

ferences, in comparison with chloroform, which made it more eligible as an anæsthetic, and less liable to be followed in midwifery by inertia uteri and hæmorrhage, or by sickness. Dr. Protheroe Smith then exhibited his inhaler, with which the tetrachloride or any other anæsthetic may be administered safely and precisely; concluding by giving an easy method of detecting the impurities of tetrachloride of carbon, without which its administration has often proved unsuccessful or injurious.

ASSOCIATION INTELLIGENCE.

EAST KENT DISTRICT MEDICAL MEETINGS.

THE annual meeting was held at Canterbury on May 18th, 1867; GEORGE RIGDEN, Esq., in the Chair. After the usual business of the meeting, the following communications were made.

1. Mr. THURSTON related the case of a primipara, aged 27, who, at the end of the seventh month, was in a most critical condition from excessive œdema and dyspnoea. The induction of premature labour was discussed; but fortunately natural labour commenced. The presentation, at first obscure, proved to be a breech, but before its descent into the pelvis something firm was felt behind it resembling a vertex; when, however, the breech was well down in the pelvis nothing unusual could be felt. When the body of the child was born the pains ceased, and traction failed to effect delivery. On careful investigation, the head of another child was found occupying the hollow of the sacrum. As this could not be returned into the uterus, and immediate delivery was now essential, craniotomy was performed, and even then considerable force was required to remove the first child. The second child and the placenta soon followed. With the exception of passing a sleepless night, all went on well until the following evening at eleven, when urgent dyspnoea and a distressing pain in the region of the breast supervened; these were relieved by repeated doses of opium, and the application of a blister; but notwithstanding that opium, eggs and brandy, ammonia and digitalis, and other measures to induce sleep, were adopted, none could be obtained, and the patient was apparently dying, when half-a-grain of morphia was injected beneath the skin in the lumbar region; in ten minutes she was asleep, and continued so, with the exception of short intervals, for eleven hours. This treatment was adopted each night, until the dyspnoea and tendency to syncope gradually subsided and the patient recovered. Mr. Thurston strongly advocated the use of the hypodermic injection of morphia in many cases where opium was indicated.

2. Mr. BROOKE was called on January 9th, 1866, to a case of ascites in a child of 10 years of age, which commenced after pain in the right side, and symptoms indicating stomach and liver derangement. There was bile in the urine, but none in the evacuations from the bowels. The effusion into the cavity of the peritoneum commenced on January 15th, and, notwithstanding the administration of mercurials, aperients, and diuretics, steadily increased until the 25th, when the respiration was so interfered with, and the exhaustion and emaciation from want of food so great, that tapping was decided upon. Six or seven pints of fluid were removed, and the former treatment was continued, with the addition of iodide of potassium and the painting of the abdomen with tincture of iodine. On January 28th, fluid had again collected upon the umbilicus. On February 5th the child was much improved. The bowels and kidneys were acting freely, and there was now no fluid in the peritoneum. From this time the child steadily recovered. There had never been albumen in the urine.

3. Mr. BOWLES read a paper on Filters, and pointed out the important distinction to be drawn between those which merely mechanically strain, and those which chemically purify, water. All are more or less indebted to charcoal in some form or other for their efficiency; but it is in the condition of the charcoal, and the mode in which it is applied, that the difference in the relative value of filters consists. Of those now before the public, professing mechanically and chemically to purify, the most prominent are as follows: the moulded carbon filter; Dauchell's syphon filter; the magnetic carbide filter; the silicated carbon filter. The relative merits of these have already been discussed in the BRITISH MEDICAL JOURNAL. It would appear that the two latter, especially the "silicated carbon filter," have not only the power of removing solid matter, but also the still more remarkable one of removing dissolved solid matter, both organic and inorganic, e.g., the nitrates of ammonia, the salts of lime and magnesia, and those of lead, iron, copper, and zinc. The following was the most severe test to which this filter has been subjected: milk, as representing the animal impurities usually found in water, was mixed in various proportions with water,

and, on being passed through the filter, the mixture was delivered perfectly bright and clear. This result was not obtained with any other filter.

CORRESPONDENCE.

ON ACUPRESSURE.

LETTER FROM AQUILLA SMITH, M.D.

SIR,—Professor Robert W. Smith, in his "Address in Surgery," delivered at the late meeting of the British Medical Association held in Dublin, having directed the attention of his "learned and numerous auditors" to the importance of studying the history of surgery, and deprecated "the neglect of the writings of our forefathers so prevalent in the present age," says:—"I shall content myself with one example, and it is a remarkable one. The arresting of hæmorrhage by acupressure was described by Johannes de Vigo of Genoa, who flourished in the sixteenth century. It is a custom with some people, he says, to tie veins and arteries, when opened, with a needle and thread. 'Modus autem ligationis. Eam aliqui efficiunt intromittendo acum sub venâ, desuper filum stringendo.' Is not this Sir James Simpson's third mode of acupressure?"

