to 2.70 in that of the evening; but the albumen diminishes from 0.44 to 0.31 per cent. At midnight milk contains 4.19 per cent. of serum, but at noon it increases to 4.27.

NEW INSTRUMENT FOR CRANIOTOMY.

In a letter to the Obstetrical Society of Dublin Dr. Halahan has described an apparatus for craniotomy, which he considers to possess many advantages over the ordinary crotchet, and which is, in addition, a perforator. As soon as perforation has been effected by it the action of a screw causes two transverse arms to spring out of the extremity to a distance of an inch on either side. The advantage of the "purchase" upon the skull, which such a contrivance affords, is obvious. Should the bones give way the transverse arms may be retracted and the instrument withdrawn.

FULLY-DEVELOPED HUMAN LARYNGEAL POUCHES.

The laryngeal pouches, which are by some anatomists regarded as exclusively characteristic of *Quadrupana*, have been recently shown to exist in a highly developed state in the larynx of a subject dissected in Trinity College, Dublin. The sac extended from the border of the thyroid cartilage, immediately external to the so-called epiglottidean gland, upwards and outwards almost as far as the lateral thyro-hyoid ligament. The membrane forming the pouch is thin, very loosely connected to the surrounding parts, and is thickly studded with minute glands. From the situation of the mouth of the pouch, and from its relations, Dr. Bennet concludes that it is the largely-developed sacculus laryngis of Hilton.

THE DENTINAL TUBES.

Some time ago Dr. Beale published a paper in which he declared that the dentinal tubes, or "Tomes's fibrils," as he incorrectly called them, are not tubular, but are solid bodies. His statements have now been examined by Mr. S. James Salter, who has published a very valuable essay upon the anatomy and physiology of the canals in dentine. Mr. Salter demonstrates that the canals are really tubular. He has seen them in some cases present a beaded appearance, evidently due to the presence of bubbles of air in their interior. With regard to their relation to the calcified matter in which they lie, he states that the appearance of a double ring is an optical delusion.

THE DEVELOPMENT OF MUSCULAR FIBRE.

The recently-published views of Dr. Wilson Fox on this question are somewhat different from those of other observers, and appear to tend towards the revival of the cell-theory of Schwann. In the tadpole the earliest form in which the tissue appears is an oval body containing nuclei and filled with pigment. This body Dr. Fox has termed a cell, although he was unable to demonstrate a distinct envelope. Such particles increase in length with or without a division of their nuclei, and after a while lose their pigment and exhibit either transverse or longitudinal striation, or even both. There being no line of demarcation between the striated and non-striated parts, the author contends that the phenomena of striation occur within the cell. The sarcolemma he considers to be the elongated wall of the primary cell.

VARIETIES IN HUMAN MYOLOGY.

Mr. J. Wood, of King's College, has reported to the Royal Society several very curious variations from the ordinary plan of muscular arrangement in the human body. The dissections were examined by Dr. Sharpey, Messrs. Ellis, Flower, and Pettigrew, and appeared to indicate modifications of the muscles similar to those of monkeys, bats, sloths, &c.

DO THE CILIARY PROCESSES TOUCH THE CRYSTALLINE LENS?

This question, which bears materially upon the current theory of accommodation, has been answered in the negative by Herr O. Becker, who made several observations upon the human eye with the aid of the ophthalmoscope. He has formed the following conclusions:—1. During the whole of life the ciliary processes are situated on the external and anterior side of the border of the lens. 2. Their dimension varies with that of the pupil, increasing when the latter is dilated, and diminishing when it is contracted; this relation being the same whether the alteration of the pupil be the result of normal accommodation or of the action of Calabar bean or atropia. 3. As the ciliary processes extend during the dilation of the pupil they pass forwards and inwards in the so-called posterior chamber between the iris and lens, but they never come in contact with either the surface or the border of the latter.

Correspondence.

"Audi alteram partem."

MAGISTERIAL DECISIONS IN LUNACY.

To the Editor of THE LANCET.

SIR,—In the interest of the public, of my professional brethren, and of union surgeons particularly, I would beg the insertion of the following statement in your columns.

On Wednesday, the 8th inst., having given previous notice, in accordance with the statute, I took before Mr. Vaughan, the police magistrate sitting at Bow-street, a female pauper who had been an inmate of the insane ward of the Strand Union House for some months past, with the view of getting her removed to Hanwell, as she was becoming dangerous and too troublesome to be kept safely in a workhouse any longer. I was accompanied by the head nurse (paid) and a pauper nurse who for some months had charge of this patient in the insane ward. The statement sworn to by me was as follows:—

That she had been an inmate of the insane ward in consequence of her unreasonable violence of language and conduct for many months, and had been classed amongst the insane by the Lunacy Commissioners.

