

smallest right or desire to complain of any fair criticism, however adverse, I have, as I am confident you will readily admit, some right to repudiate any representation that may be unfair and injurious (even though not so intended) with regard to the opinions I hold or the methods of practice I advocate; therefore, I would venture to request the insertion of the present letter in *THE LANCET*. Your reviewer, speaking of my observations on the management of natural labour, says: "More prominence should, we think, have been given to the paramount importance of antiseptics, and detailed directions given as to how they may be efficiently employed in attending an ordinary case of labour." In further allusion to my alleged neglect of proper antiseptic directions, the reviewer adds: "It is of little avail for the medical man to employ elaborate antiseptic measures when a nurse whose hands are anything but aseptic has already examined the patient."

The plain inference from this is that no sufficient stress has been laid by me on the vital importance of strict asepsis and the use of antiseptics; for your reviewer makes no allusion whatever to the numerous passages throughout the book in which those measures are enforced and in which directions for their employment are distinctly stated, and so leaves the readers of *THE LANCET* under the impression that they were ignored by me. In disproof thereof I shall now merely submit a couple of brief extracts which I might very easily multiply to show that the editor of "A Handbook of Obstetric and Gynaecological Nursing" did not fail to impress on those for whom the work was designed the paramount necessity of perfect cleanliness and the intelligent and judicious use of antiseptic measures in all the duties of their calling. Speaking of the causation of puerperal septicæmia, I said: "In such instances, as in all other obstetric cases, the infection may thus readily be introduced by the hands of the midwifery attendant if so negligent or so ignorant as to neglect the duty of obviating that risk as far as possible by scrupulous personal cleanliness and hand-washing by use of nail-brush, hot water, and carbolic soap before each and every vaginal examination or contact with the lying-in patient" (p. 139). In the list of things which the nurse is directed to have in readiness and within reach in the lying-in room an antiseptic solution will be found included (p. 67). And, again, as I observed: "Nor can too much stress be laid on the absolute necessity of attention to the sanitary surroundings of the lying-in-room, as well as the most scrupulous personal cleanliness of the patient and those about her. The nurse's primary duty in every puerperal case is the removal of all septic matter or possible sources of infection, not only from the external parts and vaginal orifice by frequent sponging or washing out with some antiseptic solution, but also by the thorough cleansing out of the uterus and vagina when necessary by hot water or antiseptic douching with the irrigator, subject to the approval of the doctor if there be one in attendance" (p. 141). The method of preparing and employing such antiseptics—viz., peroxide of hydrogen, boric and carbolic acids, and corrosive sublimate solution, &c., are fully detailed in the following and other pages, besides being again discussed at greater length in two chapters specially occupied with a detailed account of "the principal antiseptics or disinfectants which, either in gynaecological or in obstetric nursing," may be employed. I therefore trust that, whatever other defects may be found in the book referred to, the writer has sufficiently vindicated himself from any failure to point out "the paramount importance of antiseptics and detailed directions as to how they may be employed," either "in ordinary cases of labour" or under other circumstances.

I am, Sirs, yours faithfully,

THOS. MORE MADDEN.

Merrion-square, Dublin, Jan. 20th, 1894.

APPARENT DEATH.

To the Editors of *THE LANCET*.

SIRS,—A sensational story appeared in a leaderette in the *Daily News* of Jan. 20th. It is there stated that a man who had been apparently dead for several days recovered consciousness after he had been placed in a coffin. As I am responsible for the postponement of the funeral in question I think it right to put on record in the columns of *THE LANCET* the very small substratum of fact on which the story is based. It will prevent the quotation of this case

in all discussions on the morbidly fascinating theme of premature burial.

On Jan. 19th I was stopped in the street and asked to examine a body which it was intended to bury in half an hour. The statement of the friends was that the man had been found dead in bed lying on his side early in the morning of Jan. 16th, and that on the morning of the 19th, while placing the body in the coffin, it was found to be limp and that the back was somewhat warm. It was also stated that more than twenty-four hours after death blood had exuded from some scratches on the forehead. Under these circumstances the friends were doubtful whether the man was really dead. I found the body, that of a spare man whom I had known well during life, lying in a coffin. The surface was uniformly cold as far as I could reach; it was perfectly white except for a patch of hypostatic congestion on the side, which I was told was present when the body was found on the 16th, and there was also some lividity of the tips of the fingers. The muscles of the jaw and fingers were contracted, and those of the elbow flaccid. The eyelids were half open, the pupils contracted and the eyeballs inelastic on pressure. No respiratory or cardiac movements could either be felt or heard. There was no foam about the lips, no cadaveric odour, or any other evidence of decomposition. On applying the diaphanous test to the hands merely by the aid of a lighted wax match a bright scarlet colour was visible. At this time, as nearly as could be judged, eighty hours had elapsed since death. Feeling no doubt in my own mind that life was extinct, and being in the presence of the female members of the family, I did not think it necessary to open a vein or attempt to vesicate the skin by the application of heat. As might be expected, the family were in a state of great agitation, and I therefore advised that the funeral should be deferred until there were evident signs of decomposition. Interment under such circumstances would certainly have been followed by rumours that the man had been buried alive and probably have led to exhumation and a subsequent inquest. On the next day there could be no possible doubt, and the body has been buried. No post-mortem examination was considered to be necessary, and I understand that the symptoms during life were compatible with death either from angina pectoris or with the rupture of a thoracic aneurysm. This was suspected, but its existence was not made clear by the physical signs. On the latter hypothesis the emptying of the bloodvessels would to some extent explain the late development of the external signs of decomposition.

Medically, there is nothing extraordinary about the case. The remarkable fact is the rapid growth of the myth, which within sixteen hours of my examination in a small house in a country town 130 miles from London was being circulated all over the world in the columns of a great newspaper, and in spite of the fact that I had explained to the only reporter, who came over specially from Birmingham, that there was nothing mysterious in the case, the man being undoubtedly dead.

I am, Sirs, yours faithfully,

PHILIP B. MASON,

Senior Surgeon to the Burton-on-Trent Infirmary.

Burton-on-Trent, Jan. 20th, 1894.

THE THERAPEUTIC ACTION OF FREE IODINE.

To the Editors of *THE LANCET*.

SIRS,—In an "Analytical Record" in *THE LANCET* of Jan. 6th last, when expressing approval of a wine containing iodine, you say: "Iodine has been sparingly employed hitherto on account of its irritant and other disagreeable properties." If that be so, and the profession labours under the erroneous impression that iodine is productive of disagreeable or irritating results when taken in a free state, the sooner that groundless impression is removed the better. It can only have its basis in inexperience. Free iodine as contained in the tinctures used in France, Austria, Belgium, the United States, Denmark, Norway, Sweden, Holland, Germany, Hungary, Russia, Portugal, Switzerland, and Spain, all of which are free from iodide of potassium, has, when properly diluted, no irritating or disagreeable effect, and from three to five grains can be taken, in doses of from one-half to a whole grain, daily without the slightest discomfort, by the most delicate stomach. It is the iodide of potassium that does the mischief, and why that salt was ever introduced into the "tinctura iodi" of the British Pharmacopœia no one can divine, unless it be the sage counsellors