

measles exceeded the corrected average number by 144; among the various sanitary areas this disease showed the highest proportional fatality in St. Pancras, Holborn, Clerkenwell, Bethnal Green, St. Saviour Southwark, Newington, and Bermondsey. The 80 fatal cases of scarlet fever were 13 below the corrected average; this disease showed the highest proportional fatality in Clerkenwell, Whitechapel, and Poplar sanitary areas. The 264 deaths referred to diphtheria were 106 above the corrected average number; among the various sanitary areas this disease was proportionally most fatal in Chelsea, Islington, Hackney, Strand, Clerkenwell, Whitechapel, Mile End Old Town, Greenwich, and Plumstead. The 119 fatal cases of whooping-cough were little more than half the corrected average number; this disease showed the highest proportional fatality in Hammersmith, Holborn, and Shoreditch sanitary areas. The 69 deaths referred to enteric fever almost corresponded with the corrected average number; among the various sanitary areas the highest proportional fatality of enteric fever was recorded in St. George Hanover-square, Hackney, Mile End Old Town, and Bermondsey. The 50 fatal cases of diarrhoea were within 7 of the corrected average number. In conclusion, it may be stated that the mortality in London during December from these principal zymotic diseases was nearly 15 per cent. above the average.

Infant mortality in London during December, measured by the proportion of deaths under one year of age to registered births, was equal to 152 per 1000, and was slightly below the average. Among the various sanitary areas the lowest rates of infant mortality were recorded in St. George Hanover-square, Limehouse, St. Saviour Southwark, Lambeth, Battersea, and Plumstead; and the highest rates in St. James Westminster, St. Giles, St. Martin-in-the-Fields, Strand, Holborn, Newington, and St. Olave Southwark.

THE SERVICES.

MOVEMENTS OF MEDICAL STAFF.

SURGEON-MAJORS BARRINGTON and MACONACHIE have been posted to the Western District. The following officers have arrived from India:—Brigade-Surgeon-Lieutenant-Colonel Macrobin and Surgeon-Majors Johnston, Emerson, and Poynder, and Surgeon-Captain Stables. Surgeon-Major Allport and Surgeon-Captain Perry have arrived from Ceylon.

ARMY MEDICAL STAFF.

Brigade-Surgeon-Lieutenant-Colonel James Henry Reynolds, M.B., V.C., retires on retired pay.

INDIA AND THE INDIAN MEDICAL SERVICES.

The services of Surgeon-Captain W. E. Jennings (Bombay) are placed temporarily at the disposal of the Government of Bombay. Brigade-Surgeon-Lieutenant-Colonel G. Hutcheson is reappointed to be Sanitary Commissioner, North-West Provinces and Oudh, vice Surgeon-Major S. J. Thomson (Bengal), who has reverted to his substantive appointment of Deputy Sanitary Commissioner of the North-West Provinces and Oudh. Surgeon-Lieutenant-Colonel Russick Lall Dutt, Officiating Professor of Materia Medica and Clinical Medicine, Medical College, Calcutta, and *ex-officio* Second Physician, Medical College Hospital, is appointed to act as Civil Surgeon of Burdwan until further orders, from date on which he assumed charge. Surgeon-Major Kerin, A.M.S., on arrival from England, is posted to the Mhow District. Surgeon-Lieutenant Tylor, A.M.S., on arrival from England, is posted to the Bombay District, temporarily. Surgeon-Colonel H. S. Muir, M.D., A.M.S., is brought on the Administrative Medical Staff of the Army, vice Surgeon-Colonel W. D. Wilson, A.M.S., who has reverted to the Home Establishment. Brigade-Surgeon-Lieutenant-Colonel R. C. Eaton, A.M.S., to officiate on the Administrative Medical Staff of the Army, with the temporary rank of Surgeon-Colonel, vice Surgeon-Colonel (temporary Surgeon-Major-General) T. Maunsell, appointed to officiate as Principal Medical Officer, Bengal Command.

NAVAL MEDICAL SERVICE.

