

I do not wish to be understood as recommending the bran biscuits which have been advertised as mine (although with all their defects they have assisted in saving many lives), but a cake or loaf made of bran—thoroughly washed, ground, and sifted, according to my directions.

My formula has been altered by the makers and vendors into a biscuit adapted for long keeping; but biscuits are necessarily hard and dry, and not very manageable (especially if over-baked); whilst the cake is soft and so palatable that I am sometimes obliged to check patients as to the quantity.

What I recommend is that, in hospitals or in private cases where the necessity for the diet is likely to continue, a proper mill should be purchased, or the powder ready prepared be obtained instead of biscuits; the manufacture of the cake or loaf from the powder is so simple that it requires no skill, and involves very little time or trouble. It should be remarked, however, that it will be useless to procure a mill unless the bran-washing can be carefully superintended, and the labour of grinding and sifting accomplished. With management, however, I am of opinion that in hospitals the manual labour could, in many instances, be performed by the patients themselves, and they might be supplied with the bran powder after their discharge—a thing of no small consequence where the necessity for a restricted diet is so often permanent. It may be observed, moreover, that bran in its natural state is so cheap that the expense of a mill is very soon saved.

Before closing these remarks I may add, that I have lately tried with success a modification of the formula already alluded to; it has the advantage, where economy is an object, or the stomach does not well bear butter; and, in many instances, it is useful as a change.*

Did your space permit, these remarks might be extended by observations on the other substitutes for bread which have been proposed or attempted; but this would lead me too far: suffice it to say, that all other plans with which I am acquainted have failed. The gluten bread, if so prepared as to be at all palatable, still retains a considerable quantity of starch; and ordinary bread, in whatever form, unless so carbonized as to be unfit for food, is liable to the same objection.

I shall not, on the present occasion, go into the question of the best beverages for the diabetic (a subject which now occupies much of my attention), or the best medical treatment; these matters must be reserved for some future opportunity.

I am, Sir, your obedient servant,

Compton-terrace, Islington, March, 1861. JOHN M. CAMPLIN, M.D.

COLD WATER AND CONSERVATIVE SURGERY.

To the Editor of THE LANCET.

SIR,—Perceiving in THE LANCET of the 16th instant a paragraph with the above heading, in reference to a statement in the *Medical Gazette* of Oporto, as to wounded limbs having been saved by immersion in cold water, I can add my testimony to the fact from having had my right thigh fractured by a musket shot at the battle of Toulouse; and having been recommended by the first surgeon who saw it to put the limb into a running stream close by, where it remained for several hours, until the battle was over, and the inflammation had subsided in a great degree. Mr. Guthrie, who afterwards attended me, told me that he considered the femoral artery had been cut, and that if he had seen it in time he would most probably have amputated the limb.

I have known several instances during the late Peninsular War of limbs having been thus saved, which so far corroborates the statement of M. Pereira da Fonseca, to which you allude; so that the cold-water cure is not of so recent a date as the disciples of Preissnitz seem to imagine.

I am, Sir, your obedient servant,

March, 1861.

JOHN SCOTT LILLIE.

DR. PROSSER JAMES ON "SORE-THROAT."

To the Editor of THE LANCET.

SIR,—In your last number the reviewer of my book on "Sore-throat" intimates that he would "be glad to learn the names of the teachers" who tell "students to open the jugular veins of infants" suffering from croup.

That I have not exaggerated the activity of the practice long advised in this disease could be shown by quotations from

* Prepared bran, four ounces, three eggs, about twelve ounces of milk, a little spice and salt, to be mixed and put into a basin (previously well buttered): bake for about an hour. The loaf may be cut into slices, and toasted when wanted, or, after slicing, be re-baked and kept in the form of rusks.

the majority of writers upon it; but as I can scarcely expect you to devote your pages to the proof of what is well known to every tyro, I will only ask you to refer your critic to a passage from one of the most moderate of living teachers. Dr. West says:—

"The abstraction of blood and the administration of tartar emetic are the two measures on which your main reliance must be placed, and you must bleed largely and give tartar emetic freely. I have never met with an exception to the rule which prescribes the free abstraction of blood in every case of severe idiopathic croup when seen at an early period. Even in young children local depletion forms in these cases but a poor substitute. Bleeding from the jugular vein is preferable under these circumstances to venesection in the arm, since the latter often fails in children under three years old; and the blood never flows so freely as when taken from the jugular vein."—*Lectures on Diseases of Infancy and Childhood*, third edition, pp. 297-S.

In the same work will be found (p. 594) a reference to Dr. Kennedy's cases of sudden death from sloughing of the neck, involving the large vessels. If it be so "very questionable" whether this process in the throat may "implicate the carotid," what does the reviewer think of the following statement to be found in "Druitt's Surgeons' Vade-Mecum"?

