

and in the London Fever Hospital was 742, against numbers declining in the preceding seven weeks from 980 to 791; 60 new cases were admitted during the week, the numbers in the previous five weeks having declined from 96 to 44. The deaths referred to diseases of the respiratory organs in London, which had been 440 and 412 in the previous two weeks, rose last week to 484, but were 67 below the corrected average. The causes of 86, or 2·1 per cent., of the deaths in the twenty-eight towns last week were not certified either by a registered medical practitioner or by a coroner. All the causes of death were duly certified in Newcastle-upon-Tyne, Sunderland, Bradford, Leicester, and in three other smaller towns. The largest proportions of uncertified deaths were registered in Preston and Liverpool.

HEALTH OF SCOTCH TOWNS.

The annual rate of mortality in the eight Scotch towns, which had been 19·3, 20·1, and 20·3 per 1000 in the preceding three weeks, further rose to 23·6 in the week ending Jan. 5th; this rate exceeded the mean rate in the twenty-eight large English towns by 0·9. The rates in these Scotch towns ranged from 16·8 and 17·6 in Edinburgh and Aberdeen, to 28·4 in Glasgow and 35·7 in Paisley. The 604 deaths in the eight towns showed a further increase of 92 upon the numbers returned in recent weeks, and included 16 which were referred to whooping-cough, 13 to measles, 7 to diarrhoea, 6 to diphtheria, 5 to "fever," 2 to scarlet fever, and 1 to small-pox; in all, 50 deaths resulted from these principal zymotic diseases, against 47 and 60 in the preceding two weeks. These 50 deaths were equal to an annual rate of 2·0 per 1000, which was 1·4 below the mean rate from the same diseases in the twenty-eight English towns. The 16 fatal cases of whooping-cough showed a considerable increase upon recent weekly numbers, and included 15 in Glasgow. The 13 deaths from measles corresponded with the number in the previous week; 7 occurred in Glasgow, 3 in Paisley, and 2 in Greenock. The deaths referred to diphtheria, which had been 7 and 16 in the previous two weeks, declined last week to 6, of which 4 occurred in Glasgow. Three of the 5 fatal cases of "fever" and 3 of the 7 deaths from diarrhoea were returned in Glasgow. The fatal case of small-pox was recorded in Dundee. The deaths referred to the principal diseases of the respiratory organs, which had been 121 and 95 in the previous two weeks, rose last week to 140, but were 29 below the number returned in the corresponding week of last year. The causes of 77, or nearly 13 per cent., of the deaths registered during the week were not certified.

HEALTH OF DUBLIN.

The rate of mortality in Dublin, which had been 30·9 and 21·3 per 1000 in the preceding two weeks, rose to 31·3 in the week ending Jan. 5th. During the thirteen weeks of last quarter the death-rate in the city averaged 24·8 per 1000, the mean rate during the same period being 18·8 in London and 15·5 in Edinburgh. The 212 deaths in Dublin showed an increase of 68 upon the number in the previous week; they included 5 which were referred to "fever" (typhus, enteric, or ill-defined), 5 to whooping-cough, 1 to scarlet fever, 1 to measles, and not one either to small-pox, diphtheria, or diarrhoea. Thus the deaths from these principal zymotic diseases, which had been 19, 18, and 13 in the preceding three weeks, further declined last week to 12; they were equal to an annual rate of 1·8 per 1000, the rate from the same diseases being 2·9 in London and 0·4 in Edinburgh. The 5 fatal cases of "fever" corresponded with the number in each of the preceding two weeks, while those of whooping-cough showed an increase of one; the deaths from the other zymotic diseases had declined. Ten inquest cases and 7 deaths from violence were registered; and 83, or considerably more than a third, of the deaths occurred in public institutions. The causes of 24, or more than 11 per cent., of the deaths in the city were not certified.

THE SERVICES.

ARMY MEDICAL STAFF.—Surgeon-Major Thos. Michael O'Brien is granted retired pay (dated Jan. 9th, 1889).

ARMY MEDICAL RESERVE OF OFFICERS.—The undermentioned Surgeons and Honorary Surgeons-Major to be Surgeons-Major, ranking as Majors (dated Jan. 9th, 1889):—George Sampson Elliston, 1st Volunteer Battalion, the

Suffolk Regiment; Michael Benny, M.D., 4th Battalion, the Princess Louise's (Argyll and Sutherland Highlanders). The undermentioned Surgeons-Major resign their commissions (dated Jan. 9th, 1889):—Robert Phair Frazer and Robert Alexander Jackson.

ADMIRALTY.—The undermentioned Staff Surgeons have been promoted to the rank of Fleet Surgeon in Her Majesty's Fleet:—William Henry Putsey and Richard Alfred Mowel, M.D. (dated Dec. 27th, 1888).

The following appointments have been made:—Staff Surgeon Thos. D. Gimlette to the *Terror*, and Staff Surgeon Richard J. Barry to the *Brilliant*, additional, temporarily (both dated Jan. 4th, 1889).

