

Association Intelligence.

VACANCY IN THE EDITORSHIP OF THE BRITISH MEDICAL JOURNAL.

As the office of Editor of the BRITISH MEDICAL JOURNAL will become vacant on the 31st of December next, it is requested that all candidates for the appointment will communicate, not later than the 17th of November, with Dr. Williams of Worcester, and forward to him, with their testimonials, the scheme they propose for conducting the JOURNAL.

CHARLES HASTINGS, KNT., M.D., ETC.,
President of Council.

Worcester, October 23rd, 1860.

BRANCH MEETING TO BE HELD.

NAME OF BRANCH.	PLACE OF MEETING.	DATE.
BATH AND BRISTOL. [Quarterly Meeting.]	York House, Bath.	Thurs., Nov. 29th, 7 P.M.

Reports of Societies.

MEDICAL SOCIETY OF LONDON.

MONDAY, NOVEMBER 5TH, 1860.

A. B. GARROD, M.D., F.R.S., President, in the Chair.

ON UREMIA. BY B. W. RICHARDSON, M.D.

DR. RICHARDSON commenced his paper by some remarks on the difficulty of forming a diagnosis between the effects of uræmic poison and that of ordinary narcotics. Both classes acted in a similar manner—by arresting the oxidation of the tissues; and further, in many cases of uræmic poisoning, an attempt at elimination from the mucous surface of the intestinal canal is made, and gastro-enteric mischief is set up, as occurs in poisoning by the so-called narcotico-irritants. Several illustrative cases which had fallen under his own observation were related by the author, in some of which the character of the symptoms had given rise to the suspicion of poisoning.

As to the *cause* of uræmic poisoning, it is certain that there is a narcotic poison in the blood; but whether this is urea or carbonate of ammonia, is difficult to decide. Dr. Richardson's experiments tended to the conclusion that it is an ammonia-compound; for, by injecting carbonate of ammonia into the blood in dogs, he had produced the symptoms of uræmia—which, however, were transitory, rapid elimination taking place so long as the kidneys remained free. Again, on suppressing in dogs the function of one or both kidneys, he had found ammonia in excess in the blood; and further, on arresting the play of one kidney in each of two dogs, and treating one also with carbonate of ammonia, death was here more rapidly produced than in the other. The same effect, however, may be produced by the injection of urea or of some narcotic into the blood of an animal, the function of whose kidney is suppressed. All that could be said was, that when the function of the kidneys is arrested by disease, there accumulates in the blood an ammonia-compound, of which, however, the absolute composition is not yet known.

Why does a small dose of atropine or of morphia produce typhoid narcotism? These poisons do not increase in the blood; but Dr. Richardson had found that they start in the blood an excess of ammonia; whether by producing paralysis of the secreting force of the kidney, or by a direct effect on the blood in the systemic capillaries, is yet to be ascertained.

The absolute *symptoms* of uræmia were thus described. There are almost invariably premonitory signs; consisting of an inordinate desire to sleep in almost any time and place; or of paralysis of sensation in extreme parts; or of transient mental confusion, with feebleness and listlessness, but without vertigo or oppression. There may also be vomiting, which is sometimes very severe; there may be also relaxation of the bowels, which gives relief if it be not too profuse and too continuous. There is almost always a peculiar sickening odour of

the breath, much resembling that caused by sulphide of ammonium; the breath in these cases yields ammonia largely.

Persons having a tendency to uræmia suffer exceedingly from cold, feeling acutely the influence of a fall in the thermometer; and the symptoms often have their date from such a declination. They also suffer more than others from a hearty meal, especially if that consist largely of nitrogenous food. Dr. Richardson believed that in many cases the so-called apoplexy occurring after a meal, remaining for many hours, and ending either in death or in recovery, is of uræmic origin. Uræmic patients are also dangerously susceptible to the action of certain drugs. The smallest dose of mercury seems sufficient in them to arrest the anal secretion, and to excite uræmic symptoms; and Dr. Richardson had seen the same effects follow even an ordinary dose of opium. He believed that, in many cases where small doses of opium had been believed to destroy life from a peculiar idiosyncrasy, there may have been a condition of kidney favourable to the development of an acute form of uræmia.

