

other professions and callings a man is in his prime, and just entering his epoch of active usefulness, I believe most thinking people will see that the army offers a most undesirable prospect to a young medical man. This alone, I hold, is sufficient to condemn utterly and completely the existing system. Any prudent parent will come to the conclusion that the rewards summed up at the conclusion of your correspondent's letter are no equivalent for the results so graphically portrayed in the previous paragraph.—I remain, Sir, your obedient servant,
Netley, Oct. 1863. SURGEON.

To the Editor of THE LANCET.

SIR,—“A Deputy Inspector General,” in his letter of the 26th ultimo, holds out as an inducement to young surgeons to enter the army, “£200 a year, and the certainty of promotion up to surgeon-major.” For fear this should mislead anyone, permit me to explain its pecuniary meaning,—namely, £200 a year, or rather £182 10s. a year, to commence with; after five years, £209 17s. 6d.; after ten years (probable age thirty-three), £237 5s.; after fifteen years (probable age thirty-eight), £328 10s. if promoted, but if not £237 5s. The chance of promotion for those now entering the service is so very vague that fifteen or sixteen years is not too much to allow. Also, these amounts only commence to be received at the periods of service mentioned. The practical result is, that from twenty-three up to thirty-six or thirty-eight years of age the medical officer cannot hope for more than £237 a year.—I am, Sir, yours &c.,
October, 1863. VERITAS.

TREATMENT OF RHEUMATIC FEVER.

To the Editor of THE LANCET.

SIR,—In an able paper on Rheumatic Fever by Dr. Wade, published in your last number, he alludes to the infrequency of delirium in that disorder and the propriety of treating it with stimuli. As any additional evidence on this subject may be valuable, I beg to offer a remark or two in testimony of the efficacy of such treatment. I find by referring to my notebook particulars of a case of rheumatic fever which was under my care in 1854, and where symptoms of noisy delirium, with much nocturnal excitement, supervened. I prescribed sulphuric ether in doses of fifteen minims every six hours, with most remarkable benefit. The note states:—“Delirium, with frequent startings in sleep; pulse soft and weak. The day following: pulse 110, full and soft. Slept better and was less noisy. An endocardial murmur loud at apex; the ‘to-and-fro’ sound still audible, though not so loud.”

At that period I had adopted the plan, which I have ever since followed, of treating rheumatic fever with potash salts; prescribing the nitrate and bicarbonate alone in camphor mixture. In nearly every case I commenced with calomel and jalap, and gave Dover's powder, in ten or fifteen grain doses, occasionally at bed-time.

The above case terminated favourably, though for a little while he was subject to startings in sleep, and had a diastolic, aortic, and a systolic mitral murmur at the period of convalescence. The special treatment of the heart affection I need not dwell upon. He was a strong labouring man, and had previously suffered from a similar attack, when his heart was likewise implicated. In all cases of delirium from irritability of the nervous system stimuli are indicated; the proportions and particular kind should be regulated by the patient's previous habits and constitution.

Rheumatic fever, with its too frequent accompaniment, heart disease, has been a favourite subject of study with myself as with Dr. Wade. But I must curtail my letter. No treatment is so reliable as by the potash salts; but as he alludes to the “distressing” action of colchicum, let me mention that this can be corrected by prescribing carbonate of magnesia in combination, as I witnessed in Dr. Burrows' hospital practice twelve years ago. I have also seen the lemon-juice treatment carried out steadily and perseveringly to the patient's death. The physician who acted thus has been some time dead. Quinine I have tried, but without any benefit in the acute stage; it seems, however, to promote recovery when employed in approaching convalescence. Dr. Wade justly remarks, “It is desirable to simplify and not to complicate treatment or multiply drugs, else it becomes difficult to distinguish their effects.” Nevertheless, we find a little further on that he prescribes this medicine (quinine) while giving the potash mixture also. From which of these two does he consider he derives advantage?

I am, Sir, your obedient servant,

J. HAWKES, M.D.

Fisherton Anger, near Salisbury, Oct. 1863.

TREATMENT OF DELIRIUM TREMENS.

To the Editor of THE LANCET.

SIR,—Will you allow me, by means of your widely circulating journal, to draw attention to a plan of treating delirium tremens, which I have long employed and think deserves to be better known?

As far as I have observed, the natural duration of an acute attack, under favourable circumstances and ordinary treatment, is about three days, during which time the system seems quite insensible to large doses of opium, either swallowed or injected; but directly digitalis is combined with the opium, sleep is procured. May we not therefore regard it as a specific? Such, I believe, extended experience will prove it to be.

In the summer of 1836, being called, in the absence of my principal, to attend a master mariner, on the Suffolk coast, quite unmanageable from delirium tremens, and failing to procure sleep by opium, I was first induced to try the effect of adding digitalis in very full doses. The second dose was followed by thirty-six hours' sleep and perfect restoration. In two days he continued his voyage. Many months afterwards the same medicine was sent for from a distance, where he was suffering another attack, which baffled treatment. He was again speedily relieved. After that he got an attack at sea, when quite unprovided with medical aid, and died.

