

of the Home Office, by which it is issued. It is not therefore easy to estimate the true value of the statistics. The following summary, however, of the twelve monthly returns for 1883 will at any rate afford some indication of the sanitary condition of this kingdom. The population is estimated at rather less than seventeen millions, and the birth-rate was equal to 26.9 and the death-rate to 24.5 per 1000 respectively. The birth-rate was 6.3 below, and the death-rate 5.0 per 1000 above, the rate that prevailed in England and Wales. Thus the increase of population by excess of births over deaths, which was equal to 13.7 per 1000 in England and Wales, was only 2.4 in Spain. The proportion of illegitimate births in Spain last year was 6.3 per cent., the English proportion being about 5 per cent. Small-pox was the most fatal zymotic disease in Spain last year, causing 16,903 deaths, against but 953 in England and Wales, which has a far larger population. This disease showed the greatest mortality in December, when 2374 fatal cases were reported. The principal zymotic diseases caused a death-rate of 5.2 per 1000 in Spain last year, while the rate from the same diseases in England did not exceed 2.2, or considerably less than half. Next to small-pox, measles was the most fatal zymotic disease in Spain last year; while the deaths from diphtheria and croup, and from diarrhoea and dysentery, showed a marked excess compared with those that occurred in England. Scarlet fever and whooping-cough, on the other hand, were less fatal in Spain than in England. In all more than 25 per cent. of the deaths in Spain last year were referred in the official bulletin to infectious diseases, excluding intestinal catarrh and simple cholera, which are not so classed. It is evident that a very large proportion of the high death-rate in Spain is due to zymotic disease. As regards infant mortality, the return shows that 114,491 deaths of infants under one year of age were returned in Spain last year, being equal to no less than 252 per 1000 of the births recorded. Now, infant mortality in England, measured in this manner, did not exceed 137 per 1000 last year. Infant mortality is invariably greater in warm than in cold climates; but the high rate of infant mortality in Spain, taken in connexion with the heavy death-rate from zymotic diseases, affords the clearest evidence of insanitary condition. The publication of this health bulletin, however, shows that health matters are not lost sight of by the Spanish Government, and it may be expected that the lesson it teaches will lead to sanitary progress.

THE SERVICES.

THE SOUDAN CAMPAIGN.

In General Graham's despatches, published in the *London Gazette*, appear the following remarks respecting the conduct of officers of the Army Medical Department during the late campaign in the Soudan:—"The Army Medical Department, under Deputy Surgeon-General McDowell, was most ably administered, and the wants of the wounded carefully provided for and promptly attended to. As soon as we were in possession of the position at El Teb on the 29th February, about 4.25 P.M., I signalled to Fort Baker, at the instance of Deputy Surgeon-General McDowell, for tents, medical comforts, &c., to be sent on immediately. As mules had been kept ready laden, the convoy, under Surgeon Prendergast, arrived at 6 P.M., and the serious cases were at once placed under cover for the night. Additional blankets were provided for the slighter cases, which were kept in the open. Immediately after the action Surgeon-Major Connolly, who was principal medical officer of the Cavalry Brigade, by my orders took out eight mule cacolets with a cavalry escort, and proceeded over the ground where the cavalry had charged to make sure that no wounded were left, and, as far as possible, to bring in the dead. After the action of Tamai the wounded were at once brought into the zeriba, and promptly attended to. As the Surgeon-General remarks in his report, 'Though many of the wounded had injuries of the severest form, still we had no deaths from hæmorrhage, a fact which exhibits in the strongest light the skill and attention of the medical officers working under the most trying circumstances.' The following medical officers are especially brought to your notice for their care and attention to their important duties in the field on the occasion of the actions at El Teb and Tamai:—Surgeon-Major Wilson, prin-

cipal medical officer of the Infantry Brigade; Surgeon-Major Connolly, principal medical officer, Cavalry Brigade; Surgeon Prendergast, who was badly wounded while attending a wounded man at Tamai; Surgeon-Major Catherwood, principal medical officer at the base, and Surgeon-Major Greene at El Teb; Surgeon-Major Venour had charge of the sick on hospital ship at the base (*H.M.S. Jumna*), and assisted by a detachment of the Army Hospital Corps, made every possible provision for the care of the wounded on their passage to Suez. I also beg to bring to your notice the services rendered by the Army Hospital Corps."

ARMY MEDICAL DEPARTMENT.—Brigade Surgeon Joseph Watts is granted retired pay, with the honorary rank of Deputy Surgeon-General. Surgeon-Major Thomas Wright is granted retired pay, with the honorary rank of Brigade-Surgeon.

MILITIA MEDICAL DEPARTMENT.—Surgeon Alfred Ashby, 4th Battalion, the Lincolnshire Regiment, to be Surgeon-Major.