The following officers have been appointed to serve on the flying squadron, consisting of *Revenge*, *Royal Oak*, *Gibraltar*, *Theseus*, *Charybdis*, and *Hermione*, commissioning for immediate service:—Fleet-Surgeons: J. C. B. Maclean to the *Revenge*, and H. A. W. Richardson to the *Royal Oak*.

Staff-Surgeons: E. H. Williams to the *Gibraltar*, C. F. Newland to the *Theseus*, C. W. Sharples to the *Charybdis*, and D. T. Hoskyn to the *Hermione*. Surgeons: C. J. S. Kelsall to the *Revenge*, S. H. Birt to the *Royal Oak*, G. Sichel to the *Gibraltar*, and A. A. J. McNabb to the *Theseus* (all to date Jan. 14th).

VOLUNTEER CORPS.

Engineer: Fortress and Railway Forces (Royal Engineers): 1st Devonshire and Somersetshire: Hugh Peter Victor Wiggin, gent., to be Surgeon-Lieutenant. *Rifle:* 2nd Volunteer Battalion the South Staffordshire Regiment: Surgeon-Captain M. Taylor resigns his commission. 4th Volunteer Battalion the Queen's (Royal West Surrey Regiment): Ernest James Gibson Berkley, gent., to be Surgeon-Lieutenant. 1st Volunteer Battalion the Buffs (East Kent Regiment): Alan Murdoch, gent., to be Surgeon-Lieutenant. 2nd Westmoreland Volunteer Battalion the Border Regiment: Surgeon-Lieutenant W. B. Cockill to be Surgeon-Captain. 3rd Volunteer Battalion the Welsh Regiment: Surgeon-Lieutenant F. W. Evans, M.D., resigns his commission. 1st Volunteer Battalion the Sherwood Foresters (Derbyshire Regiment): Richard Arnold Johnston, gent., to be Surgeon-Lieutenant.

VOLUNTEER MEDICAL STAFF CORPS.

The Manchester Companies: William Gill, gent., to be Surgeon-Lieutenant.

DEATHS IN THE SERVICES.

Inspector-General of Hospitals, George Cuninghame Meikleham, retired, M.D., A.M.D., at Southsea, on Jan. 1st. He served with the 51st Light Infantry during the war in Burma in 1852; was on board the East India Company's steam sloop *Sesostris* during the storming of Rangoon (medal with clasp for Pegu); joined the Army in the Crimea in March, 1854, served in Turkey after the end of the war, and was present at the siege of Sebastopol and assault of the Redan (medal with clasp and Turkish medal); served with the 70th Regiment during the war in New Zealand in 1863 (medal and clasp); and in the Abyssinian expedition in 1867-68 (medal). He joined the Army in 1843, became Surgeon in 1854, Surgeon-Major in 1863, Deputy-Inspector-General in 1870, and retired with the honorary rank of Inspector-General in the latter part of the same year.

Surgeon-Captain H. S. Wood, I.M.S., has passed the examination in Parvatiya, and Surgeon-Captain R. K. Mitter, I.M.S., has passed the Higher Standard Examination in Persian.

On Jan. 4th forty-two invalids were admitted to the Royal Victoria Hospital, Netley, ex ss. *Britannia*, from India.

Correspondence.

"Audi alteram partem."

THE CASE OF MRS. EVANS.

To the Editors of THE LANCET.

SIRS,—Undoubtedly your attention has been called to the reports in various daily papers headed "A Medical Man Censured," and as the reports seem to compromise on my action I should, with your permission, desire to place the circumstances as concisely as possible before my medical brethren. Some facts have already been placed, though somewhat briefly, before the general public, but it will be necessary to go more closely into details in your esteemed paper.

