

METEOROLOGICAL READINGS.

(Taken daily at 8 a.m. by Steward's Instruments.)

THE LANCET OFFICE, Jan. 16th, 1879.

Date.	Barometer reduced to Sea Level, and 32° F.	Direction of Wind.	Wet Bulb	Dry Bulb	Solar Radiation in Vacuo	Max. Temp Shade	Min. Temp	Rain fall.	Remarks at 8.30 A.M.
Jan. 10	29.71	S.E.	..	27	..	29	25	..	Cloudy
" 11	29.57	E.	..	26	..	28	22	..	Cloudy
" 12	30.21	N.W.	..	27	..	33	20	..	Cloudy
" 13	30.08	S.W.	42	43	..	43	25	0.04	Overcast
" 14	30.03	S.W.	44	44	..	47	40	0.01	Overcast
" 15	29.68	W.	40	41	..	47	39	0.22	Cloudy
" 16	29.91	S.E.	34	35	31	0.03	Foggy

Notes, Short Comments, and Answers to Correspondents.

VOLUNTARY SANITARY INSPECTORS.

THE Société Française d'Hygiène is now engaged in elaborating a project which, if realised, will certainly occasion a considerable agitation, and probably bring about a more rigorous application of sanitary measures. The proposition emanates from Dr. L. Grellety, Consulting Physician at Vichy, and was explained in an excellent speech delivered to the French Society of Hygiene. Dr. Grellety urges that the discussions and resolutions held and adopted by bodies of scientific men have but little or no influence on the public at large. The Society had recently offered a special reward for the best popular pamphlet on infant mortality; but they might rest assured that the mercenary nurses, who were principally responsible for this excessive mortality, would not see or read a single copy of the work in question. The action of the Society for the Suppression of Cruelty to Animals had been far wiser, and its practical results more effective. At present, animals were better protected in France than human beings. Dr. Grellety consequently proposes that a petition be presented to the National Assembly, demanding that each member of the Société d'Hygiène should be armed with powers similar to those conferred by the Grammont Law on the members of the Society for the Suppression of Cruelty to Animals. The members should be provided with a card, which would enable them to requisition the assistance of the police to enforce the execution of sanitary laws wherever these are grossly neglected. Thus words might be converted into deeds, and the sanitary reformers could actively intervene to succour neglected infants from the incapacity of their nurses; youths from working over-hours in factories; the poor from adulterated food; and the inhabitants of towns from the cupidity of proprietors who bargain with their tenants for light and air. As the Government inspectors have not yet succeeded in coping with all these evils, some voluntary assistance might be of considerable service. On the other hand, the public would at once become far more interested in the doings of the Society of Hygiene, and would follow its debates with more attention; the number of adherents would rapidly increase, and knowledge in sanitary matters would consequently be diffused with greater effect and promptitude. As matters now stand, there are actually more persons enrolled in the Society for the protection of animals than in this Society, which has for its sole aim the protection of human life. If Dr. Grellety is successful in obtaining assent to his petition, the same powers will have to be extended to the members of the rival sanitary association, the Société de Médecine Publique et d'Hygiène Professionnelle, which is more intimately connected with the powers that be, and enjoys great influence in governmental circles. To influence the French Legislature it will be necessary that both Societies should unite in demanding the same thing; and as some such action as that suggested is evidently necessary, to judge from the deplorable state of health matters in France, we hope that minor differences will be sunk, and the united action of all sanitary reformers secured, so that their influence may be fruitful in practical results.

DIPHTHERIA.

To the Editor of THE LANCET.

SIR,—With regard to diphtheria, will you allow me to say that when it has broken out in a family I have found solution of perchloride of iron, chlorate of potash, and quinine, given to the unaffected members of the same, most efficacious in securing their immunity from the disease. Others may have observed the same thing; but I cannot find that it has been noticed in your journal.

Yours truly,

Redhill, Jan. 9th, 1879.

A. R. WAGHORN, M.D.

J. M. G.—The rule is to isolate all infectious cases by placing them in a separate ward. There is usually only one for each sex set apart for the purpose. Whenever practicable, it is the custom to send small-pox cases to a special hospital.

Dr. J. P. Atkinson.—We agree with our correspondent that the dignified course is to retire in favour of B.

THE MEDICAL WOMEN QUESTION.

ON the 8th instant a meeting of the members of the Medical Society, College of Physicians, Ireland, was held to take into consideration a question referred by the Council to the Society as to the interpretation of Rule 1—viz., "All Fellows, Honorary Fellows, and Licentiates of the College, unless such as may be under censure, are, *ipso facto*, eligible as members of the Society, and 'may' be admitted on payment of the entrance fee and annual subscription." It appears that Miss Jex-Blake, with two other ladies, being licentiates of the College, forwarded their subscriptions and entrance fees in order to become members of the Society—a matter in which the Council were uncertain as to their course of proceeding. Some of the members thought that the word "may" left it optional with the Council to elect a candidate as a member of the Society, while others considered that the word had the force of "shall," and that the Council must elect every licentiate who pays the necessary subscription and entrance fee, and desires membership. After a very animated discussion, it was ultimately decided to leave the interpretation of the rule to the College itself.