The acute symptoms of uræmia come on either with coma or paralysis, or both combined. They are usually sudden in their intensity, and are preceded by suppression of urine, or constipation, or a chill by which the eliminating functions are suppressed. There is often active convulsion, almost epileptiform in degree; but Dr. Richardson had seen death occur from uræmia without any such sign; he had even seen an animal die from artificial uræmia without convulsion, though this is not the rule. There occasionally will be squinting in the course of the acute paroxysm; but this is not the rule. The state of the pupil varies; it may be reduced to a pin's point, or it may be largely dilated; in either case, it is insensible to light. The countenance is dusky; the skin unimpressionable; the extremities cool or cold. If the coma is profound, there is blowing expiration; the pulse is slow and intermittent, or irregular in periods. By this Dr. Richardson meant that, counted over two spaces of time of equal duration, there is a difference in those two periods. We find the pulse during one minute at 60: we wait a minute, and take it again; and, although the relation of beat to beat seems the same, we find that, in the course of the second observation, five, ten, or even fifteen pulsations have been gained or lost. This form of irregularity of pulse is not peculiar to uræmia, but is common to it, and is inevitably a bad sign. It depends on a corresponding irregularity of the respiration; for, in all forms of slow narcotic poison, the heart is obedient to the respiration. The respiration is from the beginning to the end is irregular and imperfect; there is not dyspnoea, but uncertainty; not obstruction to air, but a destroyed balance. Frerichs pointed out first that the breath is ammoniacal in uræmia. Other observers have denied the position. Both are right, and both are wrong. In all persons there is an exhalation of ammonia by the breath, varying in amount. In uræmic persons, in their ordinary health, there is, Dr. Richardson believed, always an excess of ammonia in the breath; for in them the lungs are supplementing the kidney. If, then, in any case there is sudden suppression of the excretory power of the kidney, there may be an excess—a large excess—of ammonia in the breath. The author had unmistakably seen examples where this excess was manifested so clearly that the exhaled vapour gave distinct fumes with the hydrochloric acid rod, and even changed the colour of reddened litmus. On the other hand, there are cases where the very cause of the development of the acute symptoms lies in the fact that the compensatory eliminative function of the lung has become suppressed; in such state, there will be no ammonia found in the breath; it would be a saving clause, if the alkali were there.

In regard to the *diagnosis*, Dr. Richardson commented on the degree of consciousness manifested by the patients in the extreme state of uræmia. There are periods when the coma is so profound that nothing rallies; but there are again other times when the patient rouses of himself, or is quite capable of being aroused, and of speaking or attempting to speak, and of sitting up, and of swallowing foods or medicine, and of acting altogether with a considerable amount of intelligence. This one sign is specially noteworthy, in that it is to a considerable extent a distinguishing mark, and the only distinguishing mark, between uræmic coma and the coma resultant from opium.

The blood in uræmia is usually dark on both sides, and but feebly coagulable. Nevertheless, there may be loose separations of fibrine in the heart, forming, as it would seem, at an early stage; but these are rare. The blood, after removal from

Editor's Letter Box.

ACTION OF MERCURY ON THE LIVER.

LETTER FROM T. INMAN, M.D.

SIR,—The correspondence on this subject in the last number of the *BRITISH MEDICAL JOURNAL* is very significant, and I feel strongly tempted to comment upon the style of reasoning adopted. I forbear to do so, however; for my wish is simply to elicit the truth; and this does not necessarily go with apparently logical argument.

In any search after truth, facts alone, clearly stated and duly authenticated, should carry conviction against ingenious hypothesis. May I ask for a record of such facts?

First. Proof is required from Dr. Williams that the liver is better for taking a rest, under the influence of mercury, from secreting bile; and this it must be difficult to give, for Claude Bernard tells us that the liver rests every day in this fashion, as soon as food is taken into the stomach. (*Vide* his last lecture, *Med. Times and Gazette*, Oct. 20th, 1860.)

Secondly. Proof is required from Sir Henry Cooper that on any single occasion he has increased the secretion of the liver by the use of mercurials in any dose.

To narrow as far as possible the point at issue, I will allow that mercury *may* increase the secretions of the liver; just as I would grant, for the sake of argument, that an ostrich might fly, and that the dodo did. Sir H. Cooper says, mercury does increase the hepatic secretion; I say it does not. I have given the reasons for the faith that is in me. Will Sir H. Cooper give equally the grounds for his belief? Of course, "practical experience" and "well grounded convictions" alone cannot be received as cogent facts.

I am, etc.,

THOMAS INMAN.

Liverpool, November 3rd, 1860.

DR. JORDAN'S WORK ON SKIN-DISEASES.

LETTER FROM JOHN CHURCHILL, Esq.

SIR,—You do me but justice when you state "that I could not have been aware of the company I was to be thrust into" when I assented to have my name appended to Dr. Jordan's book on *Skin-Diseases*. I had no ground to suspect that this book would have been advertised in a way so discreditable. I fear that I cannot compel the withdrawal of my name; but I have done all I can, viz., refuse to sell the book; and it no longer takes its place in my stock.

