

spondent, to Ferrier, Horsley, or Macewen, hoping that they or some one of your numerous readers might be able to throw some light on, to me, an inexplicable case.

I may add that there was no bleeding whatever. A bullet taken from one of the other chambers was conical in shape, and its greatest diameter was less than a quarter of an inch. On discharging one of the chambers at three yards' distance, the bullet went almost through a quarter-inch board.

I am, Sirs, yours truly,  
Osnaburgh-st., Regent's Park. J. J. CLARKE, L.S.A., &c.

## A SERIES OF CASES OF PUERPERAL FEVER.

*To the Editors of THE LANCET.*

SIRS,—On July 24th of this year a midwife attended an ordinary confinement; the woman died a few days after. On July 30th she was called to another, and found the woman lying on the floor confined. She removed the after-birth, and the woman died on Aug. 2nd. An inquest was held, preceded by a post-mortem, and the death certified as "puerperal fever." On the 7th she was called to another, examined her, and after a while, saying that the case was a difficult one, sent for a medical man, who delivered the patient, and she died a few days after of puerperal fever. On the 14th another case was attended by her, which also ended fatally a few days after. On Sept. 8th another confinement occurred in the top room of her own house. She was with the patient—her own daughter—for an hour before sending for another woman (her sister) to act. The midwife did not actually accouche her daughter, but her daughter died of puerperal fever on the 13th.

The connexion between these cases is so obvious that I think it calls for no remark from me, but the following fact may throw some light upon the cause of the first case. The midwife was suffering from specific disease in the tertiary stage, and about the 28th of July had a large piece of loose necrosed bone—the stench from which was abominable—removed from the roof of her mouth. This bone had been exposed for at least a month. Had she been fidgetting this piece of bone about with her finger, and conveyed septic material to her patient?

I am, Sirs, yours faithfully,  
RUSSELL M. TALBOT,

Bow-road, Sept. 1889. Medical Officer of Health, Bow and Bromley.

## DIPHTHERIA AND ITS TREATMENT.

*To the Editors of THE LANCET.*

SIRS,—In your issue of Aug. 24th, I find that Dr. Henderson expresses himself as not satisfied with my paper upon the Eliminative Treatment of Diphtheria, in not being sufficiently effectual for the entire expulsion of all the microbes supposed to be attached to the mucous membrane of the gastro-intestinal tract; for he states that in my commencing the treatment by "administering an emetic, followed by an aperient," he fails to comprehend "how a single evacuation of their contents can be of any service at all." It is evident that he has failed to grasp the general view which my treatment is calculated to effect; he should understand that the mustard emetic is not only an effectual evacuant, but it is likewise an excellent germicide. Again, I suggested that this be followed in due course by two doses of the liquor hyd. perchloridi in strong peppermint-water, which is acknowledged to be a most decided germicide as well as a specific alterative and aperient; this is to be followed by a dose of castor-oil. This treatment will effectually destroy and remove the microbes and their spores from the stomach, œsophagus, and fauces, as well as the intestinal tract. I quite approve of the application of his solution of corrosive sublimate; it is one of the remedies I recommended in a former paper; and, with the exception of two or three cases, I was satisfied with the throat application once a day, as being all-sufficient. Dr. Henderson tells us he is attached to the Birmingham Children's Hospital, which would enable him to watch more closely than one could possibly do in private practice.

I regret to learn that he does not agree with me that "tonics and stimulants in the early stage should not be given." In my letter to THE LANCET of November, 1880, I endeavoured to show what unfortunate results followed upon the tonic and stimulating plan adopted in the April of that year in one of the largest London hospitals. Five cases are carefully recorded in your journal—viz., four

children, who succumbed under the above treatment within three days; and a probationer aged thirty-three, who had been in her usual good health, but had been in attendance for two days upon two of the fatal cases of diphtheria; she was taken ill with sore-throat on the evening of April 23rd, and in three days she died under similar tonic and stimulating treatment, aided by most assiduous attention from the physicians. I was in hope that this report would have proved a lesson to the profession to withhold such treatment, which doubtless it did with those who perused my paper at the time, although I believe there are many practitioners who still hold to this unscientific and unsuccessful plan of treatment.

When in general practice in Tottenham for several years, I had upon an average half a dozen cases annually to treat, the locality being rather low and damp. I attributed these cases at that time to aerial infection, through a fungus floating in the atmosphere depositing itself upon the tonsils and soft palate, which I at once attacked with a strong solution of nitrate of silver (one drachm to the ounce), and with a camel's-hair brush removed as much as the patient could tolerate, and at each subsequent visit, until the whole was removed. Finding there was a febrile condition present with nausea in many cases, I commenced with a dose of calomel and an aperient, for I found the secretions in a vitiated state; this was succeeded by salines, diaphoretics, and diuretics, in order to aid nature in eliminating the *materies morbi* from the system under which it appeared to be so oppressed and distressed. With this plan of treatment, the patients, being supported with nutritious and unstimulating diet, gradually improved towards convalescence. *Ergo*, for many years I used to look upon diphtheria as a curable disease if called in tolerably early to arrest its progress.

