

frotteur, which cleansing is more laborious than scrubbing, and does not remove the dust. The Parisian floor requires re-preparing every three years. But the wet and dry rubbing is far less laborious than either frottage or scrubbing, and completely removes the dust, and freshens the ward in the morning. By either process the sick would gain much in England. The Berlin flooring is by no means perfect, on account of its deficient durability of surface, and might be improved."

As to the walls and ceilings of wards, plaster or bricks whitewashed are equally objectionable. Both require very frequent lime-washing to keep them healthy. Pure, white, polished, non-absorbent cement should be employed in preference for hospital walls. Parian and glazed tiles would form admirable covering for the surface of them. All stairs and landings should be of stone; corridors should be floored with diamond-shaped flags or tiles, and terraces paved with asphalt.

We are neither so exacting nor so enthusiastic as to expect all our faulty hospital walls will be knocked down and built up afresh simply upon our own or others' recommendation. But this we do require, that for the future all additions to old buildings and the rearing of new ones shall be effected conformably to those rules which require the habitation of sick people not to be constructed like an enormous sponge, sucking in year after year effete, infectious, organic effluvia. As regards the flooring, however, of our present institutions, surely some remedy may be at once introduced by which the frequent scrubbing of a parcel of dirty, rotten old boards, immediately beneath the noses of the patients, may be obviated. As soon as this is effected, it may be depended upon we shall hear less of gangrene, pyæmia, and erysipelas.

ALL prospect of any amalgamation betwixt the several Medical Societies, which was lately mooted in Berners-street as elsewhere, being now hopeless, the Royal Medical and Chirurgical Society are at present occupied with the question whether important changes may not be effected by the Society itself, without external co-operation. Already the Council have appointed a sub-committee to consider the whole matter, and report their opinion thereon. In order to encourage the authorities in this desirable movement, a requisition is now in course of signature by non-official Fellows, "urging on the Council of the Royal Medical and Chirurgical Society the propriety of considering how far it may be expedient to carry out certain propositions, recently the subject of discussion, by sections of the Society selected for that purpose." Such document has, we hear, received numerous signatures, both of parties who were in favour and of those against any junction with other Societies, of whom many were previously agreed respecting the advantages of instituting various reforms in the Society, in order that it might keep pace with the times, and not lag behind in the march of progressive improvement.

CITY ORTHOPÆDIC HOSPITAL.—The annual meeting of the governors was held in the Board-room of the hospital, Hatton-garden, on the 14th instant, when the Duke of Marlborough took the chair. The report, read by Mr. Tillett, stated that during the past year, 1851 cases of deformity had been treated. Since the opening of the hospital on Midsummer day, 1851, no less than 8058 patients had been received. The receipts of the year had been £556 9s. 3d., and the expenses £6 11s. 0d. in excess of that amount. The liabilities of the hospital amount to £572 18s. 7d.

Correspondence.

"Audi alteram partem."

DR. CHAMBERS' LECTURE

ON

GONORRHOEA AND IMAGINARY SPERMATORRHOEA.

To the Editor of THE LANCET.

SIR,—In THE LANCET of Saturday last appeared a letter from Dr. Dawson, of Finsbury-circus, disputing the truth of certain facts related by me in a Clinical Lecture on a fatal case of Instrumentation in Imaginary Spermatorrhœa. As I there stated, the facts were taken from the deposition made by the patient, properly attested and witnessed, just before his death. The deposition is as follows:—