At a subsequent meeting of one of the sections, Sir James Simpson is reported to have expressed his dissent from Professor Smith's interpretation of the words quoted from De Vigo. The question is one of some interest in the history of surgery; and, in laying before the profession a fuller and more correct quotation from *Opera Domini Johannis de Vigo in Chirurgia*, published at Lyons in 1521, my object is to support Professor Smith's views regarding the "writings of our forefathers," and (adopting his words) "not, in the slightest degree, to detract from the merit of the distinguished baronet;" for, whatever credit is attached to the mode of arresting hæmorrhage by acupressure, it is justly due to Sir James Simpson, who recognised the value of the literary "nugget," so long hidden in the rude and contracted Latin of De Vigo. The words are:—

"Si liquet modo etiam necessarium est aliquando ligare venam, presertim arteriam: quia ipsa ligata, locus a facili incarnatum remedio. Modus autem ligationis earum aliquando efficitur intromittendo acum sub vena, desuper filum stringendo cum facilitate, aut ligetur vena, ipsam excoriando deinde in superiori capite cum filo optime stringatur." (Ca. ii, De Fluxu Sanguinis et ejus cura. Liber Tertius. Tractatus I, fol. lvii, recte.)

Two distinct modes of restraining hæmorrhage are here described; and I may add, that De Vigo knew how to distinguish arterial from venous hæmorrhage; for, in the same chapter, "De Fluxu Sanguinis," he says:—"Signum insuper quod sanguis procedat ab arteria habetur, per exitum sanguinis ad purpureum colorem tendentis: et quia etiam cum saltu exitum facit. Contrarium enim faciunt vene, et sanguis venarum non est ita subtilis sicut sanguinis arteriarum: immo aliquantulum magis grossus et rubicundus."

Marianus Bartolanus, in his *Compendium in Chyrurgia* published at Lyons in 1521, and appended to the *Opera de Vigo*, describes the mode of treatment which he adopted in a case of hæmorrhage which had continued for three days:

"Transfixi labrum vulneris acu in parte superiori usque ad venam incisam eamque intactam acu reliqui ex una parte: deinde eandem acum deduxi sub ipsam venam ad partem alteram et iterum labrum ex infra ad superam partem transfixi. Ita quod laqueum incise vene composuimus cujus capita bene nectando venam cum labro colligavimus." (Fol. 46, dorso.)

Bartolanus was a pupil of De Vigo; and, speaking of "mei magistri," he says, "Quem colo, veneror dicerem et adoro: ni me religio detineret." He praises his work on Surgery: "Quoniam opus illud perfectum est: et fere nihil in chirurgia dicitur quin ipse non tetigerit. Ad quod sepe me transfero cum consilio et auxilio egeam in egrotis curandis, ubi presentanea et salutifera chirurgie subsidia invenio, quibus honorem et utilitatem mihi paro." (Folio 39, dorso.) I am, etc.,

AQUILLA SMITH, M.D.

THE ST. ANDREW'S MEDICAL DEGREE.

LETTER FROM DANIEL HOOPER, B.A., M.B.

SIR,—I think Dr. Sedgwick will admit there was a time within the last twenty years, when the full M.D. of St. Andrew's was granted, after only one *viva voce* examination, not exceeding in length or severity that of the Hall and College, and when this double qualification of the general practitioner was considered equal, in all respects, to the St.

MEDICO-PARLIAMENTARY.

HOUSE OF COMMONS.—Thursday, August 15th, 1867.

THE CHATHAM GARRISON AND THE HOT WEATHER.—MR. GRIFITH asked the Secretary of State for War whether his attention had been called to a published account of an inspection of the Chatham garrison on the 10th August, by which it appeared that the men having been on the ground from eleven o'clock, A.M., till after two o'clock in the afternoon, carrying their knapsacks in full marching order, a number of men were compelled to fall out during the inspection in consequence of the intense heat, and were attended by the members of the Medical Staff Corps; and whether he did not think that means might be found to avoid the exposure of men to the sun, during the hottest part of the day, for the purpose only of a general inspection.—Sir J. PAKINGTON said he felt some difficulty in answering the question from not being able to judge whether it were asked seriously. From all that he had heard of what took place at Chatham on Monday, the persons who took part in the inspection thought themselves fortunate in having so remarkably fine a day. The day was hot, and some men might have suffered in consequence; but this was quite certain, that the weather was not more oppressive to the men than it was to the Commander-in-Chief and his staff. He believed that there were means of protecting the men from the rays of the sun; but he could hardly imagine that the hon. member would seriously have suggested that an umbrella should be included in a soldier's kit.