In response to a note addressed to me by the late Mrs. Evans I visited her at ten o'clock on Thursday night. The note did not contain any indication of the object of her request. I found her, however, in bed. My examination revealed an emphysematous condition of lung. When I examined with the stethoscope I discovered considerable cardiac debility; there was no murmur, but the sounds were somewhat muffled; there was absence of any friction sounds. The symptoms, however, did not call for urgent treatment, but on Friday morning I sent her a preparation containing strychnine and gentian. I visited her again on Friday night, and found a slight thrill, but on percussing the cardiac area I could detect no dulness. There were no friction sounds, but

I feared I had to deal with a case of masked pericarditis. I, however, thought that the nervous system might be implicated, and on examining the knee reflexes they were found to be exaggerated. Sensation under the usual tests was only very slightly impaired. I could find no indication of paralysis. Up to this point it will be seen that there was no opportunity of examining the urine, even if the symptoms had pointed in the direction of the kidneys. Moreover, I had every reason to believe at the moment that a very complete examination of the urine had recently been made, and at the bedside I remarked, "We may assume then that the water is right." As the patient had suffered severely from sleeplessness it was decided to administer what I considered under the circumstances to be the safest hypnotic—viz., sulphonal. I sent two sulphonal powders containing 25 grains each, addressed to the husband, Mr. F. C. Evans. On the outside of the ordinary square envelope in which they were enclosed I wrote his name and address and "Sulphonal pulv. II. aa. gr. 25." I could not ascertain when they were administered, but the drug should have been given on Friday evening.

On Saturday evening I saw her at 9.45. She was in a semi-comatose condition, and the temperature at this time was 99.4° F. There were stertorous breathing and marked contraction of the pupils. The breathing was fairly regular, though laboured. The patient seemed to me to be under the influence of a preparation containing an opiate, and I treated her on that assumption with the usual means, having remarked that the patient had had an "opiate." She regained consciousness, and I was astonished to hear her say, "Don't let the children know I have done it." Considering the urgency over I did not press for an explanation. A message was sent from my surgery asking me to return. I then left the patient, the husband suggesting that he could "manage." On Sunday morning I received no message, but I sent to inquire. In response I received the following letter:—

"DEAR BUTLER,—My wife rallied after you left and spoke quite sensibly to me. She sat up in bed at 1 A.M. and said she was much better. I lay down at her request then and woke several times during the night, when she seemed quite herself again and expressed herself sorry for having been the cause of so much trouble. When I awoke at 9 A.M. she had again become unconscious and remains so now. I have injected ether twice, one drachm each time, but she does not even feel the needle. I could not give her any coffee, though I made some, as she could not swallow. Bathing the face has no effect. She is almost pulseless. I can hardly count the number, but think it is about 130 per minute. Do not trouble to come if busy; I am doing all I can.

"Thanks for inquiry,

"F. C. E."

Being somewhat astonished at the condition—and especially as a pulse of 130 was totally inconsistent with sulphonal—I visited the patient in spite of the letter, and she died in the afternoon at 1.30. I did not feel justified in writing a certificate without further consultation. The husband and I drew up a statement of facts and laid them before Dr. George Robertson, whose judgment on this bare statement was that the certificate might be granted, stating that death was due to—anaemia, six months; influenza, four days. To this at the moment I felt bound to submit, but insisted to the husband in a private interview (there and then) that I should have to explain my seeming dissent more fully to Dr. Robertson. I subsequently did so, and he advised to let the matter rest. Next day I wrote the following letter, which I personally delivered at his house:—

38, Carlton-vale, N.W., Dec. 24th, 1895.
DEAR DR. ROBERTSON,—I am decided. In the event of a voluntary examination, do you agree to be present? The result might prove my fears to be groundless. No narcotic; no publicity. To avoid anything of that kind I will go any length consistent with honour, and I shall be thankful for any suggestion towards sparing poor Evans's feeling as much as may be.
Yours sincerely,