E. J. P.—As medical officer of health, the duty described would form part of the ordinary service, without claim to extra fees.

Mr. R. Richardson.—The matter is at present under consideration.

IODOFORM.

To the Editor of THE LANCET.

SIR,—“M.D.” thinks it would be desirable to give a succinct account of iodoform, both as an internal and external agent. It was discovered by Sérullas in 1822, and recommended by Dr. Glover in 1837. Its composition is CHI_3 . It is called methenyl iodide, teriodide of formyl, sesqui-iodide of carbon, and its composition was formerly written C_2HI_3 . It is a yellowish, crystalline body, with a strong odour of saffron, easily soluble in alcohol, ether, and oils, but insoluble in water. The dose is one to three grains internally in pill, and an ointment may be made by rubbing up thirty or sixty grains to an ounce of benzoated lard for external use, or the powder may be dusted over ulcerated parts. It is most easily made by mixing a solution of potassium hydrate and iodine in alcohol until the colour becomes distinctly yellowish. It melts at 245° F. It may also be made by a mixture of sodium carbonate and alcohol, added to a solution of iodine, or chlorinated lime added to a hot alcoholic solution of potassium iodide. Its solubility in chloroform is about 1 in 12, in ether 1 in 20, in alcohol 1 in 80. It may be given in mixture rubbed up with mucilage and water, so as to cause suspension of the powdered iodoform if preferred to pills. Iodoform does not cause sleep; but in poisonous doses the ill-effects are due to iodine being set free in the tissues. Three grains have given to the urine a strong iodine reaction, showing that iodoform is decomposed in passing through the system. Rancid oil also decomposes it. May not the good effect observed when applied to ulcerated parts be due to decomposition taking place, iodine being set free? It has been used in cancer of the rectum, and a suppository introduced so benumbs the part that defecation is said to take place without pain. In cancer of the uterus, in doses of two to three grains, it has been said to prove useful; and it has also been applied to the ulcerated cervix with the effect of diminishing pain. It has been used in painful bladder affections, enlarged prostate, scrofulous enlargements, bubo, bronchocele, bed-sores, chancres, and other affections. In phthisis it may be mixed with starch, and the vapour inhaled. The pain of gout or neuralgia is not relieved, according to my experience, by its administration; and its solution in chloroform, as recommended by Kinger, is too painful to be used in neuralgia, except in a few cases, for any length of time. It is infinitely inferior to the hypodermic injection of morphia. It is sometimes useful in chronic eczema; but I question if the use of iodoform in skin affections has any advantage over iodine. Binz states that in irritation of the brain and spinal cord it has proved valuable. Patients to whom it has been given exhale a distinct odour of iodoform. It contains nine-tenths of its weight of iodine, and may be given for longer durations of time than iodine, as it does not cause irritation of the tissues to the same extent. Wood states that in the extensive trials made with iodoform in Philadelphia it has failed to sustain its first reputation. There can be little doubt, however, it is useful in cases of painful ulceration when applied either in the form of powder or ointment. Erichsen speaks highly of it.

Yours truly,

Northallerton, Jan. 1879.

HENRY BROWN.

Mr. Walter Plumley.—1 and 3. A chemist can perform such operations, and charge for them; but he cannot claim in a court of law unless registered as a dentist.—2. The regulations as to registration are—a fee of £5, and proof of the possession of a diploma in Dentistry, home, foreign, or colonial, or of having been in practice as a dentist prior to the passing of the Act.

Surrey.—The conditions described are very defective. Why not represent the matter to the medical officer of health for the district, and ask him to interfere?

A Guy's Student.—Drinking-water may be rendered innocuous by boiling at a high temperature and for some time.

Dr. D. Hooper.—We hardly think it advisable to publish the letter.

A CAUTION.

To the Editor of THE LANCET.

SIR,—If you could spare a corner to caution medical men against a person claiming pecuniary relief on false pretences, you would prevent a perversion of charity, and perhaps induce the individual to turn his attention to some other calling.

Yours truly,

Stratford-place, W., Jan. 14th, 1879.

THOS. SMITH.

REMOVAL OF INFECTIOUS CASES TO HOSPITAL.

THERE is a fever cab retained by the Public Health Committee of the Corporation of Dublin for removing patients with infectious diseases to hospital; but hitherto payment of a sum of five shillings for the removal of a patient has in every instance been required before the vehicle could be obtained. That this charge was illegal there is not the slightest doubt, as the 140th section of the Public Health (Ireland) Act, 1878, states that every sanitary authority shall provide and maintain a carriage suitable for the conveyance of persons suffering under any infectious disorder, and shall pay the expense of conveying such patients to hospital or other place of destination. Recently, complaints having been made as to the illegality of this charge of five shillings, the matter was pressed on the notice of the Public Health Committee, who were ultimately compelled to issue instructions that the vehicle in question should be available for the future without charge to those requiring it.]

