pox. These diseases caused the lowest death-rates in Huddersfield and Bristol, and the highest in Norwich and Wolverhampton. The highest rates of mortality from diarrhoea were recorded in Leicester, Norwich, and Wolverhampton; from measles in Wolverhampton and Blackburn; from whooping-cough in Sunderland and Derby; and from scarlet fever in Wolverhampton and Sheffield. Of the 21 deaths from diphtheria in the twenty-eight towns, as many as 19 were recorded in London. Small-pox caused 9 deaths in London (exclusive of 3 metropolitan cases registered outside Registration London), and 1 in Sheffield. The number of small-pox patients in the metropolitan asylum hospitals situated in and around London, which in the five previous weeks had declined from 1368 to 810, further fell to 640 on Saturday last; the cases admitted were 64, against 66 and 110 in the two preceding weeks. The Highgate Small-pox Hospital contained 37 patients on Saturday last, 6 new cases having been admitted during the week. The deaths referred to diseases of the respiratory organs in London, which in the two previous weeks had been 198 and 187, further declined to 162, and were 14 below the corrected average. The causes of 92, or 2·3 per cent., of the 4052 deaths last week 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 Bristol, Sunderland, Norwich, Derby, and Cardiff. The largest proportions of uncertified deaths were recorded in Blackburn, Oldham, and Huddersfield.

HEALTH OF SCOTCH TOWNS.

The annual rate of mortality in the eight Scotch towns, which had been 20·6 and 20·7 in the two preceding weeks, was again 20·7 in the week ending the 16th inst.; it was 3·4 below the average rate during the same period in twenty-eight of the largest English towns. The rates in the Scotch towns last week ranged from 13·4 and 13·6 in Paisley and Greenock, to 23·5 in Perth, and 25·9 in Glasgow. The 499 deaths in the eight towns included 51 which resulted from diarrhoeal diseases, 29 from whooping-cough, 9 from scarlet fever, 9 from measles, 6 from "fever," 5 from diphtheria, and not one from small-pox; in all, 109 deaths were referred to these principal zymotic diseases, against 85, 95, and 114 in the three preceding weeks. These 109 deaths were equal to an annual rate of 4·5 per 1000, which was 2·1 below the mean rate from the same diseases last week in the twenty-eight English towns. The deaths from diarrhoeal diseases, which had been 40 and 51 in the two previous weeks, were again 51 last week, and exceeded by 8 the number in the corresponding week of last year; 27 were returned in Glasgow and 7 in Edinburgh. The rate of mortality from diarrhoea in the Scotch towns did not exceed 2·1 per 1000, while it averaged 4·7 in the large English towns. The 29 fatal cases of whooping-cough were within 2 of the number in the preceding week, and included 20 in Glasgow and 4 in Edinburgh. All the 9 deaths from scarlet fever were recorded in Glasgow, where 6 of the 9 fatal cases of measles were also returned. The deaths from "fever" showed a further increase upon recent weekly numbers, while those from diphtheria showed a decline of 2 from the number in the preceding week. The deaths referred to acute diseases of the respiratory organs in the eight Scotch towns were 64, against 66 and 65 in the two previous weeks, and were 8 below the number returned in the corresponding week of last year. The causes of 77, or more than 15 per cent., of the deaths in the eight Scotch towns last week were not certified.

HEALTH OF DUBLIN.

The rate of mortality in Dublin, which had been 23·0 and 22·4 per 1000 in the two preceding weeks, rose to 24·2 in the week ending the 16th inst. During the first seven weeks of the current quarter the death-rate in the city averaged 22·0 per 1000, the rate during the same period being equal to 23·0 in London and 17·0 in Edinburgh. The 163 deaths in Dublin last week exceeded by 12 the number in the previous week, and included 33 which resulted from the principal zymotic diseases, against 16, 22, and 23 in the three preceding weeks; of these, 22 were referred to diarrhoeal diseases, 6 to scarlet fever, 4 to "fever" (typhus, enteric, or simple), 1 to whooping-cough, and not one either to small-pox, measles, or diphtheria. These 33

deaths were equal to an annual rate of 4·9 per 1000, the rate from the same diseases being 5·1 in London and 2·7 in Edinburgh. The deaths referred to diarrhoea, which had been 11 and 8 in the two previous weeks, rose to 22 last week. The fatal cases of scarlet fever corresponded with the number in the preceding week, while those of "fever" and diphtheria showed a decline. The deaths of infants considerably exceeded the number in the previous week, while those of elderly persons were below the average of recent weeks. The causes of 30, or more than 18 per cent., of the deaths registered during the week were not certified.

THE SERVICES.

Surgeon-Major E. C. Markey, medical officer in charge of the Cambridge Hospital, Aldershot, is held in readiness for immediate embarkation for Egypt. Brigade-Surgeon E. G. McDowell, C.B., has been ordered to Aldershot to assume charge of the Cambridge Hospital.

