

ceding weeks from 109 to 148, fell last week to 100, and were 11 below the number returned in the corresponding week of last year. The causes of 87, or nearly 15 per cent., of the deaths in the eight towns were not certified.

#### HEALTH OF DUBLIN.

The rate of mortality in Dublin, which had steadily increased in the five preceding weeks from 23.0 to 31.8 per 1000, declined to 25.7 in the week ending the 17th inst. During the first seven weeks of the current quarter the death-rate in the city averaged 28.4 per 1000, whereas it did not exceed 20.9 in London and 22.7 in Edinburgh during the same period. The 173 deaths in Dublin last week showed a decline of 41 from the high number returned in the previous week, and included 18 which were referred to the principal zymotic diseases, against 19 and 11 in the two previous weeks; of these 8 resulted from scarlet fever, 4 from “fever” (typhus, enteric, or simple), 2 from measles, 2 from whooping-cough, 2 from diarrhoea, and not one either from small-pox or diphtheria. These 18 deaths were equal to an annual rate of 2.7 per 1000, the rate from the same diseases being 3.7 in London and 5.0 in Edinburgh. The 8 deaths from scarlet fever in Dublin exceeded those in the previous week by 2, as did the 4 deaths referred to “fever;” the fatal cases of measles and whooping-cough were also more numerous. Three deaths resulted from violence, and 36 were recorded in public institutions, 30 fewer than those in the previous week. The deaths of infants showed an increase, while those of elderly persons showed a marked decline. The causes of 24, or nearly 14 per cent., of the deaths registered during the week were not certified.

#### THE SERVICES.

**ARMY MEDICAL DEPARTMENT.**—Brigade Surgeon Charles Moore Jessop has been placed on retired pay, with the honorary rank of Deputy Surgeon-General. Brigade Surgeon George Monlas Slaughter, to be Deputy Surgeon-General, vice J. Ekin, M.B., C.B., retired. Surgeon-Major Henry Knaggs to be Brigade Surgeon, vice G. M. Slaughter. Surgeon-Major Henry Hummerston Burford is placed on retired pay.

**ADMIRALTY.**—The following promotions have been made in Her Majesty's Fleet for services rendered with the Naval Brigade forming part of the Soudan Expeditionary Force:—Staff Surgeon J. H. Martin to be Fleet Surgeon; Surgeon H. E. F. Cross to be Staff Surgeon; Surgeon T. D. Gimlette will be promoted to Staff Surgeon on April 1st, 1885.

The Lords of the Admiralty have awarded the Greenwich Hospital Pension of £50 a year for Fleet and Staff Surgeons to Retired Deputy Inspector-General of Hospitals and Fleets David Lyall, M.D.

The following appointments have been made:—Fleet Surgeon Astley Cooper, to the *Indus*; Staff Surgeon Thomas D'A. Bromlow, M.D., to the *Turquoise*; Surgeon John J. Dinnis, M.D., to the *Turquoise*; Surgeon Joseph H. Whelan, to the *Jackal*.

**RIFLE VOLUNTEERS.**—5th Durham: F. W. Gibbon, Gent., to be Acting Surgeon.—5th Devonshire: Acting Surgeon William Gifford Scott, M.B., to be Surgeon.—5th Lancashire (the Liverpool Rifle Volunteer Brigade): Surgeon Henry George Samuels resigns his commission; also is permitted to retain his rank and to continue to wear the uniform of the corps on his retirement. Acting Surgeon Robert Samuels Archer, M.B., resigns his appointment. Acting Surgeon George Westby to be Surgeon. William Irvine, M.D., and Arthur Cresswell Rich, M.B., to be Acting Surgeons.—1st London (the City of London Rifle Volunteer Brigade): Acting Surgeon Frederick St. George Mivart resigns his appointment.—2nd (South) Middlesex: Francis Alexander Stokes, Gent., to be Acting Surgeon.—20th Middlesex (Artists): Acting Surgeon Clinton Thomas Dent resigns his appointment.

FOR the maintenance of hospitals in New South Wales there was raised during 1882 the sum of £31,232 by means of voluntary contributions, which amount was supplemented by Government grants to the extent of £42,751.

## Correspondence.

“Audi alteram partem.”

### “REVACCINATION.”

To the Editor of THE LANCET.

SIR,—The spirit of your article of April 26th on the above subject was so thoroughly practical, and the recommendations were so sound, that I wish to add my testimony in corroboration. During the severe small-pox epidemic at Newcastle in 1872, a well-known physician there asked me to revaccinate him. He had been vaccinated in infancy, and also once subsequently, but wished “to make assurance doubly sure.” Well, I vaccinated him on five separate occasions in about as many weeks, without the slightest effect. At each attempt I was careful to select fresh “matter.” A week or two after the fifth trial he called on me again, saying he was not satisfied with the uncertainty he felt as to his protection from small-pox. To please him, therefore, I attacked the arm a sixth time. A few days after this he astonished me by exhibiting triumphantly very well-marked results of successful vaccination. Among the many lessons which the above epidemic taught me this experience made a lasting impression. Whilst many medical men were assuring their cases of unsuccessful vaccination in such terms as these, “Now you may make your mind quite easy, the vaccine has not ‘taken,’ so you are perfectly protected from any danger of small-pox,” I, on the other hand, carefully impressed my patients with a ruling of a different kind, thus:—“You can argue nothing from the non-success of the vaccination. Had it taken then, I could have assured you of protection. The result being simply negative, you must be done again.” Such advice is certainly not much relished by one's clients, who, as a rule, are only too glad to shirk the ordeal if they can fix the responsibility upon the medical adviser. The case of my medical friend was, however, only one among many where repeated operation succeeded after previous failures. In a large mercantile establishment, where I revaccinated about 150 young people—men and women—and acted persistently on the above rule, there were three individuals who absolutely refused to be revaccinated. Two were discharged, the other being sent to a neighbouring town. All three had small-pox afterwards very badly. The last named was, however, nursed all through a long illness by one of the other vaccinated persons, who never suffered any harm in consequence. Not one of the 150 cases above cited took small-pox. Though such experiences are no doubt familiar to my medical brethren, perhaps this relation of absolute facts may not be out of place. Much of the imperfection in the working of the Vaccination Acts is, I fear, due to the carelessness of medical men themselves. I know a case where a public vaccinator gave a certificate of insusceptibility to vaccination, though he had never even touched the child. This was simply to save himself trouble, and to cover his repeatedly broken promises to attend, when urged by the parents. Unless medical men themselves show earnestness in such important matters, they can scarcely be surprised at lukewarmness on the part of a long-suffering public.

I am, Sir, yours faithfully,

Harrogate, May 14th, 1884. J. GORDON BLACK, M.D. Lond.

To the Editor of THE LANCET.

SIR,—The following may be of interest on the question of revaccination. During the epidemic of small-pox here in 1871 and 1872 I was revaccinated five times without success. The sixth time the operation succeeded. In infancy I was well vaccinated, having typical vaccine marks on my arm, yet, notwithstanding, I contracted a mild attack of small-pox. It may be only fair, however, to state how I contracted the disease. After a pretty hard day's work on a rainy muggy evening, as a short cut, I ran about a quarter of a mile through some wet fields to pay a visit in a dirty hovel. On arriving, I sat down with damp feet, quickened pulse and respiration to examine a very bad case of confluent small-pox. Had I driven to the place and found my patient in a well-ventilated apartment, the chances are I would have escaped the attack. I am, Sir, your obedient servant,

Cork, May 17th, 1884.

D. D. DONOVAN.