

SIR,—I agree with your correspondent "Spectator" that the position of medical officer to a Friendly Societies Association is by no means an enviable one; but "Spectator" is not correct in stating that he is "excluded from private practice afterwards," as proof of which I enclose an advertisement cut from a local paper, where a late medical officer to a Friendly Societies Association has opened a private dispensary in the immediate neighbourhood of the Societies' dispensary, the surgeon of which he has just resigned. He takes family members and others "on the usual terms;" and "special attention is given to diseases of the eye and kidney; advice and medicine, 6d.; terms cash"!—Yours, etc.,
SUBSCRIBER.

MORPHIA FOR SUBCUTANEOUS INJECTION.

SIR,—I observe in your issue of December 25th a communication from Messrs. T. and H. Smith of this city, regarding their preparation of the neutral tartrate of morphia.

The ordinary preparations of morphia for subcutaneous use are the acetate and bimeconate. In private practice, it is often found that a case requiring the use of morphia subcutaneously may not occur for many weeks, and that case may possibly require the immediate and urgent use of it. It is, therefore, desirable that a solution be kept ready for use, which will be reliable, and will keep unchanged for an indefinite period.

Now, I have found that a solution of the acetate evaporates, and, therefore, becomes concentrated through time, while the bimeconate frequently develops a fungus growth on its surface.

Some months ago, I prepared a solution of the tartrate of morphia, in the proportion of 1 to 20 of water—a proportion I find most useful. The solution has given me every satisfaction, and I find the remainder showing no signs of either concentration or decomposition.—I am, yours, etc.,
A. J. SINCLAIR, M.D.
Edinburgh, December 30th, 1880.

P.S.—I may add, that a solution of the acetate with acetic acid tended to rust and clog the steel needle of my syringe.

SIR,—There have been repeated letters in your columns upon this subject, various writers recommending use of acetate of morphia, hydrochlorate, and tartrate. Some years ago, I was induced to use the sulphate, after reading a paper in the Liverpool and Manchester reports, by Mr. H. O. Thomas of this town. He claimed for it that its use was never followed by sickness; and my experience agrees with his. Another advantage is, that the solution keeps. I have beside me a bottle prepared a year ago, which is now perfectly clear, without the slightest trace of turbidity. I use a solution of one grain in twenty minims; it is prepared by simple solution. If the sulphate be pure, it has no acidity; should the solution in testing show acidity, I would prefer a solution from a fresh sulphate rather than neutralising with liq. potassæ. Yet another advantage: the stopper is not so apt to stick in the bottle as with the B. P. solution.—I am, yours truly,
Liverpool, January 12th, 1881.
W. MACFIE CAMPBELL, M.D.

SIR,—In your JOURNAL of the 25th ultimo, Messrs. T. and A. Smith of Edinburgh take exception to my statement, that the tartrate of morphia is not so rich in the alkaloid morphia as the acetate. The formula for neutral tartrate of morphia (in which Watt's Dictionary errs) is $(C_{17}H_{19}NO_3)_2 C_4H_6O_6, 3H_2O$, molecular weight = 774. The formula for acetate of morphia, according to the *British Pharmacopœia*, is $C_{17}H_{19}NO_3 C_2H_3O_2$, molecular weight = 345, but of this it will take two molecules = 690, to contain as much alkaloid as one molecule of the tartrate, i.e., 690 parts of the acetate, theoretically, will contain as much alkaloid as 774 parts of the tartrate, and, therefore, will be richer in the base. It is true that works on chemistry give the formula for acetate of morphia with an additional $1A_2$, water of crystallisation; but, even with this, it will still be the richer salt. I am quite aware the pharmacopœia process for its production is indefinite, and that commercially it always contains more water, as well as a little free acetic acid, else it would not be soluble in water. I also know that this salt is very unstable; but, in my process for making the hypodermic injection, I do not use the acetate; I take pure morphia, and dissolve with as little acetic acid as possible. The small excess of acid is never complained of, and it may be neutralised by a trace of potash, if objected to. The keeping properties of the solution thus made Messrs. Smith have not controverted. Pure morphia (the alkaloid), especially if crystallised, I believe, is more stable and definite than any of its salts. My solution will always contain an equal quantity of this.

