

So long ago as 1870 I called attention to this subject in a paper read before the Obstetrical Society, London (vol. xii.), in which I examined eighty-nine cases of so-called puerperal disease after simple labour in respect of the "causes." This was five years before the discussion alluded to by Dr. Playfair (in the seventeenth volume of the same Transactions), a few remarks from which it may not be out of season to quote:—"But, however frequently the cause of puerperal diseases may be owing to zymotic influences, still, it is easy to understand that imperfect drainage, close rooms, and bad dwellings would be sufficient by continued action to produce such a state of constitution as would tend to effusions, suppurations, pyæmia, and peritonitis. But I believe the truth may be thus stated: that in ordinary health and with freedom from deteriorating influences, injuries and local disturbances done by parturition, or by assistance given to it, are recovered from; but if any poison or depressing influence invade the pregnant or labouring women, then in addition to the direct influence of a poison, inflammation or suppuration of the parts occurs, which, by the local distress they cause, may set up pyæmia, thrombosis, &c. There is one fact not mentioned in the reports, but which is worthy of notice—namely, that I have found the whole class more frequently in newly built than in older houses. It might be that the frequency of puerperal diseases in primiparæ may account for this, inasmuch as the newly married more usually take newly built houses. But it is also a fact that the inmates of new houses are more liable to be attacked by scarlet fever, typhoid, diphtheria, &c.; and this, I believe, may be well accounted for by the fact that the drains of new houses are more liable after a short tenancy to be deficient. I think, as regards the married middle class about London, this latter explanation forms a more valid explanation than the fact that primiparæ are more frequently confined in new houses."

Dr. Lloyd Roberts, in his "Practice of Midwifery" (1875), states the same concisely:—"The various malarious exhalations from imperfect drainage, want of cleanliness, and ventilation, with other nosocomial influences, are so many other means of producing toxæmia."

In the cases above alluded to I report one where there had been four cases of typhoid in the same house and family, one child being ill on the woman's bed. I trust that the public will now be induced to look into the matter for themselves, and not throw upon their doctor the unpleasant task of doing what the surveyor, clerk of the works, or architect should have done.—I am, Sir, yours truly,

J. BRAXTON HICKS, M.D. Lond., F.R.S,
George-street, Hanover-square, March 20th, 1882.

To the Editor of THE LANCET.

SIR,—On page 447 of THE LANCET of this week you say with regard to the defective drains at Bagshot Park that "the professedly sanitary constructors are, if possible, the least to be trusted." I must confess that I do not quite understand the intended scope of these remarks, and it might seem invidious if I gave my own impressions as to their meaning. Sanitary constructors are usually engineers or surveyors who practise specially in devising and executing main sewerage and house draining, and are not medical amateurs, some of whom claim alone to have the knowledge, experience, and right to devise, dictate, and direct sanitary works, and to carry on subsequent inspection. Medical men most certainly ought to study sanitary science just as they should study the science of dentistry or any other speciality, but they had better leave sewerage, draining, and ventilation to the specially educated sanitary engineer, and not set their superficial judgment against his practical knowledge and experience. The system of drains found to be defective at Bagshot Park were not designed by a sanitary engineer, but by the architect who designed the house, and who is now dead. The drains were laid by the builder. The work is, however, now in the hands of a professedly sanitary constructor, Mr. Rogers Field, and I for one feel contented to abide the outcome and ultimate result of his labours. Correct principles as to how houses should be drained have been worked out and put into practice, and examples may be inspected by those willing to learn from the work done and in operation rather than from books. Spencer House, St. James's, has been perfectly drained, Christchurch College, Oxford, also, and both Claremont and Bagshot Park, when

the works in progress have been completed, will be perfectly drained. Stratton, Hants, the seat of Lord Northbrook, has been perfectly drained, and there are many other places in various parts of the country of which the same may be said—namely, that the houses are well drained. There is, in fact, a school of sanitary engineers who are not blundering in darkness. But it must be remembered that these gentlemen are not architects; they do not design and build houses, and up to this time are rarely if ever consulted, unless, as in this unfortunate case of Bagshot Park, the drains are found to be defective.

The results from defective house-drainage are occasionally found to be so deadly that we may fairly anticipate that in future a gentleman about to build a new house will insist upon having absolute assurance that the system of draining and sanitary appliances generally has been well designed, and that on completion the same has been truly and well executed. The house-drains at Bagshot Park were, for the most part, of proper material, of suitable dimensions, outside the main walls, and were also laid upon correct principles; but, unfortunately, one rule (the prime rule) was broken—namely, that drains should not be laid within, nor open within, any house basement. The drains in fault are within, and did open within, the house basement, permitting sewage gas to pervade the basement; hence the very serious mischief resulting. But as to the prompt removal of the Duchess, and the subsequent operations now going on to make the place safe in future, Sir W. Jenner and Dr. Playfair may be thanked most heartily by the entire nation for their prompt and sagacious intervention; and when medical men in general act with the promptitude, knowledge, and authority of these eminent doctors a more general improvement may be expected, and the professed sanitary constructors may have awarded to them some fraction of credit.