ADMIRALTY.—In accordance with the provisions of Her Majesty's Order in Council of April 1, 1881, Surgeon Alexander William Watson Reid, M.B., has been placed on the retired list of his rank.

The following appointments have been made:—Staff Surgeon William H. Stewart, to the *Pembroke*, for Chatham Dockyard; Surgeon Donald F. Hoskyn, to the *Wanderer*.—Fleet Surgeons: Henry N. M. Sedgwick, to the *Excellent*; John Shields, to the *Agincourt*.—Staff Surgeons: James D. Smith, to the *Unicorn*; Henry Scanlan to the *Alexandra*, additional for service with Marines in Egypt.—Surgeon Leonard H. Kellett, to the *Alexandra*, additional for service with the Marines in Egypt.

ARTILLERY VOLUNTEERS.—1st Banff: William Beddie, Gent., M.A., M.B., to be Acting Surgeon.—3rd Lancashire: Arthur Jones, Gent., to be Acting Surgeon.

RIFLE VOLUNTEERS.—5th Durham: Acting Surgeon Charles James Sutherland is appointed Lieutenant.—2nd Volunteer Battalion (the East Yorkshire Regiment): Acting Surgeon David Ridpath, M.D., resigns his appointment.—1st Surrey (South London): Acting Surgeon William Riddell Brunton to be Surgeon, and is granted the honorary rank of Surgeon-Major.—6th Lancashire (1st Manchester), Charles Adam James Robertson, Gent., to be Acting Surgeon.

Correspondence.

"Audi alteram partem."

"REVACCINATION."

To the Editor of THE LANCET.

SIR,—Lest I should be misunderstood, will you kindly grant me space for a few more words on the subject of revaccination. I did not criticise the views expressed in THE LANCET on merely theoretical grounds, but in consequence of the result of careful observation on myself and others. Take my own case. I was thoroughly vaccinated in infancy on both arms, and have typical marks on each. All attempts at revaccination have failed to produce any effect upon me, though the operation has been performed ten or a dozen times, and in two or three instances from arm to arm. I have been exposed several times to virulent small-pox without taking the disease, or I am protected alike from variola and vaccinia, and there must be many other cases like my own. Hence I contend that complete protection from small-pox is not only compatible with insensibility to the vaccine virus, but largely dependent upon that condition. I freely admit that the majority of revaccinations for the first time will "take," but not all; and of those who "took" at the first revaccination, comparatively few will take at the second. I do not believe that the genuine effects of the vaccine virus can be reproduced indefinitely in anyone, though it may require several repetitions of the operation in some persons before the desired immunity is obtained. I am quite aware that one "successful" (so-called) revaccination

is practically a sufficient safeguard against small-pox; but I again assert that for *absolute* protection against the disease, nothing short of *absolute* insusceptibility to the vaccine virus will suffice.

Your obedient servant,

Harley-street, W., May 3rd, 1884.

JULIUS POLLOCK.

* * There is not much practical difference between us and Dr. Pollock. He is to be congratulated on an *exceptional* insensibility to vaccine or variolous influences—thanks perhaps to his thorough primary vaccination,—perhaps constitutional. But his exceptional case by no means affects the rule.—ED. L.

To the Editor of THE LANCET.

SIR,—Your excellent article in THE LANCET of April 26th and the letters of Dr. Pollock and Mr. Goude on the above subject are, especially interesting to me, as I am now attending a case of variola in a woman who was assured of her safety and allowed to travel from Durham to Norfolk a day or two after the death of her husband from petechial small-pox, because a revaccination performed on her at the commencement of his illness had failed to “take.”

One is so frequently questioned as to the test value of an unsuccessful revaccination that the following facts may be of some use in support of your expressed opinion that “revaccination which does not vaccinate is to be regarded with extreme dissatisfaction.” The inference from them appears to me to be that failure is more often due to the operator than to the patient, and that it is unfair to give up those who do not take even after “they have been vaccinated with lymph direct from the arm” or even from the cow, unless the inoculation has been extremely carefully performed.