In regard to the tartrate of morphia, I grant the solution of it is easily made, but it cannot be made so strong as the above solution. I have not tried the keeping properties of the tartrate solution, but I doubt their being equal to the acetic solution, because tartrates as a class form solutions which are very prone to become fungoid.—Yours obediently,
WM. MARTINDALE.
10, New Cavendish Street, W., January 3rd, 1881.

FLACCIDITY OF IRIS IN REAL DEATH.

SIR,—Mr. Joll, who drew attention to this question in the JOURNAL, having requested further observations, perhaps I may be allowed space for a few notes on the subject. Whether the pupil is more easily or more largely compressible after death than during life, I know not; but the following cases show that the phenomenon, being commonly present during life, cannot be accepted as a sign of death. In almost every case I tested, including some under anæsthetics, I found that the pupil appeared to be more or less altered in shape by simple pressure with one finger on the upper part of the globe in the ciliary region. Part of this appearance I had, before the publication of Mr. Joll's second letter, attributed to an alteration in the shape of the cornea; and, undoubtedly, such is the case. In several cases, however, I was convinced that the upper margin of the pupil was actually displaced downwards, and the fibres of the iris opened out. In Case vi, I was enabled to prove that this was so by means of opacities in the lens, over which, with pressure from above, the pupillary margin could be seen to travel downwards for one or one and a half millimetres. Though the phenomenon was present in a large number of normal eyes, I will record merely a few which were somewhat abnormal.

Case i. Boy, aged 13, both lenses removed by needling. ii. Female, aged 35, myopic, T-1, under atropin, right and left. iii. Male, aged 30, under atropin. iv. Male, aged 38, under eserine. v. Female, aged 17, right under atropin, left not so. vi. Female, aged 58, right under atropin. All of these were easily compressible.—Yours truly,
A. STANFORD MORTON, F.R.C.S.Ed.
Welbeck Street, W.

FOOT-AND-MOUTH DISEASE.

SIR,—I am very desirous of ascertaining if the present invasion of foot-and-mouth disease, now occurring in various parts of the country, but more especially in the eastern and southern counties, is coincident with outbreaks of diphtheria; and, if so, whether it is regarded in the light of cause and effect? For any information on

these points, and opinions as to the probability of causation, I shall be personally much obliged; but I also think the subject of sufficient importance to justify my asking it through the medium of your JOURNAL; the more so, as I believe both diseases are rife at present.—Yours faithfully,
OWEN COLEMAN, M.D.,
Surbiton, January 12th, 1881. Medical Officer of Health for Surbiton.

CORONERS' INQUESTS.

SIR,—Will you kindly favour me by inserting the following? and also by expressing your opinion on the subject? The facts, briefly, are these. About a fortnight ago, I saw a child named —; but since that time I heard nothing until I learnt that it had suddenly died. I was applied to for a certificate of death by the child's friends, but declined giving one, on the ground that, when I saw the child, its condition was not such as to warrant any apprehension of sudden death. An inquest was held on Monday evening last, on the body of the said child, at which I was present, but was told by the coroner that no evidence was required of me, and I accordingly withdrew; after which a verdict of "Died from natural causes" was arrived at. How could the coroner or the jury know, in the absence of medical evidence, what was the cause of the child's death? I may state that the child was illegitimate; and no evidence given, except by the mother, grandfather, and nurse.—I am, etc.,
PHYSICIAN.

* * This case is only another illustration of the unsatisfactory manner in which coroners' inquests are too often held.

ERRATA.—In Mr. Sampson Gamgee's paper on Wound-Treatment, in last week's JOURNAL, at line 2, for "discussions" read "observations"; line 19, for "writer" read "critic".

VENESECTION.

