

sorrel. Small quantities of brandy were administered by the mouth, and brandy was given per rectum; chalk also was administered. At 2 P.M., when I left the patient, there were signs of reaction in the pulse, which was fuller, soft, and 120 per minute. I saw the patient again at 5 P.M.; he was still unconscious and collapsed. Vomiting and purging had been frequent during my absence. He died about 5.30 P.M., seven hours and a half after I first saw him."

The necropsy was performed by myself on June 14th, forty-nine hours after death. Rigor mortis was well marked. There was no trace of external injury. The lips were cyanosed, but there was no erosion or staining. No erosion or staining could be observed on the tongue or mucous membrane of the mouth and throat. The dura mater was tense, but healthy, as were the other membranes of the brain, except that the veins of the pia mater were very turgid. The brain itself was congested, but otherwise perfectly healthy. The stomach was empty, and, except for a small patch of congestion near the pylorus, was healthy. The small intestine contained yellowish fluid material containing stalks of some vegetable partially digested. These stalks were ribbed, and were about the size of sorrel stalks, some of which were $2\frac{1}{2}$ in. long. The heart was flaccid and empty, otherwise normal. The lungs were a little congested at the base and along the posterior border. The liver and kidneys were congested. The condition of the heart and the visceral congestion observed were compatible with and pointed to death from collapse. Mr. Fairley was of opinion that death was due to the sorrel, the poisonous effect of which was accentuated by the soap-and-water. I expressed agreement with him, but suggested that the vomit, urine, contents of intestine, the soap-and-water, and portions of the viscera should be preserved, Mr. Clarke wisely having secured the vomit and the soapy water. These have been analysed by Dr. Bostock Hill, the county analyst and Professor of Toxicology at Queen's College, who informs me that he cannot detect any oxalic acid or any other poison in any of them. The soap-and-water was a very weak solution of soap, and not at all poisonous.

What was the cause of death in this case? The boy, in perfect health previously, ate a large quantity of sorrel at about 7 P.M.; he was quite well after that, and complained of no pain or nausea, but in the morning he evidently felt ill and thirsty, or he would not have attempted to drink soapy water. He drank about four ounces of the water, and was found a few minutes after on the floor, almost insensible. It appears to me that slow poisoning must have been going on all night, and that the swallowing of fluid was followed by a fresh absorption of the poison, which caused immediate collapse, his getting out of bed also hastening it. Any speculation as to the chemical action between the soap-and-water and the sorrel helps us very little in explaining the collapse immediately following its ingestion, seeing that the soda salt, if formed, is only very slightly more soluble than the potash salt. Mitscherlich estimated that the proportion of binoxalate of potassium present is 75 per cent. of the fresh plant, and that an ounce of fresh sorrel contains about three grains of that salt. It seems impossible that such a small quantity of binoxalate of potassium—even supposing that the child ate two or three ounces of the plant, which would be a great deal—could prove fatal. It may be that there is some other poisonous substance present not known. The case, in my opinion, was one of death from poisoning by sorrel, and this opinion is confirmed by the fact that a playmate of the boy, who had also eaten sorrel, was very ill for two or three days.

I am, Sir, yours faithfully,

C. W. SUCKLING, M.D. Lond., M.R.C.P.

Birmingham, July 23rd, 1886.

MEDICAL INSPECTION OF PUBLIC SCHOOLS.

To the Editor of THE LANCET.

SIR,—You have from time to time suggested the establishment of some system of medical inspection of our public schools. As a rule, parents know very little of the schools to which they entrust their children. In the case of a boy destined for a public school, he is not a free agent in the matter, but goes wherever his parents choose to send him. The choice is often made in the absence of an intimate knowledge of the institution. The father has been to the same school twenty years before, or some friend's child may

have done well there, or the master into whose house the boy is sent may be personally known to the parents, or the boy may have earned a right to go to a particular school by scholarship. Under any of these circumstances the boy passes from parental care into the charge of comparative strangers. He becomes an instrument for the double purpose of supplying a source of income to the house master or the school, and affording a means for the experimental cultivation of whatever intellectual powers he may possess. Vigorous health and intellectualism in the schoolboy should go together. The winner in the race, as a rule, is he who can sustain the longest effort. Our lunatic asylums, our prisons, and our factories are subjected to regular inspection over and above that given by the local officers, and some similar regular inspection of all public and private schools should take place. It would be unreasonable to expect that a body of such highly intellectual men as the "house masters" at our public schools should yield to the solitary authority of their medical attendant in matters of sanitation. They know full well that experience limited to the sanitation of a public school is very inadequate. Nor would it be reasonable to expect the governing body of a public school to give an authority to the medical attendant—often a very young man—which might clash with that of the head or house master's. The house masters are, as a rule, only subordinate to the head master and governing authority in matters of education. The house masters are, in fact, proprietors of private boarding-houses, limiting their boarders to boys educated at the school in which they teach, and, like householders in general, are very sensitive on points of sanitation. If every public and private school were required to be registered, a system of regular inspection might be instituted. This should be by medical officers appointed by the Government. The authority thus instituted would be independent of the governing body and the masters, and would effect a much-needed improvement in the sanitary and medical arrangements of our public and private schools.

