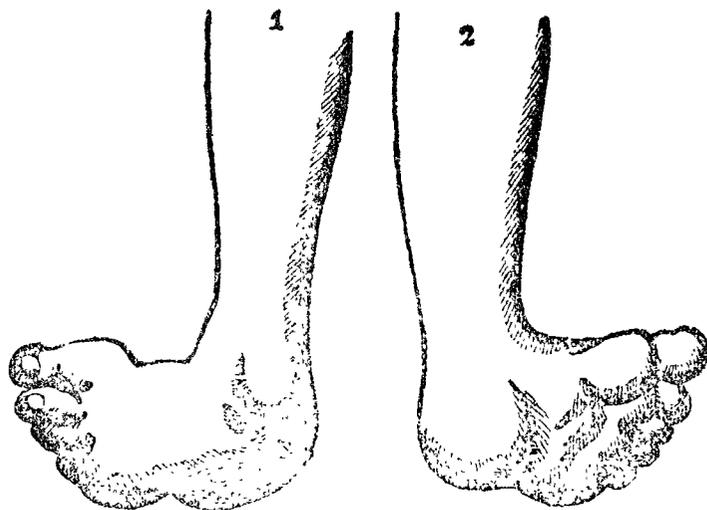


held to be the real one, for we have some very definite information upon the subject of a contrary kind. In THE LANCET for the year 1827-28, vol. ii., there appears a series of articles on "Distortions of the Foot," by Mr. T. Sheldrake, evidently a well-known surgeon and specialist of his time. On page 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. Glenny'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 shrunken. 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-