

appointment.—1st Forfar (Dundee): Charles Templeman, Gent., M.B., to be Acting Surgeon.

ADMIRALTY.—Staff Surgeon George Maclean, M.A., M.B., has been promoted to the rank of Fleet Surgeon in Her Majesty's Fleet.

The following Surgeons have been promoted to the rank of Staff Surgeon in Her Majesty's Fleet:—John Lyon, M.D., John Tyndall, Alexander Richard Joyce, Richard John Barry, Gerard James Irvine.

The following appointments have been made:—Fleet Surgeon Duncan M'N. Johnston, to the *Neptune*; Staff Surgeon William M. Power, to the *Hector*, vice Johnston; Surgeons William H. Patterson and Maurice M. R. Mackenzie, to the *Neptune*; Surgeon John J. Dinnis, to the *Asia*, vice Patterson; Surgeon Malcolm T. Stace, to the *Cambridge*, vice Mackenzie; Surgeon Charles A. Macaulay, to the Haulbowline Hospital, vice Tyndall; Surgeon Charles E. Geoghegan, to the *Warrior*, vice Macaulay; Surgeon James M'C. Martin, to the *Superb*, vice Joyce; Mr. Septimus Farmer, to be Surgeon and Agent at Gwithian, vice Sanctuary; Surgeon John L. Bagnall-Oakeley, to the *Alecto*; Surgeon George Rigler, to the *Northampton*, additional, for service in the *Fantôme*; Surgeon John Bettison, to the *Penelope*; Surgeon John Wilson, M.D., to Plymouth Hospital, vice Barry.

## Correspondence.

"Audi alteram partem."

### THE ST. PANCRAS VACCINATION CASE.

To the Editor of THE LANCET.

SIR,—As the pathologist referred to in your leader bearing date March 10th, allow me to ask your permission to reply to the criticisms there passed upon my views and evidence. At the onset, I would disclaim all sympathy with the police court investigation, and again assert my unqualified belief in the efficacy of vaccination as a preventive against small-pox. I will go further, and say that were I called upon to make not one but twenty post-mortem examinations on such cases, I should still consider that vaccination was justifiable and advisable. Your assertion, that I stated without any qualification that pyæmia was the cause of the meningitis, must not be taken to imply that the case had not been considered in all its bearings, and each theory subjected to careful analysis. When you say that the pus was limited to the subarachnoid tissue, you do not fully and correctly report my evidence on this point. What happened was this: on taking away the skull-cap a rent was made in the dura mater, and through it some puriform fluid escaped; further, when the dura mater was reflected it was found that the suppuration was diffused through the entire arachnoid cavity, in addition to the effusion into the meshes of the pia mater. This led to an inquiry into the condition of the bone. Both at the inquest and police court stress was laid upon the absence of injury, and the following expression used: "I sponged away the matter from the base of the skull to see if there was disease of the internal (middle) ear." That there should be no flaw in the evidence, the signs of congenital syphilis and tuberculosis were sought for, but with negative results. It is true, the microscope was not employed, for it was not deemed necessary in the face of such an amount of purulent exudation. Excluding, then, tubercular meningitis, syphilis, and injury and disease of the dura mater, the issue lay between infective and idiopathic meningitis. It is stated on the very highest authority (Wilks and Moxon's "Pathological Anatomy," p. 195), that extensive exudation in the interarachnoid space is never seen without an injury to the head, or caries of the ear, or syphilitic caries or other cause of suppuration in the bone, or else through meningitis from bedsores.

Now, I contend that the condition of the arm was in every sense that of a bed sore. It was given in evidence that the arm was swollen down to the wrist, and post mortem I found, not a vaccine pustule, but a spreading ulcer about two inches by one in diameter. Subsidence of inflammatory hyperæmia is pretty constant after death, and the extent of the redness of the skin was not therefore of great moment.

You say that "open sores seldom, if ever, induce pyæmia;" but did it not occur to you that the aim and attainment of vaccination lay in the absorption of a virus from a surface wound, healthy compared with what existed in this case? Nor do I think that the absence of the usual post-mortem appearances of pyæmia you so graphically describe proves that the meningitis was not due to infection from the ulcer. No disease varies more than blood poisoning in the situation, extent, and character of its lesions. Billroth says, "Frequently the internal organs present no morbid appearances." I have no desire to stretch the point, but, on your own admission, the membranes of the brain in young children are peculiarly disposed to inflammation, so much so that it is not always easy to determine what are the precise causes. This is quite consistent with my view of the case—that unhealthy discharge should pick out one particular tissue to the exclusion of others, even in the absence of local thrombosis and purulent infiltration, and notable enlargement of the lymphatic glands. That the inflammation of the arm appeared to be subsiding at the time of death goes for little, for with rapidly increasing exhaustion the destruction of tissue usually becomes less evident; besides, no doubt the wound looked cleaner from the local treatment. On the other hand, there is the fact that within a week the original vaccine sores had become confluent, and the ulcer had attained the dimensions given. As to the symptoms, I need scarcely mention them. The infant was partially comatose when first seen by a medical man. In the absence of external physical signs (save one, the ulcer), it is not surprising that the idea of pyæmia was not suggested. One would scarcely expect a babe less than a month old, and weighing less than four pounds, to chatter its teeth and shake the bed with rigors. The calling of the inquest showed the problematical nature of the case.

That there may be no misunderstanding, let me formulate my opinion. That the conditions, general and local, to which the child was exposed after leaving the workhouse led to the ulceration of the arm, and that the unhealthy discharge from the ulcer, acting upon tissues predisposed to diffuse inflammation, set up the meningitis. It was at once amusing and instructive to follow the changing moods of the pathological mind. At the inquest I was rigorously cross-questioned as to congenital syphilis, even to the extent of an examination of the mother of the child; at the police-court there was open comment on the probability of tubercular meningitis; and, finally, the case resolved itself into the conflict of opinion upon which you and I join issue. I venture to think that had you been in possession of all the facts, there would have been no occasion for this somewhat lengthy reply. I am, Sir, yours obediently,

Gower-street, March 13th, 1883.

A. J. PEPPER.

### THE TREATMENT OF BURNS AND SCALDS BY WHITE LEAD PAINT.

To the Editor of THE LANCET.

SIR,—In to-day's LANCET, at page 401, in a foot-note to Mr. Barwell's interesting paper on the local treatment of erysipelas by white lead paint, is a quotation from Wood as to the use of the same for burns. This plan of treatment has, perhaps, not received the attention here that it merits. Some years ago, when burns and scalds occasionally came under my care, I treated several cases in this way, and with favourable results. In his course of surgical lectures Gross extolled this application of white lead paint to burns and scalds. He had it made to the consistence of thick cream with linseed oil. But let Professor Gross speak for himself. In his "System of Surgery," third edition, vol. i., p. 568, he writes as follows:—"I have experienced the most signal success in the treatment of burns and scalds from carbonate of lead, in the form of white paint; and in 1845 I called the attention of the profession to the subject in a short article in Dr. Bell's "Bulletin of Medical Science." Numerous observations made since that time by myself and others have only served to confirm the views then expressed. From its great efficacy, and the readiness with which it may usually be employed, this mode of treatment deserves to come into more general use. It is not applicable merely to the milder forms of burns and scalds, but it may often be advantageously used, no matter what may be the extent or depth of the injury. . . . In many cases it literally acts like a charm."