Poor-law board must be reported to the coroner in like manner as lunatics, and that the word "lunatic" means "an idiot or person of unsound mind." The particulars to be furnished to the coroner are similar to those given by the authorities at asylums or licensed houses.

This consummation of our efforts is highly satisfactory to the coroners themselves and, I should think, to the medical profession and the public generally. At times rumours are heard of ill-treatment of lunatics in Poor-law institutions, but formerly as the coroner had no notice of deaths he knew nothing as to particulars until too late for him to interfere. Now, however, coroners will be cognisant of all such deaths if the Order is properly carried out and he can make further inquiry and order an inquest if necessary before the body is buried. By the operation of this Order the Poor-law institutions which retain lunatics even temporarily will have to fall into line with those admirable institutions for the reception of lunatics under the county or borough authorities and in private licensed houses where strict supervision is given. Another public advantage is that friends or relatives having an alleged grievance can ask the coroner to hold an inquest, and though this may throw additional work on the coroner I cannot think that any one of us will shirk responsibility, for if the charge is unfounded the credit of the institutions will be established and if sustained a remedy may be suggested. As this is a matter of interest to the medical profession I venture to ask space for the publication of this letter and of the Order (or so much of it as you may think necessary).—I am, Sirs, yours faithfully.

A. BRAXTON HICKS,

Honorary Secretary of the Coroners' Society of England and Wales.
Lupus-street, Nov. 19th, 1900.

* * The Order will be found printed on p. 1528 of this issue.—ED. L.

"APPENDICITIS."

To the Editors of THE LANCET.

SIRS,—In addition to Sir Samuel Wilks's letter in your impression of Nov. 3rd I can affirm that in 1859 Mr. James Long (brother of the eminent classic George), in his course of lectures on surgery in Liverpool not only included diseases of the cæcum and inflammatio appendicis, but objected to the terms "cæcitis" and "appendicitis" as hybrid, slipshod words, and used the terms "typhlitis" and "perityphlitis" and commended their use.

I was Mr. Long's private pupil at the time, when he had been 22 years' lecturer on anatomy and eight on surgery, and I know he was in favour of early surgical "interference," or rather assistance.

I am, Sirs, yours faithfully,

Brook-street, W., Nov. 20th, 1900.

TOM BIRD.

THE LATE WILLIAM ANDERSON, F.R.C.S.

To the Editors of THE LANCET.

SIRS,—As an old St. Thomas's man who has had the advantage and privilege of association with the late Mr. Anderson, first as a pupil and afterwards as a friend, I venture to trespass upon your space to invite old St. Thomas's men who have had a similar happy experience of his teaching and generous sympathy to show their appreciation of it by coöperating with me in perpetuating his memory in the hospital where he has been such a conspicuous figure as teacher and friend. Any attempt at laudatory commendation would be superfluous. His life is so well known to St. Thomas's men that I feel certain there are many who will gladly avail themselves of any opportunity that may offer to secure such recognition of his services as would be acceptable to the hospital and gratifying to his friends. I shall be glad to help in any way and will readily respond to anyone who may wish to join in this effort.

I am, Sirs, yours faithfully,

W. GIBSON BOTT.

37, Kennington Park-road, S.E., Nov. 20th, 1900.

"THE TREATMENT OF SPRAINS AND OF SOME FRACTURES."

To the Editors of THE LANCET.

SIRS,—I have read Mr. A. H. Tubby's address on sprains and fractures with much interest, and, though it contains nothing particularly novel, it is well that good rules of practice should be insisted on. I quite agree with Mr. Tubby that the only

proper time for the use of cold applications in cases of sprain is immediately after the accident, but unfortunately the surgeon does not usually see these cases in the first quarter of an hour, and later warm applications are better. But I am surprised that Mr. Tubby entirely ignores the application of adhesive plaster to sprains, and I think he will find that strips of the American indiarubber plaster, carefully applied, give better results than a bandage with cotton-wool beneath it. The use of plaster-of-Paris can seldom be required in cases of sprain and has the disadvantage of causing stiffness which requires a good deal of massage, or possibly forcible movement, for its relief.

It is, however, the second part of the address which is most important, and I am glad to find the treatment of injuries about the elbow without splints inculcated. I have practised this method for many years, and in THE LANCET of Jan 12th, 1889, I published a clinical lecture in which I say: "I believe that in all cases of fracture of the lower end of the humerus the elbow should be well bent. I include, of course, cases of separation of the lower epiphysis, and I like to bring the forearm thoroughly up so as to put the hand to the opposite shoulder, and then I feel confident that the fragments will fall into the best position." I have seen such terrible results from treating these fractures with rectangular splints, and particularly splints made of flat boards, so that the elbow and arm are tightly compressed when the inevitable swelling occurs, that I venture to emphasise Mr. Tubby's excellent teaching and to give the credit of it to Mr. Jonathan Hutchinson, from whom I learnt it.

