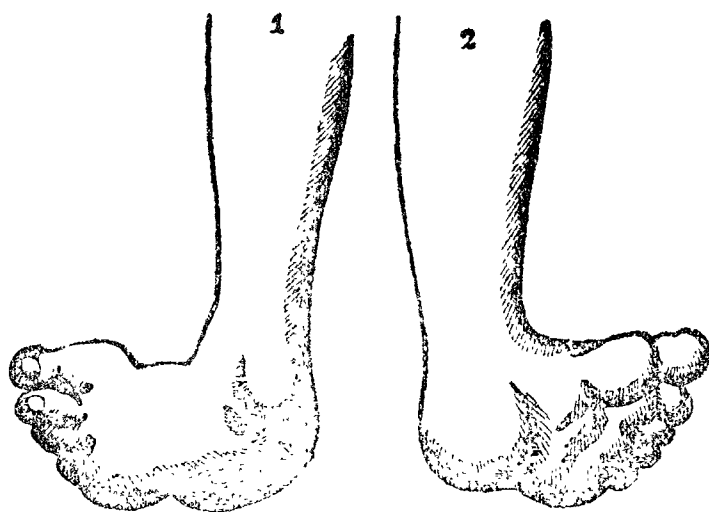


held to be the real one, for we have some very definite information upon the subject of a contrary kind. In THE LANCET for the year 1827-28, vol. ii., there appears a series of articles on "Distortions of the Foot," by Mr. T. Sheldrake, evidently a well-known surgeon and specialist of his time. On page 779, he describes "Lord Byron's Case," giving with it an illustration of the foot, which I have here reproduced. His story of Byron's deformity is briefly this: When the poet returned from Scotland he was placed in Mr. Glenn's academy, Dulwich (now the "Grove Tavern," Lordship-lane). He was also recommended to Mr. Sheldrake for treatment, but, by mistake, fell into the hands of "one Mr. Sheldrake, a trussmaker," who failed to do any good. Some years later Byron, however, found his way to the proper man, but being near his majority and anxious to take his place in the world, he declined to undergo the seclusion and treatment necessary to effect a cure. In his article Sheldrake writes: "I annex two sketches [those here given]



that I made from a cast of his foot—one view was looking at the outside, the other at the inside of his leg. By these it will be seen that when he had no artificial support he stood upon the outside of his foot." The leg is also described as shrunk. Abandoning any attempt at a cure, Sheldrake nevertheless contrived, "so that when he was dressed his legs and feet appeared to be so equal that common observers did not perceive any difference between them in the usual intercourse of society." These contrivances Byron, it seems, continued to wear even after he left England. Sheldrake's casts and descriptions have all the appearance of good faith and accuracy, although his illustration of Byron's case represents the left instead of the right foot, so that if he is to be relied on Byron possessed a veritable club-foot of the kind known as talipes varus. It may be interesting to note that in spite of his defect, Byron was capable of a great deal of exertion and agility upon his feet. "Byron's leap," at the Linn of Dee; his wanderings about the region of "dark Lochnagar," as described by himself in his "Hours of Idleness"; his ability as a cricket player, for while at Harrow his name appears as a player in one of the earliest recorded public school matches; his swimming frequently from Westminster to Battersea, as related by himself to Mr. Sheldrake, long before he swam the Hellespont—all go to show how much he enjoyed bodily exercises, and how much he excelled in them. In a medical journal we have nothing to do with the process usually known as "whitewashing," but we are quite entitled in medical matters to get at and to hold by the truth.

Islington, May, 1883.

I am, Sir, yours faithfully,

J. CHALMERS.

IS SCARLATINA EVOLVED FROM DIPHTHERIA?

To the Editor of THE LANCET.

SIR,—The facts recorded in the very interesting paper in THE LANCET of May 26th, by Dr. John Meredith, are well-known to me, but I must record my dissent from his interpretation of these facts. He resorts to two explanations of them, whereas one is sufficient to account for them all. Thus he proceeds to show that diphtheria will produce scarlatina—e.g., the servants with diphtheria gave scarlatina

to the children; then that scarlatina will evolve diphtheria again—e.g., the children with scarlatina gave diphtheria to the mother. Now, if I might suggest the true interpretation it would be this. The servants, through friends, and the mother, through her children, having been exposed to the infection of scarlatina, and having previously had scarlatina, failed to develop true scarlatina, but obtained a sore-throat, and nothing else except a sore-throat capable of producing true scarlatina in anyone who has not had the illness before. This sore-throat very frequently has a diphtheritic appearance, but is perfectly distinct from true diphtheria. These facts I have observed so frequently, and they caused me so much trouble until I interpreted them correctly, and they are so very important in their bearing, that I need scarcely apologise for occupying your valuable space in discussing Dr. Meredith's most interesting cases.—Yours truly,

CLEMENT DUKES, M.D. Lond., &c.,

May, 1883.

