

VITAL STATISTICS.

HEALTH OF ENGLISH TOWNS.

IN twenty-eight of the largest English towns 5614 births and 3276 deaths were registered during the week ending July 26th. The annual rate of mortality in these towns, which had increased from 16·9 to 18·0 per 1000 in the preceding four weeks, declined last week to 17·6. The rate was 16·7 in London and 18·3 in the twenty-seven provincial towns. During the first four weeks of the current quarter the death-rate in the twenty-eight towns averaged 17·7 per 1000, and was 3·7 below the mean rate in the corresponding periods of the ten years 1880–89. The lowest rates in these towns last week were 11·7 in Portsmouth, 11·9 in Derby, and 13·1 in Oldham and in Blackburn. The rates in the other towns ranged upwards to 21·0 in Liverpool, 23·2 in Salford, 24·5 in Manchester, and 24·6 in Newcastle-upon-Tyne. The deaths referred to the principal zymotic diseases, which had been 587 and 526 in the preceding two weeks, rose again last week to 561; they included 209 from diarrhoea, 142 from measles, 100 from whooping-cough, 55 from scarlet fever, 39 from diphtheria, 16 from "fever" (principally enteric), and not one from small-pox. The lowest death-rates from these diseases were recorded in Huddersfield, Oldham, Halifax, and Wolverhampton, and the highest rates in Birkenhead, Liverpool, Sheffield, and Leicester. The greatest mortality from measles occurred in Birmingham, Birkenhead, London, Liverpool, Bradford, and Plymouth; from scarlet fever in Manchester and Liverpool; and from diarrhoea in Norwich, Birkenhead and Leicester. The mortality from whooping-cough and from "fever" showed no marked excess in any of the twenty-eight towns. The 39 deaths from diphtheria included 20 in London, 4 in Salford, 3 in Newcastle-upon-Tyne, 2 in Liverpool, 2 in Manchester, and 2 in Portsmouth. No death from small-pox was registered in any of the twenty-eight towns. No small-pox patients were under treatment in the Metropolitan Asylum Hospitals at the end of the week, and only one in the Highgate Small-pox Hospital. The number of scarlet fever patients in the Metropolitan Asylum Hospitals and in the London Fever Hospital at the end of last week was 1439, against numbers increasing from 1067 to 1414 on the preceding nine Saturdays; the new cases admitted during the week were 135, against 153 and 159 in the preceding two weeks. The deaths referred to diseases of the respiratory organs in London, which had declined in the preceding three weeks from 244 to 216, further fell to 185 last week, and almost corresponded with the corrected average. The causes of 52, or 1·6 per cent., of the deaths in the twenty-eight towns were not certified either by a registered medical practitioner or by a coroner. All the causes of death were duly certified in Portsmouth, Norwich, Bristol, Wolverhampton, Newcastle-upon-Tyne, and in four other smaller towns. The largest proportions of uncertified deaths were recorded in Sheffield, Hull, and Halifax.

HEALTH OF SCOTCH TOWNS.

The annual rate of mortality in the eight Scotch towns, which had declined from 22·1 to 18·3 per 1000 in the preceding five weeks, rose again to 21·1 in the week ending July 26th, and exceeded by 3·5 the rate which prevailed during the same period in the twenty-eight English towns. The rates in the eight Scotch towns ranged from 10·6 in Leith and 15·1 in Greenock to 22·2 in Dundee and 23·5 in Glasgow. The 545 deaths in the eight towns showed an increase of 69 upon the number in the preceding week, and included 36 which were referred to whooping-cough, 25 to measles, 14 to diarrhoea, 7 to "fever," 4 to diphtheria, 3 to scarlet fever, and not one to small-pox. In all, 89 deaths resulted from these principal zymotic diseases, against 86 and 79 in the preceding two weeks. These deaths were equal to an annual rate of 3·4 per 1000, which slightly exceeded the mean rate last week from the same diseases in the twenty-eight English towns. The highest death-rates from these diseases were 4·4 in Glasgow and in Dundee and 6·2 in Perth. The fatal cases of whooping-cough, which had been 38 and 31 in the preceding two weeks, rose again to 36 last week, of which 22 occurred in Glasgow and 7 in Edinburgh. The deaths from measles, which had been 24 and 27 in the previous two weeks, declined to 25 last week, and included

11 in Glasgow and 10 in Dundee. The 7 fatal cases of "fever" exceeded the number in any recent week, and included 3 in Edinburgh; and of the 4 deaths referred to diphtheria, 2 occurred in Dundee. The deaths referred to diseases of the respiratory organs in these towns, which had declined from 102 to 76 in the preceding three weeks, rose again last week to 79, and exceeded the number in the corresponding week of last year by 24. The causes of 52, or nearly 10 per cent., of the deaths in the eight towns were not certified.

HEALTH OF DUBLIN.