SIR,—I think one of our medical societies would be conferring a great boon on the junior members of the medical profession if it would discuss the subject of venesection. When ought we to bleed? Half-a-century ago, this was one of the commonest operations, and was performed in a host of diseases; but now it is a very rare one indeed. For instance, in puerperal fever and pneumonia, venesection used to be the orthodox treatment; but how often do we bleed in these diseases now? Why has the lancet been superseded by the brandy-bottle in the treatment of these diseases? Is it because diseases have changed? or is it because our knowledge of their treatment has increased? There is no doubt that our forefathers were rather too fond of using the lancet, etc.; but I cannot help thinking that, at the present day, there is a great tendency to run to the opposite extreme. I heartily agree with Sir James Paget, who says that "we undoubtedly overvalue the blood, and estimate too cautiously the loss of it," etc. I can testify from personal experience that venesection is the remedy *par excellence* for scarlatinal uræmic convulsions. During the summer of last year, I unfortunately caught scarlet fever, which was followed by uræmic convulsions. The convulsions came on one night, and were preceded by a few hours by intense frontal headache, vomiting, defective vision, muscular twitchings in the legs, shoulders, etc. After I had had two or three convulsive fits, I was bled to two pints. Mustard poultices were also applied to the legs, and ice to the head, etc. Soon after the venesection, I think, I had two more fits, but they were not so strong as the former ones. My sight returned so that I could distinguish people after two days. At the time of my illness, I only weighed about seven stone ten pounds.—I am, sir, your obedient servant,
Suffolk, January 10th, 1881.
MEM. BRIT. M. A.

P.S.—I enclose my card.

G. L. writes that Dr. Jackson, of 3, Panton Square, published an article on the Virtues of Spiders' Web, in the twenty-first volume of the *Medical Journal*, dated March 20th, 1869.

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

Mr. W. H. White, London; Mr. Eastes, London; Mr. J. W. Hulke, London; Mr. H. P. Dunn, London; Mr. R. Richardson, London; Dr. F. T. Roberts, London; Dr. Joseph Rogers, London; Our Edinburgh Correspondent; M.B.; Dr. F. P. Atkinson, Kingston-on-Thames; Dr. W. Henry Day, London; Dr. James E. Pollock, London; M.B. London; Dr. G. H. R. Dabbs, Shagkin; Senex; Mr. A. Cooper, London; Dr. Murdoch Brown, Edinburgh; Dr. A. E. Durham, London; Dr. W. Mac Cormac, London; Mr. A. S. Morton, London; An Old Guy's Man; Dr. J. Arlidge, Stoke-upon-Trent; Dr. J. D. Mortimer, London; Mr. F. Vacher, Birkenhead; Mr. T. B. Curling, Cannes; Hygiene; Miss Mott, Gloucester; Our Paris Correspondent; Mr. C. Norman, Monaghan; Mr. Rushton Parker, Liverpool; Mr. R. Woodhouse, London; Mr. G. W. Bury, Bame; Dr. S. Rees Phillips, Exeter; Dr. W. M. MacGrath, London; Dr. A. Duke, Dublin; Dr. Clement Dukes, Rugby; Mr. J. R. Thomas, Llanelly; Dr. D. Hamilton, Edinburgh; Mr. A. M. Sydney-Turner, Gloucester; Mr. C. Firth, Norwich; Dr. E. Shackleton, Tandragee; Dr. Hawksley, London; Dr. A. Pullar, Cheltenham; Sir Joseph Fayrer, London; Dr. Bristowe, London; Mr. C. F. Du Pasquier, Upper Norwood; Dr. H. C. Bastian, London; Dr. J. E. Morgan, Manchester; Our Dublin Correspondent; Our Glasgow Correspondent; Mr. J. B. Blackett, London; Mr. J. Palmer, London; Mr. Septimus Farmer, London; Mr. B. J. Newmarch, London; Mr. R. D. H. Gwillim; Mr. J. W. Bond, London; Mr. A. Farebrother, London; Mr. A. Wharry, London; etc.