THE YELLOW FEVER AT BERMUDA.—Admiral ERSKINE asked the Secretary of State for War whether any steps had been taken, in consequence of the report of a commission made to the governor of Bermuda on the subject of the outbreak of yellow fever in that colony in 1864 (and which was laid upon the table of the house in June 1866), to mark the sense of the government of the neglect therein referred to on the part of some of the authorities, or if any measures had been adopted with a view of mitigating the effects of such a visitation should it unhappily recur.—Mr. ADDERLEY replied that two local reports had been referred to the army sanitary committee, who reported on the subject to the War Office in June last. They stated that the local government appeared to be taking very active steps for the improvement of the sanitary condition of St. George. It appeared, however, evident that a much larger and more systematic plan for water supply and town drainage would be necessary; and the army sanitary committee had recommended that the first step should be a survey of the town, and the government of Bermuda had been directed to take immediate steps to carry out the recommendations.

Friday, August 16th.

GREENWICH HOSPITAL.—Mr. NORWOOD asked what decision had been arrived at by the Admiralty as to appropriating to the use of the authorities of the *Dreadnought* hospital ship Queen Anne's quarter or the Infirmary of Greenwich Hospital; and if a decision be not yet arrived at thereon, when the Committee of the *Dreadnought* Hospital may expect to receive it.—Lord H. LENNOX said that in the spring of the year the Admiralty ordered an inquiry, which was conducted by two medical gentlemen, civilians. They reported that neither quarter was well adapted for the purpose of an hospital, but the Queen Mary's quarter was preferable to Queen Anne's for such purposes. The Committee of the *Dreadnought* were not satisfied with that report, and the Admiralty appointed a conference, composed of men whose decision was likely to be conclusive on the matter. Sir Peter Richards and Sir C. Trevelyan were applied to, but they declined to act on the conference in consequence of having other business to attend to. At the request of the Committee of the *Dreadnought*, Dr. Tatum was appointed; and the second committee also reported that Queen Mary's quarter was preferable to Queen Anne's. Accordingly, the Board of Admiralty were not prepared to give Queen Anne's quarter to the committee of the *Dreadnought*, but having regard to the great usefulness of the institution presided over by that committee, they were quite willing to abide by the offer they made some time ago—namely, to give that quarter which both sets of medical men reported to be the better adapted for a hospital. The infirmary of Greenwich Hospital was kept for the old pensioners.

THE NEW POOR-LAW ACT.—Colonel HOGG asked the Secretary to the Poor-law Board whether, referring to the probable increase of cost beyond the estimate for the new buildings under the Metropolitan Poor-law Act, he would give an assurance that no contract should be sanctioned by the Board during the Parliamentary recess which would involve the ratepayers of the metropolis in an expenditure in excess of £400,000, which was the sum mentioned by the President of the Poor-law Board

as the probable extreme cost of all buildings necessary for lunatic, fever, and small-pox patients, as well as for new district schools.—Mr. SCLATER-BOTH thought his hon. and gallant friend could hardly expect him to give a specific answer as to what the Poor-law Board might feel it right to do under a hypothetical state of circumstances, not at all likely to occur. The duty of sanctioning the necessary expenditure was laid on the Poor-law Board by an act of this session, and the House would doubtless agree that the duty must be discharged upon the responsibility of that department. He might, however, inform his hon. and gallant friend that it would probably be necessary to provide more accommodation for the imbecile poor of the metropolis than was contemplated at the time when his right hon. friend (Mr. Hardy) made his statements to the House; but, on the other hand, he had reason to believe that the estimate then made of the requirements in the case of fever and small-pox patients would be in excess of the actual amount.

MEDICAL NEWS.

THE INTERNATIONAL MEDICAL CONGRESS IN PARIS.

THE Congress commenced its meetings on the 16th instant, in the great hall of the Faculty of Medicine, which was ornamented with the flags of all the nations represented. The hall was soon filled by a large concourse, many of whom were foreigners. At 2 P.M. precisely, M. Bouillaud, President of the Committee of Organisation, and other members, took their places; and the session was opened by an eloquent address from the President. Addressing his French and foreign confrères, he hailed this first realisation of an International Congress as the evident and palpable demonstration of progress accomplished, and of brotherhood in medicine. There are, he said, no frontiers but those which separate us from barbarism. The congresses which have been held in all parts—in Rouen, Lyons, and Bordeaux—were signs of the times, and had prepared the way for the present one. M. Bouillaud traced its origin and its several phases; and pointed out how the government and the periodical press aided it, and how its realisation had been favoured by individual efforts and support. After having paid a tribute of thanks to all who had aided in carrying out the work, especially M. Jaccoud, the secretary, M. Bouillaud expressed a hope that the Congress would meet yearly, sometimes in one country, and sometimes in another, and thus have an unlimited existence.