I am disappointed not to learn Mr. Tubby's method of treating fracture of the olecranon, which he apparently ignores. In 1883 I read a paper before the Surgical Section of the British Medical Association at Liverpool, urging that in cases of fractured olecranon the elbow should be bent to a right angle and the forearm carried in an ordinary sling. I have always treated these cases in this way with the best results and I have seen disastrous consequences from keeping the limb straight, to say nothing of the discomfort to the patient during the treatment. I may add that I have never had occasion to wire a fractured olecranon.

I am, Sirs, yours faithfully,

Cavendish-square, W., Nov. 18th, 1900. CHRISTOPHER HEATH.

THE IMPROPER USE OF ASYLUMS FOR THE INSANE.

To the Editors of THE LANCET.

SIRS,—Could you help in a matter that calls for a thorough change of plan? Lunatic asylums are built for the insane; delirium tremens is a passing madness only, and is recoverable from by the rigid withdrawal of the exciting cause. Clearly the Act never contemplated the treatment of such afflicted persons as lunatics. Among the poor, if the boards of guardians cannot take such cases in and put them under proper restraint, we, certifying magistrates, are constrained to send these poor people to asylums. They get rapidly well and are yet prejudiced as to future employment by the fact that they have been lately under asylum treatment, and so the drink craze is bound to resume its sway, recrudescing as it is from idleness and low spirits and lack of food. Thus the mode of cure makes sure of the renewal of the disease: surely a sad irony on modern methods.

I am, Sirs, yours faithfully,

GEORGE H. R. DABBS, M.D. Aberd.

Shanklin, I.W., Nov. 16th, 1900.

"THE WEDGE OPERATION FOR ENTROPION AND TRICHLIASIS."

To the Editors of THE LANCET.

SIRS,—With regard to an article under the above heading appearing in THE LANCET of Nov. 3rd, 1900 (p. 1269), I wish to call your attention to the fact that a modification of Snellen's operation has been constantly advocated and practised by Mr. W. E. Cant, of the British Ophthalmic Hospital in Jerusalem, for many years past, differing in no essential detail from that described under the above heading. Personally I have only used it in 300 or 400 cases, but Mr. Cant has used it in a large number (probably 7000) of cases. It is also used by men working in Palestine who have seen the modified Snellen's operation done in

Jerusalem by him. If the incision is continued through the conjunctiva no harm results and a very good result is got, but this should only be done in healthy lids. Sutures to bring the skin together need never be used and in almost all cases a linear scar results which is often indiscernible in two or three years. The cases in which the operation as above described is contra-indicated are those in which much skin has already been removed by native practitioners or quacks (generally with scissors). In such there may be failure to close the lids without strong effort, and the cornea is exposed during sleep. In these cases the operation tends to exaggerate this defect. For these I believe Van Millingen's operation to be by far the best available, because the latter lengthens the lid slightly. Only last summer I saw many cases in the north of Palestine where failure to close the lids after quack operations had resulted in partial, if not complete, xerosis corneæ, and others in which failure to close the lids during sleep would probably result in this.—I am, Sirs, yours faithfully,

J. CROPPER, M.A., M.B., B.C. Cantab.,
Chepstow, Nov. 7th, 1900. Late of Acre, Palestine.

* * Surgeon-Major Herbert's method of operation has been practised by him for many years. The cases refer to the year 1895. We regret that we did not make this clear.—
ED. L.

"NECROPSIES IN MEDICO-LEGAL CASES."

To the Editors of THE LANCET.

SIRS,—I have read with interest the leading article in THE LANCET of Nov. 10th (p. 1357) in which you refer to the importance of making a complete post-mortem examination in medico-legal cases. With your remarks I most fully concur, and my object in writing this letter is to accentuate a point which arises in connexion with the last case referred to in your article—viz., the importance of examining the cervical vertebræ. Fracture or dislocation of the neck as a result of violence is by no means so rare as might be supposed and these conditions not infrequently exist without any external signs of injury or, indeed, any indication that death has resulted from other than natural causes, and are therefore easily overlooked unless the vertebræ are subjected to careful examination.

