THE CHEMICAL LUNG.

IR,—Having now brought the chemical lung, in its punkah form, to 2 practical working, I should be glad to experiment with it in any hospital ward or other place where the atmosphere is markedly impure. The machine, or punkah, is six feet by three; and I will, with pleasure, fix it, at my own expense, in any place in London where it can be subjected to the most searching tests.—Obediently yours, 60, Boundary Road, South Hampstead, N.W.

R. Neale, M.D.Lond.

THE TREATMENT OF SUNSTROKE WITH WARM BATHS.

SIR,—In your issue of December 18th, Dr. Maclean draws attention to the treatment of sunstroke with hot baths, and invites those who have tried this method to give

the results of their experience.

the results of their experience.

I landed in India an orthodox believer in the absolute necessity of rapidly attempting to reduce the body-temperature by cold baths; and in two forms of sunstroke I am still of opinion, mainly on theoretic grounds, that the treatment is the most effectual we possess. There is, however, a third form, and one that most frequently comes under the notice of the medical officer in India—at all events, while in civil employment—in which my experience has not only taught me to prefer the tepid and warm baths (from 90° to 98° Fahr.), but has led me to think that cold baths proved rather injurious than otherwise. This third form was probably the disease, complicated with malarial fever, from which the Marquis of Ripon has lately recovered. The varieties of sunstroke to which, in my opinion, the cold bath should be restricted are these. should be restricted are these.

The first is the sudden stroke from the direct effect of intense sun-heat combined with great fatigue, and predisposed to, perhaps, by the use of stimulants. This form is rapidly fatal; it most frequently occurs in young, vigorous, unacclimatised men, whose internal organs are probably sound; and is attended with loss of conmen, whose internal organs are probably sound; and is attended with loss of consciousness, pungent heat of skin, perhaps convulsions, and death from syncope, owing either to stunning of the brain, or to paralysis of the conducting nerves and their centres, brought about by a coagulation of the albuminous bodies in the nerves, muscles, etc. Here the immediate and repeated use of the cold bath, with the application of cold to the head, seems rational enough. I have seen but one case of this kind; and death was of too rapid occurrence to allow any treatment to be adopted with any chance of success. There were post mortem signs of cerebral congestion and effusion of blood. The lungs were considerably engorged. The patient had an epileptic history.

The second form in which the impression of the body in cold water will reduce

e second form, in which the immersion of the body in cold water will reduce

The second form, in which the immersion of the body in cold water will reduce the temperature so as to permit the renewal of the suspended functional activity of vital organs, is that kind of heat-asphyxia known to occur on board-ship in narrow tropical seas, or ashore in the crowded barrack-room.

The third variety, and that in which my experience has led me to discard the cold and adopt the tepid and warm bath, may be described as follows. It occurs most frequently among acclimatised district civilians—engineers, police, and medical officers—men whose duties necessarily expose them at times to great and prolonged heat, considerable fatigue, and a good deal of discomfort, while sojourning in tents or travellers' bungalows. They are probably tainted with malaria, and may have occasionally suffered from attacks of congestion of the liver and dysentery. While on a tour of this kind, the patient-elect begins to feel irritable, tired, and out of sorts; he tries to look bright and pull himself together. After a day or two, the heat of skin increases, and he ceases to perspire; there are headache and intolerance of light; and when considerably done up, he returns home, and after a sleepless night sends for the doctor. His face is now flushed; there is intolerance of light and sound; perhaps delirium and muscular twitches; the skin is dry and burning; the temperature roof or roof Fahr., with exacerbations if complicated with fever. the temperature not or noy Fahr., with exacerbations if complicated with fever. The pupils are often contracted; and there may be tenderness over the hepatic region, with a yellow conjunctiva. Patients suffering as described generally recover if treated promptly. The disease is liable to recur, and a sojourn in Europe is advisable, but not absolutely necessary.

The treatment which I have adopted in several cases of this affection, and to which, were I a patient myself, I should wish to be subjected, is as follows: A which, were I a patient myself, I should wish to be subjected, is as follows: A warm bath, to be repeated according to the judgment of the medical attendant; cold to the head, in the form of irrigation if the patient will bear it; and removal to a cool dark room, with a punkah. A thermantidote would be a great advantage; it is, however, necessarily restricted to public institutions, and I have never seen one in use in India. Aconite and belladonna, in from three to six minim doses, should be given every two hours. This combination is invariably followed by free perspiration, but a coincident reduction of the temperature does not always accommany it. Still it is the best means of attaining that end, at the same time controllperspiration, but a coincident reduction of the temperature does not analyst accompany it. Still it is the best means of attaining that end, at the same time controlling the meningeal disease. Bromide of potassium is an useful addition in some cases; chloride of ammonium in others; and quinia if there be a malarial complication. Quinia, unless in cases of ague, does not, I think, reduce the temperature of the body. Potash water is the best beverage.—I have the honour to be, sir, D. H. CULLIMORE. your obedient servant,

15A, Connaught Square, W., Jan. 25th, 1881.