M. Bouillaud having finished his address, the meeting proceeded to the election of officers; and, by unanimous acclamation, chose M. Bouillaud President of the Congress. The following Vice-presidents were then elected, also by acclamation:—Professor Virchow, of Berlin; Professor Halla, of Prague; Professor Lambl, of Kharkoff; Mr. de Méric, of London; Professor Palasciano, of Naples; Professor Vlemminckx, of Brussels; Professor Bérard, of Montpellier; Professor E. Gintrac, of Bordeaux; Baron Larrey, of Paris; Dr. Ricord, of Paris; Professor J. Roux, of Toulon; Professor Teissier, of Lyons. M. Jaccoud was confirmed in his post of general secretary; and Messrs. Ball, Desnos, Bricheteau, Cornil, Proust, and H. Gintrac, as secretaries of meetings.

The following representatives of governments were announced:—Professor Seits, of Munich, for Bavaria; Professor Crocq, of Brussels, for Belgium; Professor Denonvilliers, of Paris, for France; Professor Barbosa, of Lisbon, for Portugal; Professors Frerichs, of Berlin, for Prussia. The representatives of Societies in France, England, Italy, Constantinople, and America, were then announced. Among them were Mr. de Méric, representing the Medical Society of London; and Mr. Ernest Hart, representing the British Medical Association. The Societies and Colleges of the United States of America have sent by far the greatest number of representatives.

The formal business having been completed, the meeting proceeded to the consideration of the first subject of the programme: the Anatomy and Physiology of Tubercle.

The first paper read was one by M. VILLEMIN, who, in opposition to the modern German doctrine, endeavoured to show that the grey and the yellow or caseous tubercle were but modifications of one and the same disease. M. Jaccoud then read, for Professor SANGALLI, of Pavia, an essay, in which the author argued in favour of the inflammatory nature of the tubercular granulation, this being isolated or infiltrated according to the extent of the stimulus. M. CROCC, of Brussels, then addressed the meeting to prove—agreeing closely in this with M. Sangalli—that tubercle is not the cause but the effect of inflammation. A paper was then read which had been contributed by M. LEBERT, describing the results of his experiments on the transmission of pneumonia and chronic gland-disease, and of tubercular granulations and other morbid products. M. Lebert concluded by remarking that tubercle is eminently a pro-

duct of hyperplasia, separated by no defined limit from inflammation, and incapable of being compared with accidental products properly so called. After the reading of M. Lebert's paper, M. HÉRARD exposed the views adopted by himself and M. Cornil; viz., that granulation is the sole characteristic of tuberculosis, and that the cheesy deposit is an inflammatory and secondary product. M. Hérard explained the inoculability of caseous matter by supposing that it had received the impress of the tubercle which had preceded it. After some discussion on the theories brought under notice, M. Mougeot explained his views as to the action of osmose in the production of tubercle; and M. Berthet made an interesting statement on the communication of phthisis among married persons.

In the evening of Saturday, a sitting of three hours' duration was held, and was largely attended. Dr. Ramirez of Madrid read a paper on the treatment of abscess of the liver by puncture. Dr. Galewski presented a memoir on tubercular alterations in the eye. Several communications on phthisis were made. *Apropos* of an objection raised by one of the members (Dr. Van Lohe of Holland) to the title of the Congress, Dr. Palasciano of Naples called attention to certain new regulations affecting the medical profession in Italy.

UNIVERSITY OF LONDON.—The following passed the Preliminary Scientific M.B. Examination, 1867. Examination for Honours.—Chemistry and Natural Philosophy.

First Class.

Saunders, Arthur Richard, University College

Third Class.

Aveling, Edward B. (private study) Inguldbay, Joseph T., Guy's Hospital
Ball, J. B., University College Hosp. Taunton, William W., University College
Williams, William, Guy's Hospital Jones, Thomas, Guy's Hospital

Biology.

First Class.

Bruce, John Mitchell, University of Aberdeen

Third Class.

Aveling, Edward Bibbins (private study)

APPOINTMENTS.

GLYNN, T. R., M.B. Lond., appointed Demonstrator of Anatomy at the Liverpool Royal Infirmary School of Medicine.

STEWART, A. A., Esq., appointed Resident Medical Officer to the Metropolitan Free Hospital, *viz* H. Sterling, Esq.

WHITMARSH, W. Michael, M.D., appointed, by the Lord Chancellor, a Deputy Coroner for the County of Wilt.

MARRIAGES.

BARTLETT, T. H., M.B. Lond., of Birmingham, to Louisa Ann, only daughter of Samuel BERRY, Esq., of Edgbaston, on August 13th.

LUSH, William George Vawdrey, M.D., of Weymouth, Dorset, to Anne, eldest surviving daughter of Mr. Thomas TAYLOR, of Ashton-under-Hill, Tewkesbury, on August 20th.

WATSON, W., Esq., Surgeon, of Lancaster, to Sarah Jane, second daughter of Lan- celot SANDERSON, Esq., at St. Selskar Church, Wexford, Ireland, on August 21st.