Physician to Rugby School and to Rugby Hospital.

THE SPECIAL TRAINING OF ASYLUM ATTENDANTS.

To the Editor of THE LANCET.

SIR,—I take the opportunity afforded by the appearance of your article on Lunatic Asylums, in THE LANCET of May 19th, to say a word in favour of a special training for asylum attendants. The necessity for such a departure from our present asylum routine is urged in your columns not a day too soon, and the problem of how best to develop a scheme for the special training of attendants should have an early solution at the hands of those responsible for the administration of our asylums. It is not surprising that you should have to say "no system exists at present for the special training of nurses or attendants for asylum work," seeing that the matter has barely been discussed in print at all. I hope, however, to have an opportunity very soon of bringing this question before the Medico-Psychological Association, in a paper containing a description of the scheme carried out here during the last two years, a statement of its results, and a plea for a thorough ventilation of the subject, and a combined determination to face and solve the problem. The idea is rapidly gaining ground in asylums that a more intimate personal knowledge of the insane can only be assured by a nearer approach to hospital methods of administration, by utilising fully the intelligence and observation of attendants, and by an increase of the medical staff. The opinions of many authorities have been lately converging in this direction to a greater extent than formerly; but if my memory serves me right Dr. W. A. F. Browne, Dumfries, conceived the plan of lectures to asylum attendants many years ago, and carried it into practice. Ten years ago Dr. Clouston, Morningside, read an excellent paper bearing upon the subject before the Medico-Psychological Association, and Dr. Munro, late of the Crichton Royal Institution, followed there the lead of Dr. Browne for some years. Others unknown to me may have been engaged in the work, but I have sufficiently quoted names to show that this idea in asylums is not a new one, though the practical outcome of it is so far insignificant. Your well-timed and suggestive reference to it must do good. The ball has not yet been fairly set a-rolling, but with one good push, and a fair start, the scheme should ere very long become automatic. I hope the importance of the subject will be sufficient excuse for my trespassing so much upon your space.

I am, Sir, yours truly,

A. CAMPBELL CLARK.

Glasgow District Asylum, Bothwell, May 23rd, 1883.

THE ST. PANCRAS VACCINATION CASE.

To the Editor of THE LANCET.

SIR,—As the revaccination of the mother in this case on the day after confinement has excited very considerable public feeling, perhaps you will kindly allow me space to state my reason for my practice in this respect. I would say:—1. That the patients in the lying-in wards of a large workhouse like this, where we have nearly 300 confinements in the year, come from all parts of the metropolis, sometimes from distant parts of the country; their antecedents are often unknown, and they are frequently pre-

disposed to the contagion of small-pox and other zymotic diseases from the bad sanitary condition under which they had lived prior to admission. 2. There was no evidence that the patient in this particular case had ever been vaccinated, and it is an injunction of the Privy Council that revaccination should be performed. 3. Although she knew she was going to be revaccinated she raised no objection. 4. The patient was a strong and healthy young woman; she had had a natural labour, and she was progressing perfectly satisfactorily on the day of vaccination. 5. My experience in the matter (extending to nearly 1500 cases) leaves no doubt in my mind that vaccination when performed even thus early after confinement is not attended with any injurious effects either to the mother's health in general or to the secretion of milk in particular, and there are at the present moment several women in the house who were vaccinated at early periods after their confinement, and who now, months afterwards, have a plentiful supply of milk, which at no time has been interfered with by the vaccination. 6. A few years ago a case of confluent small-pox occurred in a patient in the lying-in wards who had been recently admitted, and who had certainly not contracted the disease in the workhouse. I then vaccinated all the other patients, there being no spread of the disease. Anticipating the possibility of a similar occurrence in the future, I have ever since considered it my duty as a public officer, and as one responsible for the maintenance of the health of the wards, to vaccinate or revaccinate all the patients as soon as possible, when there was no medical reason to the contrary, for in my opinion it would be infinitely more "inhuman" to allow small-pox to ravage a lying-in ward than to have each of the patients presenting a healthy vaccinated arm—a condition which would prevent such a calamity.

Allow me to add here the well-known fact that women in the lying-in state are peculiarly predisposed to contagious influences, and that, if at that time they are attacked with small-pox, they almost certainly die unless protected by efficient vaccination. In conclusion, there was no evidence to show that vaccination either directly or indirectly had anything whatever to do with the death of the child, but that, on the contrary, there was every evidence to prove that it actually died from the want of proper nourishment.

Yours faithfully,

W. M. DUNLOP, M.B.,

Resident Medical Officer, St. Pancras Workhouse, N.W.