It appears to be very commonly lost sight of that masters of boarding-houses at our public schools are at liberty to choose their own medical attendant, and that it is not within the power either of the governors or the head master to interfere with their rights. For more than twenty years I had charge of an average of 400 public school boys, and have therefore had some insight into the subject, or I would not venture to trespass on your space.

I remain, Sir, yours obediently,

July 28th, 1886.

A GENERAL PRACTITIONER.

THE "HOMES" OF THE WINDSOR POOR.

To the Editor of THE LANCET.

SIR,—The good hope there was here in March last that the Windsor poor were about to be delivered from their slums, and were at last to be offered "human homes," is, I fear, sick unto death. I will give you the facts, and you and your readers can then diagnose the case for yourselves.

George IV., William IV., the late Prince Consort, and Queen Victoria have successively been interested in bringing about the demolition of Windsor's slums, and yet these moral plague-spots remain—some of the worst and most openly convicted of them—unto this day, not only a local scandal, but, as notorious to all men, a public disgrace. THE LANCET has vigorously arraigned them; indeed, every newspaper outside the Royal borough, beginning with *The Times*, has delivered itself against the notorious reproach of Windsor. In March last a meeting was convened at the Town Hall here, with the Mayor in the chair, to devise a way out of the evil, and thus to lay the scandal. At this meeting, at which I was present, Mr. Richardson Gardner, M.P., explained the provisions of a scheme for the better housing of the poor in the Bier-lane district. In regard to this scheme, it was announced that three of the Royal Princes had very readily consented to act as patrons. The further consideration of this scheme was adjourned for a month, that it might be seen how far the Corporation of Windsor would, in that period, elect to go in aid of its development. An influential member of the Town Council—none other, indeed, than the ex-Mayor—subsequently did move for a Town Improvements Committee, and the motion of Mr. Oberlin Harris was agreed to. The immediate aim of this committee was to facilitate the making of roads through dark and forbidding districts, needing, physically and morally, to be thus opened up. From that day to this I have seen

nothing and heard nothing of Mr. Richardson Gardner's scheme. Whether it be alive or whether it be dead nobody seems to know. I do not say this to reproach Mr. Richardson Gardner, for I believe he is now anxiously resolved to do his utmost to abolish the moral cesspools of Windsor. So far as has come within my knowledge, he does not at present possess a house in the Royal borough that is not a human home. I have also every reason to believe that a majority of the Corporation are only too ready to help to put an end to this odious scandal. We have thus the Royal Family, the borough member, a well-informed majority of the Corporation, and a unanimous outside public opinion seeking to rid Windsor of the taint and reproach of its slums—slums that are as angry sores suppurating in the busy life of its chief street, socially and morally, consigning to a living death the dwellers amongst these tombs; and yet this rank barbarism promises to outlive the fiftieth year of the beneficent reign of such a queen as Queen Victoria. Whether it be that the public spirit which in March last seemed able to carry all before it is puling and palsied; whether it were only a spasmodic seizure which has been succeeded by total paralysis; or whether the mountain was, peradventure, in labour, not even with the proverbial result, for it has not had the strength to bring forth, I cannot tell. Perhaps THE LANCET can.—Yours faithfully,

ARTHUR ROBINS, M.A.,

Rector of Holy Trinity, Windsor; Chaplain to the Queen,
the Prince of Wales, and H.M.'s Household Troops.

Holy Trinity Rectory, Windsor, July, 1886.

THE PREVENTIVE TREATMENT OF SYPHILIS.

To the Editor of THE LANCET.

SIR,—My object in publishing the case of Mr. A. B. C. was to afford a contrast to the ordinary treatment of early syphilis, which I believe to be opposed to the best interests of the patients, and which might be described as follows:—A surgeon, upon seeing a patient with a primary chancre, is frequently perplexed—especially if he lack much experience in the diagnosis of syphilis, or if the lesion be immature and its physical characters not strongly pronounced—as to the recognition of the disease before him. Only too often the advice given is to wait until the diagnosis is concluded satisfactorily by the appearance of secondary symptoms before resorting to specific treatment. A sore-throat and corona veneris having appeared in due course, the patient is now informed that he certainly is the subject of syphilis, and that its virus really *was* implanted some weeks previously—that is, just before he applied for treatment. An eighteen months' or two years' course of mercurial treatment is now rigorously prescribed, and the subject of the experimental diagnosis comforted by being told that the delay consequent thereon has not materially retarded or diminished his prospect of a cure (in about two years' time). Surely a consideration of the pathogenesis of syphilis shows that the converse is the right line of practice. Every reasonable practitioner knows very well that the *earlier* the treatment of syphilis is commenced, so much the better is the prognosis, and that therefore to withhold specific remedies for the sake of establishing scientific observations is equivalent to conducting an experiment highly detrimental to the patient.