In order to prove the success the above treatment has met with in my hands, having lost but two cases during thirty-five years of active practice, the registrar's book of Tottenham can show but one death from diphtheria as attended by me, and one at Dalston. In each of these cases the delicate children had been ill two or three days before I was called in, when I found the disease had travelled into the windpipe.

I am, Sirs, yours faithfully,  
EMANUEL MAY, M.D., M.R.C.P. Lond.

Fairholme, Hanwell, Sept. 2nd, 1889.

## PREVENTION OF INFECTIOUS DISEASE.

*To the Editors of THE LANCET.*

SIRS,—Dr. F. P. Atkinson's suggestion—and I see from a letter in to-day's *Times* from Mr. Wootton Isaacson, M.P., that the latter purposes to legislate on much the same lines—is excellent as far as it goes. But it would fail entirely unless some better provision were made than exists at present to ensure the competence of the certifier. As the holder of a "recognised public health diploma" myself, I do not claim to *thoroughly* understand the practical details of the Builders Act, nor do I think that members of our profession ought to be called upon to test the soundness of drains or the perfection of connexion and disconnexion. What we want is a class of practical sanitary experts, whose competence shall be guaranteed by a sound theoretical and practical examination—men who should hold a middle position between the medical sanitarian and the engineer, and of such social position as to ensure them against all possible suspicion of being subject to undue influence of any kind. The examination should be enforced by law. It is no more right that an uneducated man (such as are many of the surveyors employed by local boards and analogous bodies) should be permitted to endanger the lives of the public than that lawyers and doctors should be allowed to practise without qualifications.

I am, Sirs, yours faithfully,  
C. H. ALLFREY, M.D., F.R.C.S., D.P.H. Camb.

St. Mary Cray, Sept. 4th, 1889.

## CASE OF TETANUS OCCURRING TEN DAYS AFTER DELIVERY.

*To the Editors of THE LANCET.*

SIRS,—I have been very much impressed, on reading the above remarkable case in THE LANCET of August 17th, by Mr. Henry Peacock of Gloucester, as I have not seen

a case mentioned in any obstetric work. Although it is quite possible to have been traumatic tetanus, still I am more inclined to the opinion that it was a true case of idiopathic tetanus, induced by insanitary surroundings, more especially when puerperal disease had been prevalent in the neighbourhood for some months previously. If Mr. Peacock traced each one of these puerperal cases to its proximate cause he would find the same results. I have seen a case of idiopathic tetanus in one of the lower animals (a mare of my own) induced by a deplorably defective sanitary condition of my stable, &c. My groom had a little boy who was in the habit of carrying sugar to the manger both before and during the mare's illness, who thus contracted blood poisoning. Singular to say, death resulted in both cases about the same time. I am sure you will agree with me that there should be a thorough and searching investigation into the sanitary condition of Gloucester, as I am convinced that the houses must be in a most unwholesome state.

I am, Sirs, yours obediently,

Whitby, Aug. 22nd, 1889.

JOHNSON HERBERT.

## LUNACY CERTIFICATES.

To the Editors of THE LANCET.

SIRS,—My attention has been called to the following sentence in a leading article in THE LANCET of June 15th, 1889, dealing with an address by Dr. Cosby Morgan at the late Inter-Colonial Conference at Melbourne: "The Lunacy Act is supposed, by its interpretation clause, to require that medical men certifying be properly qualified, but Dr. Morgan has recently seen a case in which the certificate was signed by an unqualified medical man, 'being also a justice and a coroner.'" The inference is that a patient was admitted into a hospital for the insane on such a certificate, and this I am quite sure my friend Dr. Morgan did not intend. Unqualified practitioners have in two or three cases within my knowledge signed lunacy certificates in this colony (I believe such a thing is not unknown in England), but I can vouch for it that these certificates have been as promptly rejected here as they have been in the old country, and that the Lunacy Act which does not compare unfavourably with that in force in England is strictly administered by the officers charged with the duty.

I am, Sirs, your obedient servant,

F. NORTON MANNING, M.D.,

Inspector-General of the Insane and Medical Adviser  
to the Government.

Gladesville, N.S.W., July 25th, 1889.

## "HINTS TO STUDENTS BEGINNING."

To the Editors of THE LANCET.