Scale of Charges for Advertisements in the "British Medical Journal".

Seven lines and under	£0 3 6
Each additional line	0 0 4
A whole column	1 15 0
A page	5 0 0

An average line contains eight words.

When a series of insertions of the same advertisement is ordered, a discount is made on the above scale in the following proportions, beyond which no reduction can be allowed.

For 6 insertions, a deduction of	10 per cent.
" 12 or 13 "	20 "
" 26 "	25 "
" 52 "	30 "

Advertisements should be delivered, addressed to the Manager, at the Office, not later than Twelve o'Clock on the Wednesday preceding publication; and, if not paid for at the time, should be accompanied by a reference.

Post-Office Orders should be made payable to the British Medical Association, at the West Central Post-Office, High Holborn. Small amounts may be sent in postage stamps.

Agent for the Advertising Department in France; J. ASTIER, 67, Rue Caumartin, Paris

BRITISH MEDICAL JOURNAL:

Being the Journal of the British Medical Association.

No. 1047.]

SATURDAY, JANUARY 22, 1881.

{Registered as
a Newspaper.}

6d.

Contents.

HARVEIAN LECTURES on the PROGNOSIS and TREATMENT of CHRONIC DISEASES of the CHEST in RELATION to MODERN PATHOLOGY. By J. E. POLLOCK, M.D., F.R.C.P., Senior Physician to the Hospital for Consumption and Diseases of the Chest, Brompton. Lecture II (concluded) .. 109

ABSTRACT of a CLINICAL LECTURE on PERIPHERAL PARALYSIS. By T. GRAINGER STEWART, M.D., F.R.C.P.Ed., Physician to the Edinburgh Royal Infirmary .. 112

FOURTH SERIES of TWENTY-FIVE CASES of COMPLETED OVARIOTOMY. By G. G. BANTOCK, M.D., F.R.C.S.Ed., Surgeon to the Samaritan Free Hospital for Women and Children .. 118

TWO CASES of PUERPERAL FEVER: RECOVERY UNDER the LOCAL USE of a STRONG SOLUTION of CARBOLIC ACID. By P. EADE, M.D., F.R.C.P. .. 116
SOME CASES TESTING the ANTISEPTIC METHOD. By A. WILSON, M.B. .. 117

SURGICAL MEMORANDA. Rapid Cure of a Popliteal Aneurism by Digital Compression of the Femoral Artery. By J. B. BRIERLEY, M.D. .. 118

OBSTETRIC MEMORANDA. Puerperal Septicæmia: Prolonged High Temperature: Recovery. By W. DONOVAN, L.R.C.P. .. 118

THERAPEUTIC MEMORANDA. Chrysophanic Acid in Skin-Disease. By BALMANN SQUIRE, M.B. .. 119

CLINICAL MEMORANDA. Three Cases of Paracentesis Thoracis: Recovery. By E. STEPHEN, L.R.C.P. — Atelectasis Pulmonum. By R. G. MCCALMAN, M.D. .. 118

HOSPITAL REPORTS.

UNIVERSITY COLLEGE HOSPITAL. Mediastinal Tumour extending into the Lungs and Abdomen: Rapid Progress: Death: Necropsy (Dr. F. T. Roberts) .. 120

LINCOLN COUNTY HOSPITAL. Partial Inversion of Uterus: Treatment by Pressure: Recovery: Discoloration of Skin by Nitrate of Silver (Mr. Symptom) .. 121

REPORTS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY. One Hundred and Seventy-two Antiseptic Abdominal Sections.—The Radical Cure of Varicocèle.—Actual Caustery .. 122

CLINICAL SOCIETY OF LONDON. Hydropneumothorax of Traumatic Origin.—Two Cases of Myocarditis .. 123

MANCHESTER MEDICAL SOCIETY. Silicate Cotton.—Amyotrophic Lateral Sclerosis.—Disseminated Sclerosis.—Cerebellar Disease.—Lateral Sclerosis .. 124

VICTORIAN BRANCH. Osteoma of the Dura Mater.—Treatment of Nævi by Electrolysis.—Remuneration in the Law Courts .. 118

NEW INVENTIONS.

