As this amounted to a verdict of manslaughter, the coroner issued a warrant for the arrest of De Veulle, who has since been brought before a magistrate, and comment upon the facts as affecting him must be withheld. The coroner's summing-up, however, of the law with regard to the supplying of cocaine in general contained passages which may be quoted, with a view to their comparison with any future enunciation of the principles to be observed in such cases. Mr. Oddie said—

"Somebody supplied her, that is certain, and it is an unlawful act for anyone to supply anyone else with cocaine. If one person supplies another he is doing an unlawful act. If the cocaine causes death he is guilty of manslaughter..... If charged, it is a settled principle of law in this country that if a person does an unlawful act and by that act causes death, even if death was never intended or contemplated, he is guilty of constructive manslaughter."

The illegality of the act of supplying cocaine in the case before him would arise, he explained, under regulations made under the Defence of the Realm Act, and in case the jury might feel disinclined to press hardly against a person infringing a law made more or less to meet the emergency of war, he proceeded to the following further definition of what might constitute manslaughter, saying :—

"If a person does a lawful act which is dangerous to life, and if he does it negligently, and if the jury think that that negligence is gross and culpable negligence, that it shows recklessness and indifference to consequences, and is so grossly negligent, that it shows the person doing it has a wicked mind, and if that lawful, though dangerous, act causes death, then the person doing it is guilty of manslaughter. That is settled law. The Common Law of England provides that people who do dangerous things must use reasonable care, and if the jury decide that such an act as supplying cocaine—which is a dangerous drug if supplied recklessly—negligently, grossly negligently—then you can return a verdict of manslaughter."

In the course of his summing-up the coroner referred to the relations between the deceased and a medical practitioner who had given evidence, and he expressed himself satisfied that this gentleman, as to whose conduct he admitted that he had felt suspicious, had, in fact, tried to persuade Miss Stewart to give up drugs. One of his letters to her, found among her papers, contained the passages :

"I'll do anything to save you from the bottomless pit of darkness, despair, and depression..... Get over these lapses. Get over the influence and existence of the damned stuff. Leave it to do its useful work as a local anæsthetic and kill pain, not people."

The concluding phrase quoted by Mr. Oddie is a singularly apt one.

URBAN VITAL STATISTICS.

(Week ended Jan. 25th, 1919.)

English and Welsh Towns.—In the 96 English and Welsh towns, with an aggregate civil population estimated at 16,500,000 persons, the annual rate of mortality was 15·0, against 16·0 and 15 5 per 1000 in the two preceding weeks. In London, with a population slightly exceeding 4,000,000 persons, the annual death-rate was 14·1, or 0·7 per 1000 below that recorded in the previous week; among the remaining towns the rates ranged from 6 0 in Bury, 6 8 in Warrington, and 8·2 in Hornsey, to 23·2 in Wigan, 24·6 in Liverpool, and 28·0 in Hastings. The principal epidemic diseases caused 162 deaths, which corresponded to an annual rate of 0·5 per 1000, and included 58 from diphtheria, 48 from infantile diarrhœa, 24 from whooping-cough, 13 from measles, 11 from scarlet fever, and 8 from enteric fever. The deaths from influ·nza, which had steadily declined from 7559 to 274 in the 11 preceding weeks, further fell to 222, and included 40 in Liverpool, 33 in London, 15 in Leeds, and 10 in Bristol. There were 6 cases of small-pox, 1057 of scarlet fever, and 1174 of diphtheria under treatment in the Metropolitan Asylums Board Hospitals and the London Fever Hospital, against 5, 1092, and 1145 respectively at the end of the previous week. The causes of 36 deaths in the 96 towns were uncertified, of which 9 were egistered in Liverpool, 8 in Birmingham, and 4 in Darlington.

Scotch Towns.—In the 16 largest Scotch towns, with an aggregate population estimated at nearly 2,500,000 persons, the annual rate of mortality was 18·1, against 18·6 and 17·0 per 1000 in the two preceding weeks. The 351 deaths in Glasgow corresponded to an annual rate of 16·4 per 1000, and included 13 from whooping-cough, 3 each from measles and diphtheria, and 2 from infantile diarrhœa. The 138 deaths in Edinburgh were equal to a rate of 21·4 per 1000, and included 12 from whooping-cough, 3 from measles, 2 from scarlet fever, and 1 from diphtheria.

