iation to exercise the right of correction which his contract the last word was with the translator, who, for her own credit and for the sake of an exceptionally valuable work spent many weary hours in trying to prevent the Professor's highly original and often diverting Korrigierungen from reaching the printer. None of them, in truth, were intended to do so, but if some Germanisms and curious renderings escaped the final revision of the translator, they remain, not as evidences of carelessness or faulty translation on her part, but as monuments to the learned Professor. The sublime confidence in his own knowledge of the English language, I am, Sir, yours faithfully, Harley-street, W., March 24th, 1913. LEONARD WILLIAMS.

IONIC MEDICATION IN HERPES ZOSTER.

To the Editor of The Lancet.

SIR,—I venture to bring to the notice of your readers an account of a case of herpes zoster ophthalmicus which derived much benefit from ionic medication, and which supplements Mr. Angus Macauley's advocacy of this method in your last issue. The fact that during the five years which have elapsed since the treatment was applied there has been no return of any discomfort is also of interest. It is the case of a gentleman of about 75 years of age whom I saw in consultation with Mr. M. J. Ryan on May 5th, 1908. The patient had an attack of coryza a few days before, and went out before the nasal discharge ceased. The next day he had intense pain over the left eye, a temperature of 102° F., and colonies of papules appearing over the frontal, supraorbital, malar, and nasal distributions of the trigeminal nerve. The papules quickly became swollen, and the pretragal lymphatic gland, as well as the submaxillary glands, was enlarged and tender. The eye caused some anxiety, as there was much circumcorneal injection and chemosis.

Atome, orpin (by means of the Japanese muff warmer applied to the lids), and the usual proper procedures were adopted, with the result that on May 21st, being well enough to get about, he went to Bournemouth for change of air. On June 10th he returned complaining of intense neuralgia all over the cutaneous distribution of the left trigeminius; the smallest alteration of temperature caused discomfort, and in all respects his case was identical with Mr. Macauley's lucid clinical description. He was treated by means of a pad of Gange tissue soaked in 1 per cent. solution of sodium salicylate, which was laid over the left brow and temple and connected with the negative pole of a battery of dry cells. The positive electrode was applied to the nucha. A current of 10 milliamperes was passed for the space of 15 minutes, and this application was renewed on three occasions at intervals of three or four days. After the first ionisation (or cataphoresis, as it was then called) he had a remarkable cessation of pain, and after the second there was no discomfort at all, the two remaining sittings being carried out for assurance sake only. May I also mention that a general improvement in the health of the patient took place, the gums swollen, large quantities of decaying foodstuffs being constantly held imprisoned between the swollen gums and the teeth. Every one of the other teeth in the upper jaw was more or less severely affected by chronic septic periodontitis or pyorrhea alveolaris. The lower jaw : The incisors and first bicuspids were especially concerned with septic roots. Every one of the other teeth in the upper jaw was more or less severely affected by chronic septic periodontitis or pyorrhea alveolaris. The lower jaw: The incisors and first bicuspids were especially concerned with septic roots. The gums swollen, large quantities of decaying foodstuffs being constantly held imprisoned between the swollen gums and the teeth. Every one of the other teeth in the upper jaw was more or less severely affected by chronic septic periodontitis or pyorrhea alveolaris. The lower jaw: The incisors and first bicuspids were especially concerned with septic roots.

It is not necessary that anyone should hold views as to direct infection from the mouth by tubercle bacilli to condemn absolutely the condition of this patient. In the sanatorium his energies had to contend with the depressing effect of the chronic sepsis in the mouth in addition to the phthisis. Such a case as the above ought not to be possible.

Ian, Sir, yours faithfully, Harley-street, W., March 13th, 1913. H. LLOYD WILLIAMS.

VITAL STATISTICS AND DEATH CERTIFICATION.

To the Editor of The Lancet.

SIR,—The constantly high percentage of deaths not certified by a medical practitioner or by a coroner after inspection of the medical history and physical examination. The explanation is simple; the remedy is obvious, and should not offer any difficulty of moment in its application. With the exception of cemeteries in the larger towns controlled by the local authorities, all burial-grounds are practically under no supervision whatever. Where the interment takes place in a churchyard the church authorities, as a rule, satisfy themselves that the claim is in order as to ownership, but I have never heard of a case where the production of a death certificate was asked for or considered necessary. In isolated rural burial places it is still worse; no one has the right to question any burial—it may be the wrong plot—that is a matter for the relatives of the deceased and the rightful owner to settle. I can recall a case where a coffin buried in a churchyard was, owing to a dispute, taken up a few hours later and re-interred in a graveyard four miles away! This could not happen in England without an order from the Home Secretary.