I had come to this determination, and had acted upon it, before your well merited censure appeared.

I am, etc.,

JOHN CHURCHILL.

11, New Burlington Street, London, W., October 23rd, 1860.

Medical News.

BIRTHS, MARRIAGES, DEATHS, AND APPOINTMENTS.

* In these lists, an asterisk is prefixed to the names of Members of the Association.

BIRTHS.

Of sons, the wives of—

HOGG, Charles, M.D., Aldersgate Street, on November 2.

SEQUEIRA, H. L., Esq., Jewry Street, Aldgate, on November 3.

Of daughters, the wives of—

*ROUTH, C. H. F., M.D., Montagu Square, on November 4.

SUMMERS, J., M.D., Surgeon-Major, at Brompton, on Oct. 13.

MARRIAGES.

ARMSTRONG, Captain Thomas P. St. G., 49th Regiment, to Elizabeth M., second daughter of the late Robert GRAVES, M.D., of Cloghan Castle, King's County, on October 31.

METCALFE, R. Ives, M.D., Sutton St. Mary, to Sarah Anne, daughter of William ADAMS, Esq., of Wisbech, on Oct. 30.

WHYTE, John, Esq., East Grinstead, to Agnes K., youngest daughter of the late William ANDERSON, Esq., Dundee, at Greenwich, on November 1.

DEATHS.

BENWELL. On November 2nd, at Hove, aged 23, Charlotte M., youngest daughter of the late Henry Benwell, Esq., Surgeon, of Greenwich.

DRUMMOND, James, M.D., at Edinburgh, on October 13.

LOVE. On October 31st, aged 18, Frederick, son of John Love, Esq., Surgeon, 12, Lower Brook Street.

*MAULT, Samuel, M.D., late of Fenny Stratford, on board the ship *Antipodes*, off Pernambuco, aged 35, lately.

PRIDHAM, Edward P., Esq., Surgeon, at Taunton, aged 70, on October 30.

WILDEY, William W., M.D., Surgeon R.N., at Southsea, aged 38, on October 31.

APPOINTMENTS.

*METCALFE, J. A., M.D., elected Physician to the Dispensary Department of the Cheltenham General Hospital.

FORGERY OF A DIPLOMA. At the Dumfries Circuit Court, on the 28th Sept., before Lord Cowan, David Gibb, medical student, Glasgow, was charged with the crimes of "falsehood and forgery, in so far as, on or about Tuesday the 3d July, 1860, at or near Rosehall, in the parish of Dumfries, said David Gibb, being desirous of obtaining the appointment of assistant-surgeon to the Dumfries, Roxburgh, and Selkirkshire Militia, did wickedly and feloniously, at afore-mentioned place, write and fabricate, or cause to be written and fabricated, a simulated document purporting to be a diploma of competence from the Faculty of Physicians of Glasgow, and did utter and use such document, he well knowing it to be a forgery." The panel pleaded guilty of uttering and using such document. Mr. A. T. Boyle, prisoner's counsel, in extenuation, said that the panel, as a student in the Andersonian University, Glasgow, bore the most irreproachable character. Mr. Boyle produced certificates to that effect from Professors Bell, Morton, and Penny, of the Andersonian University, Glasgow, and from Dr. Watson of the Royal Infirmary there. Mr. Boyle said it had not been out of any sordid motives that his client had uttered this document. It was well known that the salary of an assistant-surgeon was a mere trifle, while the expense of equipment was considerable. It had been out of a desire—he might almost say a boyish desire, for at that time Mr. Gibb was scarcely twenty—to enter the ranks of such a regiment as the Dumfries Militia, that in an evil moment he had yielded to ill advisers, and uttered this document. He had made every reparation in his power by repaying the small sums he had received as salary while performing the duties of assistant-surgeon; and he (Mr. Boyle) hoped that his lordship would take as lenient a view of the matter as possible, in consideration of the youth of the panel and the misery he had endured since that unhappy occurrence. Lord Cowan said that it was one of the most painful cases he had ever met, that a young man of the education, character, and talents which the prisoner appeared to possess, should ever so far forget himself as to commit this breach of law. It was within his recollection when forgery was visited with the highest penalties of the Court. Luckily this case was not one such as the forgery of bank bills, but one which had been of little benefit to the panel. But, even looking at the present offence in its mildest form, he could not, sitting there to award impartial justice, visit it with a less penalty than twelve months' imprisonment, in order to show all that in this country no good could be attained by evil. He hoped that when the prisoner was restored to society this would prove a lesson to him. (*Dumfries Standard*.)