"Ulceration is liable to affect the pharynx at the level of the cricoid cartilage, or the oesophagus lower down. The consequences are always the same: exhaustion from the irritation of the disease and from the inability to swallow, or possibly a more speedy death from perforation of the aorta (!) or of the pleura."

In summing up *all* that my book tells about the laryngoscope, your reviewer omits—Ulcerated Sore-throat; Ulceration and Polypus of the Pharynx; Aphonia; Hoarseness, Acute Laryngitis, and Hysterical Simulations; Chronic Laryngitis, Laryngeal Phthisis, and Tumours pressing on Larynx or Trachea; Follicular Ulceration of Epiglottis; and Nervous Sore-throat: under each of which I allude to the instrument. Further, the laryngoscopic appearances are stated in several cases in the Appendix, to which a reference is given at p. 30, from which your reviewer quotes.

In saying that I give "aconite in very small doses," your reviewer should have added that I repeat them until they produce a sensible effect—deeming this safer than prescribing a full dose at once.

I should be very sorry to endeavour to controvert anyone's opinion of my writing, but *facts* differ widely from *opinions*; and it is only to correct errors in *matters of fact* that I have written this letter.

I am, Sir, yours, &c.,

M. PROSSER JAMES, M.D.,

Finsbury-square,
March 19th, 1861.

Physician to the City and to the Metropolitan
Dispensaries.

THE ROMAN BATH OR THE LAMP BATH?

To the Editor of THE LANCET.

SIR,—In a letter published in your journal of the 9th instant, I observe Dr. Lockhart Robertson to remark that he has never heard that the human skin possesses any respiratory function, except on the authority of pamphleteers on the Roman and Turkish bath. I will leave it to those gentlemen whom Dr. Robertson has invited to solve the point—viz., "our teachers of physiology"—to supply him with a full reply; but in the meantime I would call his attention to the remarks of one physiologist on the subject—viz., Dr. Carpenter, who, in his "Principles of Physiology," says,—

"It has been ascertained, not unfrequently, that the livid tint of skin which supervenes in asphyxia, owing to the non-arterialization of blood in the lungs, has given place, after death, to the fresh hue of health, owing to the reddening of the blood in the cutaneous capillaries by the action of the atmosphere upon them; and it does not seem improbable that, in cases of obstruction to the due action of the lungs, the exhalation of carbonic acid through the skin may undergo considerable increase. Moreover, there is evidence that the interchange of gases between the air and the blood, through the skin, has an important share in keeping up the temperature of the body."

For my own part, I do not think there is room to doubt that the human skin possesses certain respiratory functions, though, of course, in a much more limited degree than in the batrachia. It is true, however, that in far the greater proportion of cases where a medical man is consulted, the skin is *not in a condition* to perform its respiratory function: and how can it possibly be

so in the very numerous instances where the ordinary duties of perfect ablution even—as the morning tub, &c.—are neglected? From long neglect, the skin in such cases can scarcely be recovered to a healthy state by means of the ordinary warm-water bath, and it requires the judicious application of the hot-air bath to effectually cleanse it, and stimulate it to its natural functions.

I entirely agree with Dr. Lockhart Robertson that the ordinary lamp bath is capable of much good, and even that it has its peculiar advantages, such as that it is capable of being readily improvised in any sick room with the simple aid of a wooden chair, two or three blankets, and a secure vessel in which to burn the spirit. But irrespective of such questions as would suggest themselves if we assume that the skin is indeed something *more* than the secreting organ Dr. Robertson would suppose, I do not think that the lamp bath has the advantages over the so-called "Roman" bath he enumerates—namely:

1. "The quality of the air breathed by the lungs is not deteriorated, as air heated to 140° must be." Certainly in the case of the lamp bath, where the head is exposed, the patient breathes the atmosphere of the chamber at an ordinary temperature; but in a well-managed and thoroughly ventilated calidarium he would be exposed to no injurious influence of a deteriorated atmosphere.

2. "In cases of chest and head affections, or a tendency to the same, these organs are not excited by the remedy." My experience has been that any injurious effect resulting from increased circulation is equally the same under the influence of the lamp bath as that of the Turkish bath.

3. "The secreting action of the skin can equally and as powerfully be obtained in about the same time." I have not found this to be the case; in fact, in this respect I have found the Turkish bath to possess decided advantages over the lamp bath, where there has been much difficulty in stimulating the skin to activity.

In conclusion, I entirely coincide with Dr. Lockhart Robertson that great caution should be observed in employing so powerful an agent as the hot-air bath, and that it is quite necessary to check the many present intemperate eulogiums of over-zealous advocates. I believe it to be a very valuable adjunct to general treatment in very many instances, requiring the impartial and temperate inquiry of the medical profession. Doubtless the indiscriminate application of it, as at present, can but be attended with much harm.