CROYDON GENERAL HOSPITAL.—A meeting of the subscribers to this hospital was held in Croydon on the 15th instant, and proceeded, after receiving a report from the Committee, to the election of four medical officers. There were five candidates, and the following were elected: T. Rutherford Adams, M.D.; Jeffery S. Johnson, Esq.; Henry T. Lanchester, M.D.; and Alfred G. Roper, Esq. It was decided that the hospital should be opened for the reception of patients on Thursday, August 22nd.

MANCHESTER ROYAL SCHOOL OF MEDICINE.—Dr. J. E. Morgan has been appointed co-lecturer with Dr. Wm. Roberts on Principles and Practice of Medicine; and Dr. Henry Simpson lecturer on General Pathology and Morbid Anatomy.

A COTTAGE HOSPITAL, founded by the Marchioness of Ailesbury, has been for some time in existence at Savernake, within a short distance of Tottenham House, the seat of Lord Ailesbury in Wiltshire. The managing body recently determined to increase the accommodation by augmenting the number of beds, and a few days ago an horticultural show by the cottagers of the neighbourhood was made in the grounds of Tottenham House, the proceeds being given to the fund required to meet the extra expenditure. The *fête* proved an entire success. Maria, Marchioness of Ailesbury, presented a cheque for £25 to the hospital funds.

DEATH OF A NAVAL SURGEON.—Her Majesty's steam surveying vessel, *Hydra*, entered Valetta harbour on the morning of the 3rd, and on the same evening landed the surgeon, Dr. Owen Llewellyn, in a very critical state from a disease of the lungs and diarrhoea, who died a few hours after in the Royal Naval Hospital at Bighi, and was interred on the afternoon of Sunday, the 4th, with the honours due to his rank, in the cemetery of this establishment.

OPERATION DAYS AT THE HOSPITALS.

MONDAY Metropolitan Free, 2 P.M.—St. Mark's, 9 A.M. and 1.30 P.M.—Royal London Ophthalmic, 11 A.M.
TUESDAY..... Guy's, 1.30 P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.
WEDNESDAY... St. Mary's, 2 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—St. Bartholomew's, 1.30 P.M.—St. Thomas's, 1.30 P.M.
THURSDAY.... St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopaedic, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Hospital for Diseases of the Throat, 2 P.M.
FRIDAY..... Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.
SATURDAY.... St. Thomas's, 9.30 A.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.—Lock (Clinical Demonstrations and Operations), 1 P.M.—Royal Free, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

NOTICES TO CORRESPONDENTS.

All Letters and Communications for the JOURNAL, to be addressed to the EDITOR, 37, Great Queen Street, Lincoln's Inn Fields, W.C.

CORRESPONDENTS not answered are requested to look to the Notices to Correspondents of the following week.

Communications as to the transmission of the JOURNAL, should be sent to Mr. RICHARDS, 37, Great Queen Street, W.C.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

MEDICUS REGENS.—We quite agree with your remarks, and with those of our previous correspondent, as to the absurdity of leading schoolboys to spend so much of their time in Latin versification. A sound classical education can be obtained without this accomplishment. But, a protest having been once delivered, the subject is one the further discussion of which is scarcely suited to the pages of a medical journal.

VARIOLE IN PREGNANCY.

SIR,—Reading in this week's BRITISH MEDICAL JOURNAL some cases of pregnancy complicated with small-pox, I think the following, which came under my treatment, may be of interest. Mrs. C., when six months pregnant, became afflicted with confluent variola, and at the full period of gestation was delivered. The infant was perfectly free from any appearance of variola, and so continued until last week, when it contracted an ordinary attack of variella, from some children having it in the same house. The child is now five months old, and has not been vaccinated; the mother (Mrs. C.) was, when young. I am, etc.,
August 1867. E. G. POTTLE, M.R.C.S. Eng.

CAESAR (Dublin).—The credit is due to Dr. Diamond, of Twickenham, who, some years ago, published photographic physiognomic portraits, illustrating various forms of insanity.

DR. LEARED.—Many thanks. The JOURNALS shall be forwarded to the address named. The new members will be elected at the next meeting of the Branch.

CLUB DOCTORS.

SIR,—Combination will alone, in my opinion, prove a remedy for the evil so justly complained of, in regard to the payment of "club doctors". In an Odd-Fellows' Lodge, to which I am surgeon, master grocers, tailors, carpenters, and many others of its members, who are well able to pay their medical man, claim their year's attendance for 3s. 6d., without any compunctions of conscience. The remedy, I think, is in our own hands. Let a committee be formed, subscriptions entered into to defray expenses, and every qualified medical man requested to send in his adhesion to a resolution, *not* to attend clubs any longer at the present rate; in fact, let us have a "strike"; and, if "unions" were included in the scheme, so much the better. I am, etc., A COUNTRY MEMBER, CLUB AND PARISH DOCTOR.