I am, Sir, yours obediently,

ROBERT RAWLINSON.
Lancaster Lodge, Boltons, West Brompton, March 15th, 1882.

ANOTHER EXTRAORDINARY MORPHIA CASE.

To the Editor of THE LANCET.

SIR,—I dare say a great many medical men have had cases similar to that of Dr. Percy Boulton, reported by him in last week's LANCET, under the heading of "An Extraordinary Morphia Case," although they may not have been so successful as he was in weaning the patients from, and dispensing with, the use of morphia. The only cases I have seen in which such has been successfully accomplished are those in which the parties have suffered some acute illness, which renders them more or less delirious, &c., and by the morphia being withheld during such illness the patients have been got to gradually dispense with its use. I think it would be very interesting to know how much morphia patients can really have hypodermically used without danger. I myself have had at least six cases where enormous morphia injections were constantly used for years; but the most remarkable one was that of a widow lady, aged about forty, who was suffering from cancer uteri, and whom I had attended for some years. During the last year and a half of her illness my brother Henry and myself injected never less than three times a day, and frequently four times in the twelve hours, thirty drops of Bell's morphia (double the strength of the British Pharmacopœia) at each visit, and sometimes, when the patient needed it, one hundred and twenty minims a day—that is to say, twenty grains of morphia in the twelve hours, and frequently suppositories of morphia during the night. In this case I tried various things as substitutes in order to reduce the use of morphia; and acting on the suggestion of Mr. Spencer Wells, who occasionally saw the patient, I tried the solution of atropia by itself, and mixed with morphia, also soothing draughts—chloral, bromide,—suppositories, &c., but all of no avail. Morphia seemed the only thing that kept the patient alive and made her feel for the time comfortable. She gradually sank at last from frequent attacks of bleeding, and during the last few days of her life nothing but the solution of atropiæ, as she became very delirious and convulsed. I find that American ladies, or English ladies who have been treated in America, especially are in the habit of using morphia (hypodermically) themselves; and this rather leads me to suspect that morphia is more used by our brother professionals in America than by us English

doctors. In conclusion, I must say that if anyone could suggest any remedy (except stimulants) equally relieving as morphia injections, and so keep patients from the use of the latter, it would be a great boon to humanity.

I remain, Sir, yours obediently,

St. George's-road, S.W., March, 1882.

W. C. CASS.

P.S.—On looking at my notes I find that during the last thirteen months of my patient's life my brother or myself used the hypodermic needle 1350 times, and nearly always inserting each time twenty-five to thirty drops of Bell's morphia solution (equal to five grains), and occasionally Martindale's was used, of the same strength.

"CONGENITAL SACRAL FISTULÆ."

To the Editor of THE LANCET.

SIR,—Your remarks in THE LANCET of February 11th, p. 243, upon the above subject, have reminded me that I have had under my care for some years a child presenting this peculiarity. She is a strong, healthy girl, aged four years, and the depression is situated just above the inferior termination of the sacrum. The sacrum seems to terminate in a sort of knob, and I cannot recognise the usual coccygeal sharp point at all, nor is the knobby extremity at all movable. Just above this knobby termination is situated the so-called fistula. It is nearly a centimetre in depth, of calyciform shape, and appears to be separated from the bone, at its inner end, only by thin skin. It is impossible to evert the whole depth of it. The interesting point in this case is that the child has a spine which is bifid in the lower lumbar region, with the usual tumour, and paralysis from implication of the nerves of the cauda.

The mother of this child has three other children, of which number two were born before and one after her. They have not any trace of sacral fistulæ, nor have they bifid spines. As to whether this association of sacral fistula and spina bifida in one child, and the total absence of both in all the others, has any etiological significance or not, only observations made on a vast number of cases can show.

I remain, Sir, yours obediently,

Blackpool, Feb. 27th, 1882.

W. HARDMAN.

PARIS.

(From our own Correspondent.)