The death-rate in Dublin, which had declined from 23·1 to 20·7 per 1000 in the preceding three weeks, was again 20·7 during the week ending July 26th. During the first four weeks of the current quarter the death-rate in the city averaged 21·5 per 1000, the rate for the same period being 17·4 in London and 17·3 in Edinburgh. The 140 deaths in Dublin corresponded with the number in the previous week; they included 4 which were referred to whooping-cough, 2 to measles, 2 to diarrhoea, 1 to "fever," and not one either to small-pox, scarlet fever, or diphtheria. Thus the deaths from the principal zymotic diseases, which had been 13 and 12 in the preceding two weeks, further declined to 9 last week; they were equal to an annual rate of 1·3 per 1000, the rate from the same diseases being 3·5 in London and 2·9 in Edinburgh. The fatal cases of whooping-cough, which had been 3 in each of the preceding two weeks, rose to 4 last week; and the 2 deaths referred to diphtheria showed a decline of 2 from the number in the previous week. The fatal cases of "fever," which had been 4 in each of the preceding two weeks, declined to 1 last week. The deaths both of infants and of elderly persons showed a marked decline from those recorded in the previous week. Twelve inquest cases and 9 deaths from violence were registered during the week; and 89, or more than a fourth, of the deaths occurred in public institutions. The causes of 18, or nearly 13 per cent., of the deaths were not certified.

Correspondence.

"Audi alteram partem."

"THE OPHTHALMOLOGICAL SOCIETY AND HOMŒOPATHY."

To the Editors of THE LANCET.

SIRS,—It has not been customary in the circular summoning the annual meeting of the Ophthalmological Society to give the full details of the report of council which is to be read at the meeting. Had we stated in full Mr. Carter's motion regarding consultation with homœopathic practitioners, and the resolution of the council thereanent, it would have been exceptional. We regret, however, that in the circumstances we did not make an exception by giving them *in extenso*, thereby avoiding even the appearance of concealment or suppression, which, we need scarcely say, was entirely absent from our minds. We extremely regret Mr. Carter's resignation of his membership, and we have done our best to induce him to reconsider his decision, and trust he may still see his way to remain a member of the Society.—We are, Sirs, yours very truly,

THE HON. SECRETARIES OF THE
OPHTHALMOLOGICAL SOCIETY.

July 29th, 1890.

To the Editors of THE LANCET.

SIR,—I am loth to introduce a personal element into the controversy between Mr. Brudenell Carter and the Ophthalmological Society upon the subject of consultations with homœopaths, but my identity as "the homœopath" mentioned by Mr. Carter is so thinly veiled, since I am the only ophthalmic surgeon to the only homœopathic hospital in London, that I am sure, in common fairness, you will give as great prominence to the facts of the case, as recorded by the surgeon in charge, as you have to the exceedingly damaging statements as to my professional conduct made by Mr. Carter. In March, 1889, this patient was sent to my out-patient clinic with the history of having been at Moorfields from July, 1887, to March 1888, and subsequently under

the treatment of his own medical attendant. He was then suffering from a peculiar affection of the conjunctiva, causing partial symblepharon and some entropion. To relieve the entropion I performed at different times operations upon the two lower and left upper eyelids, but did not operate for the symblepharon, as I found the diseased condition of the conjunctiva would not admit of this. In spite of all treatment, the disease gradually encroached upon the cornea, the symblepharon became more marked, and the patient's vision began to be seriously impaired. Recognising that I had a very interesting and rare form of disease before me, I sent him in January of this year to "the consultant's" hospital, with a note drawing his attention to the peculiarity of the case; but by some misunderstanding he went to his house instead. "The consultant," seeing at once the interesting nature of the case, very kindly wrote to me, saying if I would call one day with the patient he would like to speak to me about him. I did so, and the question of essential atrophy or a pemphigoid disease of the conjunctiva was discussed. "The consultant" confirmed my opinion that operative treatment upon the conjunctiva in such cases was useless, but advised, as there was still some entropion, a Baron's operation upon the right upper eyelid. Though not material to the case, it is well to add, after Mr. Carter's remarks, that "the consultant," as I had done throughout, saw the patient without a fee.

The entropion was relieved, but the disease steadily progressed, as it seems inevitably to do in these cases. The case having reached this stage, I thought it my duty to tell the patient and his employer of the very grave outlook for the future, and of the hopelessness of any operation upon the eyeball relieving him. It was not until this opinion was given that the patient ceased to be under my care.

On account of a coincident affection of the larynx and palate, which developed after he was seen by "the consultant," and which was believed to be pemphigus, the main internal remedy used was arsenic, and at no time whilst the patient was under my care was he salivated.

I make no recriminatory statements, content to lay this brief narrative of the facts of the case before the profession, confident that they will find in it a complete refutation of the statements made by Mr. Carter, which statements I am convinced he would never have made had not his prejudice against "consultations with homœopaths" caused him, before writing his letter, to accept a patient's statement in preference to communicating with the surgeon as to his former treatment of the case.

I am, Sirs, yours obediently,

Harley-street, W., July 29th, 1890.

C. KNOX SHAW.

To the Editors of THE LANCET.