Of late years, a plan of treatment by half-ounce doses of tincture of digitalis has been recommended, and has sometimes succeeded; but I still prefer a smaller quantity combined with opium, as in the following recent cases, where the plan was early adopted, without giving time for the disease to exhaust itself.

C. D—, a retailer of beer and wine, fell from steps whilst cleaning his window, and, being a very heavy man, severely injured his right ankle. Erysipelatous inflammation followed, with great swelling up to the knee, pain, and constitutional disturbance of a gouty character. He then got delirium tremens, and, leaving his bed partially dressed, escaped from the house and attendants, pounding his unfortunate limb at every step. We got him back to bed, gave him half a drachm of Battley's sedative solution and the same quantity of tincture of digitalis directly, and repeated it in two hours, when he fell asleep; all symptoms of delirium vanished, and he required no further treatment than that applied to the injured limb.

E. F—, a clerk, working over hours, and living by suction, was brought home in what was called a fit. I found him with symptoms of delirium tremens, and treated him with smaller doses of the combination spoken of, with advantage. Next day he got up and went out against orders, but was incoherent, apprehensive, and excited, with muscular tremors, and illusions optical and auditory. I directed him to be walked about, and carefully watched for some hours; then got to bed, and given a draught containing tincture of digitalis one drachm, Battley's solution one drachm. This procured sleep and restored the mental equilibrium. It remained to treat him for hæmatemesis, and other hæmorrhagic tendencies, and he soon returned to business.

Hoping the plan now indicated may prove equally effective in the hands of my medical brethren, and that they will kindly inform me of the results in their practice,

I am, Sir, your obedient servant,

J. W. ROBINSON, M.R.C.S.

Moore-place, Kennington-road, Oct. 1863.

INOCULATION OF COWS.

To the Editor of THE LANCET.

SIR,—Seeing a letter in a recent number of THE LANCET, relating to the inoculation of cows and the issue of milk during the time the animal is under its influence, I have much pleasure in coming forward to support Dr. Aldis in his ideas on this subject. For months past I have visited several of the dairies in London, and I find that whenever a cow is purchased and brought into a London shed, she is as soon as possible inoculated for the prevention of pleuro-pneumonia. The operation is usually done thus (although there are more refined methods): A slit is made in the cow's tail, a piece of diseased lung, taken from an animal which has died of pleuro-pneumonia, is placed into it, tied up in a rag, and there left. By-and-by suppuration takes place, and whilst the purulent matter has been oozing from the wound I have seen the cow being milked. The suppuration at times is so severe that the tail drops off; at other times the owner is obliged to sell the cow for a mere

trifle, for what purpose I wish I could not guess; and lastly, at times the animal dies.

I shall leave it to microscopists to determine the presence of purulent matter in the milk; but I can say, that carelessness goes on to such an extent in many of these sheds that the actual matter drops occasionally, by the wagging of the stump, into the pail while the neighbouring cow is being milked. These observations are revolting and disgusting enough without thinking of the unwholesomeness of the milk. And I trust that you will exert your influence with local authorities in London and all large towns to put a stop to any use being made of cows, or cattle of any description, while under the effects of inoculation. Yet this must be done with caution and judgment, as one owner told me that he would sooner run the chances of his cows contracting pleuro pneumonia than give up milking them while under inoculation; and yet that man was obliged to sell three of his best cows in one season (losing about £70) on account of the severity of the inoculation, which is aggravated, no doubt, by the heating nature of their food—hay, grains, flour (thirds), and wurzel.

I have the honour to remain, Sir, yours faithfully,

COSMO G. LOGIE,

Surgeon-Major, Royal Horse Guards.

Windsor, Sept. 1863.

CARBOLIC ACID.

To the Editor of THE LANCET.

SIR,—In reading the remarks made by Dr. Calvert in THE LANCET of the 26th ult., and other gentlemen, describing the therapeutic properties of carbolic acid, one would be led to believe in this as a new therapeutic agent, and that this substance possessed some peculiar medicinal properties inherent in itself, whereas under the name of creasote it has been used extensively in medicine for years; pure German creasote being identical, medically and chemically, with carbolic acid, the chief difference seeming to be that carbolic acid can be obtained in crystals, which, however, on contact with the air, assume the liquid form.

Professor Gregory says: "So great is this resemblance, that I am inclined to consider creasote as a somewhat impure carbolic acid, the impurities being substances homologous with carbolic acid, or rather the carbolic acid is the impurity in a body belonging to the same homologous series; the taste, smell, density, boiling point, solubility in water, poisonous and antiseptic action of these two bodies are the same..... These results I have myself also obtained, and it would appear that if creasote be not carbolic acid contaminated with some foreign matter, these two bodies are, at least, closely connected and belong to the same series, which is either that of benzole or that of phenyle."—(*Vide* Gregory's "Handbook of Organic Chemistry.")