SIRS,—I am glad to note that others agree with my advice in the Students' Number. Dr. Theodore Maxwell and myself are quite at one as to its being the *general practitioner* with whom the student ought to reside from the outset of study. With the exception of a few localities throughout the English-speaking world, the word *physician* is synonymous with *general practitioner*, and it is of course in that sense I used it. The student residing with a physician in general practice can be assisted with his studies, learn all the routine duties, see cases outside which illustrate and enable him rightly to understand class lectures and theory in books, and lays the foundation for splendid moral qualities—e.g., self-reliance, presence of mind, &c.,—which assistance at post-partum and other serious cases evoke. Besides, the present faulty curriculum gives no true and complete picture to the beginner of his future work, except in a very partial manner during the *last* year. So, after spending much time, money, and trouble, the student finds it too late to retire from medicine if the profession is uncongenial; whereas residence with the practitioner gives him from the commencement some experience of night work, midwifery, infantile convulsions, book-keeping, &c., and if the duties are distasteful he can withdraw at the end of his first session. If the student really wishes to learn his profession, he must work with, and alongside of, his principal.—Yours faithfully,

Sept. 18th, 1889.

EXPERENTIA DOCET.

UNIVERSITY COLLEGE, DUNDEE.—The sum of £9000 has been subscribed towards the £15,000 required to found a chair of Physiology in this College.

## NORTHERN COUNTIES NOTES.

(FROM OUR OWN CORRESPONDENT.)

### The British Association.

THE visit of the British Association to Newcastle has been on the whole a success. It is true that numerically it hardly comes up to the expectations of some of its most sanguine promoters, but, on the other hand, its general interest or attendance at the sections has been rarely exceeded. It is as well to mention that the handsome baronial chair used for the first time by Professor Flower on assuming the presidency was a gift of Professor Philipson to the College of Medicine. The carving is elaborate, and was the work of a local artist of high repute, Mr. Elijah Copland. Saturday last saw a very large number of visitors off to Durham where a convocation was held and degrees were conferred, amongst others, on Professor Flower, Professor J. S. Burdon Sanderson, and Professor Turner. The various works in this city and vicinity received a due share of attention, but I believe the great manufacturing works of Armstrong, Mitchell, and Co., Elswick, were viewed by no less than 250 visitors. Among the excursions, Wallington, the seat of the Trevelyan, appeared to be one of the most popular. Wallington has been long famed for its warmth of hospitality, and, indeed, this feature has passed into song and tradition. Leland calls Wallington "the chieftain house of the Fenwicks," who lived there until 1689, in great splendour and hospitality. "Show us the way to Wallington," was once a popular air with the Northumbrian pipers. It is strange how old customs survive now we have the philosophers of the "wise week" making all haste to Wallington, as prudent travellers did centuries ago. I cannot leave the Association meeting without alluding to the handsome accommodation afforded in the way of reception rooms by the College of Medicine here. This very fine new building was placed at the disposal of the Association, and was admirably adapted to its purpose, every want of visitors being amply provided for. The College itself is to be formally opened and devoted to its legitimate purposes on Oct. 2nd. A long list of invitations has been issued, and it is to be hoped that the College will have a prosperous career worthy of its noble building.

### Newcastle Hospital Sunday Fund.

The annual meeting of the Newcastle Hospital Sunday Fund has been held. It appears that there has been a decrease in the church collections, but an increase in the workmen's fund, which for the first time exceeds the amount collected at the churches; the works collection being £1961 and the church £1956. The number of letters distributed last year was 6280. The total amount of money collected through the fund since its commencement in 1870 had been £63,000, while in the same period 70,000 letters had been distributed.

### Stockton.

Last week an interesting ceremony was witnessed in Baldersdale in connexion with the second of the three reservoirs to be constructed for the water-supply of Stockton and Middlesbrough and the surrounding towns. The Mayor of Stockton cut the first sod of this great reservoir. The first reservoir, the Hury, which is rapidly approaching completion, will have a storage capacity of from 800 to 900 million gallons; the second, in Blackton, will hold 460 million gallons; and the third, the Grassholme, which is a compensating reservoir, will contain 1,300,000 gallons. A vast expense is being incurred in this important water undertaking; but the increasing population of the Teeside towns, and the water required for domestic and manufacturing purposes, have left the local water board no other course but that which has been adopted. The site of the new reservoir is in Teesdale, not far from Cotherstone, in the midst of some of the very finest gathering grounds.—The Stockton Dispensary appears, from the account presented at the annual meeting, to be in a waning condition; its income is said to be gradually decreasing from the death of old subscribers. The increase of clubs to which workmen subscribe will also affect this, like many other local charities.

Newcastle-on-Tyne, Sept. 18th.