Irish Towns.—The 179 deaths in Dublin corresponded to an annual rate of 23·0, or 0·9 per 1000 above that recorded in the previous week, and included 3 from infantile diarrhœa and 1 each from scarlet fever and diphtheria. The 145 deaths in Belfast were equal to a rate of 18·9 per 1000, and included 2 from infantile diarrhœa and 1 from diphtheria.

Correspondence.

"Audi alteram partem."

CROOKES'S LENSES.

To the Editor of THE LANCET.

SIR,—"Enquirer" and others may find useful a little further information on Crookes's lenses beyond that given in your editorial note (THE LANCET, Jan. 18th, p. 124). Although these lenses have now been for some years on the market, there appears to exist still a good deal of ignorance in the medical profession both as to their composition and their use.

Crookes's A or No. 1 is the glass most used in this climate, and its composition is: Fused soda flux, 83 per cent. and cerium nitrate 17 per cent. It is difficult commercially to get the cerium salt pure, there is present a small amount of didymium which gives the glass a brownish purple tint when viewed edgeways, and gives the whole glass a slightly greyish tint, but this tint is so slight that when worn in spectacles it is indistinguishable from ordinary glass. The value of this glass is that it cuts off the ultra-violet rays of transmitted light without any loss of luminosity. Any ordinary tinted glass, of whatever kind, cutting off the same amount of those deleterious rays is not only extremely unsightly, but also lowers the luminosity to a very marked degree. In photaugiaphobia, or fear of the *glare* of light (differing from photophobia, which is the fear of light), Crookes's No. 1 is invaluable, and myopes who have worn their correction made up with it appreciate it most highly. In work with incandescent gas and electric light it has a most softening and soothing effect. Another important characteristic of this glass is that it does not make the retina more sensitive to light when discontinued, which is not the case with ordinary tinted glasses.

Crookes's B, or No. 2, is only required when great glare is encountered, as in tropical climates or snow regions, or in diseases of the eye which call for smoked glasses. Its composition is slightly different from Crookes's A, having nickel and cobalt sulphate and uranoso-uranic oxide added in small quantities, and it is only transparent to 45 per cent. of incident light.

It is difficult to over-estimate the enormous benefit that these lenses give in correcting errors of refraction, and it is another cause of gratitude we owe to that "grand old man" of science, Sir William Crookes.

I am, Sir, yours faithfully,

Feb. 1st, 1919. ERNEST CLARKE, M.D., F.R.C.S.

MUCOID FORMS OF PARATYPHOID.

To the Editor of THE LANCET.

SIR,—Being on active service I have only just observed the article by Captain W. Fletcher, R.A.M.C., on Capsulate Mucoid Forms of Paratyphoid in THE LANCET of July 27th, 1918. I was particularly interested to read it, as I made a similar observation some time ago and recorded it in my annual report of the Enteric Convalescent Depôt, Naini Tal, which was published in the Army Sanitary Reports, India, 1916. Like Captain Fletcher's cases, mine was also a carrier of *B. paratyphosus B*, and I satisfied myself that the organism was the genuine article. In my report I remarked that I was not aware of a similar observation having been made before.

During 1918 I made an observation on another carrier. I was making daily examinations of an officer who was a chronic carrier of *B. para. B*, and one day through press of work put off the examination of the plate, which had been incubated for 24 hours, till the next day, and meanwhile the plate lay on my table for another 24 hours. By this time I noticed that several colonies showed a secondary (mucoid) growth round their edges, giving the appearance of tiny thickly tyred wheels. Mindful of my former experience, I tested these colonies and proved them to be *B. para. B*. In this particular case the cultural peculiarity of the organism proved a great saving of labour, as it was only necessary to leave the incubated plate for another 24 hours at room temperature for the organism to demonstrate itself by its secondary growth. I never found, though I controlled the observation many times, that in this