HOT FOMENTATIONS.
SIR,—The method of steaming flannels suggested to Dr. Neale is by no means new; IR,—The method of steaming flannels suggested to Dr. Neale is by no means new; I have advised and seen it done for many years. Even in the absence of a steamer, the nurse need not "scald her fingers" by wringing hot flannels if she will act thus. Take them from the boiling water with a fork, drop them in a heap on a large towel spread on the floor, fold the towel round them, let a person hold each end of the folded towel and twist tightly in opposite directions. On taking out the flannels they will be found full of steam, yet dry enough to prevent undue wetting of the patient's dress, and as hot as can be borne.—I am, etc.,

J. CROCKER.

patient's dress, and as hot as can be borne.—I am, etc.,

DOCTORS AND PRINCESSES.

DR. WILM, who married a Princess of Würtemberg last year, much to the annoyance of her relatives, is said, according to a correspondent of the Globe to have made her extremely happy. Having an extensive practice at Breslau, where he is trying to obtain a professorship of medicine at the University, he is ably assisted by his accomplished wife in the care of his patients, many of whom too poor to procure the necessary remedies, are aided by the former Princess, ambitious of fulfilling her self-chosen duties. She has just been confined of a daughter, whose baptism was the occasion of quite an ovation on the part of the grateful people of Breslau. Madame Wilm is not the only German lady who relinquished her princely title for the sake of a doctor; for Madame Esmarch, the wife of the famous surgical professor at kiel, was also born in the purple. She is aunt to the young Princess Victoria of Schleswig-Holstein, shortly to be united to Prince Wilhelm of Prussia, heir to the Imperial throne of Germany.

JOHN ETIQUETTE.—What is meant by "kidnapnine" natients? and how does our

JOHN ETIQUETTE.—What is meant by "kidnapping" patients? and how does our correspondent propose to establish an exclusive right to practise in a district by establishing a "branch practice"?

A CORONER'S VERDICT.

A CORONER'S VERDICT.

SIR,—My attention has been called to your article in the JOURNAL of January 15th, on the strange phenomenon of a "coroner's verdict" at Worcester. While agreeing with your remarks on this point, will you allow me to suggest, from long and painful experience, that there may be some mistake in the reporter's account of the inquest; for a coroner can have no more right to "direct" a jury in their verdict upon the facts than any other judge has. I have never done so for thirty-five years, and cannot imagine any coroner understanding his duty attempting such an encroachment on the province of his jury. But there can be no doubt that the police—acting under the orders of the coroner, who is ex officio a magistrate, and as Blackstone says, a "principal conservator of the peace"—would be bound to take a prisoner, under such circumstances, before the justices; nor, I apprehend, would the coroner be liable in an action for false imprisonment in giving such an order for bona fide reasons; for there is no doubt, also, that the coroner can, in the would the coroner be hable in an action for laise imprisonment in giving such an order for bona fide reasons; for there is no doubt, also, that the coroner can, in the face, even, of a verdict of not guilty, himself commit a prisoner for trial at the assizes; though, in that case, the grand jury would have to "find the bill". In the ordinary case, the coroner's inquisition serves as an indictment, without the intervention of the grand jury.

intervention of the grand jury.

On one point I must strongly protest against your statement of the law. The coroner has to inquire, in every case of sudden or violent death, not into the cause i.e., medical cause) of death, as you put it, but whether the person died by the act of God in a natural way, or by his own hand, or by external violence, and generally "if any culpable". You will see, therefore, that the inquiry before the coroner and a sworn jury is much wider and more solemn than the so-called examination of a prisoner before the justices. All the evidence adducible in the latter case must necessarily be brought out before the coroner, and this whether or not any person is accused before the jury or in custody of the police. The Road murder, and many other cases I could cite, are illustrations of the great value of the coroner's inquest in this respect, and of the harm done by attempting unlawfully to set aside or curtail any portion of the coroner's constitutional functions and authority.—I am, sir, yours faithfully,

EDWARD HERFORD, H. M. Coroner, City of Manchester. Manchester.

INSTITUTIONS FOR INEBRIATES.

SIR,—I should be thankful if any of your readers could inform me if there are any institutions in London (or near) for the cure of inebriates, established under the Habitual Drunkards Act of 1879? Any rules, regulations, fees, etc., relating to the came would greatly oblige, yours truly,

SURGEON. the same would greatly oblige, yours truly,

ERRATA.—In Mr. Vacher's letter in last week's JOURNAL, page 217, column 2, line 20, for "£28 10s." read "£1 8s. 10d."; and in the last line of the letter for "justibus" read "gustibus".

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

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BOOKS, ETC., RECEIVED.

On the Construction, Organisation, and General Arrangements of Hospitals for the Insane. By Thomas S. Kirkbride, M.D., LL.D. Philadelphia and London: J. B. Lippincott.

Manual of Dissections of the Human Body for the use of Students. By R. E. Carrington, M.D., M.R.C.P. London: G. Bell and Sons. 1881.

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