"I, J. S—, of —, believing that my life is in great danger, and that I probably shall not survive my present illness, hereby solemnly depose to the truth of the following facts regarding myself and the communication which I have had with Mr. Dawson, surgeon, of Finsbury-circus. I wrote to Mr. Dawson a letter expressing my wish to have an operation performed for congenital phimosis, which letter he answered on March 27th, 1861. By his appointment I went to him on the succeeding Friday, and had the operation performed by him. I went again on the Monday following, and then said I thought I had spermatorrhœa, because I had during the two previous years frequently observed my flannel clothing stained with coloured stains, which were not removed by washing. I did not make complaint of any other symptom whatever, or of any sensations accompanying the above-named discharge. Mr. Dawson asked me no questions about my symptoms, but then and there passed into the urethra an instrument like a catheter, with a central piece and with lateral holes, which instrument he filled with an ointment about the consistence of lard, which he injected out from the instrument by means of an apparatus at the end. Very slight pain was caused by it. I attended Mr. Dawson every Monday and Thursday for the purpose of having the instrument passed. Usually the ointment appeared to be injected about three inches into the urethra, but on two occasions it was injected into the bladder, as appeared to my sensations. A fortnight after the instrument was first passed, irritation in the situation of the prostate gland and in the perinæum commenced; I passed urine with difficulty, and pus was discharged from the urethra with and without the passage of urine. I went again to Mr. Dawson, and he again passed an instrument and drew off water from the bladder. I then consulted Dr. Sanderson, and he also called to see me on Saturday, May 11th, when I could not bear the irritation. I went to see Mr. Dawson again on the Monday following, and he ordered me copaiba capsules. I went again on Thursday, May 16th, when he injected laudanum and camphor into the rectum. On the following day, May 17th, he came to see me at home, and drew off my urine with a catheter, which he smeared with a brown tincture. I had that morning written to Dr. Chambers, who came here while Mr. Dawson was here with a gentleman he brought with him, and whose name he said was Venables. I have heard the above read over to me, and sign it with a solemn belief in its truth."

The patient died the same evening. ¶

It is a solemn thing to be the depositary of the words of a fellow-man, spoken just as he is stepping into the dark river of death, with his senses and memory perfect. I should shudder at the idea of disbelieving it, and religiously used the very words of the deposition in my lecture; yet Dr. Dawson's account which you printed last week differs most materially.

The documents allege—

Dr. Dawson states in his letter—

1. That "an instrument like a catheter, with a central piece and lateral holes," was inserted.

1. That "nothing but a sound was ever introduced into the urethra."

2. That it was "filled with an ointment," which was "injected out from the instrument by means of an apparatus at the end."

2. That this was only "covered with lard."

3. That at the first and

3. That the patient at his

second visit he "did not make complaint of any other symptom whatever" besides the stains on his flannels (preputial secretion retained by the phimosis—T. K. C.) The absence of irritation of the neck of the bladder is confirmed by those who were in the habit of seeing him all day and every day. We all know that it is a symptom which cannot be hid. Further on, we find that "a fortnight after the instrument was first passed irritation in the situation of the prostate gland and in the perineum commenced."

4. That Mr. S— had written to me in the morning. This letter I received; it begged me to come and see him, and stated that he was very ill: and that statement was fully borne out by the dry brown tongue, the vomiting, and the agitated, frightened manner of the patient, which can be shown by non-medical testimony to have existed, in spite of Dr. Dawson's assertion that he was better.

Upon these statements rests the whole point of the case; and these Dr. Dawson asks your readers to believe in opposition to the solemn evidence, sealed by death, of an habitually truthful young man!

We are obviously, therefore, challenged to examine first into the credibility of Dr. Dawson himself as a witness; and then into the likelihood of the circumstances narrated by me. First, then, as to Dr. Dawson. It is not easy to collect documentary evidence, to character of a private individual, who makes a very private kind of practice his speciality; yet I think I can show enough to justify me in preferring the statements of my patient to his; though I quote nothing but what is either in print or writing, and which your readers can refer to themselves.

1. In the title-page of the volume "On Spermatorrhœa," which I discovered in the poor fellow's drawer, presented "with the author's compliments," I find Richard Dawson, M.D., describes himself as a "Licentiate of the Royal College of Physicians, London." This title he never had any claim to assume, and he never passed the examination for it. As an *extra-licentiate* he certainly appears in the list for one year (1844); but in the next year his name is struck out even of that list, and has never been again inserted. And he *knows*, as well as I do, the difference between a "*licentiate*" examined by the Censors' board, and an "*extra-licentiate*" permitted by the now defunct body of Elects to practise *extra urbem*. I say he knows it as well as I do; and he *knows also* that his name was struck out, since in the "Medical List" for 18.7, he describes himself as "*late Extra-Licentiate of the Royal College of Physicians.*"

2. Then he describes himself as having held the office of "Physician to the Institution for the Treatment of Calculus, Diabetes, and the various Diseases of the Genito-Urinary System." I have had the "Post-office Directories" searched back from 1861 to 1840, but not a trace of such an institution is to be found; although, besides all our well-known public charities, both private establishments and minute specialities,—such as gynepathic, orthophonic, and cutaneous institutions,—are all included. I believe I am justified in doubting the existence of any public institution so named.

