

NITRITE OF AMYL IN CHLOROFORM SYNCOPE.

DR. JOHN RUXTON (Blackpool) writes: It would be presumption on my part or any other man's to say whether nitrite of amyl would have saved any individual life without being present on the particular occasion, but I can generally and candidly affirm that I have found it a most efficient agent in collapse from inhalation of chloroform, as well as a very useful auxiliary when administering the same in doubtful cases, proof of which could be corroborated by several medical friends here. I have also found it a ready and sometimes very satisfactory remedy in cases of angina pectoris or extreme pain over the cardiac region; and an attendant can administer it while one's own hands are preparing hypodermic, oral, or local remedies. Were I asked in what class of cases amyl was most likely to be useful, I should reply, in those accompanied by extreme pallor of countenance. I have been in the habit of using amyl for the past sixteen years, unsuccessfully at first in cases of cholera, but have frequently since found it invaluable, ready in its application, quick in its action, though not infallible. I have used Martindale's preparation, and should be sorry to banish it from my emergency bag.

IRISH AND SCOTCH DIPLOMAS AND PUBLIC APPOINTMENTS.

ONE WHO HAS BEEN DEPOSED writes: At page 314 of the JOURNAL of August 11th I notice that Dr. Waters drew attention to the extraordinary rule which prevents the late President of the Association (Dr. Banks) from becoming a physician to the Liverpool Infirmary, because he did not possess a certain English diploma. It would be interesting on this point to refer to the action of certain members of Council (in the majority) in the Royal College of Surgeons in England. The regulations of the College say that Fellows of the Irish College are admissible to the Fellowship *ad eundem* of the English College, if they conform to the by-laws and produce certain formal certificates duly set forth. But these regulations do not say that the admission shall be by ballot, and after the Irish Fellow has taken the trouble to obtain the certificates required and made his application, he then finds the whole proceedings were a complete farce, and that the majority of the Council make it a rule to black-ball every Irish Fellow who applies, two only, I believe, having been elected. It would be interesting to know what is the wording of the Charter on the point, and if the Charter makes *ad eundem* admissions to the Fellowship a mere matter of a quasi-club election, and if the Council are acting within their rights in making the *ad eundem* admission a dead letter, while retaining it in the regulations.

ENGLISH PRACTITIONERS IN SWITZERLAND.

DR. J. M. LUDWIG (Pontresina) writes: In a letter published in No. 1434 of the JOURNAL Messrs. Coester, hotel-keepers in Davos, say that the persecution of the English doctors in the Engadine was caused entirely by some Swiss doctors who denounced them for illegal practice, with a view of getting altogether rid of their competition, and that the Grosse Rath of Grubünden did not adopt the view of the Swiss medical profession, but granted the right to practise to the English doctors. With these statements I beg to compare the facts, which are as follows: One of the two English doctors concerned lived in a place where he could not be in the way of any other practitioner, and no Swiss medical man has ever denounced him for illegal practice or complained of his competition. When the other English doctor first settled down a petition was signed by all the resident Swiss doctors of St. Moritz, Pontresina, Samaden, Zug, and Scams, asking our authorities to grant him the permission to practise. None of these medical men have ever denounced him; on the contrary, they have refused to give evidence against him, and when the question came before the Grosse Rath, the only medical member of this body was in favour of the English doctors as soon as he knew the opinion of his Engadine *confrères*. The relations between the English and Swiss medical men in the Engadine are therefore very good.

HYPODERMIC SYRINGES.

DR. ARTHUR HILL HASSALL (Lucerne) writes: I am glad to see that Mr. Serres has, in the JOURNAL of August 25th, drawn attention to the manner in which the graduation of hypodermic syringes varies. The subject is a very important one, and the need of greater care in the graduation of these instruments urgent.

The divisions of the syringes of British manufacture should correspond with the minim measure, but those of foreign make are divided into decigrammes, or tenths of a gramme, so that each division in this case corresponds to a minim and a half of the English scale. Now, I believe that a very large proportion of the hypodermic syringes sold in England are of foreign manufacture, and hence the difference pointed out by Mr. Serres is partly accounted for; but no doubt other differences arise from want of care.

I have in my possession at the present moment two hypodermic syringes, both probably of foreign make. The divisions in one of these corresponds to a minim and a half, the ten divisions representing no doubt one gramme. In the other each division corresponds to two minims. Now, the strength of the hypodermic solution of acetate of morphine of the *British Pharmacopœia* is 1 in 10, and the quantity of this to be used for injection ranges from 1 to 5 minims.

Supposing, therefore, either of the above instruments were employed, in the belief that the divisions represented in each case a minim, and supposing it were desired to inject only a minim of the Pharmacopœial solution, the actual quantity injected would be—according to which instrument was used—6 or 8 minims of that solution, or, in the last case, double the quantity desired. In fact, a quantity of morphine would be injected which in many cases would be highly dangerous, and in some might—and, indeed, I may say would—prove fatal.

There is another point in the construction of these syringes which requires consideration, namely, the way in which the divisions are indicated. They are usually marked on the stem of the piston, the numbers up to 10 commencing from above downwards, but sometimes the divisions are marked on the barrel. When indicated on the piston the figures should commence at the bottom and not at the top, because in using the syringe one has to read off from below the number of minims injected, and this often leads to confusion and mistakes. By far the best and most accurate method is to show the divisions on the barrel, each being indicated by a coloured figure, the numbers in this case commencing at the top. The marking on the piston readily lends itself to great irregularities. Hence it appears that there is much need for the exercise of greater care in the manufacture of these syringes, the accuracy of which should be guaranteed by a certificate, as in the case of clinical thermometers.

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BOOKS, ETC., RECEIVED.

Léon-Petit, Dr. L'Hystérie Pulmonaire. O. Dolin: Paris. 1888.
The Science and Art of Training. A Handbook for Athletes. By Henry Hoole. M.D. Lond. Trubner and Co., Ludgate Hill. 1888.

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