VOLUNTEER CORPS. — *Artillery*: 1st Ayrshire and Galloway: Acting Surgeon A. Marshall, M.D., resigns his appointment; also is permitted to retain his rank, and to continue to wear the uniform of the Corps on his retirement (dated Jan. 9th, 1889).—*Rifle*: 1st Volunteer Battalion, the Highland Light Infantry: Acting Surgeon M. Cameron resigns his appointment (dated Jan. 9th, 1889).—2nd Volunteer Battalion, the Duke of Edinburgh's (Wiltshire Regiment): Surgeon E. N. Carless is granted the honorary rank of Surgeon-Major (dated Jan. 9th, 1889).—20th Middlesex (Artists'): Acting Surgeon W. Pearce, M.D., is appointed Surgeon (dated Jan. 9th, 1889).

Correspondence.

"Audi alteram partem."

THE MEMORIAL TO THE PRESIDENT AND COUNCIL OF THE BRITISH MEDICAL ASSOCIATION.

To the Editors of THE LANCET.

SIRS,—At a largely attended meeting of the Bath and Bristol Branch of the British Medical Association, held on Dec. 13th, 1888, a resolution was passed giving expression to the feeling of the members on the violation of professional confidence involved in the recent publication of a "script" of the late German Emperor. As those responsible for the conduct of the official journal of the Association have thought fit to prevent the appearance of this resolution in its pages, I appeal to you to give by its publication in THE LANCET that currency to the opinion of the profession in this neighbourhood which it has failed to obtain in the journal of the Association.

Resolved: "That this Branch concurs with the signatories to the memorial recently presented to the President and Council of the Association in regarding the publication of a facsimile of a 'script' by the late German Emperor referring to his treatment by one of his medical attendants as a gross violation of professional confidence; and they would express the hope that the President and Council will take some more decided steps than they have yet done to clear the Association and the profession of the discredit which this matter has brought upon them."

I am, Sirs, your obedient servant,
Clifton, Bristol, Jan. 7th, 1889. HENRY MARSHALL.

INACCURACIES ABOUT VACCINATION.

To the Editors of THE LANCET.

SIRS,—The inaccuracy about the vaccination law in the several provinces of Canada, which formed the subject of your leading article last week, has already been corrected in the stereotype plates of the "Encyclopædia Britannica" by inserting the word "Lower" before "Canada." Two other inaccuracies, pointed out by a well-informed leader writer in a daily newspaper, have been corrected by inserting "not less than" before "one shilling and sixpence," and by changing 679 into 673 and 271 into 176 in the small-pox figures for the year 1875. The desire for accuracy is of course laudable, only it cuts both ways. I have already had occasion to correct one considerable error (about infantile syphilis) made in your own editorial columns, and I have now to ask your leave to correct another. You say that the editor of the Encyclopædia engaged me to write on vaccination, knowing that I had a bias. This is an assumption, surely not in the best taste,

and at all events absolutely groundless. The subject was assigned to me several years ago, along with other subjects; and when I began it in 1886 I had no other prepossessions than those which nearly all medical men have in favour of an established doctrine and practice. It was not until I had spent some months in a search among the authorities, pathological and other, at first hand, that I felt constrained to modify the opinions which I had hitherto implicitly accepted, so as to bring them into accordance with the historical facts.—I am, Sirs, your obedient servant,

Great Ormond-street, W.C., Jan. 7th, 1889.

C. CREIGHTON.

REFORM AT THE COLLEGE OF SURGEONS.

To the Editors of THE LANCET.

SIRS,—The letter from “A Fellow,” confirming the statements which I made concerning the examinations at the College of Surgeons, and the fact that not a word has appeared in your columns either in excuse or in defence of the Court of Examiners, conclusively establishes the fact that my complaint is well grounded. In your issue of the 5th inst., you indicate concerning this and other reforms which are necessary in the College that it is apparently the intention of the Council to assume a position of masterly inactivity under the shelter of the new Charter. I think it a matter of no importance whether the Council takes this attitude or not, or whether the Council believes that it will be sheltered under the Charter. An easy method of reform rests in changing the *personnel* of the Council, and that is an object to which we must all direct our attention. Now that proxy voting is established, it will be a matter of the greatest ease, though it may require a little time, to change the whole Council, or at least to change it to such an extent as to obtain a working majority in the direction of reform. I trust that every Fellow who has the true interests of the profession at heart will devote himself to this effort.

I am, Sirs, yours faithfully,

Birmingham, Jan. 7th, 1889.

LAWSON TAIT.

“IS INSTRUMENTAL DELIVERY A CAUSE OF IDIOCY.”

To the Editors of THE LANCET.

