

POST MORTEM EXAMINATIONS IN PRISONS.

SIR.—In a paragraph “*Post mortem* Examinations in Prisons,” in the JOURNAL of July 9th inst., you invite the expression by prison surgeons of their views on the suggestion that *post mortem* examinations on prisoners dying in prison should be conducted by other than prison surgeons. I should imagine that there could scarcely be a dissentient from the feeling that such a step would be calculated to throw discredit on a body of medical men, already heavily weighted with the highest responsibility; that is, the health and life of men who are liable to be subjected by law to conditions naturally inimical to health (thus affecting life), and which conditions can be modified or entirely relaxed by the direction of the medical officer—a responsibility, the gravity of which can only be appreciated by bearing in mind that the duty of the prison surgeon, under such circumstances, is not to prescribe the treatment he thinks most conducive to health, but only to interfere when he finds health is likely to be seriously affected by such conditions. Rejection of the testimony of prison surgeons as to the cause of death of prisoners dying in prison, would be virtually to make these surgeons defendants in a criminal inquiry. Such a proceeding would be as unfair as it would be unwise; unfair, for the prison surgeon cannot interdict prison discipline altogether, and is, therefore, inhibited from securing the prisoner from all risk—for it must be conceded that all punishment tends to conduce to a departure from health; unwise, because, in the vast majority of cases which die in hospital of natural deaths, the surgeon’s testimony—the only testimony of real value—would thus be excluded.

Another reason why such a slur should not be cast on prison surgeons is, that there is no need for it. The prison death-rate is the lowest of any community in England, and (although I say it myself) reflects the highest credit on all concerned, from the authorities who are most liberal in granting all medical requisitions to the nurses who carry out the medical officers’ directions. My own experience—and I have heard the same opinion expressed by a coroner—is, that many lives have been prolonged under prison treatment, which, out of prison, would have succumbed to neglect, exposure, or excess; or, in other words, the expectation of life for the criminal classes is greater in prison than out.

Instead, therefore, of there being any necessity to challenge the competency and trustworthiness of prison surgeons, it seems to me that it would be advisable to endeavour to follow their practice outside prison, and see if it be not possible to secure the same favourable sanitary results amongst the population at large; for there must be a fault somewhere, that a community collected from the dregs of society, with constitutions enfeebled by vice of every kind, should hold such an exemplary position in sanitary statistics, as convicts do when compared with the free population of England.—I am, sir, your obedient servant,

A PRISON SURGEON.

NASAL CATARRH.

SIR.—If your correspondent examine the nostrils of his patient narrowly, he will, perhaps, find the mucous membrane redder than usual, and covered more or less with silvery scales of epithelium. The affection may, however, be confined to parts not open to inspection; but from observations in those which included the lower part, I have come to regard such cases of nasal catarrh as a form of psoriasis identical in nature and origin with psoriasis of the skin, and to be dealt with on the same principles. Treatment, to be effectual, must of course be constitutional in the first place; and in many cases I have found that enough; but, as a local application, the nasal douche or sniffing-bath has been of benefit, beginning tepid, and with a pinch of common salt added to the water, and in time using cold water without addition of any kind. It is, however, through the digestive organs more particularly that good can be done, there being an intimate sympathy between these and the nose, as is demonstrated on the face of many a toper. Careful dieting, with a minimum of flesh meat, frequent perspirations with the Turkish lamp-bath or wet sheet pack, the nightly use of a wet bandage, and a fair amount of exercise in the open air, are indicated.—I am, etc.,

W. B. H.

SIR.—In reply to the question of your correspondent “Sneeze” in the JOURNAL of Saturday, the 2nd instant, allow me to suggest a remedy, or rather remedies, local and general, for his case of “summer catarrh” affecting the nasal passages. It is a frequent disorder just now, and is, I believe, induced by the common causes of catarrh in general.

The passages in question should be thoroughly cleared out, and well washed twice or three times in the day with a weak solution of salicylic acid or chloride of zinc (10 grains to the imperial pint of water). Either lotion can be supplied by means of the “siphon,” or snuffed up the nostrils. Redistilled oil of turpentine is the internal remedy, diluted with nine parts of alcohol; of this solution, five to ten minims in half a wineglassful of water must be taken every four hours. Spruce beer is a useful adjunct, and the patient might be directed to take a wineglassful three times a day, as a substitute for the ordinary malt liquor.

A propos of your own “editorial” remarks on the treatment of “hay asthma,” let me say that the treatment indicated above has been the most efficient and successful I have ever made trial of in this most distressing disease.—Faithfully yours,

WM. PROWSE.

Cambridge, July 4th, 1881.

AN ANESTHETIC CAR.

SIR.—Last summer I was in Paris, and had an opportunity of seeing Paul Bert’s anesthetic car at work. I was at the St. Louis Hospital one morning; the car was there, and some operations were to be done in it. We—the patient, doctor, and his students—went into the car; the door, air-tight, was closed, and air forced into the car; in a few minutes my ears began to feel strange, and I was told to swallow, yawn, and blow my nose, which I did every few minutes, and so made the pressure equal on both sides of the drums of my ears. The patient laid himself down on the operating-table, and the anesthetic agent was given him. He took it very quietly, did not struggle, and was soon insensible. Whilst he was unconscious, an epithelioma was removed from his lower lip; after the wound was sown up, the compressed air was allowed to escape; the patient got up from the table, walked out of the car, and lay down on the grass; he complained of no headache nor nausea, but said he felt just as usual. We also were glad to escape from the car, on account of the heat, which was very intense. During the operation, all the assistants and the surgeon pulled off their coats and waistcoats, and yet they perspired very freely. The car is on wheels, and is carried about from hospital to hospital; the hospitals being under Government, the car is a public one, and is taken all over Paris.—Yours truly,

T. R. ALLINSON, L.R.C.P. Ed.

2, Kingsland Road, E., June 27th, 1881.