Perhaps Dr. Calvert will kindly inform us whether his researches have thrown any additional light on the investigations of Professors Gregory and Liebig as to the chemical composition of this substance, and also in what manner its medicinal properties differ from those of creasote?

I am, Sir, your obedient servant,

J. MILL FRODSHAM, M.D.,

Physician to the Farringdon General Dispensary.

Victoria-square, October, 1863.

DIPHTHERIA IN NORFOLK.

To the Editor of THE LANCET.

SIR,—Diphtheria has been very prevalent here the last three years, and having had sixteen cases under my care (four dead, twelve recovering) the last fortnight, I venture to express the opinion that general hygienic treatment is of far greater value than any topical application. When consulted, and when circumstances admit of it, I would strongly advise every non-attacked member of a family to be promptly removed from the vicinity of the diphtheritic patient and locality, employing as nurses to the invalid adult and robust persons only. By firmly adhering to this very important plan I have been eminently successful in preserving life and preventing the spread of contagion in several instances.

The general hygienic measures I adopt are as follows:—The patient to be placed, when possible, in a spacious, light, and thoroughly ventilated apartment, kept at the temperature of 60° to 65° Fahr.; the skin and all the secreting organs to be kept in as healthy and active a condition as possible, thus favouring the elimination of the poison from the system; the diet to be mild and nutritive, carefully avoiding forcing on the patient

more food than the appetite indicates to be necessary; all local sources of contagion, such as privies, cesspools, &c., to be rendered as nugatory as possible by the usual disinfecting measures. The medicinal remedies of greatest value in my experience are the early administration of a mild emetic and purgative at the outset of the case, followed up by the use of the following chlorinated tonic:—Disulphate of quinine, two grains; tincture of chloride of iron, one drachm; water, six ounces: half an ounce every two hours. The topical application of the solution of chloride of iron and the frequent use of chlorinated gargles. Hoping this dire complaint will be shortly better understood and combated,

I am, Sir, your obedient servant,

WALTER SUMPTER, M.D.

Cley-next-the-Sea, Norfolk, October, 1863.

Foreign Department.

HYDROPHOBIA.

THE Academy of Medicine of Paris has been engaged for the last few weeks in discussing the etiology, prophylaxis, and treatment of rabies. Many interesting facts have been stated by the different orators; and M. Bouley, professor at the Veterinary School, especially distinguished himself by the sketch which he gave of the symptoms of rabies in the dog.

M. Tardieu, the eminent medical jurist, communicated in his speech data of great value, which, by order of the Committee of Hygiene attached to the Government, have been carefully collected for the last twelve years. In this lapse of time 319 cases of rabies in the human subject have been noted, and these may be looked upon as facts surrounded with every guarantee. Of these 319 cases the disease was communicated to man by animals in the following ratio: dog, 261 cases; wolf, 31; cat, 14; fox, 1; cow, 1; doubtful, 11.

There had always been a doubt as to herbivora being capable of transmitting the disease; but in 1862 a shepherd aged twenty-two was bitten by a rabid cow, which had previously been bitten by a dog. No prophylactic means were resorted to, owing probably to the belief that cows could not communicate the disease; but rabies broke out thirty days after the injury, and killed the young man in two days.

As to dogs, it may be remarked that the majority of the cases have been noted as occurring with small or household dogs; hence the importance of M. Bouley's advice as to the necessity of the public being acquainted with the premonitory symptoms of rabies in this animal.

Much exaggeration has been indulged in respecting the annual number of cases of rabies in the human subject. From official documents it appears that in France 239 cases were noted from 1850 to 1858. More recently they have been as follows: in 1859, 19 cases; in 1860, 14; in 1861, 21; and in 1862, 26.

Regarding the proportion between individuals bitten and those in whom the disease actually breaks out, the statistics are somewhat unsatisfactory from the very nature of the circumstances; but it has been found that out of 334 actually ascertained cases of persons bitten by a rabid animal, 185 suffered from the disease. This would give a ratio of 55 per cent., a somewhat heavier figure than Hunter's, who only gives 5 per cent.

Concerning sex and age no reliable data exist. M. Tardieu considers that rabies may arise spontaneously in animals. And as to the influence of the seasons, it is to be noted that 183 cases occurred in the warm portion of the year (from March to August), and 121 in the cold season.

The period of incubation was as follows: out of 224 cases, it was less than a month in 40 cases; from one to three months in 143 cases; from three to six months in 30 cases; and from six to twelve months in 11 cases. It has been remarked that the incubation was short in young subjects. It is also evident, from facts collected by M. Camille Gros, that individuals have died rabid in consequence of a bite from an irritated animal not suffering from rabies.

M. Tardieu considers that deep cauterization should always be resorted to, and that it is a great mistake to doubt its efficacy. Statistics show that about half of the individuals bitten escaped the disease, and that these had all been cauterized.

METROPOLITAN SCHOOL OF DENTAL SCIENCE.—The inaugural address on Dental Surgery was delivered on Thursday, the 8th inst., at the School, Great Portland-street, by Mr. Hulme.