

by the Privy Council, and by the Epidemiological Society, have served to show that this disease is occasionally contagious, although contagion cannot be regarded as the principal, far less the only cause of its spreading.

Dysentery affords a well marked instance of a disease which, not primarily communicable, is apt to become contagious under circumstances unfavourable to healthy existence. That it is generable *de novo* is beyond doubt. Dr. Latham's report on Milbank Penitentiary affords strong evidence on both points.

Erysipelas also belongs to the same category. Certain forms of puerperal fever are among the most communicable of all fevers; their history affords much subject of illustration to the present inquiry. The best ascertained facts have been well stated by Dr. Tyler Smith.

The exanthemata are the only diseases which remain to be noticed. No one can dispute the eminently contagious property of these fevers, and of hooping-cough, generally associated with them. The power of transmissibility from the sick to the sound, belongs more essentially and inherently to these diseases than to any others. They have moreover other features which distinguish them, as respects the age of life when they usually appear, the infrequency of second attacks, etc., etc. Their development and spread are certainly much less under the control of sanitary measures than most of the other diseases mentioned, they being on the whole more independent of *places* or localities than the latter, and dependent rather on *persons* or individual diatheses.

Do any of them ever occur independently of antecedent cases? Perhaps not; but this question has not been examined in all its details with sufficiently searching care. Hooping-cough has certainly appeared in some countries when it would be difficult to trace its origin, and it is a curious circumstance, that variella seems to occasionally manifest itself in the same way.

In conclusion, Dr. Milroy strongly urged the importance of far greater exactitude and comprehensiveness in observing and recording facts respecting the development and diffusion of epidemic diseases than have generally been adopted.

A discussion followed the reading of this paper, in which Dr. Patrick Fraser, Dr. Greenhow, Mr. Radcliffe, and Dr. McWilliam took part.

## Correspondence.

### BRANDING IN THE ARMY.

LETTER FROM G. R. DARTNELL, ESQ.

SIR,—Amongst the editorial articles of the BRITISH MEDICAL JOURNAL for the 12th inst., is one on the subject of marking for desertion in the army; on which, as it seems to have been written under misconception, and from want of a full knowledge of the subject (which I am sure the writer would wish to possess), I beg to offer a few remarks, the article in question being calculated to mislead those who are unacquainted with the true facts of the case.

1. The soldier is not "branded and disfigured with a hot iron."

2. The marking with the letter D, is not, and never was, intended as a "punishment" for the offence of desertion.

3. It never was, either "nominally," or virtually, "the business of the surgeon to perform the operation."

The instrument still used, I believe, in the operation, is one invented by Mr. Tufnell, of Dublin, some eighteen or twenty years ago. It precisely resembles, in shape, size, appearance, and principle, the scarificator of a cupping apparatus; being armed, however, with a set of small needles (instead of lancets) arranged in the

form of the letter D. The instrument is placed on the naked skin, immediately below the left axilla; the spring is touched, and the needles are instantly projected into the integument to the depth, probably, of the sixteenth of an inch; the little bleeding points are then quickly rubbed over with gunpowder, made into a thickish ink with water—the whole process not occupying necessarily more time than it takes to write these few lines. The person charged with the performance of the operation, is the regimental drum-major, a medical officer being generally present as the soldier's protector against any undue infliction of pain.

From the above description you will see, I think, that the court-martial sentence alluded to cannot in any way be considered a "punishment;" indeed, the pain from marking with the letter D is less (being a much less tedious process) than that of tattooing the arms and other parts of the body, to which soldiers and sailors are so fond of submitting voluntarily under the hands of skilled comrades, or which is practised by the natives of New Zealand and other islands in the Pacific.

The object in marking with a D, is simply that of identifying a deserter when apprehended, or brought up again for examination as a recruit, and as a protection against the readmission into the service (should he have been discharged) of a man of indifferent character, as a deserter from his regiment usually is.

You will feel assured also, from what I have here detailed, I think, that the marking the deserter in this way, is neither "brutalising" nor "degrading," nor in itself "an indelible disgrace." The offence committed is the disgrace, and a very great one, as it is surely a very grave offence for a soldier to desert his colours—it may be, his country in an hour of need; to perjure himself by breaking his enlistment oath; and to commit a civil felony, as he very frequently does, by carrying off with him clothing, and often other articles, not his own.

The chief motives for a soldier's desertion must be either to give vent to a spirit of discontent or insubordination; or the hope of gain, in ascending to a foreign state, or by obtaining a second bounty by re-enlistment into his own, as vast numbers have done, to the great injury of the public service and the public purse.

From the observations I have made on this subject I hope you will not think that I am an advocate for punishments in the army. Those who know me personally, know that I am incapable of such a feeling. I have too much regard—I might say, affection—for soldiers, with whom I was happily associated for six and thirty years, ever to derive pleasure from seeing one of them suffer the pain and disgrace of a corporal punishment; and I hope still to see the day when even the comparatively small amount now sanctioned by law is done away with for ever. Much has been done of late to improve the condition of the soldier, and much which remains to be done, will I hope be accomplished; for, independently of the consideration due to the soldier from his financial value to the state, I will assert, without fear of contradiction, that, as a body, there is no more noble, humane, self-denying, non-complaining, and true-hearted class of men in the world, than the brave and glorious soldiers of the British army.

I am, etc., GEO. R. DARTNELL,

Inspector General of Hospitals.

Arden House, Henley-in-Arden, Jan. 23th, 1861.

### THE CORONER'S COURT.

LETTER FROM WILLIAM FALSHAW, M.D.

SIR.—I am glad that the "Crown's Quest Law" has become at last a subject of discussion, and hope the matter will not be allowed to rest until some important result has been achieved.

