organs in these towns, which had declined from 331 to 246 in the preceding three weeks, rose again last week to 254, and exceeded by 72 the number in the corresponding week of last year. The causes of 64, or more than 9 per cent., of the deaths in the eight towns last week were not certified.

HEALTH OF DUBLIN.

The death-rate in Dublin, which had been 25.2 and 33.9 per 1000 in the preceding two weeks, declined again to 29.1 during the week ending Dec. 26th. During the past twelve weeks of the current quarter the death-rate in the city averaged 28.5 per 1000, against 18.7 in London and 25.8 in Edinburgh. The 194 deaths in Dublin during the week under notice showed a decline of 32 from the number in the previous week, and included 9 which were referred to different forms of "fever," 5 to whooping-cough, 2 to diarrhoea, and not one either to small-pox, measles, scarlet fever, or diphtheria. In all, 16 deaths resulted from these principal zymotic diseases, equal to an annual rate of 2.4 per 1000, the rate during the same period being 2.9 in London and 1.4 in Edinburgh. The fatal cases of "fever," which had been 11 and 7 in the preceding two weeks, rose again to 9 last week. The deaths referred to whooping-cough, which had increased from 2 to 4 in the previous three weeks, further rose to 5 last week. The 2 fatal cases of diarrhoea were below those recorded in any recent week. The 194 deaths registered in Dublin included 31 of infants under one year of age, and 57 of persons aged upwards of sixty years; the deaths both of infants and of elderly persons showed a marked decline from the numbers in the preceding week. Three inquest cases and 2 deaths from violence were registered; and 62, or nearly a third, of the deaths occurred in public institutions. The causes of 18, or more than 9 per cent., of the deaths in the city were not certified.

Correspondence.

"Audi alteram partem."

SHAKESPEARE'S DEATH.

To the Editors of THE LANCET.

SIRS,—Although a little belated, I would fain make, with your permission, some remarks on the recently revived speculations as to the mode of death of one of the world's greatest men. For every intelligent lover of English literature, or even for every admirer simply of Shakespeare himself, the question of the dramatist's early death must ever have a keen though regretful interest. And it is little wonder that the modern spirit of scientific medicine should specially seek to utilise the results of accumulated research and observation in trying to explain the hitherto death-mystery of Shakespeare. But here we are face to face with a deplorable illustration of the saying that "the world knows little of its greatest men"; and as to the cause of Shakespeare's death we do not know, and are not likely ever to know, anything at all. For absolutely the only thread of information as yet known to exist, from which to weave any reasonable hypothesis, is unfortunately so slender and trashy as to be utterly worthless. The Rev. John Ward, Vicar of Stratford, as was not uncommon in those days, seems to have acquired a smattering of medical knowledge sufficient to induce the bishop of his diocese to grant him also a licence to practise medicine; and this clerical dabbler in physic and gossip, this "chronicler of small beer," close on half a century after the poet's death, resolved to immortalise himself by associating his name with Shakespeare's and giving to posterity some "facts" about the great Stratford man's history. These statements are embodied in his "Diary" under date 1662—a chronicle, no doubt, composed of a "halfpennyworth" of truth to an "intolerable deal" of gossip. The "facts" which he gravely records concerning Shakespeare's life are known to be very wide of the truth, and mere popular garbage; and the account of his death has on it the stamp of the same base coinage. He evidently knew nothing definite about the poet, his life, his works, his real nature and character,

or his death. Indeed, the discerning student of Shakespeare has to-day a much better knowledge of the man Shakespeare, from his works and some authentic records, than Ward could have had. And, in my opinion, it is unquestionable that, after an appreciative and careful study of Shakespeare's whole works, no one can willingly entertain the suggestion that this man of noble mind and well-balanced character, of whom it might be said in his own words—

"His life was gentle; and the elements
So mix'd in him, that Nature might stand up
And say to all the world, 'This was a man'";