ERINENSIS.—In 1767, just a century ago, it was enacted that no person should be appointed physician to any county infirmary, unless examined and certified by the King and Queen's College of Physicians in Ireland.

THE DUBLIN MEETING.

SIR,—I have read with satisfaction my friend Mr. Steele's letter in your last number. There is, however, one point (perhaps, of slight importance) to which he has not alluded. I was surprised to find that the public luncheon, advertised every day, was not gratuitous. I was on the point of entering the room set apart for it, on the Wednesday, and was surprised to hear from a friend leaving it what the arrangements were. Surely, as the public breakfast and dinner are always advertised at a certain price, there need have been no difficulty in dealing with the luncheon in the same way. It is scarcely a matter of expense, as I was well pleased to find the charges at my hotel (Gresham) fully as reasonable as I could expect. Still I cannot forget the luncheon so handsomely provided for us, freely, at Cambridge, Leamington, and other towns. Having had my grumble, I wish to add my humble testimony to the brilliant success of the meeting generally; and especially also to that of the *soirée*, where hospitality certainly was predominant, and to which invitations were scattered broadfold. I am, etc.,
Northampton, August 1867. HENRY TERRY, JUN.

J. P., GUILDHALL.—The President of the College of Surgeons was not present at the Guildhall on the occasion mentioned, although invited. It is another mistake on the part of our contemporary, who copied the statement, with others, from a morning paper.

ASSOCIATE, KING'S COLLEGE.—It is a blunder on the part of the copyist of the *Lancet* from the *Times*; where, as in this JOURNAL, it was correctly stated that Mr. Solly succeeded to the Examiner's chair on the resignation, and not the decease, of Sir William Lawrence.

NOTICE TO ADVERTISERS.—Advertisements should be forwarded direct to the Printing-Office, 37, Great Queen Street, W.C., addressed to Mr. Richards, not later than *Thursday*, twelve o'clock.

AN INSURANCE OFFICE THAT GIVES NO FEE.

The following correspondence, forwarded to us by Dr. Holman of Reigate for publication, speaks for itself.

South Eastern Branch, British Medical Association.—Reigate, Aug. 7, 1867.
SIR,—The principle of paying the medical attendants of families for their reports to Insurance Offices is now so generally recognised, that I am almost surprised that you should have applied to me. From no source can the office obtain such valuable information. The plea, that such information is for the benefit of the insurer, needs no refutation, compared to the security of the business of Insurance Company; and certainly no longer holds good, when the very large majority of the respectable offices pay for that, which neither their own referees or the insurers themselves even sometimes, can provide them with; and to some of these first-class offices, of course, the insurer can apply with full security and confidence.

I shall send a copy of this letter to Mr. A., and also the medical journals, that this United Kingdom Provident Institution may be known as one of those repudiating the just claims of the medical profession.

I am, sir, yours obediently, C. HOLMAN.

To Mr. Cheal, agent to the United Kingdom Provident Institution.

Bell Street, 6, 8, 67.

Respected Friend Dr. Hollman,—In reply to thy note, I may inform thee that I believe the United Kingdom Provident Institution never pay for those forms being filled up. They pay the medical examiner for his certificate. Dr. Harris is acting for the Institute; but thy name was given by Mrs. A., as a gentleman who knew her or her family, and she thought thee would kindly fill it up, on her account, or I should not have sent it to thee.

I am respectfully, JOHN CHEAL.

FORCEPS.—The trephine was invented by John Woodall, Surgeon to St. Bartholomew's Hospital, who had the charge of superintending the surgical part of His Majesty's Service in 1626.

SUBCUTANEOUS INJECTIONS.

SIR,—Can you or any of your correspondents inform me as to the best way of preparing and using subcutaneous injections, and if they had proved beneficial in cases of congestive asthma, and in what other cases they might be of service?

I am, etc., ASSOCIATE.

MR. WESTLY.—Dr. Anderson, at the recent meeting of the British Medical Association, read a paper on "Ephidrosis Cruenta," or Bloody Sweat. The celebrated Dr. Mead gives illustrations of it in his *Medica Sacra*.

TREATMENT OF POST PARTUM HÆMORRHAGE.

SIR,—As several suggestions have recently been offered in the JOURNAL for checking post partum hæmorrhage, I trust no apology will be needed for bringing under the notice of the profession a remedy which I have found most successful in these alarming cases.

