

port. The Committee, as a matter of fact, have done their utmost to hurry on the publication of the report.

Mr. Lovell, not having grasped the full purport of the Leprosy Commission, considers the National Leprosy Fund a lamentable failure; and why? *mirabile dictu*, because "the Leprosy Committee was exclusively managed by ardent advocates of vaccination," all "anxious to keep vaccination above reproach." He is eloquent with all sorts of little, illogical, not to say untruthful, statements, which do no credit to the paper which published his letter. "Mr. Lovell is great and Mr. William Tebb is his prophet." In passing I may state that the Committee insisted on an inquiry into the relation between leprosy and vaccination, and that in the forthcoming report Mr. Tebb's views will be fully considered. I have not yet seen Mr. Tebb's recent work, and shall not, therefore, express any opinion on the evidence in his book which, according to the critical award of Mr. Lovell, "forms one of the most terrible indictments against vaccination ever published." I have had some experience of what Mr. Tebb considers evidence, for he has once already discussed the relation between an assumed "recrudescence of leprosy" and what he sneeringly calls the "State-provided remedy for small-pox." I congratulate Mr. Tebb on having convinced Mr. Lovell with the evidence in his book: it must be an encouragement to him to learn that he has at least one blind follower, otherwise doubt will appear, for *sic itur ad astra*.—I am, etc.,

A. A. KANTHACK, M.D., M.R.C.P.,  
Medical Registrar and Tutor, Royal Infirmary, Liverpool,  
Late Member Leprosy Commission for India.

Liverpool, Feb. 13th.

#### SIR JOSEPH LISTER ON THE ANTISEPTIC MANAGEMENT OF WOUNDS.

SIR,—It is with feelings of considerable diffidence that I venture to criticise any statement of Sir Joseph Lister's—so profound an admirer and follower am I of all his good and valuable teaching; but there occurs in the second part of his address on the above subject, published in the BRITISH MEDICAL JOURNAL of February 11th, the following sentence, "You should have your sponges well boiled." It is difficult, from the wording of the sentence, not to conclude that the injunctions are such as were intended; and I must confess it is to me equally difficult to understand the practicability of the directions given.

Without discussing the matter, may I be permitted to give an extract from a paper of mine published in the *Annals of Surgery*, vol. xiii, p. 322, "On the Use of Sponges in Surgery," in which I sought experimentally to test their value in many ways. The following extract has reference solely to the question of sterilising sponges by boiling. The result, as will be seen, was that in every way a sponge was so deleteriously affected as to render the process an almost impossible one for all practical purposes.

Sponges cannot be used in fluids where the temperature exceeds about 90° C. (F. and not C. exists by mistake in the text); they then begin rapidly to shrink, and if allowed to remain any time, no matter how short, in boiling water, they soon acquire a dark brownish colour. A sponge which has thus become shrunken maintains its diminished size, and although still absorbent has acquired a peculiar elastic character. A small piece of its tissue thus boiled is seen microscopically to have undergone considerable changes. There is no longer any regularity or translucency in the fibrous meshwork of the tissue. The fibres have become much deeper in colour and almost opaque; they are split and fractured, and present irregular excrescences. The whole shows also great contraction from the diminution in size and shape of the interfibrillar spaces. A sponge which has been boiled so as thus to have its intimate structure destroyed becomes, on drying, perfectly hard, like a piece of wood.

I am, etc.,  
Glasgow, Feb. 14th.

A. ERNEST MAYLARD, B.S.Lond.

#### TRANSILLUMINATION OF THE EYES.

SIR,—I had occasion to examine a young person for suspected disease of the antrum with a search light of five-candle power, with the following remarkable result. The bones of the face must have been exceedingly transparent, for not only the whole face seemed to blaze, but the eyes shot out from their uncontracted pupils a blood-red glare, as from two miniature danger-signal lamps. Thinking that this discovery might be of some practical use, I had an eight-candle lamp expressly made, and repeated it with this brighter illuminating power on several other persons, with the same result in each

case. That the pupil does not contract when the light is thus introduced, as it were, by a back door, may or may not turn out of any practical value; but, in any case, I thought the experiment of sufficient interest to justify me in thus recording it.—I am, etc.,

Wimpole Street, W., Feb. 8th.

