected the proofs. This correction gives me the opportunity of thanking your excellent paper for the support which you gave his efforts during his long and arduous struggle on behalf of the sick poor. Your action was characteristic of a journal which has, during its long and useful career, unswervingly advocated the cause of humanity, and watched over the legitimate interests and professional honour of that noble calling which has conferred the greatest benefits on mankind.

I am, Sirs, your obedient servant,

Oxford, April 16th, 1889.

JAMES E. THOROLD ROGERS.

THE DIFFUSION OF SMALL-POX.

To the Editors of THE LANCET.

SIRS,—In one of the annotations in the current number of THE LANCET comments are made on some observations in my last annual report on small-pox isolation hospitals. Perhaps you will allow me to remark that, in estimating the distance to which infection may spread by aerial dissemination from such institutions, there must be considerable room for error in arguing from hospitals situated in comparatively crowded areas, with every facility for concealing cases, each of which would be a centre of infection, spreading in an ever-widening circle, and assuming that the same results would be likely to follow amongst more scattered populations, in which everyone knows his neighbours, and in the case of small-pox, is ready to act as a detective, where there is no difficulty in getting early intelligence of every case and removing it at once. If hospitals, with all their precautions, are a danger, houses with one, two, or three cases in them must also be a danger for some distance round, even to those who do not enter them. Be this as it may, my argument is not that hospitals are the best means of preventing the spread of small-pox—this can only be done effectually by adequate vaccination,—but that until the probably distant time comes when everyone shall be adequately vaccinated, communities are justified in protecting themselves, not so much from small-pox as from the serious losses caused by a small-pox epidemic, by using isolation hospitals, even though it should be proved that they thereby increase in some degree the quite avoidable risks of a fraction of the inhabitants of a small part of their district—say, one square