who to the sanest sense and practical knowledge of the world and of the human heart united the first intuitions of the imaginative faculty and a profound respect for moral dignity; who, after twenty years of most copious literary production of such high quality, which scarcely can be reconciled with much dissipation, had retired to his own property in his native town to enjoy a life of refined leisure and some social dignity, and where, it is certainly ascertained, he was greatly respected and honoured: that this man, on the occasion of entertaining two of his oldest and most cherished friends, should give himself over to a drinking bout and guzzle himself into a "fever." The Rev. John Ward could not have held Shakespeare's memory in very high respect to accept and record for truth the vulgar slander of prejudiced ignorance and popular chatter; and it is highly probable that he did not, for the stage had little mercy shown it in those days, especially by the Church, and he would know little and care less about the playwright, his reputation, or his writings. From the tenor of the testimonies, on the other hand, paid to Shakespeare by some of his contemporaries, it may reasonably be inferred that among a set of convivial actors and dramatic authors he himself was at least comparatively temperate. And, moreover, at the time of his death he was surrounded domestically by a religious and even puritanic atmosphere, which would hardly be compatible with indecent conviviality in his own house. With your own remark that he himself in his writings lends some plausibility to the story I can scarcely agree; for it is one thing to be a creator of characters and a close observer of men, using material as an artist for true and realistic human effects, and quite another to be the character delineated. And it must be remembered that he has a Cassio as well as a Falstaff, a Prospero as well as a Caliban. The visit of Ben Jonson and Michael Drayton may be accepted as very probable, and by no means the first or only one, if unfortunately the last; and it is quite possible they may have had a "merry meeting" and taken too much. But they did not take "fever," which was "there contracted" by Shakespeare. On the whole, this debauch incident must be entirely abandoned as totally improbable, untrustworthy, and unsupported. And yet your smart American writer—for smart he certainly is—largely founds his theory on the "deep intoxication" of Shakespeare as exposing him to a chill which leads on to pneumo-paresis. This "fundamental fact" must be regarded as having no foundation in fact. Your judicial Daniel has even improved upon Ward, who says nothing of "deep intoxication," and he has also taken for granted what is not stated, that the illness was a very short and rapid one. It must, however, be admitted that three months before his death the poet commenced his will with the words: "I, William Shackspear, of Stratford-upon-Avon, in the county of Warwick, gent., in perfect health and memory (God be prayed!)" but two months later, that is in March, he attested the will with his signatures, and these certainly show much shakiness, as if some illness were already telling on his strength. And although a large proportion of deaths in the end of April of people of fifty years of age may be caused by respiratory mischief, there were many other things a man of fifty might have died of in a low-lying midland county in the early years of the seventeenth century, and just on the eve of May-day. Drayton was a year older than Shakespeare, and Jonson but ten years younger; and yet these good fellows both lived on for many years afterwards free from pneumo-paresis. It was not rare in a low-lying, sheltered place like Stratford, on the lush, level banks of a river, to have a course of warm, moist weather in late spring; and there appears to have occurred early in that spring, what was not unusual after the winter, an inundation of the river Avon. To the dwellers in Stratford, therefore, with its imperfect drainage, impure water-supply, and defective

sanitation generally, such a condition of things and combination of evil influences were surely not much less perilous than a sudden change of temperature or an east wind. And there is no certainty that Warwickshire was specially exposed to east winds in the end of April. Chaucer writes:—

"When that April with his showres soft
The droughts of March hath perced to the roote,
When Zephyrus eek with his sweet breth."

Besides, Dr. Hall mentions in his "Select Observations," published by Cooke, that the very year after his illustrious father-in-law died a "new fever" was raging in the town, and might possibly have begun in the place the year before; for it is matter of unspeakable regret that the notes of this physician begin most tantalisingly in the year after Shakespeare's death. What this "new fever" was—whether typhoid, epidemic pneumonia, influenza, or some modified phase of malarial or rheumatic fever—it is impossible to say from the evidence at command.

The only other link in the chain of this "drunk and dying" theory is that of the look of "ineffable sadness" which has been detected in the bust of the poet. Whoever discovered this melancholic aspect of the Stratford bust before? And even if it were found to exist, would it be exceptionally wonderful, rare, or strange, or necessarily suggestive of death from pneumonia? There is no doubt whatever that the author of "Hamlet" during his lifetime bore many a time and oft a look of "ineffable sadness" in his noble face without suffering from pneumonia. And I have certainly never known a physician who could diagnose death from pneumo-paresis by looking at the expression on the face of a cadaver; such quick-sighted divination has but rarely reached the schools as yet, and must be limited to a very few specially gifted medical seers. And surely pneumonia is not the only cause of a look of sadness in dead faces. The eyes have a trick of seeing what the mind is wishful to see; and the primitive makers of the original cast and the humble sculptor of the Stratford bust copied from it, could not have dared to hope that the double operation would result in such perfect and minutely accurate work as your American writer supposes he has found it to be. Altogether, this point of the pneumonic physiognomy, true to a certain extent as it may be, which has been gathered from a probably imperfect, though generally reliable, bit of sculpture, is much too refined, artificial, and forced for ordinary mortals. I am pretty sure that, like the "deep intoxication," it has no real existence.