Mr. McFachen.—Our correspondent will find the information he requires in our leading remarks in another column.

PITURI.

To the Editor of THE LANCET.

SIR,—Seeing a notice of pituri in your journal of Dec. 21st, 1878, I at once recognised an old friend about which I picked up a few interesting facts while travelling many years ago in Central Australia.

First, with regard to name, "pituri" appears intended, but fails, to convey the native sound of the word. Howitt, the able leader of our party, who spoke the Cooper's Creek dialect fairly well, always spelt it "pitchery," which conveys the true sound, the accent being placed upon the antepenult "pitch," as in almost all trisyllabic words of this language. "Pitch'ery," therefore, or the more modern form, "pitchiri," is correct if it be desirable to maintain the native pronunciation of such words.

This substance was apparently unknown in 1862 (the year of Howitt's expedition) to natives south of the drainage line of Cooper's Creek, which trends S.W. from its sources in the dividing ranges of Queensland (lat. 23°, long. 145° about) to its terminal expansion and desiccation in S. Australia (lat. 30°, long. 137° about). It is probable that its use formerly extended south of this boundary, and that it receded before the white man's tobacco, now the chief luxury and current coin amongst the blacks of the out settlements. We often questioned the Cooper's Creek natives as to where they got their pitchiri, and they invariably pointed northward as the quarter it came from, using at the same time the words "tooch tooch," "far away, far away." Howitt discovered that they traded regularly for it with the natives beyond Sturt's stony desert, and he found it convenient, on account of water, to follow their trading track in one of his exploration trips from our depot, or Cooper's Creek, to Willes' Creek beyond the desert (from about lat. 27° 50', long. 141° 5', to lat. 25° 48', long. 139° 30'). Referring to this journey, he says, in a dispatch from Angipena, S. Australia, dated Sept. 2nd, 1862: "The track I followed across the desert is one made use of by the natives of Lake Hope, Cooper's Creek, and Kyejeron on their journeys to procure the *pitchery*, so much used by them as a narcotic, and on this account I conclude that it is the shortest route known to them." It is, I think, quite certain that this plant does not grow on Cooper's Creek, else the natives would possess it more abundantly, and would have pointed it out to us when so frequently questioned on the subject. Thus they made no secret of showing us their *nardoo*, *papa*, and *bowa* seeds, nor objected to inform us about their edible fruits, herbs, roots, and ground nuts, although one would naturally expect them to be jealously watchful of every ounce of food in so inhospitable a country. Pitchiri, in short, was so scarce amongst the Cooper's Creek tribes that they parted with only small quantities in barter for wax matches, which was our golden currency. The men carried it in small skin bags tied round their necks or under the axillæ, but I never noticed the women with any. They never travel without it on their long marches, using it constantly to deaden the cravings of hunger and support them under excessive fatigue. King, the survivor of the Burke and Willes expedition, who had lived seven months with these natives when rescued by Howitt, states that when his food became so scarce and bad as barely to support life, he sometimes obtained a chew of pitchiri, which soon caused him to forget his hunger and the miseries of his position.¹ It also plays an important part in the social rites of these natives. At their "big talks" and feasts the pitchiri "quid"—for I can find no more appropriate word for it—is ceremoniously passed from mouth to mouth, each member of the tribe having a chew, from the *pin'aroo*, or head man, downwards. This singular wassail cup never fails to promote mirth and good fellowship, or to loosen the tongues of the eloquent. I have not been able to ascertain if the excitement it produces can be pushed to actual intoxication, or whether natives suffer from its use. There is a curious mode of greeting on Cooper's Creek. When friends meet, they salute with "*gaow, gaow*" ("peace, peace"), and forthwith exchange pitchiri "quids," which when well chewed are returned to their owner's ears! They extended this custom to us; but the fullest appreciation of their hospitality in offering their highly prized and indeed only stimulant could never overcome our repugnance to the nauseous morsels hot and steaming from their mouths. I may add, they always accepted our want of politeness good-humouredly. The "quid" which I have spoken of, which is carried behind the ear, is composed of pure pitchiri, green leaves, and wood-ashes. The pure pitchiri I saw resembled unmanufactured tobacco of a very coarse kind, dried and pulverised. It had the same brownish colour; but the stalks and midribs, which were strong, preponderated over the finer parts of the leaf. I could never obtain an unbroken leaf nor even a good piece of one as a specimen. It had no particular smell, but a most pungent taste, which to me appeared