N. STEVENSON.

## INDIA AND THE COLONIES.

### INDIA.

THE HEALTH OF CALCUTTA.—Dr. W. J. Simpson very properly prefaces his report on the vital events of the year 1891 with a brief, but clear and instructive, discussion of the results of the census taken on February 26th as compared with those of the previous census taken in 1881. He also reviews the statistics of the period intervening between the two enumerations. The population of Calcutta is remarkable in the large preponderance of the male element—211 to 100; in the small number of children under 5 years (6 per cent.), and of aged persons over 55 (6 per cent.); and in the high ratio (55 per cent.) of strangers or persons who were not born in the town. The deaths of the period exceeded the births by nearly 42,000; but the numbers living increased by 33,000, so that during the ten years 1881-90 some 75,000 immigrants must have come to Calcutta; and seeing that people go as well as come, estimating the emigrants at 25,000, it follows that 100,000 must have come to reside in Calcutta from other parts of India during these ten years. These circumstances must be taken into consideration in appraising the value of the vital statistics of the town, which are rendered unduly favourable by the small proportion of the classes most liable to die—namely, the very young and the very old; and by the nomadic habits of the people, who leave the town for their homes when they get ill. For this reason, the death-rate among females, who are more stationary, is higher than among males (34.5 against 25.4). It appears that less than half of the deaths are certified by qualified medical men. This fact imports an additional element of doubt into the vital statistics of Calcutta, and renders it very questionable whether it is right to tabulate death-causes so elaborately and pretentiously as is done in this report. Dr. Simpson finds ground of satisfaction in his study of the decennium, the last half of which shows a "lower death-rate, a higher birth-rate, fewer deaths from all causes, and a large decrease in cholera." He attributes these results to sanitary improvements. The year 1891 was unhealthy. The urban death-rate was 27.9, and the suburban 37.0. There was a remarkable outbreak of cholera in February connected with the "Ardh' daya Jog," a religious festival which attracted a large number of pilgrims and strangers. The effect of this gathering was to disturb the usual rhythm of cholera. Fever was abnormally prevalent and fatal. This is held to have been due to unfavourable seasonal conditions acting on a polluted soil. The drainage of the town is very faulty, and of the suburbs still more so. The water supply is good, but inadequate, and there is much waste. The people have still to consume filthy tank and well water, and it is noteworthy that ten outbreaks of cholera took place around tanks, which ceased when the people were prevented from making use of the foul water. The work of tank filling and improving is being diligently prosecuted, no fewer than 60 having been dealt with during the year. Arrangements were also in active progress for burning the town refuse on improved principles. Dr. Simpson again urges the need of radical measures—more particularly opening up crowded and filthy quarters by driving wide streets and thoroughfares through them, and enacting and enforcing better building laws—if any real sanitary progress is to be made in Calcutta. In this he is absolutely right, and it is cheering to observe that the health interests of so important a town, whose sanitation is of cosmopolitan value, are entrusted to a man who so thoroughly realises the requirements of the case and strongly advocates the necessary reforms as Dr. Simpson.

THE GRIEVANCES OF THE INDIAN MEDICAL SERVICE.—At a time when every branch of the public service in India is, says the *Times of India*, suffering from the depreciation of silver, and from the small economies to which the Government resorts in order to make both ends meet, we think the Indian Medical Service are to be congratulated upon having found so influential a champion as the BRITISH MEDICAL JOURNAL to look after their interests. In days gone by this department has reaped the advantage of being an integral part of a learned profession having a central representative body; for by this means it has been able to force the Government of India to listen to its grievances and, what is far more important, to redress them. We trust it may succeed in this way again, if the substantial grievances of which it complains are not promptly removed. The service should combine and draw up an authoritative statement of its wrongs, pointing out at the same time the redress it seeks.

### NEW ZEALAND.

IN New Zealand an attempt is made to deal with the immigration of paupers by the "Imbecile Passengers Act," which enacts that any passenger who applies for relief at a charitable aid board within fourteen days after arrival in the colony renders the captain or the owners of the ship that landed him in the colony liable to penalties for "importing a pauper." An attempt is being made to extend the period with a view of preventing the importation of destitute persons.

DR. ROBINSON, who had been resident in Christchurch (N. Z.) for about ten years, and was formerly house-surgeon of Christchurch Hospital, was found dead in bed there on December 2nd.

ACCIDENTAL DEATH IN WELLINGTON ASYLUM.—It appears that a Chinaman, named Ah Ching, who was in the Wellington Lunatic Asylum suffering from acute mania, died, and that on *post-mortem* examination it was discovered that he had broken ribs and a broken breast bone. A second was ordered, and this was to be followed by a third inquiry. It appears that the patient was very violent, that he threw himself about the room he was in, and that there was no evidence of any struggle with attendants or of any acts of violence against the unfortunate man. Dr. Hacon, who resides at Christchurch, appears to think that more might have been