G. R. BUTLER.

That evening I communicated with the coroner, and on the following day he decided to hold an inquest. This he did on Saturday last. The death was there described in highly scientific terms as due to "stoppage of the heart's action," and I was ordered to be "severely censured." Dr. Gordon Hogg accordingly severely admonished me "for prescribing a dose of sulphonal without first making a proper examination" and for "carelessness." These are the circumstances, and I have no doubt they will be helpful to many of my professional brethren. I may, however, add that the patient had had for a long period of time a fear of impending death and other morbid ideas. Regarding the dose of sulphonal, I scarcely need say that twenty-five grains would do very little harm under any

circumstances when properly administered. In the *Archives für Experimentelle Pathologie und Pharmacie*, Leipzig, vol. xxxi., No. 1, Kast gives the symptoms of poisoning by sulphonal as vomiting, diarrhoea, nervous and urinary phenomena, and states that it is generally admitted that doses of thirty-one to thirty-six grains may be safely administered. Given within those limits he describes it as a "harmless medicament." The cases of poisoning by sulphonal have always occurred after prolonged use of the drug in enormous doses. Schaumann insists that it is preferred to chloral hydrate, because it has no injurious effect upon the heart and vessels. Schedtler has published forty-one cases of female patients to whom doses of thirty-one grains have been given for prolonged periods without any untoward symptoms, and forty-six grains have been very often necessary especially in "melancholia with anxiety." It is not enlightening to hear a jury of tradesmen discussing the therapeutics of sulphonal; but it seemed to me deplorable that the police surgeon, who officiated in place of an expert, should betray so much unfamiliarity with so common a drug as to insist that five grains might be a dangerous dose. Such a statement is perfectly absurd under any circumstances, and a medical man has a right to expect that a medical coroner should be able of his own knowledge to defend a brother practitioner from such assertions. I challenge his accuracy. Dr. Hogg knows perfectly well (if he knows the literature) that twenty-five grains of sulphonal is a non-toxic dose. The symptoms were not those produced by sulphonal, and he did not take pains to inform the jury of the nature of the contents of the stomach before he accepted their verdict. The verdict of "Died through the visitation of God," which the old legal coroners gave, does not excite more contempt in the minds of practitioners than that of Dr. Hogg's jury of "Death from stoppage of the heart."

I have to complain that I was not permitted to be present to hear Mr. Evans's evidence. One would have thought that the coroner would have been pleased to have my assistance. How could he expect it if I did not hear the whole of the evidence? The circumstances appear to me to indicate that medical men are not safe from "public censure" or even public insult, although using every endeavour to exercise their calling with the honour which is its due. In this case I have been compelled to go into the forum and attempt the impossible task of explaining the matter *coram populo*.

I am, Sirs, yours faithfully,

Carlton-vale, N.W., Jan. 1st, 1896.

GEORGE R. BUTLER.

* * Assuming that the above letter fully represents the facts of the case, we are of opinion that the sulphonal (gr. xxv.) had nothing to do with causing the death. Considering that our correspondent assumed that an opiate had been taken, and especially after the alleged statement of the deceased, we think he would have acted wisely in declining to entertain the question of giving a death certificate without first having informed the coroner. As regards the circumstances related as having occurred at the inquest, we think Mr. Butler was not dealt with too generously.—ED. L.

"PARACENTESIS OF THE THECA SPINALIS."

To the Editors of THE LANCET.

SIRS,—*Apropos* of Professor Quinke's paper, read before the Association of German Naturalists and Medical Men, on "Paracentesis of the Spinal Theca," in which he says that failure to secure a flow of fluid is to be attributed to imperfect performance of the puncture—e.g., the passage of the needle between the nerve roots outside the sheath or the presence of thick pus which will not flow through a too fine needle—Professor Fürbinger writes, in an article in the *Deutsche Medicinische Wochenschrift* of Nov. 7th, 1895, in reply to a remark of Professor Ewald, who had several times observed that the puncture produced no fluid although it had penetrated into the spinal theca, the following:—

"I observed in the concluding remarks of my paper, read before the Berlin Medical Society, on 'Clinical Importance of Spinal Puncture,' that I frequently had the same experience as Ewald. I had succeeded in drawing hardly any liquid, without the needle having passed the surface of the dura. I consider these facts as pathological, because the average corresponds to a considerable quantity of cerebrospinal fluid in the lumbar sac. These statements have not,