

previous day. The mother went out early in the evening, leaving the child in good health, but on her return it had been sick and seemed silly. She gave it a hot bath and put it to bed; it was restless all night, but slept. At half-past four A.M. the mother found it in a fit; she gave it a bath and tried various homely remedies until six o'clock, when she sent for me. I found the little patient comatose, stretched full length on its mother's lap; pupils fully dilated, and insensible to light; slow stertorous breathing; urine retained; feces passed involuntarily; laboured slow pulse, and left hemiplegia, which I treated by tickling the palms and soles; the right limbs were withdrawn, the left remained stationary. Here was evidently a case of compression of the brain, which had come on so suddenly that it could be nothing but blood or depressed fracture of the skull, yet no bruise or depression could be seen or felt on the head, and the possibility of injury was vigorously denied by its parents. I immediately gave two grains of calomel, ordered ice to the head, sinapisms to the calves, and drew off its urine. I saw the child again at eight o'clock; pupils not so dilated, nor breathing so stertorous. I again visited the child at half-past ten, and found it had relapsed into its former condition. On this occasion I interviewed a boy who had been in bed on my previous visits, and from him I learned that while the mother was out the preceding evening he had seen the child fall with the right side of its head against a brick wall in the garden. I took four ounces of blood from the left temple, and ordered a quarter of a grain of calomel every quarter of an hour. In two hours the patient was staring about bewildered, but not comatose; pupils still dilated, but not nearly to so great an extent; breathing easier. From this time the child has manifested a daily improvement; he is now in his usual good spirits, but studiously avoids any pressure to the right side of his head. The hemiplegia is rapidly disappearing under the influence of two-grain doses of iodide of potassium every four hours.

I should strongly oppose a revival of the old system of bleeding and mercurialisation as it was formerly used, but I think such cases as this tend to show that such treatment is valuable in certain cases and does not deserve the sweeping condemnation it gets. Had I followed the orthodox treatment, the probability is that this patient would have gone to the great majority of those on whom the operation of trephining has been performed, whereas he is now alive and on a fair road to health. It would be instructive if other members of the profession who share the opinions I have expressed would publish their experiences.

I am, Sir, yours truly,

July, 1882. HERBERT H. MEYERS, M.R.C.S., &c.

"DOCTOR OR DRUGGIST?"

To the Editor of THE LANCET.

SIR,—As to medical practitioners dispensing and supplying their own medicines, the whole of my observation and experience goes to prove that it is most desirable that the profession generally should hold fast to this privilege, and for the following good reasons: We maintain a firmer hold over our patients, retain their confidence longer and better, prevent them from drugging and treating themselves and those under their charge with unnecessary (and sometimes injurious) medicines. We frequently have more opportunities of seeing and treating diseases in their earlier stages, and thereby saving the lives of our patients. We can save expense to our patients, and indirectly increase our own incomes, a desideratum not to be lost sight of during these times of bad trade, keen competition, lowering of fees, and struggling to keep up respectable appearances in society. I maintain that every practitioner should be in a position to supply his own patients with all medical and surgical remedies whenever they prefer such, and that these remedies can very conveniently, and with dignity and pleasure, be included in the general professional fees for visit, advice, operation, &c. When a practitioner is awkward in dispensing, or has not time to do so properly, he can keep an assistant or pupil to dispense for him, or if he cannot do this he will probably have little difficulty in arranging with some one or more of his professional neighbours to employ a qualified dispenser, either to attend at their different residences at certain hours or to reside or attend at some central place set apart as a dispensary or surgery for such purpose. This latter mode is becoming

general in many large towns (Leicester for example), and is found to work satisfactorily. Or if neither of the two foregoing methods can be adopted, these practitioners can still arrange with some local and honourable druggist to dispense privately for them, and to deliver the medicines either at their own residences or at their patients' houses. One of my practices was almost exclusively prescribing, having become so on account of my predecessor having held appointments which prohibited dispensing; and in two of my other practices my patients had their own choice as to whether prescriptions or medicines were supplied, and the general result proves the following further conclusions:—A very great majority (more than ninety per cent.) prefer to have medicines direct from the medical attendants, many positively refusing to go to the chemist's with their prescriptions, on account of the possibility of his suspecting or knowing that they are suffering from such and such diseases—to say nothing about the extra time, trouble, and expense they are generally put to by doing so. I have frequently detected errors and omissions on the part of dispensing chemists and druggists who have been entrusted with dispensing from my prescriptions (which are generally written fully, explicitly, and, in the case of new remedies, always after making myself practically acquainted with the best and most convenient mode of condensing and administering), besides, not infrequently exorbitant charges, considering the cost price of the remedies prescribed. Doing one's own dispensing nowadays does not involve the time and trouble it did twenty years ago, since every practitioner, by exercising a little forethought, can have most of his remedies prepared by his wholesale or manufacturing druggist—e.g., coated pills, concentrated infusions and decoctions, saturated solutions of salts and alkaloids, spread plasters, prepared ointments, and standard or private formulæ similarly prepared to hand; also cut wrapping papers, washed and corked bottles, and printed labels and wafers as desired. Further, if need be, practitioners can do almost the whole of their own dispensing at their patients' houses simply by carrying with them, either in their pockets or carriages, the chief medicines they are in the habit of employing; and in this latter mode Dr. Kirby has done much to popularise portable remedies in the form of coated pills and compact cases; while Messrs. Squire have also done something by preparing discs and laminae of the more important alkaloids for hypodermic use; and I should also add Dr. Boerhaave in introducing his dosimetric system of administering active remedies.