like tobacco, and chewing it promoted a copious flow of saliva. The natives take a good pinch of pitchiri, and knead it with green leaves, I think to increase the size of the masticatory and moderate its power. We know that the Malays add sirih-leaf (*Piper betel*) to their areca-nut, and lime to increase its stimulant properties; but I could never discover the use of any condiment in this way by the Cooper's Creek blacks, all non-poisonous leaves appearing to be used indifferently. By the addition of wood-ash to the masticatory, the alkaloid is slowly liberated, and thus the strength of the "bolus" gradually augmented by keeping, as noticed in THE LANCET's annotation. Natives, on using our tobacco, call it "whitefellow pitchiri," and conversely some whites who smoked pitchiri pronounced it a good substitute for tobacco. From these confessedly rough and ready data I have always up till now regarded this substance as a variety of *Nicotiana*. Its toxic action and that of tobacco, to judge by the experiments of Dr. Bancroft, are singularly alike; for the successive stages of mild cerebral excitement, loss of inhibitory power, copious salivation and subsequent dryness of mouth, irregular muscular action, nausea, dilatation of pupil, languor, drowsiness, and paralysis of the respiratory functions of the medulla appear in both. But the experiments of Drs. Ringer and Murrell with the alkaloid of pitchiri point to marked physiological differences between it and nicotia, more especially in the pupil indications. I must leave the discussion of these nice points to competent hands, as I aim no higher in this letter than to give a traveller's account of pitchiri.

I remain, Sir, yours truly,

JAMES P. MURRAY, L.R.C.S.I., &c.,

Late Surgeon to the Victorian Contingent Search Expedition into Central Australia.

Newlands, Manchester, Dec. 28th, 1878.

Mr. Phillimore, M.B., and R. H. B. W.—The question was submitted in a recent case, and decided as we have described. Medical superintendents may make post-mortem examinations for scientific purposes with the consent of the friends, or after notice given, and no objection being made. If still in doubt, ask the Commissioners. Asylums are not on the same footing as workhouses. Of course, by "scientific purposes" we mean, to ascertain the cause of death. Every pathological investigation has this as its primary object.

Mr. H. Pearson.—We cannot name a practitioner. Consult the Medical Directory.

"EPHEMERAL PARALYSIS OF BABIES."

To the Editor of THE LANCET.

SIR,—In your issue of the 4th instant is an annotation with the above heading, which states that "M. Jules Simon, at his clinique at the Hôpital des Enfants Malades, described an affection which he said "was not to be confounded with infantile paralysis," and which "has one of two causes: first, powerful constriction, as by a sudden grasp of the hand by a nurse; secondly, cold, as by seating a child upon a damp lawn; and is accompanied by pain and hyperæsthesia."

May I be allowed, Sir, to protest against such a definition. The cases here stated are distinctly twofold: first, the paralysis by pressure, which was well described by Kennedy (*Dublin Quarterly Journal of Mental Science*, vol. ix., 1850), and mentioned by Underwood (*Treatise on Diseases of Children*, seventh edition, 1826) as arising from pressure from "vicious decubitus," &c., and quite temporary in character; secondly, the lighter form of what I have ventured to call "regressive paralysis," which until lately was considered to be peculiar to infancy, but which is now known to be also found in adult life, and which may be either temporary or permanent according to the amount of irritative change set up in the nerve centres.

I have just published my views upon this, with a table of sixty-three cases, in the Liverpool and Manchester Medical and Surgical Reports, and a reprint has been issued by Messrs. Cornish, of this city, and which I trust may in due course be honoured by your notice and criticism.

Yours truly,

W. H. BARLOW, M.D.,

Consulting Physician to the General Hospital and Dispensary for Sick Children, Manchester.

Manchester, Jan. 6th, 1879.

Mr. Horace Cocks should apply to Mr. Miller, the Registrar. It is very intelligible that under the pressure of recent duties he should have overlooked our correspondent's letter, or been unable to answer it.

An Enquirer.—Next week.

Mr. Verity.—We have no recollection of the case or the report referred to.

ADMINISTRATION OF ANÆSTHETICS.

To the Editor of THE LANCET.

SIR,—In a paper by Dr. C. Meymott Tidy on Anæsthetics, reported in your journal of Jan. 4th, I find the following remarks:—"The administration of the anæsthetic should be absolutely confined to a qualified practitioner. Hence it is perfectly unjustifiable for any unqualified practitioner, however qualified as a dentist, to administer an anæsthetic to any patient," &c. "No anæsthetic should be administered except by a qualified medical man, and, if possible, by an expert. The operator should have nothing to do with the administration of the anæsthetic, and the administrator of the anæsthetic should have nothing to do with the operator. . . . If possible three qualified medical practitioners should be present in the event of something going wrong," &c.

May I, through your columns, venture to protest that such emphatic doctrine should be supported by statistics, without which it has the appearance, at least, of an assumption of superiority and sole prerogative, ill-comporting with the delicate sensitiveness usually ascribed to gentlemen of culture; the great majority of the dental profession freely using anæsthetics, although in Dr. Tidy's estimation "unqualified," not even originally intended for, and (like myself) articulated to, the medical profession.

Yours obediently,

Bristol, Jan. 5th, 1879.

J. S. SMART, D.D.S., M.C.D. (Exam).

¹ See King's Narrative in the History of Burke and Willes' Expedition.

CALCULUS IN THE FEMALE.

At a recent meeting of the Surgical Society of Ireland, a paper on the Removal of a Large Calculus from a Female was communicated by Dr. Atthill. A discussion ensued as to the advisability of using rapid dilatation of the urethra, or the slower method by the introduction of sea-tangle, &c. The general opinion appeared to be that where sudden dilatation was used, no permanent incontinence of urine occurred; but that when prolonged dilatation was employed there was always more or less incontinence.