Now, it must not be thought that this is mere pedantic accuracy on my part. I have reason to believe that patients do go to him in consequence of the adoption of these titles, and they are evidently intended to attract the public. Is their assumer worthy of credit?

3. In his letter Dr. Dawson misrepresents my words as if I had denied his being once an extra licentiate, and holds me up to scorn as a maligner. I never did so. I said (and say now) he never was a *licentiate*, which is the assumed title in question; and I said that his name "does not now appear in the lists of extra-licentiates;" and I repeat that fact, with the addition that it has not appeared for sixteen years. An exami-

first visit was suffering from "irritation of the neck of the bladder."

4. That I was not sent for to visit the case, but had dropped in casually.

nation of the College lists will prove this. Am I called upon to believe a man who thus tries to impugn my veracity by perverting my words?

Then as to the likelihood of the facts themselves,—namely, that Dr. Dawson introduced into the urethra a hollow instrument by means of which he passed an ointment into the bladder, which caused its inflammation:—

1. In "Dawson on Spermatorrhœa" the author states that he has invented an instrument, exactly answering this description, for the purpose of applying an ointment to the prostate gland. This instrument he says he had used in 2300 cases in five years.* Now in poor S—'s case instrumentation appears, by the four guineas confessed to by Dr. Dawson, to have been practised four times: in a case related in the *British Medical Journal* of last Saturday it was done twenty-eight times. Let us take the mean of sixteen times in each case, and a simple sum will show us that, working Sundays, holidays, and all, he must have used it at least twenty times daily. If his printed statement be true, we are justified in believing that it is a habit with him to pass such an instrument, and in crediting the categorical statement of the patient as to the nature of the operation. If his printed statement be not true, still more are we justified in crediting the patient.

2. It must not be supposed that this is the only case which could be brought forward. During the life-time of the patient the medical attendant's mouth is of course sealed, and the poor fellow himself is ashamed of publishing his folly. Besides which, unless he has received somewhat of a scientific education, he is not very capable of describing accurately the circumstances. But fortunately all cases do not end in death, and now and then a man is wise enough to confess voluntarily that he was once a fool. In the *British Medical Journal* of last Saturday there appeared a letter from a Doctor of Medicine of Edinburgh, M.R.C.S. and L.S.A., who, before his studying medicine, had fallen into Dr. Dawson's hands, and who, from the experience he has since gained, is able to declare that when he "*first went to Dawson there was nothing the matter but what cleanliness, an astringent lotion to the surface of the glans, and a few days would have set right.*" It was a case, like the fatal one I have related, of congenital phimosis, where instruments were unnecessarily passed, chloride of zinc injected, and disease of urethra or bladder induced. The publication of this case is ample justification of the light in which I have placed the facts detailed in my lecture.

3. Dr. Dawson says† that the ointment he employs is composed of chloride of zinc and iodine, and that the insertion of this into the urethra "*has advantages over cauterization.*" Therefore, of course, that it is not cauterization. This accounts for the bold-faced way in which he keeps asserting that he had not cauterized the urethra. What! chloride of zinc and iodine not caustic! Pray let the reader who doubts try them on some unimportant part of his own person, and say what he thinks of this assertion. Are we to credit a person who does not call chloride of zinc a caustic?

On these grounds I feel sure your readers will agree in thinking me quite justified, by the antecedent probability of the facts, in believing the account which my patient gave rather than that published by Dr. Dawson.

Dr. Dawson brings forward the fact that the patient's father died of inflammation of the bladder. The coincidence is certainly striking, since Mrs. S— tells me that it was in consequence of the use of instruments, whether justifiable or not I cannot ascertain. But to offer this as an explanation of the fatal result, reminds one of the cabman, who, after running over a brother and sister in succeeding months, excused himself by the plea that it was "in the family."