THE summer session at the Faculty of Medicine began on the 16th instant, and the following is a list of the course of lectures and the names of the professors:—Natural History applied to Medicine, Prof. Baillon; Physiology, M. Ch. Richet (acting for Prof. Béclard); Surgical Pathology, Prof. Guyon; Medical Jurisprudence, Prof. Brouardel; Pharmacology, Prof. Regnaud; Obstetrics, M. Pinard (acting for Prof. Pajot); Comparative and Experimental Pathology, Prof. Vulpian; Medical Pathology, Prof. Péter; Hygiene, Prof. Bouchardat; Materia Medica and Therapeutics, Prof. Hayem; Clinical Medicine at the Hôtel Dieu, Prof. G. Sée; Clinical Medicine at La Pitié, Prof. Lasègue; Clinical Medicine at La Charité, Prof. Hardy; Clinical Medicine at the Hôpital Necker, Prof. Potain; Clinical Pathology of Mental Affections and Diseases of the Brain at Sainte-Anne, Prof. Ball; Diseases of Children at the Enfants Assistés, Prof. Parrot; Syphilitic and Cutaneous Affections at St. Louis, Prof. Fournier; Diseases of the Nervous System, Prof. Charcot; Clinical Surgery at La Charité, Prof. Gosselin; Clinical Surgery at the Hôtel Dieu, Prof. Richet; Clinical Surgery at the Hôpital Necker, Prof. Trélat; Clinical Surgery at La Pitié, Prof. Verneuil; Clinical Ophthalmology at the Hôtel Dieu, Prof. Panas; Clinical Obstetrics at the Clinique d'Accouchements, Prof. Depaul. In addition to the above there are a number of agrégés, or sub-professors of the Faculty, who deliver lectures on the various branches of medicine and surgery, and thus prepare themselves for the higher functions of professor.

In the programme of the session I find that there has been no professor appointed to lecture on Morbid Anatomy, the

chair of which Professor Charcot lately vacated on his transference to the newly created clinical chair of Diseases of the Nervous System. It was rumoured that the latter chair was created with the twofold object of gratifying Professor Charcot's long-cherished desire, and of appointing Dr. Cornil, a personal friend of the then Minister of Public Instruction, to the chair of Morbid Anatomy; but certain professors of the Faculty protested against this nomination, not from any objection to Dr. Cornil himself, but on account of the irregularity of the proceeding, the Minister having used his power in the matter without consulting the Council of the Faculty of Medicine. The Professors then adopted the artifice of recommending the translation of Professor Hayem from the chair of Therapeutics to that of Morbid Anatomy, which, however, the Superior Council of Public Instruction refused to sanction. All this occurred during the brief ministry of M. Paul Bert. The chair of Morbid Anatomy is still vacant, but the Faculty of Medicine has recommended three other candidates well known for their works in that particular line—MM. Cornil, Grancher, and Lancereaux. M. Cornil, however, having obtained the greatest number of votes, his nomination may be considered *un fait accompli*. All this manoeuvring has revived the question of renewing the system of "concours," which, you are aware, stops at the grade of agrégé.

All deaths in this country, whether of adults or children, should in twenty-four hours after the event be reported at the mairie of the district in which the death takes place, the breach of which is punishable by a rather severe penalty. A medical man attached to the mairie is then deputed to proceed to the residence of the deceased to verify the report, and if he should suspect death was occasioned by other than natural causes, the body is removed to the Morgue, there to be submitted to a post-mortem examination. Coroners' inquests do not exist in France. The law exacts the report of the deaths of all viable infants, but the declaration of miscarriages was not compulsory. Owing to the number of infanticides, however, that are on the increase, a circular is being sent round to accoucheurs and midwives requiring them to report all miscarriages occurring from the sixth week, and, after verification by the medical man from the mairie, the products of conception, which used to be thrown down the pipes leading to the cesspools, are to be put into a wooden box, and removed by the Administration des Pompes Funèbres, to be buried in a particular portion of a cemetery set apart for the purpose. Cremation here would have its *raison d'être* if ever it had, as also the cremating of unclaimed bodies in the hospitals, and those used for anatomical purposes at Clamart and the Practical School of Anatomy. This would reduce the overcrowding of the burial-grounds in anticipation of this mode of sepulture being authorised and introduced into the customs of the country.

A great deal has been said and written on the various means by which lead is introduced into the system and produces its toxic effects, but the most common is that by meats and other alimentary substances preserved in tins, in the soldering of which lead in different proportions is almost invariably employed. In course of time, in spite of all precautionary measures, the contents of the tin become impregnated with the lead, the presence of which may be readily detected by the following simple process, which I extract from a paper lately submitted to the Academy of Sciences. It consists of dropping on the surface of the tin two minims of acetic acid diluted in the proportion of one to ten, and allowing the test liquid to dry in the air. The spot is then touched with a solution of the chromate of potash, one part of the salt to 100 parts of water, which is to be allowed to dry and then washed with plain water. The chromate of lead thus obtained is known by its deep yellow colour, which lasts for several days on the tin; whenever this colour is visible the contents of the tin should be rejected.

Paris, March 21st.

ST. BARTHOLOMEW'S HOSPITAL.

At a meeting of the Governors of this institution, held on Thursday last, Mr. James Shuter, B.M., M.A. Cantab., F.R.C.S. Eng., was elected assistant-surgeon to the hospital by a large majority. The votes polled by each candidate were as follows:—Mr. Shuter, 127; Mr. Macready, 48.