spondent, to Ferrier, Horsley, or Macewen, hoping that they or some one of your numerous readers might be able to throw some light on, to me, an inexplicable case.

I may add that there was no bleeding whatever. A bullet taken from one of the other chambers was conical in shape, and its greatest diameter was less than a quarter of an inch. On discharging one of the chambers at three yards' distance, the bullet went almost through a quarter-inch board.

I am, Sirs, yours truly,
Osnaburgh-st., Regent's Park. J. J. CLARKE, L.S.A., &c.

A SERIES OF CASES OF PUERPERAL FEVER.

To the Editors of THE LANCET.

SIRS,—On July 24th of this year a midwife attended an ordinary confinement; the woman died a few days after. On July 30th she was called to another, and found the woman lying on the floor confined. She removed the after-birth, and the woman died on Aug. 2nd. An inquest was held, preceded by a post-mortem, and the death certified as "puerperal fever." On the 7th she was called to another, examined her, and after a while, saying that the case was a difficult one, sent for a medical man, who delivered the patient, and she died a few days after of puerperal fever. On the 14th another case was attended by her, which also ended fatally a few days after. On Sept. 8th another confinement occurred in the top room of her own house. She was with the patient—her own daughter—for an hour before sending for another woman (her sister) to act. The midwife did not actually accouche her daughter, but her daughter died of puerperal fever on the 13th.

The connexion between these cases is so obvious that I think it calls for no remark from me, but the following fact may throw some light upon the cause of the first case. The midwife was suffering from specific disease in the tertiary stage, and about the 28th of July had a large piece of loose necrosed bone—the stench from which was abominable—removed from the roof of her mouth. This bone had been exposed for at least a month. Had she been fidgetting this piece of bone about with her finger, and conveyed septic material to her patient?

I am, Sirs, yours faithfully,
RUSSELL M. TALBOT,

Bow-road, Sept. 1889. Medical Officer of Health, Bow and Bromley.

DIPHTHERIA AND ITS TREATMENT.

To the Editors of THE LANCET.

SIRS,—In your issue of Aug. 24th, I find that Dr. Henderson expresses himself as not satisfied with my paper upon the Eliminative Treatment of Diphtheria, in not being sufficiently effectual for the entire expulsion of all the microbes supposed to be attached to the mucous membrane of the gastro-intestinal tract; for he states that in my commencing the treatment by "administering an emetic, followed by an aperient," he fails to comprehend "how a single evacuation of their contents can be of any service at all." It is evident that he has failed to grasp the general view which my treatment is calculated to effect; he should understand that the mustard emetic is not only an effectual evacuant, but it is likewise an excellent germicide. Again, I suggested that this be followed in due course by two doses of the liquor hyd. perchloridi in strong peppermint-water, which is acknowledged to be a most decided germicide as well as a specific alterative and aperient; this is to be followed by a dose of castor-oil. This treatment will effectually destroy and remove the microbes and their spores from the stomach, œsophagus, and fauces, as well as the intestinal tract. I quite approve of the application of his solution of corrosive sublimate; it is one of the remedies I recommended in a former paper; and, with the exception of two or three cases, I was satisfied with the throat application once a day, as being all-sufficient. Dr. Henderson tells us he is attached to the Birmingham Children's Hospital, which would enable him to watch more closely than one could possibly do in private practice.

I regret to learn that he does not agree with me that "tonics and stimulants in the early stage should not be given." In my letter to THE LANCET of November, 1880, I endeavoured to show what unfortunate results followed upon the tonic and stimulating plan adopted in the April of that year in one of the largest London hospitals. Five cases are carefully recorded in your journal—viz., four

children, who succumbed under the above treatment within three days; and a probationer aged thirty-three, who had been in her usual good health, but had been in attendance for two days upon two of the fatal cases of diphtheria; she was taken ill with sore-throat on the evening of April 23rd, and in three days she died under similar tonic and stimulating treatment, aided by most assiduous attention from the physicians. I was in hope that this report would have proved a lesson to the profession to withhold such treatment, which doubtless it did with those who perused my paper at the time, although I believe there are many practitioners who still hold to this unscientific and unsuccessful plan of treatment.

When in general practice in Tottenham for several years, I had upon an average half a dozen cases annually to treat, the locality being rather low and damp. I attributed these cases at that time to aerial infection, through a fungus floating in the atmosphere depositing itself upon the tonsils and soft palate, which I at once attacked with a strong solution of nitrate of silver (one drachm to the ounce), and with a camel's-hair brush removed as much as the patient could tolerate, and at each subsequent visit, until the whole was removed. Finding there was a febrile condition present with nausea in many cases, I commenced with a dose of calomel and an aperient, for I found the secretions in a vitiated state; this was succeeded by salines, diaphoretics, and diuretics, in order to aid nature in eliminating the *materies morbi* from the system under which it appeared to be so oppressed and distressed. With this plan of treatment, the patients, being supported with nutritious and unstimulating diet, gradually improved towards convalescence. *Ergo*, for many years I used to look upon diphtheria as a curable disease if called in tolerably early to arrest its progress.

In order to prove the success the above treatment has met with in my hands, having lost but two cases during thirty-five years of active practice, the registrar's book of Tottenham can show but one death from diphtheria as attended by me, and one at Dalston. In each of these cases the delicate children had been ill two or three days before I was called in, when I found the disease had travelled into the windpipe.

I am, Sirs, yours faithfully,
EMANUEL MAY, M.D., M.R.C.P. Lond.

Fairholme, Hanwell, Sept. 2nd, 1889.

PREVENTION OF INFECTIOUS DISEASE.

To the Editors of THE LANCET.

SIRS,—Dr. F. P. Atkinson's suggestion—and I see from a letter in to-day's *Times* from Mr. Wootton Isaacson, M.P., that the latter purposes to legislate on much the same lines—is excellent as far as it goes. But it would fail entirely unless some better provision were made than exists at present to ensure the competence of the certifier. As the holder of a "recognised public health diploma" myself, I do not claim to *thoroughly* understand the practical details of the Builders Act, nor do I think that members of our profession ought to be called upon to test the soundness of drains or the perfection of connexion and disconnexion. What we want is a class of practical sanitary experts, whose competence shall be guaranteed by a sound theoretical and practical examination—men who should hold a middle position between the medical sanitarian and the engineer, and of such social position as to ensure them against all possible suspicion of being subject to undue influence of any kind. The examination should be enforced by law. It is no more right that an uneducated man (such as are many of the surveyors employed by local boards and analogous bodies) should be permitted to endanger the lives of the public than that lawyers and doctors should be allowed to practise without qualifications.

I am, Sirs, yours faithfully,
C. H. ALLFREY, M.D., F.R.C.S., D.P.H. Camb.

St. Mary Cray, Sept. 4th, 1889.

CASE OF TETANUS OCCURRING TEN DAYS AFTER DELIVERY.

To the Editors of THE LANCET.

SIRS,—I have been very much impressed, on reading the above remarkable case in THE LANCET of August 17th, by Mr. Henry Peacock of Gloucester, as I have not seen