Dr. Dawson complains of the "*animus against*" him which I have exhibited. I don't deny it. When I see an intelligent young man gaining for himself a good position after coming up alone to London, respected by all who saw him at his daily work, active and cheerful; then suddenly growing listless about a week or ten days after his first visit to Dr. Dawson; and then laid up in bed with inflamed bladder, and writing to me that he is very ill; and when, moreover, this young man is in my employ, and I myself suffer the loss of his services, the direction of my "*animus*" is not to be wondered at. When I see his widowed mother, whom he had sent for from Scotland, and was supporting by his industry, losing the mainstay of her old age, and thrown back into poverty, I must have very little "*animus*" in my body if it is not roused.

As to his comments on the management of the case, I will

* He says, "I am preparing a work for the press in which I shall give the results of 2300 cases treated by the ointment."—p. 94.

† Dawson on Spermatorrhœa, p. 93.

merely say that Mr. Lane (a senior Surgeon to St. Mary's Hospital) saw the patient once alone and several times with me, and that Dr. Sanderson (Lecturer on Medical Jurisprudence at St. Mary's School, and Physician to several large public charities) saw him twice, and both quite agreed in everything that was done. But that is really beside the question, the point being not the progress, but the *origin* of the disease, which I hold to have been the unnecessary introduction of irritants into the urinary passages, under the pretence of curing a disease which is purely imaginary.

Equally beside the question is the allegation of my rudeness to Dr. Venables. I am not acquainted with him. Dr. Dawson named him, and I bowed; again I bowed to both as courteously as I could, when Dr. Dawson said he should "leave the patient in my hands." Dr. Venables said nothing to me, nor I to him. I will not discuss the point whether such conduct is "offensive" or not.

Again Dr. Dawson tries to annoy me by an irrelevant statement that Mr. S— had not sent for me. This is simply untrue. He had written that morning, begging me to come, and his mother had posted the letter.

He also introduces an impertinent remark about my being laid up in bed with lumbago, and suggests that this caused me to neglect the patient. He knows from the date of my note that this temporary illness came on *after the post-mortem examination*, at which I assisted.

He also complains of my not taking any notice of his diagnosis, or guiding my treatment by it. As I am here using documentary evidence only, I will not quote any spoken words of his which made me think not highly of his scientific acquirements; but I will merely refer (first) to his printed letter in THE LANCET, in which he speaks of the presence of "phosphate of lime" in the urine as an evidence of disease, though every student knows it to be the most universal normal constituent; and (secondly) to a carefully written and twice copied letter to me, in which he spells the optical instrument he professes to employ ("myroscope") with a *y*—a presumptive proof, at least, of no great familiarity with it. These and many similar complaints really do not require a serious refutation: I must leave them to refute themselves now, for I fear your readers will tire of this long letter. But I trust they will bear with me one minute more while I explain my reasons for having brought forward this case, and why I think the matter one of prime importance:—

1. I believe so-called "spermatorrhœa" to be a purely imaginary disease.

2. On the one hand, semen is, in many persons, secreted in large quantities, and may be found frequently in the urine without in the slightest degree injuring the health. It goes on for years unobserved and unknown, unless the mind is unfortunately infected with the notion that it is an important and morbid secretion.

3. On the other hand, the symptoms which are assigned in special books to "spermatorrhœa" are the symptoms of other disorders, a few of which I mentioned in my lecture, and which are traceable partly to the mind, and partly to the digestive organs.

4. Obviously, therefore, the treatment of these cases by local applications of instruments is useless, pernicious to health, and dangerous to life.

5. And, where the medical man has had the opportunity of learning better, it is dishonest and derogatory to the character of our profession.

6. Also, it is derogatory to the profession to circulate books which assume to describe this imaginary disease by attributing to it the symptoms of other diseases, and especially to circulate them amongst non-professional persons. That Dr. Dawson does this, I have documentary evidence, independent of the book found in poor Mr. S—'s drawer "with the author's compliments."

Believing that the profession at large will feel equally with myself an "*animus*" against such practices,

I am, Sir, your obedient servant,

THOS. K. CHAMBERS, M.D.

22B, Brook-street, Grosvenor-square, June 26th, 1861.

ACCIDENTAL POISONING.