Two instances illustrating this fact have recently come under my notice—one in which a man drawing a barrow slipped and the contents, weighing about 1 cwt., fell upon the back of his head and shoulders, and the other the case of a man who was found dead at the bottom of a short flight of stairs. In neither instance was there any external sign of injury; in both there were pathological conditions of the heart which *might* have accounted for death, but in both the examination of the neck in the manner I am about to describe, which should form part of the routine procedure in all post-mortem examinations, led to the discovery of the true cause of death. The procedure, which is well known, consists in extending the mesial incision on the anterior aspect of the body to a point immediately below the symphysis menti and then reflecting the skin for a short distance on either side of the neck. The knife is then passed up close to the lower jaw and the attachments of the tongue to the floor of the mouth are divided. The tip of the tongue is hooked down by the left forefinger until it can be firmly grasped and pulled downwards, while with the right hand the knife is passed boldly backwards, dividing the soft palate and tissues of the posterior pharyngeal wall. The whole of the soft structures in the neck, including the soft palate, tonsils, and fauces, are now easily brought down into view and one or two cuts with the knife serve to separate them completely from their position in front of the cervical vertebræ.

The advantages of the above procedure being followed in every case are two-fold: first, it is the only way in which the condition of the upper air-passages, pharynx, and tonsils, can be properly examined; and, secondly, I venture to maintain that in no other way can the presence of any fracture or dislocation of the cervical vertebræ be clearly made out. The first proposition everyone will agree with, although my experience is that this method of examination is frequently neglected or imperfectly carried out, with the result that such causes of death as œdema glottidis, or accidental suffocation from choking, more especially in young infants, are often overlooked. With reference to the second proposition, everyone who has made the attempt must be aware of the difficulty of speaking

definitely as to the presence or absence of fracture the cervical vertebræ from mere manipulation of the head and neck, more especially when rigor mortis is present; in fact, it is impossible, as a rule, to give a definite opinion upon the point. If, however, the cervical vertebræ have been exposed in the manner described, then by placing one hand on their anterior surfaces and moving the head with the other hand, or, better still, placing the finger in the foramen magnum after removal of the skull-cap and brain, any abnormality can be detected with ease and certainty.

My excuse for writing upon a matter which may appear trivial is your article, and the fact that, notwithstanding the well-known rule that all post-mortem examinations in cases of sudden or violent death should be full and complete, the structures and organs of the neck are frequently totally neglected or only imperfectly examined; whereas, if the parts were exposed in the manner indicated as a matter of routine in all post-mortem examinations such an oversight as the one mentioned by you could never take place, while not a few apparently mysterious deaths would be satisfactorily explained. A point also of considerable practical importance is that no greater disfigurement of a body is occasioned than in a less complete examination.

I am, Sirs, yours faithfully,

HARVEY LITTLEJOHN.

Surgeon's Hall, Edinburgh, Nov. 19th, 1900.

"THE MICRO-ORGANISMS OF VACCINE MATERIALS."

To the Editors of THE LANCET.

SIRS,—I have read with interest in THE LANCET of Nov. 17th (p. 1414) an article by Dr. J. B. Buist on the subject of vaccine organisms, in which he refers to certain observations made by him with my assistance some 15 years ago. I wish it to be generally understood that although my name has been freely made use of in his book (1885) and also in his present paper above cited, I entirely dissociate myself from the conclusions at which he appears to have arrived. To say that a *spore* is the *contagium vivum* of vaccinia is simply a confession of defeat in his very noble effort to clear up an awkward pathological problem. Every bacteriologist should know that a *spore*—i.e., the immature ovum of any *contagium vivum*—is not to be looked upon as a definite cause of disease. It is only as one follows the life-history of such a spore through its subsequent developments that one is able to assign to it its pathogenetic rôle, and it is only matter of regret that in his paper Dr. Buist has neglected to take this sequence into his consideration. His paper is of so much interest and importance that one must venture to re-assert the well-known dictum that *like produces like*. That a torula should give birth to micrococci, that they in turn should be spores of bacilli and may be fat or lean according to nutrition and environment, and in sequence give birth to one or other type of micro-organism, is a theory not supported by exact research and one so chimerical as to make exact research appear at a disadvantage. Having taken part in Dr. Buist's research to the extent he mentions, and having absolutely declined to associate myself in his book (*op. cit.*, 1885). I think it is now my duty to dissociate myself from the views expressed in his paper in your last issue.

I have no doubt that an artificial nutrient medium for the development of vaccine lymph will soon be introduced; and if it can be standardised, as so many drugs have lately been standardised, for medicinal use, so much the better. There ought to be little trouble in this matter, and the result should strengthen the hands of the Local Government Board in insisting upon vaccination of a uniform type, and supported by irrefragable scientific evidence of unquestioned authority. I must leave the further discussion of this matter to the specialists who can scarcely fail to realise its importance at the present juncture.

I am, Sirs, yours faithfully,

ARTHUR W. HARE, M.B., F.R.C.S. Edin.

Newquay, Cornwall, Nov. 19th, 1900.

"THE QUESTION OF THE COMMUNION CUP."

To the Editors of THE LANCET.

SIRS,—In THE LANCET of Oct. 13th reference is made in an annotation to "intinction" as a sanitary substitute for individual or separate communion cups; the latter, suggested