That she laboured under the delusion that she had a rich relative, who would keep her if she could be discharged, but could not tell where she was to be found. From her husband I had learnt that this was a delusion.

The evidence of the head nurse and under nurse was that she would rave and tear and knock herself about, use bad language, threaten to set fire to the house, jump out of window, hang herself, cut her throat, &c., when she had a chance; and that she would get out of bed at night, try to escape from the ward, and rave at times half the night through.

After this had been duly delivered in evidence, the magistrate asked a few questions of her, and then, to my great surprise, very abruptly said: "You have not made out your case of the insanity of this woman; I decline to certify." After getting over my astonishment, I asked him to reconsider his determination, as it placed me in a very awkward position; that this woman had been under restraint by my orders, and now what was I to do with her? Was I to discharge her into the body of the house? He did not reply to this; but told the officers to remove the woman.

Though pressed by other business, I returned to the Strand Union immediately, with the view of consulting with the master as to what should be done with this dangerous lunatic. He advised me to take her down again to the magistrate's office. This I naturally demurred to, not caring to encounter Mr. Vaughan any more. But on the 10th I went to the office of the Lunacy Commissioners, and stated how I was situated, and asked their advice. In the course of the same day two of them visited the house, and, after examining the woman, gave an order, addressed to the relieving officer, to the effect that she should be at once removed to Hanwell. I enclose a copy of their order.

Now, Sir, no one would desire less than myself to see any other than extreme caution used in the removal of persons to lunatic asylums; but no union medical officer can be interested improperly in sending an unfortunate pauper who is insane from an overcrowded London union house with scant attendance, where the cost of maintenance is 4s. 6d., to an asylum where the charge is 11s. per week.

Had this been an isolated case I should not perhaps have addressed you—though its importance, in my opinion, cannot be overrated; but unfortunately, some time ago, I took an epileptic maniac (in a lucid interval) before the same magistrate, and he then in a similar manner refused to certify. The patient returned to the house, and a short while after was found dead in her bed, she having expired in the night. This death, I believe, would not have taken place could she have had the benefit of skilled attendants &c., which I strove in vain to obtain for her by removing her to an asylum.

The law on this subject, as I interpret it, is that the medical officer is to judge when a lunatic should or should not be removed to an asylum. It is very unfortunate when a magistrate, necessarily ignorant of medical matters, presumes to set up his opinion in opposition to the medical gentleman who is

responsible to his board of guardians, the Poor-law Board, and the Lunacy Commissioners, as to the manner in which he performs his duty.

In conclusion, I would state that from Sir T. Henry, Mr. Flower, and Mr. Corrie, when at Bow-street, I have received the most courteous consideration.

I am, Sir, yours obediently,

Dean-street, Soho,
Nov. 14th, 1865.

JOSEPH ROGERS, M.D.,
Medical Officer, Strand Union.

MORTALITY IN CHILDBIRTH.

To the Editor of THE LANCET.

SIR,—As a member of the Committee of the Royal Maternity Charity, I request the opportunity of correcting certain inaccuracies into which Dr. Barnes has fallen in his lecture against the statistics and arguments put forward by Dr. James Edmunds. Dr. Barnes says: "The first thing taken for granted is, that all the patients of the Charity are attended by midwives, and that to make the comparison applicable, all the women in the general population are attended by qualified medical men." Now Dr. Edmunds says:

"These calculations reveal the startling fact, that the 'poor married women' attended by the midwives of the Royal Maternity Charity die from 'puerperal causes' in little more than one-third of that ratio which occurs among the rest of the population of London, which, it is well known, is chiefly attended by educated and skilled medical men. Yet the patients of this charity are chiefly drawn from the worst districts of central London, and exclusively from families so poor as to be unable to find those comforts which are always provided for these occasions by the well-to-do artisan and better classes. From such a source there must necessarily come a large proportion of patients with worn-out constitutions and incurable organic disease, yet such is the class which in these calculations has been contrasted with the remainder of the population of London, including that section which is unexceptionably fed, housed, and nursed.