M.D.—The rule of not charging for attendance on the immediate families of medical men is based on the assumption of good feeling between the respective practitioners. In the circumstances mentioned we do not think the rule binding.

Dr. Jas. M' Munn, (Wolverhampton.)—If our correspondent will forward the paper, it will receive due consideration.

THE DALTON FUND.

To the Editor of THE LANCET.

SIR,—Will you kindly allow me to acknowledge in your next issue the following additional donations, and again to solicit assistance.

James Smart, Esq.	£1 1 0	Dr. W. Lewis	£1 1 0
Dr. W. W. Day	1 1 0	A. Friend	10 0 0
F. H. Alderson, Esq.	1 1 0	Arthur Stedman, Esq.	1 1 0
T. C. Lawson, Esq.	1 1 0	Hy. G. Sadler, Esq.	1 1 0
Omega	0 5 0		

Yours &c.,

Hampstead, Jan. 1879. H. COOPER ROSE, M.D.

Mr. F. J. Rudland.—Such separate examinations are held by the College of Surgeons of England (though suspended for the present), by the King and Queen's College of Physicians, and the College of Surgeons in Ireland.

H.—We cannot revive the discussion on vivisection. The medical profession is fully on the alert to obviate needless pain.

Mr. E. Marcuse.—Declined.

“BOARD AND DENOMINATIONAL SCHOOLS AS CENTRES OF FEVER POISON.”

To the Editor of THE LANCET.

SIR,—Dr. D'Oyley Foote's paper in your issue of Dec. 28th, on the above subject, I have perused with the deepest interest. Perhaps the following may suggest itself to some as a practical way of making schools to be centres of fever poison in a very much less degree.

We are having here, in one of the most lovely glens in Scotland, an epidemic of scarlet fever of a remarkably virulent type. About six weeks ago it began with an imported case, and was set agoing in full swing by children from the home in which the patient lay, being, as usual, in attendance at school. That school and the other one in the village were speedily closed, but not before the deadly germs had been sown broadcast. The harvest is now being reaped in nearly 80 cases and, already, 25 deaths. What the end may yet be, no one can tell.

Now, I believe that the parents of that first case acted in perfect good faith, all unaware of the disastrous result that was so speedily and so surely to follow. Had they known what they must now know, they would have kept their children at home, and, as these children have all recovered, not one single death or case out of the house might have resulted. I have no reason to suppose that the knowledge of the laws of infection that is possessed by parents is any greater or less in other parts of the country than it was in the present instance. And what has happened here is probably identical with the primary cause of hundreds or of thousands of epidemics elsewhere, with the mortality consequent thereupon. It follows, therefore, that as schools are an absolute necessity, the parents and guardians of the scholars must have what they ought to do held up prominently and constantly before them. With that purpose in view, I should strongly urge that a minute be issued by the Board of Supervision, our chief sanitary authority in Scotland (to which country I would beg to limit my remarks), ordaining that all School Boards and managers of schools generally should print on the back of the usual fortnightly, monthly, or quarterly bills for school fees a suitable paragraph, simple, brief, and easy to understand. The able medical officer of that Board could readily draft a satisfactory paragraph. It ought to be borne in mind that, besides the parents and guardians, the scholars themselves would have the opportunity of reading it, and thus the rising generation would have early instilled into its receptive mind a lesson in sanitary science. The paragraph might be framed thus:—

“Whenever measles, small-pox, scarlet fever, typhoid fever (and naming the other infectious or contagious diseases) shall have entered your dwelling, no one living therein must come to school. Keep them at home until you can show the teacher a doctor's certificate that it will be proper for them to return to school.”

Had that been acted upon here, we would have been saved the epidemic of scarlet fever and its terrible consequences; the School Board of the parish would have saved at least six weeks' fees of several hundreds of children, and the certain loss of a considerable portion of the Government grant. And this is only one school district of a large parish. Compared simply with the pecuniary loss now detailed, the few pence or shillings that would be incurred through the printing of that short sanitary regulation must appear a mere bagatelle.

In conclusion, I firmly believe that my plan is at once simple, inexpensive, and efficacious, and that it will achieve a result so very desirable as the diminution of epidemics of infectious or contagious disease by placing a simple rule prominently before the eyes of the very people who might possibly have it in their power to introduce, all unwittingly otherwise, myriads of germs of deadly infectious disease into a crowded school.

I am, Sir, yours truly,

JNO. B. DALZELL, F.G.S. Edin.

Lesmahagow, N.B., Dec. 28th, 1878.

Electricity. — 1. (a) It is very much a matter of fancy. (b) Yes. — 2. (a) Most certainly. (b) The positive becomes negative, and vice versa. 3. The negative is more stimulating and, if long applied, very caustic. 4. Because the current undergoes momentary alterations as a matter of course.—5. For example, spinal cord is more central than terminal nerve-twig.—6. Not by electricity.—7. No.—8. The elementary facts are concisely stated in Poore's work.—9. Consult any book on Medicine.