May 29th, 1883.

P.S.—The absurd theory was propounded at the inquest that the vaccination of the mother caused her milk to subside through shock. She left the workhouse three weeks after vaccination with her breasts full of milk, having made an excellent recovery, and the vaccinated place on the arm covered with a dry scab.

ADMISSION OF CASES OF ERYSIPELAS INTO HOSPITALS.

To the Editor of THE LANCET.

SIR,—In answer to Mr. Holmes's letter in the current number of THE LANCET, I can give the management of cases of erysipelas in our small country union hospital, with its results. I will first state that the larger portion of the hospital is newly erected on the most approved principles, and that the wards are spacious and well ventilated. The older portion of the hospital is also well constructed. The whole, situated in an open, salubrious country district, is the infirmary for the sick of the Staines Union Workhouse, containing 300 inmates, with a complement of 120 constantly sick. During the past two years sixteen cases of erysipelas have been treated, eight of each sex; of these three were admitted with the disease, whilst four were traced to infection; the remaining nine occurred in patients having a constitutional predisposition to the disease, or from insanitary causes. The medical officer, Mr. Curtis, with myself, holding the doctrine of the contagiousness of erysipelas, has always insisted upon the early isolation of every case, as much as possible in a separate ward. The cases admitted from without were all severe, and one died three days after my first seeing him. But from the two which recovered the infection spread, so that three more cases followed, but were restricted to the nurses who waited upon them, and one of these, an excellent nurse, died. The re-

maining case of infection was caught from sleeping in the adjoining bed to one of the inmates ill with the disease before her removal to the isolated ward.

I will not now trouble you with my medicinal treatment of the disease, but I will make one more observation as to the cause of the complaint. It has struck my attention how many of the intemperate are attacked with the disease, and in such cases the withholding the usual stimulant is an important element.

I am, Sir, yours faithfully,

Staines, May 29th, 1883.

HENRY APPLETON.

ELASTIC COMPRESSION IN AMPUTATION OF THE HIP-JOINT.

To the Editor of THE LANCET.

SIR,—The method of controlling hæmorrhage by elastic compression in amputation of the hip-joint, as noticed by Mr. Jordan Lloyd in your last number, is of great value. We have used it in the Huddersfield Infirmary for some years past both in amputations of the hip- and shoulder-joints, not with elastic bandage, as described by Mr. Lloyd, but with the rounded solid rubber. In amputation of the hip-joint we have generally combined with it the abdominal tourniquet, as a protection in case of any accident to the rubber; but if placed in the hands of an intelligent assistant, who can alter or vary the pressure as required, scarcely a drop of blood need be lost. It should always, I think, be entrusted to an assistant, who will find it useful to employ the piece of wood, as suggested by Mr. Lloyd, to moderate the cramping action of the rubber. Although a great many operations have been performed in this way, I have not seen any injurious influence from the constriction of the solid rubber, and I think myself it is more convenient for use than the rubber bandage. The same procedure applies equally well to amputation of the shoulder-joint, but the cord should not be so thick as it requires to be in amputation of the hip-joint in the adult. I hardly think, in cases of excision of the hip-joint, that elastic compression is required. I have excised the hip five times within the last three months, and in no case was much blood lost, though no means were used to prevent it but sponge pressure or tying the vessel, and there would probably be more blood lost from venous sources if the ligature were used.

I am, Sir, yours faithfully,

Huddersfield, May 29th, 1883.

SAMUEL KNAGGS.

LIVERPOOL.

(From our own Correspondent.)

HOSPITAL SATURDAY AND SUNDAY.

THE last Saturday in April was observed this year as Hospital Saturday, and the sum collected up to the present date (May 29th) amounts to nearly £2500. The Sunday collections were somewhat in advance of last year, hence there is every reason to expect that the yearly average of £10,000 from the combined institutions will be maintained. It is not improbable that in the course of time some systematised mode of weekly or monthly collections among the working classes may be arranged. A farthing a week from each working man would relieve the local hospitals from debt, and their managers from much anxiety.

DEATH OF A SURGEON FROM TYPHUS FEVER.

Another victim has been added to the numerous roll of medical practitioners who in the zealous discharge of their duties have contracted typhus fever and succumbed to its deadly influences. Dr. Henry Francis Fisher was one of the parochial medical officers, and had charge of one of the north end districts, in which are a large number of the poorer classes in wretched dwellings. His illness was of very short duration, and the news of his death was received with sincere regret, his genial bearing having endeared him to a large circle of professional and other friends.

THE LOCK HOSPITAL AND VENEREAL DISEASES.

The necessity of a lock hospital here is well illustrated by a recent occurrence. The annual cleansing, whitewashing,