Making full allowance for the conflicting evidence which still envelops the theory of the absorption of the virus, I incline to the view that the system is not perfectly invaded by the poison before the maturation of the chancre, and that a thorough destruction of it, whilst immature, will modify, if not arrest, specific contamination. In the case of Mr. A. B. C., I was morally convinced from the history, coupled with the physical condition presented, that I had destroyed an immature chancre, and Sir William Jenner, who saw the patient with me, accepted this view as correct. Drs. Harries, Johnston, and Craig (who did *not* see the patient) think otherwise. But the idea of withholding specific treatment never occurred to Sir William Jenner or myself, and I am quite sure Mr. A. B. C. would not have desired that course in order that an opportunity for the appearance of secondary phenomena might have been afforded to establish the diagnosis to the satisfaction of anyone who might be sceptical upon the subject. Permit me to repeat that the destruction of a primary chancre with Paquelin's cautery, the growth being previously painted with a solution of cocaine, is a very trifling surgical pro-

cedure; and I should think that to excise the infected lymphatic glands also would, in some cases, be a most rational mode of treatment. The criticisms offered by the gentlemen referred to, although very interesting, have little bearing upon the point at issue. It seemed to me that the publication of a solitary case might possibly prove of benefit to the profession and community, as being descriptive of a simple plan which could be tested without delay by any practitioner who might incline to imitate the practice.

I am, Sir, yours faithfully,

CHAS. E. JENNINGS.

Park-street, Grosvenor-square, W., July 28th, 1886.

"THRUST WOUNDS THROUGH THE ORBIT."

To the Editor of THE LANCET.

SIR,—In the special article on "Thrust Wounds through the Orbit" in last week's LANCET, I notice that no reference is made to the possibility of death occurring from a wound through the orbit of the internal carotid artery, where it curves round the side of the body of the sphenoid bone immediately behind the optic foramen. Curiously enough also, I have not been able to find any mention of this accident in any of the well-known works on ophthalmic or general surgery, nor in the article on "Injuries of the Orbit" in "Heath's Dictionary of Surgery." The only two cases of the kind which I can find recorded are one by Nélaton, which is referred to by Mr. Treves in his excellent work on "Surgical Applied Anatomy," and one which I published myself some years ago, and which is quoted in Dr. Neale's "Medical Digest." In this instance, during a quarrel a man received a thrust in the eye from an umbrella, blood flowed copiously from the wound, and the man was immediately taken to the Gloucester Infirmary, which is distant not more than about four minutes' walk from the place where the accident happened. I saw him directly after his admission, but he was then dead. His face and clothes were covered with blood, but after wiping this away and making a careful examination of the head, face, and neck, and body generally, no wound could be discovered which would account for such copious bleeding, nor, in fact, was there any external evidence to show what was the cause of death. There was a slight laceration of the conjunctiva on the inner side of the left eye, but no wound of the eye itself, nor of the skin of the eyelids. With the exception of the injury to the conjunctiva, there was no wound to be found on any part of the body. By direction of the coroner a post-mortem examination was made, and a careful dissection of the orbit showed a wound of the internal carotid artery at the bend which the vessel makes just behind the optic foramen; the optic nerve was divided, and a piece of the brass ferrule of the umbrella was found lying loose in the tissues at the back of the orbit. There was no wound of the eyeball itself, nor any injury to the brain or inner wall of the orbit, but there was a fracture through the lesser wing of the sphenoid.

The puzzling feature of this case was the enormous quantity of blood which had, from the account of the bystanders and the appearance of the clothes of the patient, evidently been lost, without there being any external wound apparently sufficient to account for it. This rare accident is, I think, of sufficient anatomical and surgical interest to warrant publication of this note of it, as supplementary to the interesting cases in your special article of last week.

I am, Sir, yours faithfully,

ERNEST D. BOWER,

July 26th, 1886.

Ophthal. Surgeon, Gloucester Gen. Infirm.

ADELAIDE JUBILEE INTERNATIONAL EXHIBITION.—

Advance copies of the regulations for next year's South Australian Exhibition, to be opened in Adelaide on June 20th, 1887, have been issued. The age of the colony being coeval with the reign of Her Majesty, the title "Jubilee Exhibition" indicates in a double sense the design of its promoters. The exhibits are divided into seven departments and over 700 classes. Seven classes are devoted to medicine and surgery, six to vegetable products used as food, and seven to chemical manufactures. The Exhibition promises to prove a most interesting one, and it is to be hoped that it will meet with the support, both at home and abroad, which it undoubtedly deserves.