EPIDEMIOLOGICAL SOCIETY. At the opening meeting of the eleventh session of this society, held on Monday, the 5th inst., Dr. Babington, the President, delivered the introductory address, in which, after alluding to the loss which the society and the public had sustained in the death of Mr. Alexander, Director-General of the Army and Ordnance Medical Department, and of the lamented Dr. Addison, he proceeded to a general review of the principal epidemics that had prevailed in various parts of the world during the past year. Dr. McWilliam then read a paper by Professor Simpson of Edinburgh, entitled "Notices of the appearance of Syphilis in Scotland during the latter years of the Fifteenth Century." An abstract of this most interesting and learned paper will appear in an early number of the *JOURNAL*.

EXPERIMENTAL PHYSIOLOGY. The *Medical and Surgical Reporter* for October 12, apparently finds it necessary to argue in favour of teaching physiology by experiment rather than by mere lecturing and reading. In his remarks on the subject, the editor says: "The difference between teaching physiology didactically and experimentally, is just the difference between an engraving and the real form—between a photograph and the object itself. It is true, as modern art has succeeded in the stereoscope—a sort of artificial squinting apparatus—in presenting planes in relief, so, by straining our mental eye to the necessary obliquity, we may imagine that we behold reality when we are merely looking at its shadow. This will do well enough when the former cannot be obtained. A man may roam by aid of stereoscopic delusions in an hour's time through sceneries and countries that it would take him a year to travel through, and he will avoid being bored by dull waiters, the dangers of the sea, dusty rides, and other discomforts of a journey. But would any man call this travelling? It would be a strange fancy, indeed, if one should prefer reading a traveller's guide, however well written, to the journey itself, however tedious. If not in every department of human understanding, the principle of Locke, 'nil in intellectu, quod non prius fuerat in sensu', is certainly true in medical science, and one which, for the sake of successful medical teaching, should be hung up in letters of gold, conspicuous to the eye of both teacher and pupil. . . . But it might be, and it is often replied, that it is not necessary to demonstrate physiological facts, which have long ago been demonstrated as perfectly true. A single glance will show the fallacy of such a reply. Take, for instance, the glycogenic functions of the liver, the artificial production of diabetes, or of cataract; all facts which elucidate very important functions, and tend to explain many morbid conditions of the economy. Now, it is said by the opponents of experimental physiological teaching, that inasmuch as the glycogenic function of the liver, the artificial production of diabetes, and of cataract, are phenomena or facts perfectly well established, what is the use of encumbering our lectures with experiments to verify them? We would answer this question by asking, what is the use of showing in our chemical lectures, year after year, by actual experiment, that water is composed of oxygen and hydrogen, when these last seventy years the fact has been perfectly well established? . . . Why spend valuable days in demonstrating well established facts, which could be taught didactically in so many hours? It is, of course, unnecessary for us to answer these questions, which we have put merely to show the inconsistency of the plea against introducing experimental physiology into the regular curriculum. But, as really the only objection raised against is because of its encumbrance and waste of time, we shall devote a few words to this. There is nothing more certain than that, with the demonstration before his eye, the pupil is enabled to understand any truth or fact in half the time, at least, than if he were forced to draw off from the didactic teaching, part of his attention to supply the want of the former by his imagination. We had been reading, and we had been 'read to' about the reflex action of the nervous system, for days and weeks didactically; but we really never understood the subject thoroughly, until we witnessed a few simple experiments of Marshall Hall, and then we understood in ten minutes, what we had previously attempted to learn in vain. So it is with all departments of physiology—from digestion to secretion, from excretion to generation. Another point must be taken into consideration, and one of no little importance. If experimental physiology is made the rule of medical teaching, the student will be less encumbered with untenable and mere speculative theories, because the teacher will be careful not to state what he cannot satisfactorily demonstrate by experiment. It is unfortunately but too often the case that, in didactic teaching, generalisations take flight so fast that facts cannot follow, and fortunate the pupil who has mental ballast sufficient to keep him down to the latter. It must be claimed for experimental physiology, that it is the only true method of teaching that branch, as it should be preeminently *demonstrative*; and further, that it will save time to the student, because it will obviate long explanations, which at best can elucidate the subject but approximately; and lastly, that it will purify physiological teaching from much rubbish and trash, because the experimental teacher will not state as facts what cannot be proven by the demonstrations of science."