ADMIRALTY.—Fleet Surgeon Robert Nelson has been appointed to the *Achilles*.

ARTILLERY VOLUNTEERS.—The Tynemouth: Acting Surgeon William Pope Mears, M.D., from the 1st Northumberland and Sunderland Artillery Volunteer Corps, to be Acting Surgeon.

RIFLE VOLUNTEERS.—1st Volunteer Battalion, the Buffs (East Kent Regiment): Surgeon Charles Holtum is granted the honorary rank of Surgeon-Major.

Correspondence.

"Audi alteram partem."

THE DEMONSTRATION OF THE BACILLUS LEPRÆ.

To the Editor of THE LANCET.

SIR,—The discovery of bacillus lepræ, though made some years before that of bacillus tuberculosis, has not been put to the same very practical use in diagnosis that immediately followed the discovery of the latter bacterium. The reason for this lies in the comparative difficulty hitherto attending the demonstration of the parasite of leprosy. To show it, it has been necessary to excise a portion of affected tissue—an operation naturally objected to even by a leper; and afterwards the tedious processes of hardening and section-cutting have to be gone through prior to the final staining, washing, and mounting; and even then, when the preparation, the result of so much labour, is under the microscope, it sometimes, especially to the untrained eye, may require a considerable exercise of faith to recognise in the patches and ill-defined streaks of colour the bacillus. I have shown such specimens to friends, and at times their smiles were more indicative of incredulity than conviction.

By a method I now adopt, the bacillus can be demonstrated as easily, rapidly, and perfectly as can that of tubercle, and the preparations are so clear that on examining them the most thorough sceptic is immediately converted to a belief in the bacillus lepræ. I proceed as follows:—A leper tubercle or infiltrated patch is selected and the whole or part of it included in the jaws of an ordinary thin-bladed pile clamp. The tightening of the clamp has the effect of driving out all the blood from the included tissues, and the tubercle, from being dirty red or purple, becomes like yellow wax. The hold of the clamp is maintained at a degree of tightness sufficient to keep up this state of anæmia, and at the same time the centre of the included mass is pricked with a needle or sharp knife. From the puncture a droplet of perfectly clear fluid exudes, and is to be transferred to one or more cover-glasses, each cover-glass being smeared with rather a thick layer of the leper juice. The cover-glasses are then dried, stained, washed, and mounted in the ordinary way. The Weigert Ehrlich method I have found give good results. Under the microscope slides so prepared show bacilli in prodigious numbers, both free and in dense bundles packing the leper cells. The diagnosis of leprosy from the juice of

the leper tubercle is in this way made as easy, expeditious, and reliable as is that of tubercular phthisis from sputum.

Trusting that this hint may be of service to those interested in leprosy and its bacillus,

I am, Sir, yours truly,

Hong-Kong, China, July 9th, 1884.

PATRICK MANSON.

THE CASE OF JOSEPH JAMES DONNELLY.

To the Editor of THE LANCET.

SIR,—Dr. Hughes Bennett finishes a very instructive letter in this day's LANCET upon the case of Joseph James Donnelly by asking a question, which I am very glad to be able to answer if you will grant me space in your columns for the purpose.

Dr. Bennett writes:—"The public have a right to be informed whether this individual is for the future to be considered as a lunatic, and consequently as an innocent man, or whether he is to undergo penal servitude for life as a malefactor." Dr. Bennett will, I am sure, be glad to learn that Donnelly was admitted into the epileptic ward of this asylum on Monday, the 4th inst., where, if Dr. Bennett should ever be in this neighbourhood and should have half an hour to spare, he may, if so inclined, renew his acquaintance with his quondam patient, and at the same time afford me the pleasure of showing him the general arrangements of the asylum.

It is very justly pointed out by Dr. Bennett that, Donnelly being what in his letter to you he describes him to be, two things of a nature to be regretted have happened in his case. The first is, that he was permitted to have the opportunity of killing his sister; and the second is, that he was afterwards tried and sentenced as if he had been a responsible malefactor. Now, although no one would, I think, have the hardihood to hazard the assertion that our statutes relating to lunatics are perfect, or that the resources of civilisation have been exhausted with respect to our modes of procedure in the treatment of these unfortunate persons, still we are, happily, not compelled to own that there is absolutely nothing that could be done, in a similar case in the future, to avert the occurrence of similar unfortunate incidents.

With respect to the means for the possible prevention of the recurrence of similar acts of homicidal violence, I would ask your permission to point out that any medical gentleman who possessed information similar to that which Dr. Bennett possessed as to his patient, at the time of discharging him from hospital, would be taking a legal and justifiable course if he were to address a letter to the relieving officer of the parish to which the patient belonged, stating the circumstances, together with his opinion of the patient's mental condition. Upon the receipt of such a letter every relieving officer of a parish is bound by statute (16 and 17 Vict., chap. 97, sect. 68) to make inquiry into the case.