In June 1842, I was attending a patient of very intemperate habits and lax fibre, in her sixth confinement; she had suffered from several miscarriages. The labour was a natural one, free from difficulty; and the placenta was thrown off by the natural efforts of the uterus. This was immediately followed by a very profuse hæmorrhage, which neither external pressure, internal pinchings, nor the copious affusion of cold water, could stop or relieve. I resolved to try the application of some strong stimulant within the uterine cavity, and asked for turpentine. This was not at hand; but a bottle of sal volatile I thought might prove useful. Having prepared a mop, by means of a quill and some soft linen secured to the end, I soaked the linen in the sal volatile, and introduced it quickly into the uterus, moving it about in all directions. This occasioned considerable pain and firm contraction of the uterus, putting an immediate stop to the hæmorrhage. The case progressed favourably, without one untoward symptom. This plan I have since adopted, when needful, with the same satisfactory result.

The last case in which I had occasion to have recourse to this remedy, was on the 22nd of last July. A lady was in labour for the third time. She had previously suffered greatly from hæmorrhage, which had yielded to pressure and the affusion of cold water; and there was every reason to fear a repetition of the hæmorrhage, with all its fearful and alarming consequences. I therefore resolved, if needful, to use the remedy that had previously been so serviceable with some other patients. On the present occasion, the labour was rather tedious, and the pains were very strong. The placenta was thrown off very shortly after the birth of the child by natural efforts, and immediately an alarming hæmorrhage ensued. I lost no time in applying the sal volatile within the uterus three or four times, and with the desired effect. No untoward symptoms followed; and my patient made an excellent recovery.

I am, etc., CHIRURGUS.

L.S.A.—The late President of the College of Surgeons is a Licentiate of the Society of Apothecaries; and at one of the dinners of the Society, Professor Owen announced himself a Licentiate.

QUININE IN THE TREATMENT OF CROUP.

SIR,—The following facts, if you think them worth inserting in the JOURNAL, may give your correspondent "Faversham" a hint, though they do not answer his question. In 1862, I examined the tracheæ of three children who had died of croup, and found the mucous membrane covered with a yellowish white substance like gruel (muco-puriform matter), the membrane itself being reddened. A crow-quill could have been passed down the tube without touching the substance which lined its walls. There was nothing like blocking, nothing like tubes of false membranes (lymph), yet my little patient died of slow suffocation.

While thinking of these cases, one of my own children took croup. The usual remedies were adopted; but in a few hours the result could be but too easily foretold; she was slowly choking. The restlessness and anxiety so well known was great; and I asked myself these questions:—"Is this child dying from inflammation and blocking of trachea, or from a blood-poison, which manifests itself in local inflammation and spasm?" Inclining to the latter opinion, I gave her a grain of quinine, a large dose for a child twelve months old. In about twenty minutes, the relief was surprising; the restlessness, etc., abated. In an hour, a second grain was given, and the child fell asleep, and made an excellent recovery—the quinine being continued in smaller doses. Since this, I have treated several cases in the same way, with similar result. In bronchitis and pneumonia also I find quinine of great value when the distress is out of proportion to the amount of disease.

I am, etc., D. W. WILLIAMS, M.R.C.P. Lond.,

Liverpool, July 1867. Licentiate of King and Queen's College of Physicians.

THE LATE SIR WILLIAM LAWRENCE.—Our correspondent is thanked for the great trouble he has taken in the matter; and, with his permission, we will retain the MS. We have referred the papers to the writer of the notice. He writes: "The last person who sought to set aside the statements made in this JOURNAL and in the *Times*, has arrived at that time of life when the memory is apt to prove treacherous. He appears to have forgotten that the late Mr. Callon had a partner, Mr. Wilson, who was well acquainted with the facts of the case, as described by our own correspondent. Here let the matter rest."

PREPARATIONS OF IRON.

SIR,—In a recent number of the *Saturday Review*, there is an article on the *British Pharmacopœia*, sufficiently eulogistic, and, in my opinion, giving no more than a fair share of credit to the indefatigable compilers of the volume. But one of the official preparations, arseniate of iron, is ruthlessly handled by the writer, on the ground of its containing in each dose an infinitesimal quantity of the chalybeate. Surely, a little reflection would have shown him that the beneficial effects of steel, even when uncombined, are not *always* to be measured by the magnitude of the dose; and the probability is, that the action of the metal is augmented by its alliance with acidified arsenic. Be this as it may, I am convinced that an error is often committed by those who think it necessary in strumous affections, chlorosis, amenorrhœa, or simple anæmia, invariably to give large doses of iron. Much of the benefit derived from the use of chalybeate waters depends on the extreme division of the metallic salts they contain.

In the Tunbridge waters, for instance, 103,643 grains contain but one grain of carbonate of iron; and analyses of other springs give a like result. A well known hospital physician, not long retired from active practice, told me he was frequently criticised by his class for giving two-drachm or half-ounce doses of the compound iron mixture, or equally small doses of the tincture of sesquichloride or permanganate of iron; and yet, from my own observation, I am sure he was quite as successful in augmenting the muscular energy of his patients, and changing leucophlegmatic habits into a more healthy condition, as any of his colleagues who prescribed more heroic doses. The whole subject is worthy of investigation; and it will be a pity if the arseniate of iron is overlooked by those who intend availing themselves of the new remedies which are found in the pages of the *British Pharmacopœia*.