FAMA PER URBEM.

The following appeared in the *Limerick Reporter* for July 7th. “An operation for calculus was this day successfully performed on a patient in Barrington’s Hospital by Dr. De Landre, assisted by Dr. Thomas Kane, J.P., Dr. Myles, and Dr. Holmes, resident. The instrument used was quite a new one by Weiss and Co., of London.”

CALF-LYMPH.

SIR.—Perceiving in the JOURNAL from time to time so many complaints of the failure of calf-lymph, allow me to say, for years I have procured my supply on points from Mr. W. Faulkner, of 16, Endell Street. I do not remember a single failure. During the last two weeks I obtained twenty-four points from him. I use two points for three vesicles, and rub them in well. Up to this date, every case has been successful.—Faithfully yours,

J. S. GRUBB.

Waterbeach, Cambs., July 5th, 1881.

SIR.—I have used both the calf-lymph supplied by the Association at 3, Hemming’s Row, W.C., and humanised lymph obtained from various sources (the National Vaccine Department amongst others); and I can truly assert it is a rare thing for me to have a failure, either in primary or secondary cases. Four or five years ago I was certainly less successful; but I have come to see that the failures resulted from my method of operating, and not the vaccine. I think most other medical men will arrive at the same conclusion after a little time.—I am, sir, your obedient servant,

F. P. ATKINSON.

Kingston-on-Thames, June 29th, 1881.

UNFORTUNATE JUNIOR PARTNER.—The question is a legal one, and must be submitted to legal opinion.

VACCINATION.

The *Daily News* has the following curious paragraph. “A member of the House of Commons is making arrangements of a practical character to spread the practice of vaccination. Objection being taken in many quarters to the use of lymph procured from the human arm, the hon. member will shortly have available a living calf, for which a stall will be found in a densely populated neighbourhood of the city, and where persons seeking vaccination may see the lymph taken direct from the calf.”

A. W. O.—In the treatment of hay-fever, the injections of quinine do not, we believe, need to be made more than three or four times a day.

LABOUR WITH UNRUPTURED HYMEN.

SIR.—In the JOURNAL of the 25th ult., Dr. Hickinbotham reported two cases of labour at term in which the hymen was unruptured; and as these cases are not common, I should like to mention a similar one which came under my observation a few weeks ago. My patient was a primipara, aged 25, thin, delicate, and generally depressed in spirits, suffering occasionally from semi-hysterical attacks. When I was summoned, labour had reached the commencement of the second stage, and the presentation was with some little difficulty ascertained, the whole of the vaginal orifice being occluded by the hymen, except at the anterior portion. Here there was an aperture of not sufficient size to admit the tip of the little finger, the rest of the membrane being more unyielding. After dividing the hymen, labour proceeded naturally.—I am, etc.,

WALTER ROSSER, M.D.

Croydon, July 5th, 1881.

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

Dr. Thin, London; Mr. J. E. Ingpen, London; Dr. P. H. Mules, Manchester; Mr. G. F. Hodgson, Brighton; Dr. E. Drummond, Homburg; Mr. S. Bennett, London; Dr. J. E. Bullock, Tunbridge Wells; Dr. J. Goodhart, London; Mr. G. Eastes, London; Mr. A. H. Martin, Newcastle-on-Tyne; Dr. E. Rickards, Birmingham; Dr. A. Wallace, Parsonstown; Mr. E. Stephens, Ilminster; Mr. W. F. Teevan, London; Dr. A. Ogston, Aberdeen; Mr. Dolan, Halifax; Delta; Mr. G. W. Daniell, Blandford; Our Edinburgh Correspondent; Physician; Mr. C. R. Illingworth, Accrington; Mr. W. A. Smith, Clifton; Mr. E. White, Wallis, London; Mr. F. W. Lowndes, Liverpool; Mr. Francis Vacher, Birkenhead; Dr. A. Duke, Dublin; Mr. T. Holmes, London; Mr. W. Stevenson, London; Mr. Hensman, London; Mr. J. W. Moore, Birmingham; Mr. G. Brown, London; Mr. J. Wickham Barnes, London; A Governor; A. W. O.; Dr. Howard Murphy, Twickenham; Mr. Clover, London; Mr. G. Barling, Birmingham; Mr. W. Whitehead, Manchester; Mr. W. Martindale, London; Mr. H. J. Davis, Brighton; etc.

BOOKS, etc., RECEIVED.

Die Krankheiten der Frauen, Aerzten und Studirenden geschildert. Von Dr. Heinrich Fritsch. Mit 150 Abbildungen in Holzschnitt. Braunschweig: F. Wreden. London: Williams and Norgate. 1881.

Nature Parasitaire des Accidents de l’Impaludisme: Description d’un Nouveau Parasite trouve dans le Sang des Malades atteints de Fièvre palustre. Par A. Laveran. Paris: J. B. Baillière et Fils. 1881.

Le Sommeil et l’Insomnie. Par le Docteur Angel Marvaud. Paris: J. B. Baillière et Fils. 1881.

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