With respect to the second point, the suggestion that I would venture to make is, that if any medical gentleman should ever be in possession of any facts relating to the mental condition of any person committed for trial upon a charge of murder, and should be in any doubt or difficulty as to the right course to take in the matter, he may, if so disposed, address a letter to me stating the facts, and I will, very gladly, charge myself with the duty of taking steps for bringing before the court and the jury such facts as may reach me in this way. The only stipulations I would make are, that the information should reach me sufficiently long before the trial, and that the facts should either be within the personal cognizance of the writer or be capable of proof by witnesses.

With the view of disarming criticism beforehand, will you permit me to add that I do not offer these suggestions as if I thought that they contained the whole duty of man in the matter, but that I offer them only as possible aids to those in doubt.

I am, Sir, your obedient servant,

W. ORANGE.

Broadmoor Criminal Lunatic Asylum, Aug. 16th, 1884.

To the Editor of THE LANCET.

SIR,—As you do me the honour to refer to a letter of mine in your leading article of the 9th inst. on the above case, I trust you will allow me to state, in a few words as

possible, why I find myself unable to agree with some of the remarks in that article.

First of all, you seem to doubt the propriety of interfering to prevent the execution of the capital sentence when once it has been pronounced; you "think that matters of this sort should be dealt with finally at the time of trial, or rather before it," and although you allow Donnelly's to be one of the exceptional instances which call for inquiry, you state in general terms that you do not "think it expedient, in the interests of public safety, that there should be this last chance of escape open to criminals." My answer is that cases occur not unfrequently in which, from the poverty of the accused and the peculiarities in our English methods of judicial procedure, the arguments in support of the plea of insanity are imperfectly brought out during the trial. Take, for example, this very case. Donnelly's friends were too poor to provide him with any sort of legal assistance, so that had not a member of the Bar kindly undertaken the defence at the request of the presiding judge, the poor fellow would have been left without anyone to plead his cause. As it was, his counsel entered upon his task under every conceivable disadvantage; no defence had been prepared, no witnesses had been summoned on the prisoner's behalf; and as the prosecution did not happen to produce the one witness, Dr. Dreschfeld, whose evidence was likely to tell in the man's favour, it was impossible to elicit, in cross-examination, the facts which were necessary in order to sustain the plea. It is perfectly evident, therefore, that the trial could not, in the nature of things, be a satisfactory one; and to my mind it would be horrible if a decision, arrived at under such circumstances, should be held to be irreversible.

If it be asked why means were not taken to interfere in the matter before or during the trial, I reply that interference by persons not directly concerned in a case that is *sub judice* is generally supposed not only to be impolitic but absolutely reprehensible. It seems to me that I adopted the only course open to me; I abstained from interference until the trial was over, and until there was imminent danger of a deplorable miscarriage of justice. That the case was one that needed revision is proved by the fact (of which, of course, I was not aware when I wrote to the local papers) that the Government had already sent two medical inspectors to report on the case, and that in consequence of their report the man has been reprieved during Her Majesty's pleasure.

But there is a still more important point in your leading article on which I am compelled to differ from you. You compare the condition of an epileptic maniac with that of a patient rendered irascible and peevish from an attack of gout, or from phthisis in a certain stage, or from the approach of certain changes in the sexual life. In my opinion the two conditions are incomparable. In the case of an epileptic maniac, his acts of violence are done unconsciously, and therefore are uncontrollable; in all the other cases mentioned, acts of a similar nature would always be done consciously, and would simply be the result of uncontrolled temper. Epileptics like Donnelly have no control over their actions during the maniacal paroxysm, and no recollection of them when it is over. They are therefore legally and morally irresponsible, and no effort can be too great to prevent their being systematically treated as criminals.

I remain, Sir, yours very truly,

CHARLES J. CULLINGWORTH, M.D., M.R.C.P.,

Lecturer on Medical Jurisprudence at the Owens

College, Manchester.

P.S.—As my letter happened to be too late for insertion last week, may I be allowed to add a postscript, expressive of the pleasure with which I read Dr. A. Hughes Bennett's letter in THE LANCET of last Saturday? I entirely concur in the sentiment to which he has given such forcible expression. With regard, however, to the mismanagement of the prisoner's defence, the above letter will show that our system of preparing cases for trial is more to be blamed for the extreme unsatisfactoriness of this inquiry, than the very able advocate who kindly undertook the defence at the last moment, without having received any instructions, and who was consequently at an enormous disadvantage throughout the case.

THE CHOLERA IN FRANCE.

To the Editor of THE LANCET.

SIR,—Before leaving for Paris, I send you a line to say that on visiting the hospitals, both of Toulon and this place, I was agreeably surprised to find all the patients either con-