I think the Irish rural and urban councils should take over charge of all public burial places not already under proper control, and that a certificate of death from a medical practitioner or coroner be required by them before interment is permitted. I would also make the councils responsible for the proper care of such places. It is one of the most perplexing phases of Irish character that a people with such intention to exercise the right of correction which his contract the last word was with the translator, who, for her own credit and for the sake of an exceptionally valuable work spent many weary hours in trying to prevent the Professor's highly original and often diverting Korrigierungen from reaching the printer. None of them, in truth, were intended to do so, but if some Germanisms and curious renderings escaped the final revision of the translator, they remain, not as evidences of carelessness or faulty translation on her part, but as monuments to the learned Professor. The sublime confidence in his own knowledge of the English language, I am, Sir, yours faithfully, Harley-street, W., March 24th, 1913. LEONARD WILLIAMS.

IONIC MEDICATION IN HERPES ZOSTER.

To the Editor of The Lancet.

SIR,—I venture to bring to the notice of your readers an account of a case of herpes zoster ophthalmicus which derived much benefit from ionic medication, and which supplements Mr. Angus Macauley's advocacy of this method in your last issue. The fact that during the five years which have elapsed since the treatment was applied there has been no return of any discomfort is also of interest. It is the case of a gentleman of about 75 years of age whom I saw in consultation with Mr. M. J. Ryan on May 5th, 1908. The patient had an attack of coryza a few days before, and went out before the nasal discharge ceased. The next day he had intense pain over the left eye, a temperature of 102° F., and colonies of papules appearing over the frontal, supraorbital, malar, and nasal distributions of the trigeminal nerve. The papules quickly became swollen, and the pretragal lymphatic gland, as well as the submaxillary glands, was enlarged and tender. The eye caused some anxiety, as there was much circumcorneal injection and chemosis.

Atome, orpin (by means of the Japanese muff warmer applied to the lids), and the usual proper procedures were adopted, with the result that on May 21st, being well enough to get about, he went to Bournemouth for change of air. On June 10th he returned complaining of intense neuralgia all over the cutaneous distribution of the left trigeminius; the smallest alteration of temperature caused discomfort, and in all respects his case was identical with Mr. Macauley's lucid clinical description. He was treated by means of a pad of Gange tissue soaked in 1 per cent. solution of sodium salicylate, which was laid over the left brow and temple and connected with the negative pole of a battery of dry cells. The positive electrode was applied to the nucha. A current of 10 milliamperes was passed for the space of 15 minutes, and this application was renewed on three occasions at intervals of three or four days. After the first ionisation (or cataphoresis, as it was then called) he had a remarkable cessation of pain, and after the second there was no discomfort at all, the two remaining sittings being carried out for assurance sake only. May I also mention that a general improvement in the health of the patient took place, the gums swollen, large quantities of decaying foodstuffs being constantly held imprisoned between the swollen gums and the teeth. Every one of the other teeth in the upper jaw was more or less severely affected by chronic septic periodontitis or pyorrhea alveolaris. The lower jaw: The incisors and first bicuspids were especially concerned with septic roots. Every one of the other teeth in the upper jaw was more or less severely affected by chronic septic periodontitis or pyorrhea alveolaris. The lower jaw: The incisors and first bicuspids were especially concerned with septic roots. The gums swollen, large quantities of decaying foodstuffs being constantly held imprisoned between the swollen gums and the teeth. Every one of the other teeth in the upper jaw was more or less severely affected by chronic septic periodontitis or pyorrhea alveolaris. The lower jaw: The incisors and first bicuspids were especially concerned with septic roots.

It is not necessary that anyone should hold views as to direct infection from the mouth by tubercle bacilli to condemn absolutely the condition of this patient. In the sanatorium his energies had to contend with the depressing effect of the chronic sepsis in the mouth in addition to the phthisis. Such a case as the above ought not to be possible.

Ian, Sir, yours faithfully, Harley-street, W., March 13th, 1913. H. LLOYD WILLIAMS.

VITAL STATISTICS AND DEATH CERTIFICATION.

To the Editor of The Lancet.

SIR,—The constantly high percentage of deaths not certified by a medical practitioner or by a coroner after inspection of the medical history and physical examination. The explanation is simple; the remedy is obvious, and should not offer any difficulty of moment in its application. With the exception of cemeteries in the larger towns controlled by the local authorities, all burial-grounds are practically under no supervision whatever. Where the interment takes place in a churchyard the church authorities, as a rule, satisfy themselves that the claim is in order as to ownership, but I have never heard of a case where the production of a death certificate was asked for or considered necessary. In isolated rural burial places it is still worse; no one has the right to question any burial—it may be the wrong plot—that is a matter for the relatives of the deceased and the rightful owner to settle. I can recall a case where a coffin buried in a churchyard was, owing to a dispute, taken up a few hours later and re-interred in a graveyard four miles away! This could not happen in England without an order from the Home Secretary.

I think the Irish rural and urban councils should take over charge of all public burial places not already under proper control, and that a certificate of death from a medical practitioner or coroner be required by them before interment is permitted. I would also make the councils responsible for the proper care of such places. It is one of the most perplexing phases of Irish character that a people with such