I trust I have now stated enough, although I could say even much more if time and your valuable space permitted, to prove the advisability of our retaining in any new medical Act due provision for exercising the art of compounding and dispensing (and charging for) medicines supplied to our own patients; of retaining the Worshipful Society of Apothecaries as an examining and licensing body, in common with the other bodies, or, at least, of keeping the legal power and function now possessed by that Society; and of practitioners generally being in a position to dispense and supply their own patients with medicines; and last, though not least, of speedily ridding our minds of the just now fashionable delusion (among some members of the profession) that in dispensing and supplying our patients with medicines we are in some way degrading ourselves in the estimation of the public.

Clifton, July, 1882.

I am, Sir, yours truly,

JOHN BROOM, M.D., &c.

PERFORATING DUODENAL ULCER.

To the Editor of THE LANCET.

SIR,—A case of duodenal ulcer came under my notice recently, the details of which appear to me to be worthy of record.

John P—, aged thirty-four, a coachman, and a well-built, active, muscular man, apparently in robust health, consulted me in November, 1881, having been suddenly seized with agonising pain in the right hypochondriac region, extending downwards and to the back. The pulse was slow, of good strength; the skin cool, and in twelve hours he was free from pain. Morphia was injected subcutaneously. During the succeeding six months he had occasional attacks of abdominal pain and sickness, not, however, of such severity as to induce him to seek medical aid or to interfere

with his work. While in the act of stretching himself to hang a picture on the evening of April 23rd, 1881, about an hour after a meal of tea and bread-and-butter, he was again suddenly seized with the same pain as before, and when seen was in a chair, moaning, with the knees drawn up, pale, with a cool skin and a slow but not weak pulse. Bowels had acted during the day. Morphia was again injected with but little relief, and by the following evening he was in a state of profound collapse, and died in twenty-four hours after the seizure.

The abdomen was examined twenty-four hours after death. Rigor mortis complete, with great lividity of surface and rapid decomposition. On opening the abdomen, fetid gas and about two quarts of turbid brown fluid, with yellow floating shreds, escaped, and on raising the transverse colon a round perforation, half an inch in diameter, was seen in the duodenum, which was perfectly free from adhesions. The omentum had limited to some extent the spread of the peritonitis, but there was much soft yellow lymph on the liver and the adjacent bowel. On removing the duodenum, the opening was seen to have a thick rounded margin, firm to the touch, surrounded by folds of mucous membrane radiating from it.

Three years ago George S—, aged thirty-six years, while jumping on the hind step of a high gig, was seized with extreme pain in the abdomen and faintness. When seen by me he presented the phenomenon of collapse in the most intense degree, and for about six hours showed no sign of rallying. Gradually the pulse became perceptible, and warmth returned, but the abdominal pain was extreme, and for three days he lay in a dangerous state. In eight days he had recovered sufficiently to be removed to his home, a distance of some miles, and when heard of six months ago was alive and well. Previously for some months he had occasional attacks of abdominal pain, which he attributed to "cramp."

I am, Sir, your obedient servant,

W. HENDERSON, M.B. GLASC.

Stanhope-terrace, N.W., July, 1882.

SCOTTISH NOTES.

(From our Correspondent.)

ARRANGEMENTS are now complete in several towns in Scotland under which the delivery of popular science lectures during next winter, by well-known scientists, is assured. Health subjects are popularised by Dr. A. Wilson, of Edinburgh, and Professor Stirling, of Aberdeen, both of whom have shown quite exceptional power in bringing scientific knowledge within the grasp of the ordinary intelligence. These are the lecturers sent under the Combe Trust, and the Gilchrist Trustees purpose a similar course to that so successfully carried out last year. The eminence of the lecturers, their popular subjects, and the nominal charges were the means of attracting audiences numbering in many cases thousands, and this year several new towns have urgently asked to be placed on the circuit. In many cases the local medical men will again deliver courses of health lectures. These are in some instances reproduced in book form, and in the case of Edinburgh, at least, over 20,000 copies have been sold.