My partner being a strong anti-revaccinationist, with his consent I set myself during the severe epidemics of variolophobia of 1871-72 and 1881 to prove him wrong, to show that most of his failures might be made successes, and that a former successful revaccination, unless within ten years or so, was not absolutely protective against another. Here let me state that I considered no case successful unless some vesiculation, pustulation, and scabbing, with more or less intense surrounding inflammation and constitutional disturbance followed the vaccination. That all the patients were private patients or their servants, and therefore could be carefully watched. That the inoculation was in every case performed by rubbing the lymph, either dry from points or recent from the arm, well into an abraded surface, formed by careful shallow scarification. And that in no case was less than one minute expended over each point of inoculation. Of the first series of 381 cases in 1871-72, 282 succeeded the first time; 81 failed and were not redone; 1 failed once, but succeeded the second time of trial; 6 failed twice and were not redone; and 11 were not personally inspected by me. Of the second series of 110 cases in 1881, 85 succeeded the first time; 10 failed once, but succeeded the second time of trial; 1 failed twice, but succeeded the third time; 1 failed seven times, but succeeded the eighth time; 6 failed once and were not redone, but of these I had successfully revaccinated two in 1872; 5 failed twice and were not redone, but one of these I had successfully revaccinated in 1876 and two in 1874; 1 failed three times, and was not redone, having been done with Belgian calf lymph; 1 gave a doubtful result. These cases included both sexes and all ages from puberty, and numbers of previous revaccinations. Twenty-three of the successes in 1882 had been revaccinated successfully by me in 1872, and many stated that they had been revaccinated successfully by the medical men, one lady acknowledging to at least ten occasions, and showing an arm mottled with scars. I myself had a mild attack of variola in 1868, and in 1872 attempted unsuccessfully to revaccinate myself an unlimited number of times; an immunity of only temporary duration, as I found to my cost when attempting a similar experiment in 1881, but which appears now to be re-established, as two scarifications performed this week on separate days, and from different children, have come to nothing.

I am, Sir, yours obediently,

ALAN REEVE MANBY,

East Rudham, May 5th, 1884.

Public Vaccinator

MEDICAL LEGISLATION: A GOOD EXAMPLE.

To the Editor of THE LANCET.

SIR,—I share the zealous wish of a decided preponderance of my fellow practitioners, and others besides, that the ordinary avenues which conduct into the profession might forthwith be stopped, and that hereafter the State itself might take custody of the sole desirable gateway through which new practitioners shall pass. To this end I have addressed to both members of Parliament for Blackburn a letter, of which the following is a copy:—

“Blackburn, April 29th.

“MY DEAR SIR,—There is a subject of pressing necessity at the door of the House of Commons, and it has as its basis the well-being of the public in its sanable aspect. That subject is not less, and none other, than the Medical Bill advocated by Her Majesty's present Government. Twenty bodies are to-day doing in a sort the work of one—or three at most, given one for each division of the kingdom—in licensing, on purpose to a man's enabling himself to get registered as a practitioner of the healing art. As was lately declared by Lord Carlingford, in his place within the House of Lords, the system now prevalent for the licensing of medical men gives not to the public the steadfast security it looks for in persons of this class exercising the calling with adequate ability and sufficient training, though they be armed with a statutory right to do so. That feeling of insecurity is found substantially to be owing to the privilege of conferring licences being left in the hands of various bodies independent of each other, acting under very mythical and ill-defined responsibility, and each, too, with the sensation of competing against the other nineteen, and (for it is beyond the shadow of a doubt) competing in a downward direction. Reluctant, Sir, as is the writer to encroach any further upon your valuable time, he yet would respectfully urge you, in conclusion, to exert your influence on each side unto the passing *at the earliest possible date* of a measure at once wise, laborious, in favour with the body professional, and of inestimable good to the public. Let the non-English clamour of vested rights on the part of any medical or surgical corporation be—I do not say totally disregarded, but—appraised in any event at its rational value, which would be indeed trifling when compared with the intrinsic excellence of the Bill almost all are hoping soon to see passed into law.”

From Mr. Codrington, M.P., the reply was the following:—“I shall be very glad to give the Medical Bill every attention when it comes before the House.”

And from Mr. Briggs, M.P., there came the following note:—“Many thanks for your letter, which I will not forget.”

Finally, Mr. Editor, I have reason to feel, from what I know of these gentlemen, that the voice from Blackburn will have been hearkened to. Yours truly,

Blackburn, May 3rd, 1884.

WALTER GARSTANG.

* * We hope all medical practitioners will write to their representatives in Parliament urging them to support the Bill.—ED. L.

PROPOSED CHANGE IN THE REGULATIONS OF THE UNIVERSITY OF DURHAM.

To the Editor of THE LANCET.

SIR,—In reply to your correspondents “M.D. (Brux.)” and “K.T.L.” in THE LANCET of April 26th, I shall be obliged if you will allow me space in your valuable journal to state that a movement is on foot for presenting a petition to the University of Durham praying that all members of the profession of ten years' standing may be eligible for the examination for the degree of M.D., without any restriction as to age—at present only those who are forty years of age are allowed to graduate without residence. A large number of signatures has already been obtained, but it is desired that all who are in favour of the proposed change and wishful to avail themselves of the privilege shall sign, as the memorial will have weight proportionate to the number of those who support it.

I need not state the reasons that have led to this movement; it is a fact that a large number of doubly qualified