SIRS,—In your issue of Jan. 5th, under the above heading, reference is made to a paper in a Dutch medical journal by Drs. Winkler and Bollaan on the “Forceps as a Cause of Idiocy,” and it is stated that “they are disposed to think that the use of forceps is much more frequently the origin of idiocy than is generally supposed.” I am afraid that if this statement is allowed to go forth to the profession uncontradicted great harm will result; for the researches of those of us who are engaged in the training and treatment of idiots and imbeciles prove that the use of the forceps has much less influence than their disuse in the production of idiocy and imbecility. I have for some years taught the students, who are sent here by some of the lecturers on psychological medicine, that prolonged and difficult labour is a potent cause of imbecility, and that in such conditions it is better to put on the forceps than to run the risk of prolonged compression of the head, resulting in asphyxia, paralysis, and other evils. Of course, one supposes that the forceps will be put on carefully. I have lately been inquiring into this very subject, and, putting aside the predisposing causes of intemperance, insanity, imbecility, epilepsy, &c., which are often present, I find that of 810 cases, in which I have been able to obtain histories, only thirty-five, or 4·3 per cent., are said to be due to the application of forceps, while 216, or 26·6 per cent., are due to prolonged and difficult labour. Further, the majority of these cases, when born, were not only asphyxiated, but were in a helpless condition, some having lost the use of their legs, others becoming subject to convulsions. Moreover, the head was often crushed, elongated, discoloured, and deformed. On the other hand, in the thirty-five cases which had been delivered by forceps, only seven were helpless or paralysed. I therefore maintain that the use of the forceps is preferable to prolonged and difficult labour, and I would ask the profession not to be misled by the few cases of Drs. Winkler and Bollaan.

I am, Sirs, yours faithfully,

FLETCHER BEACH.

Darenth Asylum for Imbecile Children, Jan. 7th, 1889.

GENERAL PARALYSIS OF THE INSANE IN GENERAL HOSPITALS.

To the Editors of THE LANCET.

SIRS,—In reading Dr. J. Adam's letter in your issue of the 5th inst., I hardly know which to be most surprised at—his views about general paralysis, the carelessness with which he must have read the account of the cases I published (judging from the way in which he has, of course unintentionally, misrepresented my views), or his rashness in giving advice about cases he has never seen. Whether “general paralysis is of less frequent occurrence relatively to other forms of mental disorder than it was” I leave for Dr. Adam to settle with other alienists. I can only say that my own limited observation suggests the opposite conclusion. With regard to the curability of general paralysis, Dr. Adam's remarks are indefinite in the extreme. If he means, as he certainly appears to do, that any large proportion of undoubted cases of general paralysis can be *permanently* cured by his “improved methods” so as to “lead fairly *useful* and happy lives,” it is quite time that Dr. Adam took the profession into his confidence and informed them of what these “improved methods” consist. Dr. Savage says:¹ “As soon as it is definitely settled that a patient is suffering from general paralysis of the insane, the prognosis is really made. No such case, as I have said, when fully established, ever recovers; remissions occur, but not cures.” Blandford says:² “Practically, we look upon the disorder as fatal, and probably fatal in three or four years. Indeed, it is a question whether any have ever recovered from it. Here and there we may see a patient who is said to have recovered; but unless a long period has elapsed we cannot be sure that recovery is anything more than a remission.”

Dr. Adam expresses surprise at the “fact of its being found possible to have cases of this once formidable mental disease brought under ordinary general hospital treatment.” He has evidently missed the chief point of my paper, which was to emphasise the predominance of the bodily or physical disease over the mental. Does he suppose that all the cases of general paralysis are born and spend their whole lives in asylums? If not, there must be a time when they are outside. Or does he suppose that general paralysis is so suddenly developed that it is possible to say that one day a patient is in full mental and bodily health, and the next is a confirmed general paralytic suitable for asylum care? Has he forgotten that most cases of general paralysis must spend some (usually only the early) period of their disease outside asylums, until there is a sufficient departure from mental health to enable a diagnosis of “unsoundness of mind” to be made? But even proof of “unsoundness of mind” is not sufficient ground for sending anyone to an asylum. If Dr. Adam does not know, the general public do, that the important portion of a lunacy certificate consists in the words “a proper person to be *taken charge of* and *detained* under care and treatment.” Is it strange, then, that among the many hundreds of patients admitted into the Nottingham General Hospital every year some few should be found to be suffering from, or to develop during their stay, such mental disease as necessitates their removal to the asylum, or their dismissal home to the care of their friends? If Dr. Adam had read my paper with reasonable care, he would have found that nowhere do I “advocate ordinary hospital treatment for all cases of mental disorder,” or even for cases of mental disorder at all. I have no interest in hurrying cases to an asylum, or in keeping them out, except consideration for the welfare of the patient. Further, Dr. Adam expresses disappointment “on finding that cases described in the opening paragraphs of the article in question ‘*as being of interest for the remarkable absence or mildness of the mental symptoms*,’ presenting among them such features as the following, &c.” If Dr. Adam had read more carefully, he would have noticed that the words he quoted were part of the sentence: “The following cases are of interest for the remarkable absence or mildness of the mental symptoms, and the consequent difficulty and uncertainty of the diagnosis; *and in one instance (Case 1) for the unusual mode of onset, apparently after myelitis.*” The pronounced mental symptoms he quotes

¹ Insanity and Allied Neuroses. Second Edition, p. 343.

² Insanity and its Treatment. Third Edition, p. 312.