able measure of the fluctuations of the disease. Through the winter of 1861-2, the admissions increased, and reached their highest number in the month of April, when the hospital was nearly full. The fever then appeared to subside as the summer advanced. After a small increase in the cold month of November last, the admissions for typhus again experienced a decline, until in the present summer there was room for hope that the epidemic was passing away.

On August 31st, six weeks ago, there were in the Fever Hospital 80 patients, of whom a considerable proportion were suffering from diseases other than typhus fever. At the end of September there were 134 patients, the whole of the increase being due to typhus. While we write, there are 182 patients in the hospital who are all (with some 30 exceptions) suffering from contagious typhus fever. They have chiefly been brought from the poor districts of the south and east of London, and they all belong to the very poorest class of people.

We are of opinion that this increased prevalence of typhus, occurring with this extreme rapidity, so early in the autumn, forebodes a very serious amount of the disease in the approaching winter. It is our experience that typhus ordinarily increases during the cold months of the year, and does not reach its greatest intensity until the early spring.

The London Fever Hospital is the only institution in the metropolis for the treatment of contagious fever. It has 200 beds. The wards for women are already full, and cases of typhus are to-day being refused admission. The male wards also are nearly full. As far as its resources go, the hospital authorities contemplate meeting the demands upon it by providing temporary buildings, and a plan is now under consideration for accommodating 60 additional patients.

To retain typhus patients in the dwellings of the poor, or to receive them in ordinary hospitals or in workhouses under the same roof with other patients, is inevitably to extend and intensify the disease. We desire, therefore, to point out the extreme importance of providing further accommodation for the separate treatment of typhus, in order to isolate the sick in every practicable instance.

We have the honour to be, Sir,

Your obedient servants,

CHARLES MURCHISON,
GEORGE BUCHANAN.

To the Medical Officer of the Privy Council.

CARBOLIC ACID.

To the Editor of THE LANCET.

SIR,—In answer to Dr. Frodsham's letter in THE LANCET of the 17th inst., respecting the similarity which he supposes to exist between carbolic acid and creasote, allow me to state that I am astonished that a medical man should assume that bodies which have a *similarity* of composition and properties must necessarily be *identical* in composition and therapeutic action. Several of my medical friends, who have had many years' experience at the Manchester Royal Infirmary and elsewhere, and who used creasote for twenty years before carbolic acid in its *pure state* was brought under their notice, have ascertained that the therapeutic effects of carbolic acid differ essentially from those of creasote. I may add, that during the process of purifying carbolic acid, several homologous substances are obtained which at first sight resemble carbolic acid much more closely than does creasote, and which, when examined chemically, or with reference to their therapeutic action, are found to be totally different.

As to the completeness of the chemical distinction between creasote and carbolic acid there can be no doubt. Gerhardt, Laurent, Gorup, Reichenbach, Devile, &c., have all by their researches proved that carbolic acid and creasote are distinct substances. For instance, the specific gravity of creasote is 1040; that of carbolic acid, 1065. Creasote remains fluid down to 13°, and boils at 397°; whilst carbolic acid is a solid crystallized substance fusing at 93°, and boiling at 370°. No liquefaction of carbolic acid could communicate to it this difference of properties.

Without entering in a medical journal into the varied actions of creasote and carbolic acid when placed in contact with sulphuric acid or caustic potash, under the influence of heat, the action of nitric acid upon the two substances is quite

sufficient to distinguish chemically between them. The ultimate result of the action of concentrated nitric acid upon carbolic acid is pure picric or trinitrophenic acid, whilst upon creasote, oxalic acid and a brown resinous substance, together with a small amount of picric acid, are the products obtained.

I take this opportunity of supplying an omission in my former communication, and to urge the importance of using for medical purposes pure, solid, and nearly inodorous carbolic acid, as I have heard of several serious accidents arising from the use of impure acid, either from its containing some of the homologues of carbolic acid, or from some of the chemicals employed to extract it from coal-tar having been inadvertently left in it.

I am, Sir, your obedient servant,

F. CRACE CALVERT, Ph.D.

Royal Institution, Manchester, Oct. 1863.

P.S.—It is probable that the reason why some medical men have assumed that the therapeutic actions of carbolic acid and creasote are identical, is that large quantities of impure carbolic acid have been sold under the name of creasote; but now that pure carbolic acid has been carefully tested, no doubt can remain as to there being an essential distinction between the two substances.

PARISIAN MEDICAL INTELLIGENCE.

(FROM OUR SPECIAL CORRESPONDENT.)

IF it really be a comfort to possess a good grievance, then are the Paris medical men decidedly to be envied. In England, no doubt, the profession enjoys certain special advantages in this way; the union system, the army, the navy, the hospitals, all furnishing their contingent of things to be grumbled at. Although it may be true that the identical drawbacks which meet the English practitioner do not exist on this side the Channel, yet the Parisian doctor has stones, and not a few of them, in his daily path. First, he has great difficulty in finding a suitable house (or rather flat, as it is called in Scotland). Paris dwellings, from their small size and general arrangement, are ill-adapted for professional purposes. French landlords, again, have a rooted objection to medical tenants. Next to dogs, children, and Oriental ambassadors, they are supposed to be the least desirable inmates. I know of a case within the last week where a distinguished American surgeon was refused as a tenant, simply on the ground of his profession. In vain did he protest that he was never called out at night, saw few patients at home, and so forth; all was useless, and arguments failed to convince the inhospitable *propriétaire*. The medical man's income, again, is burdened with a heavy tax in the way of patent, or licence to practise. With a house-rent of £140, the patent duty is £12 annually, and so on increasing in proportion; this being exclusive of the ordinary municipal taxes. In provincial districts the drawbacks are not less grievous. I have been informed by a medical man in the country that when obliged, on subpoena, to attend criminal cases at the *chef lieu* of his department, he has been forced to leave for the day his patients to their fate. His fee on such occasions has been five francs! "Juste," as he said to me, "le déjeuner de mon cocher," and a fresh proof of how cheap physic is held by law. In Paris, which is the dearest city in the world, because the pleasure ground of the world, the medical fee is sixteen shillings, not a guinea. One consequence of this low fee is that many of the leading practitioners refuse to *visit* patients unless in consultation, when twice that sum is expected. I hope on a future day to resume this subject.

I pass now to another and a more serious one—namely, the occurrence of a fresh case of transmission of syphilis by vaccination. The patient, a little girl, was shown a few days ago at the Academy of Medicine whilst the specific malady was in full vigour. There existed on each arm two ecchymatous patches; and at the same time a general papular eruption of a copper colour, together with swelling of the glands in the neck and arm-pits. The syphilitic symptoms made their appearance three weeks after vaccination, when a hard, flat pimple was seen to occupy the site of one of the vaccine scars. The pimples increased rapidly, so as to acquire the size of a three-penny-piece, and were covered with dark brown crusts. The child's health was seriously affected. Fever set in, and then an eruption of roseola was thrown out, and subsequently occurred the papular eruption before mentioned. A searching examina-