I am, etc., G. GODDARD ROGERS, M.D.

POISONING BY THE TOLU PLANT OF NEW ZEALAND.

SIR,—There are some curious pathological effects in the various actions of this plant on different animals and on man. For instance, a minute portion of it is a deadly poison to man; yet a horse can eat pounds weight of it with perfect impunity, both of which facts I have witnessed. I have seen a man die from merely putting a blade of it in his mouth whilst reclining on a declivity after a journey. He died in Tuapeka Hospital within twenty hours from the time he carelessly or ignorantly put the blade between his teeth. The poisonous effects were manifested immediately, and seemed a species of delirium tremens, the patient doing strange things in a hurried manner, and regarding persons about him with a suspicious air. He would sagely put a piece of coal cinder or bread crumb in his pipe, thinking it tobacco, and then apply a bystander's finger, with the expectation of lighting it. On post mortem examination, there was slight congestion in the brain, with perfectly empty state of the primæ viæ. Whilst I was at Tuapeka Gold Field, there was another patient died from poisoning in a similar manner, from the tolu or tool plant, which I take to be a species of aconite, and grows extensively all over the island; and this, too, notwithstanding the strenuous exertions of Dr. Halley and myself to endeavour to counteract its deadly effects. On inquiring of shepherds, I found that sheep also could eat it with impunity, under certain conditions; and, on the other hand, I have seen a bullock die from its effects. On opening it, there were large quantities of the leaves in his stomach and intestines, mingled with grass. Cows, however, can eat it safely, if they have previously drank freely, and had a feed of grass. The black brown berry of the plant is made into wine by the natives; but the seeds are highly poisonous. Should any of your readers wish to investigate the nature of the plant, I can supply a few seeds.

Birkenhead, August 1867.

I am, etc., L. F.

COMMUNICATIONS, LETTERS, ETC., have been received from:—

Dr. G. H. Philipson, Newcastle-upon-Tyne (with enclosure); Dr. C. Kidd (with enclosure); Dr. Arthur Ransome, Manchester (with enclosure); Dr. W. M. Whitmarsh, Hounslow (with enclosure); F. J., M.D. St. Andrew's; Mr. Southam, Manchester; Mr. E. S. Pottle; Dr. Althaus (with enclosure); Dr. D. Hooper (with enclosure); Dr. Helm, Rugby; Dr. W. D. Moore, Dublin; Dr. Aquilla Smith; Dr. F. Kirkpatrick, Dublin; Dr. R. W. Smith; A Club and Parish Doctor; Dr. H. Simpson; Mr. Tufnell; Mr. J. Z. Laurence; Mr. M. H. Collis; Dr. C. Taylor; Dr. Drysdale; Sir J. Y. Simpson, Edinburgh (with enclosure); Mr. H. Terry, jun., Northampton; Dr. Lomas (with enclosure); Dr. G. Goddard Rogers; Mr. Lockhart Clarke; Dr. Lingen, Hereford; Mr. R. V. Ash (with enclosure); Mr. G. F. Hodgson; Mr. C. Terry, Newport Pagnell (with enclosure); Medicus Recens; Dr. P. H. Williams, Worcester; Dr. Rumsey, Cheltenham (with enclosure); Dr. Pirrie, Aberdeen (with enclosure); Dr. Murray; Dr. Leared; Rev. Dr. Haughton; Dr. J. C. Hall; Dr. S. L. Hardy, Dublin; Mr. A. P. Fiddian; Mr. Donnelly; Dr. Bateman, Norwich; Associate; Mr. W. Watson; Dr. Wardell, Tunbridge Wells (with enclosure); The Registrar-General of England.

BOOKS, ETC., RECEIVED.

On the Use of Strychnine in Epilepsy and Kindred Nervous Affections. By Walter Tyrrell, M.R.C.S. Malvern: 1867.
Three Letters (revised) on the Nature, Symptoms, and Treatment of Spasmodic or Asiatic Cholera, etc. By a Licentiate of the Royal College of Surgeons, etc. Drogheda: 1866.
Trousseau's Lectures on Clinical Medicine. Translated by Dr. Bazire. Part III, completing vol. i. London: 1867.
Auvergne: its Thermo-Mineral Springs, etc. By R. Cross, M.D. London: 1867.
On a Lower Limit to the Power exerted in the Function of Parturition. By J. Matthews Duncan, M.D. Edinburgh: 1867.
A Preliminary Notice of the Akazga Ordeal of West Africa, and of its Active Principle. By Thomas R. Fraser, M.D., F.R.S.E. London: 1867.
The Birmingham Daily Post, August 15th.
Llandudno Register and Herald, August 17th.