SIRS,—Probably many of your readers will not share Mr. Brudenell Carter's indignation at the rejection of his anti-homœopathic resolution by the Ophthalmological Society. This is not the first time that Mr. Carter has shown his hostility to homœopathy, for he was one of the chief anti-homœopathic contributors to the "Odium Medicum" discussion in *The Times* in 1887-88. He then veiled his identity by signing his initials "R. B. C." only. In his contributions to that famous controversy, it was evident that his zeal outran his knowledge, for in the opinion of most unprejudiced persons, and even of some of the periodicals of his own school, he did not inflict any injury on the system he attacked or do any good to the cause he championed.

In Mr. Carter's opinion, a legally qualified medical man who has added to the knowledge gained at the established medical schools an acquaintance with the homœopathic method of treatment, which he employs in suitable cases, cannot be "a proper person to meet in consultation;" so it excites his reprobation and horror that "an eminent ophthalmic surgeon, a distinguished member of the Ophthalmological Society, and a member of the staff of a great London hospital and school of medicine submitted to consult with a homœopath," and demeaned himself so far that he even "accepted (I believe) a fee for doing so." Mr. Carter seems to have the oddest notions as to the rights and duties of practitioners and consultants and "the honour of the profession." Now, as a practitioner seeks the aid of an oculist for the purpose of diagnosis of an obscure or difficult eye disease, or an order to get an operation performed by a colleague having special skill, the consulted oculist is morally bound to give the patient the benefit of his special knowledge or operative skill; "the

honour of the profession" forbids him to refuse his aid to the patient or to engage in consultation with any legally qualified colleague, unless perhaps this colleague has been convicted of disreputable professional conduct, and even then it is a question whether humanity to the patient should not outweigh dislike to the doctor. Were it even a case in which his therapeutic advice were required, the very fact that his advice is sought would show that the "homœopath" was desirous, in this particular case at least, of taking his therapeutics from the consultant, and abandoning his own usual treatment, just as any other practitioner, when he calls in a specialist in consultation, is prepared to change his own treatment for that recommended by the consultant. In my own practice I have never experienced the slightest difficulty in obtaining the assistance of the most distinguished oculists when an operation or the diagnosis and correction of errors of accommodation or refraction was required.

Mr. Carter's resolution "that, in the opinion of this Society, it is inexpedient and improper for its members to engage in professional consultations with avowed homœopaths, or with persons holding office in homœopathic institutions," was very properly rejected by the Society, as it was an anachronism, and, I am sure, was contrary to the opinion and practice of the principal oculists of this country, who, as a rule, do not feel it a "degradation" to undertake an operation on a case of cataract brought to them by a "homœopath," or even to take a fee for its performance. Mr. Carter cannot yet divest himself of his previously expressed opinion that homœopaths are either knaves or fools, and therefore unfit for professional intercourse with their non-homœopathic brethren; and he is unreasonably wroth with the members of the Ophthalmological Society that they do not hold the same views with regard to their homœopathic colleagues as he does, and will not join him in persecuting and ostracising them—so, like Coriolanus, he banishes the Society. Apparently he has not read or profited by the words of wisdom uttered by you in your impression of June 28th, which you will, I hope, allow me to quote: "The day is probably not very remote when persecution, ostracism, or censure for difference of opinion or belief will be regarded as not only immoral, but absurd."

I am, Sirs, your obedient servant,

Montagu-square, July 26th, 1890.

R. E. DUDGEON.

To the Editors of THE LANCET.

SIRS,—The Council of the Ophthalmological Society deprecates, and, as I think, rightly, the introduction of a discussion on this, a purely medico-ethical subject, into its deliberations. Nevertheless, I think Mr. Brudenell Carter has just cause to complain of the action of the Council, inasmuch as he was led to expect that the question of consultations with homœopaths would be placed on the agenda. Had it been, I doubt not the attendance would have been large, and the opinion of the majority would have been unmistakably in favour of Mr. Brudenell Carter's motion. It is difficult, however, for a Society like the Ophthalmological to go out of its scientific track for such a purpose as the one indicated. I hope, therefore, that Mr. Carter will ventilate the subject in your columns, and get up a memorial to be signed by all regular practitioners of all societies, condemning the holding of consultations with homœopaths, and urging the Councils of all the medical societies to issue a protest to their members against such consultations. This, it may be said, is a suggestion of a futile character. I doubt, however, whether any other action could be taken effectually by the medical societies severally or collectively; for the majority would, I think, hesitate to propose any penal proceedings such as ostracism or expulsion for a fault which, after all, may indicate nothing more criminal than an intellectual or moral obliquity, or both.

I am, Sirs, yours obediently,

W. SPENCER WATSON.

Henrietta-street, W., July 29th, 1890.

"THE MONOPOLY OF HOSPITAL APPOINTMENTS."

To the Editors of THE LANCET.

SIRS,—Statements have of late appeared in the medical papers specifically asserting that the qualifications and titles of the Scottish Corporations are granted on insufficient