"The operations of that excellent institution, the Royal Maternity Charity, are carried out by a staff of intelligent, respectable women, furnished with routine instructions for conducting their cases, and with arrangements for calling in certain obstetric physicians in cases of difficulty and danger. Thus these women, so simply equipped, occupy towards their patients precisely the same relation as that of the general practitioner, who, in London, has similar facilities for occasionally resorting to an eminent obstetrician. What, then, is the cause of the comparative immunity from death which appears among that class which would appear to be in every way the least favourably circumstanced? It cannot be supposed that more knowledge or greater skill is possessed by these comparatively uneducated women than by the medical men. Some ascribe unfavourable results to the nervous derangement which upon these occasions is caused in susceptible women by the entrance of an attendant of the other sex, and there is something in this; but in my opinion the death-rate among patients attended by gentlemen in general practice arises from infection with various animal poisons. These gentlemen are necessarily exposed to personal contamination from attending other patients with infectious diseases, from dressing certain wounds, from making post-mortem examinations, and other duties; and hence, however careful they may be, in the hurry and bustle of general practice febrile infection is frequently carried to the lying-in patients whom they may attend. This is the real source of many of those unaccountable deaths which occur to healthy women a week or so after an apparently safe and simple delivery. It is a never-ceasing, but unsuspected source of mortality; the infection takes with wonderful effect through all abraded surfaces, and it produces among lying-in women a peculiar form of blood-poisoning known as 'puerperal fever,' which spreads itself to other lying-in women."

Dr. Barnes next proceeds to manipulate the figures themselves, and, at the first stroke, adds, for "non-registered cases," fifteen per cent. to the total returns of births to the Registrar-General.

In regard to vaccination, I can understand that, owing to vulgar ignorance and prejudice, some such proportion as this may evade or neglect the operation; but whether there is any adequate basis for adding such a per-centage on account of neglect in respect to registration of births, I leave your readers to judge. I doubt it.

"Women," Dr. Barnes says, "who expect bad labours,

place themselves, when they can, under the care of medical men *ab initio*."

I would simply place against this my own practical knowledge of the fact, that many women who expect bad times seek out the Charity, because they know that all such cases are at once referred to physicians who are considered much more skilful than any ordinary medical man.

Dr. Barnes says that another class apply to the hospital schools because the young students are supported by the highest skill in case of need. Where is the difference between the arrangements in this respect of the hospitals and our Charity, that women should prefer the one to the other?

He (Dr. Barnes) argues that "women from the poorer classes are utterly insensible to the shock of an emotion or accident which will cause women from the easier classes to sink."

I am not prepared to deny this in respect to certain cases; but are not those more than neutralized by others which form a large number of the general returns? Is such an argument borne out by a comparison of the death-rates of the two classes in other "accidents and emotions," or in general liability to sink under disease? If not, why take such a ground in this case?

Dr. Barnes then recounts the paragraph from Dr. Edmunds's letter in which the *gross* returns of the Registrar-General show one death from "puerperal causes" in every 208½ of the births, and that *that part of those returns* which consist of the practice of the Royal Maternity Charity shows only one death in 556 births; and says—"The contrast is striking. Will it bear criticism? It starts with a statement opposed to common sense. The 'puerperal causes' which produce the 2361 deaths in London include 'metria' or puerperal fever, and the deaths in childbed from *all* causes."

I am unable to conceive how any scientific physician can make such a statement in the face of what your readers, on reference to Dr. Edmunds's address, will find to have been asserted on the authority of the Registrar-General. I quote Dr. Edmunds's words from this month's *Victoria Magazine*—

"In these calculations, 'puerperal causes' includes, from the Registrar-General's report, those deaths registered as from 'childbirth,' and those registered as from 'metria.' The first may be taken to include all the deaths arising from accident, or irregularity in childbirth itself; the second, those caused by the various modifications of puerperal fever, or blood-poisoning, which arise in connexion with parturition; but it does not include the specific contagions—such as 'scarlet fever,' 'small-pox,' &c., nor 'phthisis,' the deaths from which, although occurring in childbed, are registered under their distinctive headings. The figures from the reports of the Royal Maternity Charity refer precisely to the same two classes of deaths."

Dr. Barnes, however, follows up this assertion by adding two others to the list of deaths from "puerperal causes" in the Charity, and by saying, "Ordinary justice requires that to these deaths shall be added 20 others which are excluded."

Let me recount the particulars of those 22 deaths from the returns as printed, after having been signed by Dr. Barnes himself.

In the year 1860 there were 9 of them as follows:—

"Paralysis	1
Dropsy	2
Consumption	5
Inflammation of the lungs	1"

In the year 1861 there were 3 cases:—

"Maternal injury from a fall	1
Consumption	1
Pleurisy	1"

In the year 1862 there were 4 cases:—

"Yellow jaundice	1
Pleurisy before labour	1
Diseased heart	1
Sudden death from ditto	1"

In the year 1863 there was:—

"Consumption	1"
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In the year 1864 the returns are not divided. I therefore quote them as given, and divide them:—

<i>Puerperal.</i>	
"Ruptured uterus	2
Hæmorrhage	2
Puerperal fever	2"—6

<i>Non-puerperal.</i>	
"Typhoid or other fevers	4
Diarrhoea through intemperance	1"—5