I cannot see, therefore, that the writer in the New York *Medical Record* has at all made out his case, however ingenious his hypothesis may be. It is quite possible that Shakespeare died of pneumonia, just as it is equally possible that he may have died of typhoid fever, rheumatic fever, bronchitis, influenza, or malarial poisoning of some kind, for we have no idea whatever as to the length of his illness. Instead of a "jury of the present day," provided they had an intelligent acquaintance with the poet's character and works, reasonably finding a verdict of "Death from pneumonia," I have no doubt whatever, if the evidence were fully given and severely examined, that their verdict would still be "Cause of death unknown." I have merely to add that your correspondent Mr. Foy, who, like myself, disagrees with the new suggestion, though for a somewhat different and, in my opinion, erroneous reason, has not been altogether accurate in his statements. He mentions that the period covered by Ward's diary, 1648 to 1679, was that "in which Shakespeare enjoyed his leisure and died;" while of course the fact is that that period was from 1613 to 1616. And again, instead of Dr. Hall being an "important witness," as he might well have been, it is a pre-eminently lamentable fact that he is silent about the illness and death of his now world-renowned friend and patient. For it cannot be doubted that he was the medical attendant in Shakespeare's last illness. But no hint is to be found in his "Select Observations" bearing on the case of his father-in-law; possibly his notes previous to 1617 have been lost. So that any diagnosis drawn from his notes must be entirely imaginary or a hypothetical inference from some vague facts of the family history. It is true that among the rank-and-file of the profession in those days the term "pleurisy" was employed to designate most forms of inflammatory chest disease; but among the better educated and cultured of the physicians, among

whom Dr. Hall has claims to be reckoned, the affection known as "peri-pneumonia" must have been familiar, as it is distinctly recognised, described, and named by the old medical writers who were their authorities. The word "fever" also covered many undiagnosed inflammatory diseases as well as the specific and zymotic ones.

I am, Sirs, yours truly,
D. BEATTIE BAIN, M.D.

Airlie-place, Dundee, Dec. 21st, 1891.

ANTISEPTICS IN OPHTHALMIC SURGERY.

To the Editors of THE LANCET.

SIRS,—In to-day's issue of THE LANCET there appears a letter from Mr. Bullar in which he throws considerable doubt upon the benefits resulting from the use of antiseptics in ophthalmic surgery, and in support of his opinion he refers to an experiment in which, in spite of the use of antiseptics and every care, the rabbit's eye—the subject of his researches—very soon decomposed. But, Sirs, this experiment, to my mind, proves nothing at all; he is dealing with dead matter, tissue absolutely devoid of resisting power through any vitality of its own; and, curiously, he describes this experiment immediately after having mentioned Dubief's interesting paper, in which is demonstrated the practical impossibility of rendering an eye operation aseptic—i.e., that, after repeated washings and treatment with antiseptics, germs capable of multiplying and setting up mischief could still be discovered in the tissues by the microscope. Then what, under such conditions, is it that allows of a successful result in any case? Should they not all fail? Is it not the inherent vitality of the tissues, the superior fighting power of the leucocytes, or other resisting forces, which prevent such a disastrous termination to every operation? But may not antiseptics have something to do with the successful result; may they not act as the skirmishers and sharpshooters in less mimic warfare, crippling the germs and making them very sick, so that they may more readily receive the *coup de grâce* at the hands of the leucocytes &c., or, at any rate, be rendered powerless to make a breach in their opponents' bulwarks? Is it not a fact that both pan-ophthalmitis and plastic iritis—those two bugbears after extraction of cataract, and both, in all probability, septic in origin—are decidedly less frequent than before the use of antiseptics? Do not the records and experience of our metropolitan ophthalmic hospitals, situated as they are in places where germs most do congregate, bear out this statement? I think so. Because many operations are successful, though carried out under other than antiseptic principles, it does not follow that antiseptics are of no use; they may, perhaps, be only really necessary in an odd case or two in which the inherent resisting power of the tissues is not great enough unaided to wage a successful war with their microscopic foes; but as it is impossible to know such cases from others, it behoves us to treat all with equal care, then we can have nothing to reproach ourselves with. Even a good swimmer would not feel any the less secure in either smooth or rough water with a reliable swimming belt round his chest.

I am, Sirs, yours faithfully,
S. JOHNSON TAYLOR, M.B., M.R.C.S.

Prince of Wales-road, Norwich, Dec. 19th, 1891.

"ACUTE RHEUMATISM AND THE TEMPOROMAXILLARY JOINT."

To the Editors of THE LANCET.

SIRS,—In reply to Mr. Lane's letter in your issue of to-day, I would say that when I exposed (what I represented to be) his premisses and upset his conclusions, I did not, as he suggests, do it unintentionally. To misstate an opponent's argument is bad, but to misquote his statements is worse, and Mr. Lane has twice been guilty of this offence; in his first extract from my letter he writes "and even with rheumatic arthritis" instead of "and never &c." This, though, may be a clerical error, and as such I leave it; but when in his next quotation he writes, "why should that joint be affected alone" instead of "why should that joint never be affected alone" there can, it is plain from the context, be no such error as I have supposed above. I feel too that he