temperature or the possibility of chemical changes in their experiments. On reading their article I at once wrote to the patient. He replies that the metal was "plumber's solder, lead mixed with tin." This settles the question between us, for it is this mixture that my critics found most affected by mercury in their experiments. The original piece of metal is in the custody of the College of Surgeons, and I should be sorry in any way to mutilate it. During the past fortnight there has been extracted from the nose of this patient, by means I need not occupy space in describing, two irregular masses of metal, obviously of the same origin and composition as the metal in the ear. These I have exhibited to Sir William Dalby, who has taken great interest in the matter, as he himself once removed impacted plaster of Paris from the ear by chemical solution. Anyone can see them who cares to do so, and I will in the future have them examined. I was not aware that the prevalent general commercial impurity extended so largely to lead, but when we consider the number of mixtures in use the full consideration of the question becomes purely a chemical one of some complexity. I am convinced of the efficacy of the mercury in the case related, and am content to leave the explanation of undoubted fact in the hands of others. If I have committed any errors in the relation of the case, such errors are purely those of inference, not of fact.

I sympathise with my critics in their efforts to extract the shot from the ear, and must confess that the failure of the mercurial method has disappointed me. I am informed that the composition of shot and ball differs also very widely, and a chemical examination of the metal in their case is as needful as in mine. It would be interesting to know if they have employed the syringe, especially one with a curved nozzle, while the ear is in a dependent position. As they can see the shot "lying on the floor of the canal," I should have expected this to succeed.

In conclusion, I will thank my Australian *confrères* for the interest they have taken in this case, for their ingenious explanation of an undoubted difficulty, and for the courtesy and kindness of their criticism.

I am, Sirs, yours truly,

A. MARMADUKE SHEILD, M.B. CAMB., F.R.C.S. ENG.

Stratford-place, W., Oct. 10th, 1892.

CORROSIVE SUBLIMATE INJECTIONS IN LUPUS.

To the Editors of THE LANCET.

SIRS,—Dr. Cowan Lees' suggestive remarks on the treatment of inoperable malignant neoplasms by the bichloride of mercury in oil in THE LANCET of Oct. 15th, induces me to refer to the treatment of lupus in its initial stages by the subcutaneous injection of corrosive sublimate in 1 per cent. aqueous solution, five or six minims of this being injected into the infected part with a suitable syringe. Three years ago I showed a patient before the Northumberland and Durham Medical Society affected with hypertrophic lupus of the left ala nasi, who had undergone the treatment and eventually recovered with only slight loss of tissue. In another case not of a hypertrophic character the patient recovered after a single injection, the site of the lesion being also in the left ala. This is now perfectly sound, but the seat of a round perforation and slight atrophy. In another case where the lupus was situated just under the left ala nasi, extending to the floor and slightly on to the septum naris, with considerable swelling of surrounding parts, three injections sufficed to cure, little recourse having been made to other remedies. It will be observed that I use a stronger solution of this salt than Dr. Lees, but it is the strength proposed by the author of the treatment, whose name I cannot for the present remember. The injection causes very considerable reaction with swelling of the tissues now and then, going on to the formation of abscess. As to its merits, as I have shown in lupus in its early stages, it is of great value, and I have adopted it as a matter of routine when I meet with suitable cases.

I remain, Sirs, yours faithfully,

WM. ROBERTSON, M.D. Glas.

Newcastle-on-Tyne, Oct. 19th, 1892.

AN UNUSUALLY THIN SKULL.

To the Editors of THE LANCET.

SIRS,—The following case may be of interest to many, not only on account of being curious, but also from its bearing in a legal aspect.

On Saturday, Oct. 1st, at 5.15 P.M., I was called to see G. B.—, labourer, aged about forty-five, who, it was stated, had been fighting. I found him insensible and suffering from fracture of the base of the skull, evidenced by bleeding from the ear; but with very careful examination both at the time and on the following day (Sunday) I could find no marks of violence whatever. He died on Monday morning at 1.15 without having recovered consciousness, thirty-two hours after the fight. I subsequently made a post-mortem examination and found two very slight, scarcely perceptible bruises on the point of the chin, as if caused by knuckles. On opening the cranium I found the base of the middle lobe of the brain lacerated by the plate of bone forming the glenoid fossa being driven in by the condyle of the inferior maxillary bone and a fracture extending across the base of the skull; and on the left side across the squamous portion of the temporal bone and the left parietal; but the bone of the left side of the head (parietal and squamous temporal) was nowhere thicker than the thin plate of a scapula, and the petrous portion of the right side was so friable that I crushed it quite easily with my finger and thumb. The man who is alleged to have caused his death is stated by several witnesses only to have struck him once, and was far too drunk to have hit very hardly.

I am, Sirs, yours faithfully,

FRANK OLDFIELD, L.R.C.P. Edin.

Boyson-road, S.E., Oct. 17th, 1892.

PROPAGATION OF EPIDEMICS.

To the Editors of THE LANCET.

SIRS,—Adverting to the letter from Mr. Sherman Bigg in THE LANCET of Oct. 8th, under the heading, "The Propagation of Cholera," it might be interesting to quote the following passage from the Oration delivered before the Medical Society of London in the spring of 1820—viz., "I am aware the expression 'pestilential constitution' has been objected to on the ground of its involving the supposition of a latent undefined state of the air which it has been stated is nothing more than a creature of the fancy. But if we consider that the phrase is used to denote an ultimate fact or that state of things when the whole complication of causes which conspire to originate or propagate pestilence takes effect it is not unphilosophical, and when such men as Hippocrates, Sydenham, Bacon and Russel thought it necessary to take such a fact or principle for granted. I do conceive that we of the present day who have not witnessed what came under their individual observation are not at liberty to reject it because we cannot explain the cause. I therefore assume that during the prevalence of every pestilence there is a peculiar state of the atmosphere which—whether it be called corruption, as it is by Mead, or pestilential constitution, as by others; whether it be the absolute or only the concurring cause; whether it be a principle or only a quality—is no more necessary to be known in reasoning upon its effects than a knowledge of the gravitation, principle or power is essential to the proof of the existence of the law."¹ It seems legitimate to maintain that there may be such a condition of the atmosphere as that referred to above having a subtle affinity for the propagation of contagium and equally a pernicious effect on the resisting power of animals (man or otherwise) to become infected by that particular contagium. Otherwise, is it possible to understand how it is that some diseases which may be endemic in a locality pass from the sporadic to the epidemic type, and yet under continuous local conditions revert to their original character? Probably it may be that the contagium of a disease increases in such "a peculiar state of the air," thus leading to an epidemic, and then diminishes as it itself exhausts the pestilential pabulum or "constitution."

I am, Sirs, yours faithfully,

Sanitary Institute, Oct. 15th, 1892.

C. E. MACNAMARA.

"NOTIFICATION OF INFECTIOUS DISEASE."

To the Editors of THE LANCET.

SIRS,—Dr. Corfield cites the Local Government Board as having ruled in accordance with his views on this subject, and one can only say, "pity 'tis 'tis true." I agree nevertheless with Dr. Goodhart in thinking that, whatever the letter of the

¹ Vide Hancock on the Laws of Pestilence, pp. 31 and 32.