STATISTICS OF LUNACY. In a letter published in the *Lancet*, Dr. Tuke has analysed the statistics of the English Lunatic Asylums. There are 31,957 persons legally certified as of unsound mind; it may, therefore, be calculated that of the adult

population more than one in every three hundred is afflicted with mental derangement. The question as to their treatment is one of great public interest. From the returns in the Fourteenth Report of the Commissioners in Lunacy, it is demonstrated that private asylums, conducted by resident physicians, take the highest place as curative institutions, and that the rate of mortality in them is less than in any other asylum of the same description. The following results are taken from the tables given by Dr. Tuke, and show the comparative advantages of a hundred and fifty-one establishments devoted to the treatment of the insane:—

	Per cent. of cures.	Per cent. of deaths.
60 Private asylums with resident physicians	30.6	4.3
30 Ditto without medical residents	30.	4.1
20 Ditto receiving paupers	34.	7.7
41 County and borough asylums	34.	7.7

It is satisfactory to find that in some of the private asylums cures amount to more than 50 per cent. of the admissions. The importance of prompt medical treatment is shown by the recovery of nearly 80 per cent. of the cases admitted under medical care during the first three months of the malady. (*Globe*, November 2, 1860.)

AN ENGLISH SUMMER. In the summer quarter of this year—July, August, September—rain fell at Torquay on 50 days of the 92, on 59 at Little Bridy (Dorset), 52 at Clifton, 57 in London (St. John's Wood), 67 at Royston, 58 at Nottingham, 59 at Leeds. Fog prevailed on 41 days in the quarter; hail fell on 13 days. In some places the grass was left unmown till the middle of September. Wheat ripened very irregularly; at a few places it was cut on the 6th of August—some was uncut at the end of September; last year it was cut, even in the north, in July. Oats were cut at the latter end of August in the south; in the north a great deal of the crop was still uncut at the beginning of October. Apples did not ripen until the middle of September as far south as Nottingham. The temperature reached 80° in but few places; at the Royal Observatory it only attained 75°; at York only 73.5°; at Ventnor only 70°.

CURE FOR INTERMITTENTS. Much laughter has been expended on the benighted savage, who, in default of the medicine which is to cure his malady, makes a pill of his prescription, boldly gulps it down with the assistance of a draught of water, and wraps himself in his mat, sublimely confident of the result. The nuns of Carignano are at this moment, according to the statement of a contemporary, distributing an infallible specific for intermittent fever. The specific consists of a certain number of paper tickets of a yellowish tint, each being provided with the following prescription:—

"In conceptione tuâ, Virgo, immaculata fuisti,
Ora pro nobis Patrem, cujus Filium peperisti."

Each packet is accompanied with the "Directions for use", which run as follows:—"Place one of the papers in a spoonful of holy water, say a *Pater* and an *Ave Maria*; then swallow both water and paper, with a dose of good faith." The cure must be repeated for nine consecutive days. If you get well, so much the better for you, and for the nuns of Carignano. If the fever obstinately resist the charm, so much the worse; you neglected the invisible but essential dose of faith, and are, in fact, a hardened reprobate, on whom a miracle would be thrown away. (*Standard*.)

HEALTH OF LONDON—NOVEMBER 3RD, 1860.

[From the Registrar-General's Report.]

	Births.	Deaths.
	Boys.. 956	1863 .. 1049
	Girls.. 912	
During week	1617	1179
Average of corresponding weeks 1850-9	1617	1179
Among the causes of death were—	bronchitis, 97; pneumonia, 87; phthisis, 132; small-pox, 3; scarlatina, 47; measles, 44; diphtheria, 13; hooping-cough, 34. The deaths from pulmonary diseases (exclusive of phthisis) were 209, being 18 above the corrected average.	
Barometer:		
Highest (Tu.) 30.060; lowest (Th.) 29.916; mean 29.977.		
Thermometer:		
In sun—highest (Sun.) 110.0 degs.; lowest (Wed.) 63.0 degs.		
In shade—highest (Sun.) 68.5 degs.; lowest (Sat.) 28.5 degs.		
Mean—48.7 degrees; difference from mean of 43 yrs. + 2.3 degrees.		
Range—during week, 40.0 degrees; mean daily, 17.0 degrees.		
Mean humidity of air (saturation=100), 90.		
Mean direction of wind, S.E. and N.E.—Rain in inches, 0.00.		

TO CORRESPONDENTS.

Communications have been received from:—MR. J. A. METCALFE; DR. WOLLASTON; MR. J. GRANTHAM; DR. INMAN; DR. ROUTH; DR. T. SKINNER; MR. A. PRICHARD; DR. W. ROBERTS; DR. JAMES RUSSELL; MR. R. S. FOWLER; and MR. J. V. SOLOMON.