With regard to the investigations—involving medico-legal questions—which have taken place in this neighbourhood of late, and with which I have been associated, I can safely affirm that it is the rule rather than the exception, for a jury to give a verdict in “direct opposition to medical evidence,” and that a conclusion based upon mere probabilities is of great value as evidence.

But I am anxious to draw attention to the fact that the Coroner's Court is often a “court of review,” its object being to quash medical certificates, and at the same time injure the reputation of a medical man.

I could give more than one instance in proof of this, but for illustration, I will select a case of poisoning by opium; for, while it will serve my purpose just now, it may at the same time be usefully compared with the so-called poisoning case at Chester.

A medical man a few miles from this place was requested to visit a woman aged about sixty years. He promptly attended, and as promptly discovered that she was under the influence of a narcotic poison. She was in a profound state of coma, and exhibited all the characteristic symptoms of poisoning by opium. The case was treated as such, but the woman died. At the earnest solicitation of the relatives, the medical man was induced to give a certificate, in which the death of the woman was ascribed to an overdose of opium. The body was interred a few days after death.

The following facts were well known: that the deceased had been ailing for several days, having had a bad cold; that she was in the habit of taking paregoric to relieve her cough; that on the day of her death the person who went to the druggist's shop for her medicine requested the young man who was serving, “to add a few drops of laudanum” to the paregoric, as the woman had had no sleep the previous night; and that this mixture was the last deceased ever took.

How many “drops” of laudanum were added to the paregoric can never be known. Suffice it to say, the mixture had the desired effect; the poor woman soon fell asleep, but it was a sleep from which she never awoke.

If the deceased had not been seen by a medical man, it is very probable that a coroner's inquest would not have been held.

The body of course was exhumed, not for medical inspection, but for the formal inspection of the coroner and the jury. It was not deemed worth while to have the evidence of the only individual who was competent to form a correct opinion of the case—*i.e.* the medical man—much less to engage the services of an analytical chemist. The jury, therefore, after taking the evidence of a few “interested witnesses,” returned the verdict that the deceased “had died from natural causes.” By this decision of the jury the medical certificate is virtually annulled.

A local newspaper gave a report of the proceedings of the inquest, and an intimation to its readers, in something like the following words:—“The inquest was held, in consequence of the medical man who attended deceased ascribing her death to poisoning by opium, but the jury, after hearing the evidence, thought differently,” etc.

The newspaper announcement would produce on the minds of the public, who are very ignorant in matters of medicine, an impression that the medical man had committed a serious error in judgment: but, thanks to the coroner's jury, that mistake was discovered and rectified. As a natural consequence, there would be increased veneration for that glorious institution of the country, “the coroner's court.”

I am, etc.,

WILLIAM FALSEHAW.

Ramsgate, Jan. 29th, 1861.

## ARTIFICIAL RESPIRATION.

LETTER FROM JONATHAN TOOGOOD, M.D.

SIR,—The restoration of suspended animation in persons apparently drowned has been prominently brought before the profession lately, and the “read method” of Dr. Marshall Hall seemed to be preferred before all others. The subject was introduced at the meeting of the Royal Medical and Chirurgical Society on the 22nd of last month; and I learn by the report that the superintendent of the Royal Humane Society, after a full trial of the method, became so satisfied of its inefficiency, that he felt justified in adopting the plan recommended by Dr. Silvester. I do not exactly remember what that plan is, nor have I at present the means of referring to it; but I believe that it does not materially differ from that which I published nearly forty years since, and reprinted in my ‘*Reminiscences of a Medical Life*,’ in 1853. It is as follows;—

On the Resuscitation of “Still born children.” Cases of apparently still-born children are very common. The attempts to restore life are frequently ill directed, and not calculated to promote the object. It will be found that a very large proportion of children apparently dead born, may be resuscitated, if proper means be resorted to, and persevered in for a sufficient length of time; but the modes generally employed to restore life, such as immersing the infant in warm water, friction, and pouring stimulants down the throat, are not calculated to produce the effect intended, and if these means do not succeed after a short trial, all further attempts are abandoned. The plan which I always adopt, which has never failed where the child was living during birth, is very simple, and only requires perseverance. The following cases, under circumstances by no means favourable, which have been selected from a great many more, will prove the success of the plan recommended.

CASE I. Grace White, a very weakly woman, advanced in consumption, was seized in the morning with uterine hæmorrhage, which continued slightly till the evening, when I saw her; and, whilst standing by her bedside, the flooding increased with such violence, that I thought it right to deliver her instantly; the child was still born. As soon as I had removed it from the mother and seen her safe from immediate danger, I placed a napkin over the child's mouth, and inflated its lungs through the mouth from my own, gently pressing out the air from the chest afterwards, and thus imitating natural respiration. After having continued this process for forty-five minutes, the child made a very slight attempt to breathe, and the face became slightly suffused by persevering ten minutes longer, the free action of the lungs was established, and the child cried lustily.

CASE II. Sarah Holmes had been in labour a long time when I saw her. It was a presentation of the arm, and when her first child, it became very difficult to deliver her, as she was advanced in age, and the parts very rigid. The child was still born; but, by pursuing the same plan actively for three-quarters of an hour, animation was perfectly restored.

CASE III. This was a case of presentation of the funis; and, as the labour was very slow, the child was still-born, but was recovered by the same means in half an hour.

CASE IV. The last case which I shall mention was such as to encourage the attempt at resuscitation under any circumstances; it was a case of twins. The second child presented with the head, before which a considerable portion of the funis had descended. The delivery was extremely slow, from the general weakness of the woman, who had been long in very bad health, and the child was born apparently quite dead. As the mother's situation was very critical, more than half an hour elapsed before any attention could be paid to the child, which had been imperfectly wrapped in a cloth, and