PUERPERAL CONVULSIONS.

To the Editor of THE LANCET.

SIR,—In your issue of Jan 4th, 1879, Mr. Vincent asks the question of your readers what treatment has been found of most benefit in puerperal convulsions; and as I had ten cases during the first six months of last year, a most unusual number, with only one death, perhaps I may be allowed to say something on the subject.

The treatment I adopted in several of these labours, in which the circumstances were similar to those described by Mr. Vincent—that is, the labour commencing with convulsions—may, no doubt, be called heroic; but it was satisfactory in the result and safe—namely, to empty the womb at once by turning, whilst the patient was under chloroform, without waiting for a dilated os; neither did I bleed nor use any of the other usual means adopted to secure this dilatation. In every instance but one this treatment was successful. In that case I did not see the patient until she had been suffering from most violent convulsions for some hours, and when I arrived her skin was purple, and she was evidently asphyxiated. She died a few minutes after delivery, never having recovered the slightest consciousness after her first attack.

In all my cases I trusted to chloroform, keeping them under its influence as long as needful. Chloroform I look upon as our sheet-anchor on such occasions, and it is astonishing how large a quantity may be given with safety and advantage. I would strongly advise any practitioner who may be sent for to a labour commencing with convulsions, at once to give chloroform fully, and then turn and deliver, even should the os only admit the tip of one finger. Gentle but continuous pressure will soon compel it to admit another, until having inserted all the fingers, the operator will be surprised to find the os yielding readily, allowing the whole hand to be admitted, and he is enabled to turn and deliver with safety. I then give a good dose of chloroform, and find the convulsions gradually subside; in one case they went on for forty-eight hours, but the patient recovered. I have satisfied myself this may be done without laceration of the os or other injury, and I have in one case completed the whole process within fifteen minutes. My experience of the fatality of labours commencing with convulsions previous to adopting this practice was, I am sorry to say, largely in excess of one in four, and this, I think, would coincide with the experience of most of us, one in four being about the proportion of all cases of puerperal convulsions taken together, those coming on during labour not being so fatal from the accoucheur acting at once, and delivering either by turning or instruments. Waiting for the os to dilate has been with me the cause, I have no doubt, of death, in future to be avoided. All will agree that it is desirable to empty the uterus as soon as possible, and by so doing relieve the vessels of the head, and prevent that effusion of blood or serum which takes place if relief is delayed; and I am quite satisfied from my own experience that this relief may be given safely, and if it can, why wait? Convulsions coming on during the progress of labour are best treated in the same manner—by giving chloroform and turning, or by the forceps; but should the case not be suitable for either turning or the forceps, I should not hesitate at once to use the perforator.

Convulsions after labour are, I believe, best treated by a free bleeding, chloroform, and purging. In these cases the mortality is low, and, according to my experience, patients generally recover.

Mr. Vincent has done good by his question, as it will lead others to give us the result of their practice, and so enable us to treat with more success an affection which is acknowledged to kill about a quarter of those who are the subjects of it—a rate of mortality which is as dreadful to think of as the affection is horrible to behold.

I remain, Sir, yours truly,

HENRY LAVER, M.R.C.S., &c.,

Surgeon to the Essex and Colchester Hospital.

Colchester, Jan. 14th, 1879.

J. E. F.—A registered L.S.A. can, in accordance with the 42nd section of the Passenger Acts Amendment Act of 1855, cap. 119, take charge of emigrants. The second question is so purely legal that we decline to answer it categorically; but, as a rule, it is not wise for an individual to “sue” a Government department.

Mr. Rae is thanked, but the matter was unsuitable.

ROUGHING HORSES.

To the Editor of THE LANCET.

SIR,—The ordinary method of “roughing” horses is objectionable, involving much loss of time, outlay of money, and injury to the hoof by the repeated removal and replacement of the shoe.

For many years I have had my horses shod from the commencement of winter with shoes provided with screw-holes, into which iron studs can be screwed in a few minutes, and removed with equal facility. For most horses two studs to each shoe, one at each heel, are sufficient. The extra cost of these appliances is not great, and their efficiency is unquestionable. Several of my medical friends have followed my example; but the expedient, though original with myself, is, I have learnt, by no means novel.

The “Goodenough” system of shoeing gives the horse, even without roughing, a much more secure foothold than the ordinary shoe.

Your obedient servant,

Birmingham, Dec. 31st, 1878. JOHN W. KEYWORTH.

* * Other letters, with suggestions similar to that contained in the foregoing, have reached us; but, from want of space, we are compelled to omit them.—ED. L.

DUBLIN SANITARY DEPARTMENT.

To the Editor of THE LANCET.