To the Editor of THE LANCET.

SIR,—As Mr. Hills and myself were the medical attendants upon Mrs. Peel (the wife of the Dean of Worcester), we are enabled to furnish the particulars of her case, believing they may be of interest to many of your numerous readers.

On Sunday, June 16th, at five minutes to nine A.M., we were summoned to Mrs. Peel, who had taken by mistake laudanum instead of an aperient draught, which she was in the habit of taking occasionally. Upon my arrival about five minutes past nine A.M., I found the lady quite sensible, and enabled to give me a connected account of the accident. Two two-ounce white glass bottles were shown me. One contained a brown-coloured aperient draught, the other had contained the laudanum, so that the bottles would appear precisely similar in size, shape, and colour, an ordinary label merely distinguishing them from each other. These bottles were sent out by a chemist at Worcester. A small quantity of the laudanum had been used the previous night as an outward application, so that the quantity actually swallowed was about an ounce and a half. This had been taken at twenty minutes to nine A.M. upon an empty stomach. The mistake was immediately discovered, and the servants summoned for assistance. There happened to be a medical gentleman staying at the hotel, and to him they applied to know what would be the best antidote. That gentleman recommended mustard and coffee, but did not see our patient, as he was in his bath. The mustard and coffee were given as directed, but no vomiting followed until I had administered half a drachm of sulphate of zinc in a tumblerful of warm water, which instantly acted as an emetic, and this effect was again excited every few minutes by repeated doses of sulphate of zinc and copious draughts of warm water. The stomach-pump was also used; but partly owing to the age of our patient (sixty-five), and partly from the existence of cardiac and hepatic disease, the efforts of vomiting, and more especially the introduction of the tube into the stomach, had nearly caused fatal syncope two or three times. Notwithstanding these unfavourable complications, our efforts were not relaxed until all smell of the poison had disappeared from the ejected fluids. A little coffee and brandy were then pumped into the stomach.

About this time (an hour after the accident) Mrs. Peel complained of giddiness in the head; the eyelids closed; the pupils became contracted, and sleep came on. The usual treatment was then adopted. Our patient was kept awake, first, by walking her about; but the muscles soon became so relaxed, and the circulation and respiration so feeble, that other remedies had to be had recourse to, such as galvanism, mustard poultices to the spine, over the region of the heart, and calves of the legs, sprinkling the face with water, ammonia to the nostrils, tickling the soles of the feet and palms of the hands with a hair-brush, and injections into the rectum of beef-tea and brandy, the room being kept freely ventilated. In this way twelve hours passed over, and now the patient, showing signs of consciousness when roused, was allowed a little rest, as great prostration of the vital powers supervened. Very little nourishment could be swallowed, and so the rectum was again called upon to absorb stimulating nutriment; but several times during the night death seemed inevitable, apparently from the shock to the nervous system. Early in the morning a turpentine enema was given, which not acting after a few hours was repeated, but without the desired effect. At the suggestion of Mr. Hills, Dr. Page was sent for on Monday, and that gentleman held consultations with us daily. As regards our general treatment, I may sum it up by observing that our object was to avoid excessive reaction by relieving the circulation, and to keep up the flagging powers of life, and that this plan was successful is proved by the fact that Mrs. Peel is now convalescent.

I think in this case it is remarkable—considering the large quantity of opium which must have been absorbed into the system, Mrs. Peel not being in the habit of taking anodynes, her age, and state of health—that recovery from its effects should have taken place; and I think that if unfortunately fatal syncope had occurred during our treatment, we should have been justified in the course we adopted.

In conclusion, I would remind your non-professional readers that after an accidental dose of poison has been taken, one or two tumblerfuls of soap-suds and water, and tickling the throat, will be a safe and effectual remedy before medical assistance can be obtained.

Castle-terrace, Richmond, June, 1861.

THOMAS DUNCAN, M.D.

THE LATE OPERATIONS BY MR. SYME AT THE ROYAL INFIRMARY, EDINBURGH.

To the Editor of THE LANCET.

SIR,—With reference to what was said in your last week's LANCET concerning the ligature of the internal iliac artery by Mr. Syme, I beg leave to mention that the ligature was de-