Startin's Skin-Scraper and Lancet (with Woodcut) .. 125
Instrument for Crushing Small Calculi (with Woodcut) .. 116

LEADING ARTICLES.

THE ABATEMENT OF THE SMOKE OF CITIES .. 126
LUNATIC ASYLUMS IN VICTORIA .. 127
CATALEPSY AND CEREBRAL LOCALISATION .. 128
NERVE-STRETCHING IN LOCOMOTOR ATAXY .. 116

THE WEEK. Miscellaneous.—Fogs and Smoke.—Scarlet Fever at Lincoln.—Spaces for Public Recreation.—Mr. W. D. Husband.—Harveian Society of London.—University of London.—Scarlatina at Halifax.—The Cold Weather and Mortality.—Accidents caused by the Frost and Snow in London.—Small-Pox Hospitals.—The Artisans' Dwellings Act.—Fatal Explosions of Kitchen Boilers.—Royal College of Physicians of London.—Clinical Society of London.—Liverpool Medical Institution.—School-Boards and Absence of Children through Sickness.—The Import of the Sweating of Consumptives.—The Pathology of Diabetic Coma.—Ziemssen's Cyclopædia.—Public Mortuaries.—Vivisection and Ovariectomy .. 116
THE WEEK. SCOTLAND .. 133
THE WEEK. IRELAND .. 135

MEDICO-LEGAL CASES. The Hampstead Small-pox Hospital .. 135
CHRISTMAS-TIDE AND THE NEW YEAR IN THE LONDON HOSPITALS .. 136
BRITISH MEDICAL BENEVOLENT FUND .. 137
INTERNATIONAL MEDICAL CONGRESS .. 116

ASSOCIATION INTELLIGENCE.

BRANCH MEETINGS TO BE HELD. 133
METROPOLITAN COUNTIES BRANCH: EAST LONDON AND SOUTH ESSEX DISTRICT .. 116
BIRMINGHAM AND MIDLAND COUNTIES BRANCH: ORDINARY MEETING. .. 116

CORRESPONDENCE.

The Medical Benevolent Fund. By W. H. Broadbent, M.D. .. 139
The Use and Influence of Hospitals for Infectious Diseases. By R. Thorne Thorne, M.B. .. 116
Mr. Tennyson and the Medical Profession. By G. H. R. Dabbs, M.D. .. 116
Guy's Hospital. By A. P. Stewart, M.D. .. 116

The London Hospital. By A. Clark, M.D.; J. Hutchinson, F.R.C.S.; and G. Smith, M.D. .. 116

The Classification of Ovarian Operations. By Lawson Tait, F.R.C.S. 140

PUBLIC HEALTH & POOR-LAW MEDICAL SERVICES .. 140

MEDICO-PARLIAMENTARY UNIVERSITY INTELLIGENCE .. 141

MEDICAL NEWS .. 116

OPERATION DAYS AT THE HOSPITALS .. 143

HOURS OF ATTENDANCE AT THE LONDON HOSPITALS .. 116

MEETINGS OF SOCIETIES DURING THE NEXT WEEK .. 116

LETTERS, NOTES, AND ANSWERS TO CORRESPONDENTS. The Medical Profession and Intemperance in Alcohol.—Management of the Third Stage of Labour.—Horse Insurance.—Gloves for Wet Weather.—Hair-Dressers and Typhoid Fever.—Defence of Actions against Medical Men, etc. 144

With Engravings, Third Edition, crown 8vo, 6s. 6d.,
Revised and Enlarged.

HEADACHES: THEIR CAUSES, NATURE AND TREATMENT.

By W. H. DAY, M.D., M.R.C.P.L.,
Physician to the Samaritan Hospital for Women and Children.

"Dr. Day brings to bear upon his subject a large amount of experience and medical knowledge, and makes many therapeutical suggestions of extreme value."—*Lancet*.