SIR,—With reference to your notice of the health of Dublin in THE LANCET of the 4th inst., and the intimation that the "Sanitary Committee of the Dublin Corporation intend to increase their staff," I beg, as a ratepayer of the city of Dublin, to lay before you a few particulars on this subject taken from the last printed Annual Report of the Corporation up to the 31st August, 1877. In that year the sanitary department cost £3185 18s. 6d., of which the staff received as follows:—Sanitary sergeants, constables, &c., £1370 14s. 9d.; medical officer of health, £300; consulting sanitary officer, £200; secretary, £394 15s. 3d.; inspectors of nuisances (four), £200 4s. 3d.; making a total of £2565 14s. 3d., the balance being expended in expenses of morgue, disinfecting chambers, &c. One item is remarkable—namely, for "flushing sewers," £13 8s. You will, doubtless, agree with me that any "increase in the staff" is not called for, and that its members have been well paid for the services which they have rendered. I regret to find that the Dublin rates, which have for many years been nearly ten shillings in the pound on the rateable value of the houses, have been diverted, to a large amount, from their legitimate purpose to the payment of an extraordinary number of officials, whose services are best represented by their results.

Jan. 6th, 1879.

Yours obediently,

ALPHA.

MOTHERS' MARKS.

To the Editor of THE LANCET.

SIR,—One day last month I attended a farmer's wife in her sixth confinement. After a natural labour she was delivered of a healthy female child. Her mother, who was present, washed the child, and in doing so observed a mark on the child's forearm. It was a patch, reddish, and just the colour of a recent burn or scald. She at once told us, when the mother remarked that she expected it, as she had burnt her arm while baking during pregnancy. The grandmother then went on to say that she believed that mothers' marks only happened at one time during pregnancy, and at no other, and related many cases that she had seen to bear out her theory. This idea was new to me, and I could not help thinking it worth considering. Suppose one could by any means fix the time, it would often be the means of removing great anxiety from mothers after accidents in pregnancy.

Perhaps some of your numerous readers may have heard of the thing before. At any rate I trust that you will pardon me for addressing you on what may be considered a very trivial matter.—Yours &c.,

Northallerton, Jan. 6th, 1879.

B. LUMLEY.

COMMUNICATIONS, LETTERS, &c., have been received from—Professor Redwood; Dr. Hughlings-Jackson, London; Mr. Gray; Mr. Sanders, Moorabad; Dr. Weir, Leicester; Dr. Dolan, Halifax; Mr. Pollard, Dunkineely; Mr. Wickham, Newcastle; Dr. Waghorn, Redhill; Dr. Phillimore, Snetton; Mr. Townsend, Exeter; Mr. Pearson, Pontefract; Dr. Macewen, Glasgow; Dr. Crowther, Hobart Town; Mr. Andrew, Kirton Lindsay; Dr. Morris, Spalding; Dr. Bell, Edinburgh; Dr. Sheen, Cardiff; Mr. Leach, Sturminster Newton; Mr. Teevan, London; Dr. Douglas, Newbury; Mr. Bridges, Carlisle; Mr. Juler, London; Mr. Pratt, Swansea; Mr. H. Cocks, Barnsley; Mr. Corder, Brighton; Mr. Marsh, Truro; Mr. Verity, Garndiffaith; Mr. Custance; Dr. Hayden, High Wycombe; Mrs. Dalton, London; Dr. West, London; Dr. Craigie, London; Mr. J. Lambert, London; Mr. Lyons, London; Mr. Breithart, London; Dr. Thomson, Glasgow; Mr. Gill, London; Dr. Allen, London; Dr. Lowe, Lynn; Dr. Rose, Hampstead; Dr. Renton, Glasgow; Mr. Thomas; Mr. D. J. Williams, Llanely; Mr. Gross; Dr. Kilner, Bury St. Edmunds; Mr. Andrews; Mr. Browne; Mr. Conolly; Mr. Plumley; Dr. Lancaster, Barnsley; Dr. Atkinson; Mr. Roberts; Dr. Hooper; Mr. J. Jones; Dr. Penny; Mr. Marcuse; Mr. Hutchinson; Dr. Glaister, Glasgow; Mr. Marlow; Mr. T. Smith; Dr. Laver, Colchester; Mr. Lucas; Dr. Alexander, Halifax; Dr. Lowe, Middleton-in-Teesdale; Mr. Rudland, Greenwich; Mr. Hunt; Dr. Foulis; Dr. Gordon, Walsall; Dr. Bryan, Northampton; The Registrar-General of Births and Deaths; T. H.; L. M.; A. Guy's Student; An Old Practitioner; Sigma; B. A. T. C. D. &c.; The Registrar-General of Edinburgh; E. J. G.; H.; A Resident; The Resident Medical Officers of King's College Hospital; Electricity; A Country Surgeon; J. M. G.; Another Fleet-Surgeon; &c. &c.