The local examinations conducted by the various Scotch universities have now been completed for the year. The popularity of these increases rapidly, and this year about 2400 pupils have come forward with very gratifying success. The medical interest in these arises chiefly from the fact that they offer an organisation of a satisfactory kind for relieving the universities and corporations from the task of conducting the preliminary examinations of medical students. At the recent meeting of the Medical Council some difficulty was said to exist on the part of the Scotch corporations, who had no body to which to depute this power, but facilities are here offered which would be convenient to the student and satisfactory to the Council.

The new hospital at Ayr approaches completion. It has an imposing frontage of 400 ft., and its central part is three storeys high. Accommodation is provided for forty-four beds in the main section, and in a detached portion twenty beds will be provided for fever patients. The rooms for the various officials are conveniently placed, and all modern hospital requirements have been provided. The cost will

be about £8000, and most of this money is already subscribed.

St. Andrews is making large additions to its meagre hospital accommodation. A temporary hospital will be erected at a cost of £500. This, as well as the more substantial structure proposed, is for the reception of ordinary cases of disease; while the Gibson Hospital, now being erected at a cost of £1000, is intended for the maintenance of such of the aged, sick, and infirm poor of the city and parish as the funds may prove sufficient to support. The building will probably be ready for occupation early next summer. Provision is made for eighteen persons, each having a separate room.

It is satisfactory to note that the body of the late Earl of Crawford was in a complete state of preservation when found. The thieves had placed the body in a gravelly soil by the side of a brook, had wrapped it in a large blanket, and buried it about two feet deep. The features were so well preserved by the embalming process that no difficulty was felt in recognising the late nobleman.

PARIS.

(From our Paris Correspondent.)

AT a clinical lecture at the Hôpital de la Charité, Professor Hardy observed that we are perhaps not altogether justified in giving up entirely the practice of bleeding. He said that this valuable remedy was rather abused in former years, but that the modern school have gone to the other extreme in bleeding very little, or not at all. In fact, so little is it practised nowadays, that it is by no means a rare thing to meet a medical man of twenty or thirty years' standing who had never used the lancet; and the students who now leave the school are scarcely ever taught what phlebotomy is, or what its uses are. To demonstrate the utility of bleeding from the arm, Professor Hardy presented a female patient, aged seventy-six, who was admitted into the hospital with great dyspnoea, depending on marked cardiac troubles. On examining the heart, Professor Hardy discovered that the organ was greatly distended, and a bruit de souffle was heard at the apex, which pointed to mitral insufficiency. The tricuspid valve was affected in the same way, which was indicated by the jugular venous pulse. Professor Hardy diagnosed an asystolic condition of the heart, and bled the patient to 200 grammes, which afforded instantaneous relief to the most urgent symptoms.

M. Bouley submitted to the Academy of Sciences last week a paper, in the name of M. Carey, explaining how, by the aid of a new frigorific apparatus, he succeeded in destroying trichinæ in American salted pork. The apparatus produced 300 kilogrammes of ice in one hour. During nine days he preserved at freezing point 60,000 kilogrammes of ham, at an expense of only about 500 francs. But M. Colin, another veterinary surgeon of note, is rather sceptical about the efficiency of cold to freezing point in completely destroying the parasites, as, according to his experience, nothing short of boiling would annihilate them.

For a long time it was supposed that the habitat of trichinæ was confined to the muscular system of the pig, and that the other parts of the body of this animal enjoyed absolute immunity from them. M. Chatin has proved that the parasite exists equally in the adipose tissues, which he noticed particularly in bacon or salted pork; and which, he added, would necessitate the close examination of suspected meats in their fatty as well as their muscular parts. The same hygienist also found, with the aid of the microscope, a quantity of trichinæ at different degrees of development in the coats of the intestines. This discovery necessarily caused some alarm, as the bowels of the pig are imported to this country, and are employed for enveloping sausages prepared with indigenous meat.

M. Laborde, Chef du Laboratoire at the School of Medicine, desirous of disabusing the public mind of the imaginary atrocities of vivisection, got up a meeting with a view of performing publicly some experiments on live animals, for which purpose he had some frogs, rabbits, and dogs prepared for the occasion. But the moment he began his operations on a frog, a lady from the audience rushed up towards the table and protested vehemently against the performance of such experiments in public. The greater portion of the audience soon joined the lady in her protes-