It will be highly interesting if Dr. Robertson will at a future period favour the medical public, through your columns, with his experience of the bath erected at the establishment at Hayward's-heath.—I am, Sir, your obedient servant,

Brunswick House, Torquay,
March, 1861.

YORK J. MOORE, M.R.C.S.

ASCITES IN A CHILD.

To the Editor of THE LANCET.

SIR,—In your journal of February 9th I noticed an account of a case of ascites occurring in a girl aged six years, related by Mr. Henry Smith at a meeting of the Medical Society of London.

A similar case has occurred in the practice of Dr. Purnell, of this city, which is even more extraordinary than the one referred to. The patient is a girl about six or seven years of age, who has had ascites upwards of three years. Paracentesis abdominis has been performed twice by Dr. Purnell and three times by myself. Such was her immense size that she has frequently been unable to walk or lie in bed. Several months have elapsed since the last operation, and the abdomen has again become largely distended. No internal remedies have proved beneficial.—I am, Sir, your obedient servant,

Wells, Somerset, March, 1861.

JAMES CROCKER,
Assistant to Dr. Purnell.

ARTIFICIAL TEETH.

To the Editor of THE LANCET.

SIR,—Coralline (coloured vulcanized India-rubber) being now extensively employed as the basis of artificial teeth, it requires to be satisfactorily determined whether the subsulphate of mercury used for the colouring is likely in any case to produce prejudicial effects. The material being very hard and insoluble, and not capable of being much softened even in boiling water (the dentists employ steam of 230°), there seems no danger from the vermilion pigment; yet, as the extent of surface in a full set of teeth is twelve or fourteen, or more, square inches, and the material, at the temperature of the human body, is

acted upon day and night without ceasing by the saliva, and the gums and tissues which come in contact with it are peculiarly susceptible of mercurial influence, it may not be quite certain, without the test of experience, that no evil can arise in the case of a morbidly sensitive invalid. If any such cases had been known to occur, the dental profession would assuredly have changed the cinnabar for some other pigment. But the use of the material is recent, and it would be well to watch the testimony of facts as to whether any of the symptoms of mercury (not amounting to salivation or other marked phenomenon) can be suspected in the mouth or pharynx or alimentary canal.—I am, Sir, your obedient servant,

March, 1861.

A DENTIST.

DIPHTHERIA: ITS RELATION TO SCARLATINA.

To the Editor of THE LANCET.

SIR,—Many surgeons doubt the reality of diphtheria being a new disease. Some believe that this terrible affection is no other than scarlatina maligna, where the eruption does not appear, but the force of the poison is expended on the throat. The following cases show, I think, that there is some connexion between the two diseases.

On the 16th of December, 1860, I was requested to attend a boy, about three years old, suffering (the mother said) from the effects of measles. I found that the epidermis was peeling off the body of the child; the tonsils were inflamed, but had no exudation upon them; there was an abscess in the left sub-maxillary region, and a putrid discharge from the ear of the same side. I learned from the mother that the little fellow had been taken ill some days previously, when away from home; that he had had no coryza; and that an eruption (which was uniform over the whole body, and red) had appeared on the second day of indisposition. It was manifest that it was the sequelæ of scarlatina, and not of measles, from which the boy was suffering.

On the 18th December (two days later) I received a hasty summons to the father of the same child, who complained of sore-throat—in fact, "he had never had such a bad throat in his life." There was on each tonsil a crust of the diphtheritic exudation, about the size of a threepenny-piece. The disease soon more strongly manifested itself in the great depression so characteristic of diphtheria, together with swelling of the cervical glands, and, later on, by the escape (when drinking) of fluids through the nares. It appeared that he had been sleeping in the same bed with, and inhaling the fetid breath of, his sick child; and hence his attack.

On the 2nd of January, 1861 (fifteen days from the beginning of the father's illness) an infant of the same parents was attacked with scarlatina.

I am, Sir, faithfully yours,

St. John's-wood-terrace,
February, 1861.

R. HENRY MILSON, M.R.C.S.

GENERAL COUNCIL OF MEDICAL EDUCATION AND REGISTRATION OF THE UNITED KINGDOM.

Returns to both Houses of Parliament of Receipts and Expenditure of the General Council, and of the Branch Councils for England, Scotland, and Ireland respectively, to the 5th of January, 1861, pursuant to Section 44 of the Medical Act (1858).

GENERAL COUNCIL.

Receipts.

To Cash for Sale of Registers in England	£124	10	0
To Cash for Sale of Registers in Scotland	5	9	4
To Cash for Sale of Registers in Ireland	9	19	0
To Cash for Waste Paper	25	19	4
			165 17 8
To Cash for Penalties			14 10 0
To Cash from Branch Council for England, its proportion of Disbursements	2533	4	4
To Cash from Branch Council for Scotland, its proportion of Disbursements	591	4	7
To Cash from Branch Council for Ireland, its proportion of Disbursements	557	4	5
			3681 13 4
			£3362 1 0