"The rapidity with which this book has reached a third edition shows how well it has been appreciated by the profession."—*Practitioner*.

"It will always be a book of reference for the practitioner."—*New York Medical Journal*.

"The extensive demand for a really good treatise on the subject is shown by the publication of the third edition of Dr. Day's work."—*Edin. Med. Journal*.

By the same Author, in the Press.

A MANUAL OF THE DISEASES OF CHILDREN.

J. & A. CHURCHILL, New Burlington Street.

This day is published, Third Edition, Revised and in part Rewritten, 8vo, 10s. 6d.

Practical Lithotomy and LITHOTRITY: or an Inquiry into the Best Modes of Removing Stone from the Bladder.

By Sir HENRY THOMPSON,
Surgeon-Extraordinary to H.M. the King of the Belgians, Emeritus Professor of Clinical Surgery, and Consulting Surgeon to University College Hospital.
J. & A. CHURCHILL, New Burlington Street.

Just published, 8vo, 10s.

General Paralysis of the In- SANE. By WILLIAM JULIUS MICKLE, M.D., M.R.C.P.

"This book has all the good points which a work on the subject should have. We look upon this as the best book on general paralysis that has appeared for a very long time."—*Jour. of Mental Science*.

"A book by an author who combines with the prestige of practical experience a critical knowledge of the literature of this subject."—*American Jour. of Insanity*.

"Dr. Mickle has enjoyed a wide field of observation on the subject of his monograph."—*Brain*.

London: H. K. LEWIS, 136, Gower Street.

By HERBERT TIBBITS, M.D., F.R.C.P. Edin.,
Senior Physician to the West End Hospital for Paralysis and Epilepsy.

Handbook of Medical and SURGICAL ELECTRICITY. Second Edition, Revised & Enlarged, with 95 Engravings, 8vo., 9s.

"This work fills up a hiatus in the literature of medical electricity. It is what it professes to be, and is a Handbook in the best sense of the word."—*The Lancet*.
"Everything is made so clear that any practitioner, whether he previously knew anything of electricity or not, may from this book at once begin the practical use of it."—*The Practitioner*.

PART I of DUCHENNE'S LOCALIZED ELECTRISATION. With 92 Engravings, 8vo, 7s. 6d.

A MAP of ZIEMSEN'S MOTOR POINTS of the HUMAN BODY. 5s.

HOW TO USE a GALVANIC BATTERY. With 13 Engravings, 8vo, 2s. 6d.

J. & A. CHURCHILL, New Burlington Street.

8vo, 1502 pp., 12s.

The Medical Directory for 1881, including

THE LONDON MEDICAL DIRECTORY,
THE PROVINCIAL MEDICAL DIRECTORY,
THE MEDICAL DIRECTORY FOR SCOTLAND,
THE MEDICAL DIRECTORY FOR IRELAND;
A Medical Directory of Practitioners Resident Abroad
possessing British Qualifications;

A Medical Directory of the Army, Navy, and
Mercantile Marine;

A Directory of Licentiates in Dental Surgery;
Also, Statistical and General Information respecting the
Universities, Colleges, Schools, Hospitals, Dispensaries,
Societies, Local Government Medical Service,
Asylums for the Insane, Public Services, etc., etc.,
in the United Kingdom;

With an Abstract, by R. G. GLENN, LL.B., of the
Principal Laws affecting the Medical Profession.

"A model book of reference, and worthy of the reputation of its publishers."—*Athenæum*.

J. & A. CHURCHILL, New Burlington Street.

Nearly ready, 8vo., 16s.

Coulson on Diseases of the BLADDER and FROSTATE GLAND.

Sixth Edition, Revised and for the most part re-written.
By WALTER J. COULSON, F.R.C.S.,
Surgeon to St. Peter's Hospital for Stone and other
Diseases of the Genito-Urinary Organs, and to the
Lock Hospital.

J. & A. CHURCHILL, New Burlington Street.