thrust on them, and, in accordance with the national character, they boldly did their duty to the best of their ability, and their verdict has been approved by most persons of robust mind and understanding. Again, I agree that the Home Secretary did wisely in giving way to some extent to the clamour of the multitude. In such affairs a crisis will sometimes arise where public opinion seems to lose its head and runs riot with emotion or sentimentality. This sort of agitation cannot be altogether disregarded either in politics or otherwise. The Tichborne case was one in point, the Lipski case another, and now the Maybrick case has run its course; but I venture to predict that if the position of the present Home Secretary be as permanent as the position of Dr. Norman Kerr is stated to be in his letter, the latter gentleman will have to wait a very long time before his desire is gratified—viz., that the prison door be open to Mrs. Maybrick.—Yours obediently,

The Sanctuary, S.W., Sept. 18th, 1889.

THOMAS BOND.

To the Editors of THE LANCET.

SIRS,—Kindly allow me to correct an error in Mr. Allen's letter of the 14th. He states: "Mrs. Maybrick added a *white powder* to the meat extract." I have her statement before me, and she never said anything about *white powder*. This was an addition by the press. What she did say was: "When I found the *powder* I took it to the inner room, and in pushing through the door I upset the bottle," &c. The importance of pointing out what may appear to some a trivial matter is this. Some people think that if it was a white powder it was of necessity arsenic. Now, as Mr. Allen himself points out, if this powder was arsenic it would have remained undissolved. We are then positively certain that this powder was *not* arsenic, and that therefore the admission of evidence to this end was with no other object than to blind the jury to the real issue. Your correspondent suggests that Mrs. Maybrick attempted to filter arsenic mixed with soot through a handkerchief. It is monstrous to assert that this woman had any technical knowledge of filtration, however crude, and it is just such misconceptions which have placed her where she is. The prosecution relied on three things for a proof of administration of arsenic: (1) the presence of 1 gr. of arsenic in meat juice, which the deceased never had; (2) the presence of $\frac{1}{1000}$ gr. in a pan at his office, which he never used; and (3) the presence of $\frac{2}{3}$ gr. of arsenic in a glycerine bottle. Siebold (editor of the *Pharmaceutical Report*), at a meeting of the British Pharmaceutical Association held at Newcastle last week, proved that glycerine abstracts As_2O_3 from certain manufactured glass after long standing. This is an important statement, and I must refer your readers to his paper. As to Mrs. Maybrick's guilt or innocence I do not express any opinion; but I do say that in a case involving so many medical, legal, and analytical doubts the only course is to liberate her, and if there is any fresh evidence against her, to re-arrest and re-try her, and not let her be unconstitutionally sentenced for a crime—"attempt to murder"—which was not before the Court.

I am, Sirs, yours truly,

W. H. COATES, M.B., L.S.Sc., F.C.S., M.R.C.S.
Highgate, Sept. 17th, 1889.

To the Editors of THE LANCET.

SIRS,—Your correspondent, Dr. Kerr, in the parallel which he has drawn between the case of Mrs. Maybrick and that of Madeleine Smith, and his inference that the same "intelligent" jury which acquitted the latter would also have done so with the former, overlooks or ignores an important distinction between the two cases. In Madeleine Smith's case there was a doubt as to whether she had administered the poison at all or not; while in the other case neither the Home Secretary nor the jury had the shadow of a doubt on this head. This, I believe, accounts for the different verdict in the two cases. I do not mean to enter into the merits of the recent case—everyone has already had ample means of forming a judgment on the subject. I would only say that I think the Liverpool jury, being convinced that the prisoner had administered poison with intent to kill, did well in holding her responsible for the fatal event which followed, all medical cavilling to the contrary notwithstanding. If a Scotch jury had not done the same in similar circumstances they would have shown little claim to be possessed of that intelligence with which your correspondent credits them.—Yours truly,

Partick, Glasgow, Sept. 16th, 1889.

ROBERT KIRK, M.D.

"FIVE RECENT CASES ILLUSTRATIVE OF
CEREBRAL SURGERY."

To the Editors of THE LANCET.

SIRS,—Under the above heading there is a case (No. 1) recorded in your issue of Sept. 14th which is rather remarkable for its rarity, particularly as complete recovery took place, notwithstanding a bullet remaining lodged in the cranial cavity. With your permission, I will state a case, which has never been recorded, and which I think is most remarkable and unexplainable—to me, at all events. To your readers I shall leave the explanation, hoping that each one may satisfy himself.

Eighteen months ago I was summoned in great haste to the house of a farmer, whose child, I was informed, had been accidentally shot by his brother. I went, and saw the boy—aged about nine years—within a quarter of an hour of the occurrence. His condition was this. He lay on his left side, with his head bent, his chin touching his chest, his legs drawn up and flexed on the thighs, which were touching the abdomen; his breathing was slow, laboured, and slightly stertorous; pulse 50; temperature normal. He was quite unconscious, and I could not rouse him till at the expiration of about twenty minutes, when, on speaking loudly to him and slightly shaking him, he muttered something in great irritation and relapsed into his former state. His right eye was cleanly knocked out, the eyelids a little black and swollen, and immediately over the malar bone of the same side there was a swelling about the size of a pullet's egg. Having observed his condition, as previously described, I obtained the history of the accident, as follows. Four of the children, ranging in ages from twelve to four, happened, while playing in the bedroom, to find a revolver loaded in all its chambers. The oldest child took it to examine, and in doing so, one of the chambers accidentally went off. The other brother—the subject of this case—happened to be standing within a yard and opposite to him, and immediately fell, remaining there in the condition I have previously described as finding him in. Thinking the case was hopeless, I said so, but at the same time sent for my principal, a man of large experience and great tact. When he arrived, he examined the child, as I had previously done, and he came to the conclusion that the bullet must have penetrated the skull through the optic foramen, in the track of the optic nerve, and no doubt was lodged in the brain—where, we could not think. I had previously examined the room where the accident took place, hoping that the bullet might have impinged against some irregularity in the orbital cavity, made a sort of irregular curve, destroying the eyeball, and coming out again, and therefore not entering the cranial cavity at all. On examining the orbital cavity with my finger I could find no irregularity whatever either on the floor, roof, or either side, but could feel the pulsation of the vessels at the foramen lacerum anticum. My principal said that we must not interfere, but wait to see if the boy would rally, firmly believing that it was only a matter of a few hours at most with him to live. After waiting for three hours the boy became sick and vomited some food which he had partaken of some short time previously, and, having vomited, he sat up, looked with his one eye, dazed, and called for a cup of tea. This he had, and after having taken it he commenced to chat and talk as if nothing had happened. We put him to bed, but having left the place I learned afterwards that he would not stay there, but got up and walked about, and did as the other children. Though he was seen twice a day, his temperature carefully taken, and all the other usual symptoms watched for, the result was negative. Not the slightest fever, no pain, no loss of appetite, no headache, no more vomiting, motions and urine passed regularly and normal, was the result day after day from that time up to now. Even with the eye being made a pulp of, one would expect some little fever and constitutional disturbance, but there was not a trace of either. The swelling over the malar bone went down in less than twenty-four hours, and the eyelids, which were not even scratched, had regained their normal colour in a few days, and with the exception of a slight discharge from the cavity of the orbit, which continued for a week, the boy was practically well in three hours after receiving his injuries. That the bullet entered the cranial cavity I have not the slightest doubt, but where it can have lodged without producing even headache, much less paralysis or any of the other well-marked signs of brain irritation, I must leave, like your corre-

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