LETTERS, each with enclosure, are also acknowledged from—Mr. Helme, Liverpool; Mr. Richardson, Rhayador; Mr. Manly, Sierra Leone; Dr. Lush, Market Lavington; Dr. Shanahan, Batley; Mr. Holt, Newchurch; Mr. Hardman, Blackpool; Dr. Sutherland, Castletown; Mr. Dearden, Douglas; Mr. Mulvany, Oudh, India; Mr. Fulton, Toronto; Dr. Hunter, Great Ayton; Mr. Bezant, Leamington; Mr. Galsworthy, London; Mr. Cameron, Harlesden; Dr. Farrow, Ingham; Dr. Andrew; Mr. Brewer; Mr. Cheesman; Mr. Hine; Dr. Griffin; Dr. Ross, Alderney; Mr. Walker, Aldborough; Mr. Barnett, Weston-super-Mare; Mr. Mason; Mr. Snell, Bacup; Mr. Brook; Mr. Wheeler, Ventnor; Mr. Knight; Dr. Ingle, Cambridge; Mr. Bell; Mr. White; Mr. Lyle; Dr. Clarke, Bushy; Mr. Wall; Dr. Barber, Sheffield; Mr. Allnutt, Portsea; N. R. D.; Medicus, Hartlepool; Surgeon, Plymouth; L. C., Thrapston; Monitor; Surgeon, Burnley; M. A. R. S., Horncastle; J., Leamington; H. Harborne; Medicus, Hounslow; A. M.; House-Surgeon; Medicus, Wolverhampton; The Matron; Medicus, Newport; A. K.; M. D.; L. J., Newcastle-on-Tyne; M. D., Clare; Medicus, Uxbridge; Senior Surgeon; C. D. A.; W. J. M.; X., Newcastle; Signet; C. H. F.; Rector; Undergraduate; A. B. C. D.; D. E. F.; House-Physician.

Stratford-on-Avon Free Press, Yarmouth Gazette, Deuwsbury Reporter, Irish Times, Lancaster Observer, Devon Evening Express, Hexham Herald, Eastern Post, &c., have been received.

Medical Diary for the ensuing Week.

Monday, Jan. 20.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M. each day, and at the same hour.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M. each day, and at the same hour.
ST. MARK'S HOSPITAL.—Operations, 9 A.M. and 2 P.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
MEDICAL SOCIETY OF LONDON.—8½ P.M. Lettsomian Lectures: Dr. J. C. Thorowgood, "On Bronchial Asthma."

Tuesday, Jan. 21.

GUY'S HOSPITAL.—Operations, 1½ P.M., and on Friday at the same hour.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 3 P.M.
ROYAL INSTITUTION.—3 P.M. Professor E. A. Schäfer, "On Animal Development."
PATHOLOGICAL SOCIETY OF LONDON.—8½ P.M. Address by the President, Mr. Jonathan Hutchinson.—The following Specimens will be shown: Effects of Compression of the Main Bronchus; Bronchial Gland Disease; Sarcomatous Disease invading the Lung, and occluding its Bronchi; Cured Aneurism of the Subclavian Artery; and other Specimens.

Wednesday, Jan. 22.

MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M., and on Saturday at the same hour.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M., and on Saturday at the same hour.
KING'S COLLEGE HOSPITAL.—Operations, 2 P.M., and on Saturday at 1 P.M.
LONDON HOSPITAL.—Operations, 2 P.M., and on Thursday and Saturday at the same hour.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M., and on Saturday at the same hour.
SAMARITAN FREE HOSPITAL FOR WOMEN AND CHILDREN.—Operations, 2½ P.M.
HUNTERIAN SOCIETY.—7½ P.M. Council Meeting.—8 P.M. Clinical Evening: Several Members will relate Cases of interest; Dr. F. C. Turner will exhibit Microscopic Specimens from Cases of Sclerosis.
ASSOCIATION OF SURGEONS PRACTISING DENTAL SURGERY.—7½ P.M. Council.—8 P.M. Annual General Meeting for Election of Officers.—Adjourned Discussion on Dr. C. Meymott Tidy's paper, "On Anæsthetics."

Thursday, Jan. 23.

ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—1½ P.M. Surgical Consultations.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M., and on Friday at the same hour.
ROYAL INSTITUTION.—3 P.M. Mr. J. H. Gordon, "On Electric Induction."

Friday, Jan. 24.

ST. GEORGE'S HOSPITAL.—Ophthalmic Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Ophthalmic Operations, 2 P.M.
ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
QUEKETT MICROSCOPICAL CLUB.—8 P.M. Mr. F. A. Bedwell, "On the Urticating Threads of Actinia Parasitica."—Mr. E. T. Newton, "On a new Method of Preparing a Dissected Model of an Insect's Brain, from Microscopic Sections."
CLINICAL SOCIETY OF LONDON.—8½ P.M. Dr. Southey, "On Pleuritic Effusion treated by Capillary Drainage."—Dr. Althaus, "On Division of Spinal Accessory Nerve."—Dr. Ord: "Rheumatoid Arthritis from a Clinical point of view."—Mr. George Brown will exhibit a Case of Descent of Testis in a Patient aged thirty.
ROYAL INSTITUTION.—9 P.M. Professor W. E. Ayrton: "The Mirror of Japan and its Magic Quality."

Saturday, Jan. 25.

ROYAL FREE HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Professor H. G. Seeley, "On Reptilian Life."

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