torpid or inactive. The circulation through the portal vein was diminished; the intestines were congested; the stools liquid, frothy, and clay-coloured, something like brewer's yeast in appearance—sometimes mixed with undigested food lately taken. If by means of calomel or blue pill we could excite the secretion of bile, the disease was relieved for a time. Some were so conscious of this, that they took small quantities of blue pill every day. I preferred fasting, and believe I cured myself by that means; but I could persuade few to adopt this remedy; they preferred eating, drinking, smoking, and blue pill. I have heard no one assign any probable cause for this disease; some attributed it to bad air, and some to bad water; some thought that the Chinese had poisoned the springs, but we found no change when we drank Thames or Indian water from the ships, and we saw nothing that could produce malaria. There was no sea-beach, swamp, or uncultivated land. The coast was hills and rocks. The rice-grounds were few and small, and no change was observed, either when they were covered with water or drained.

I have attributed this disease to a certain electric state of the locality. The following will be my reason for doing so:—

The coast of China is the eastern coast of the largest tract of land in the world—of the great eastern continent, extending in longitude from the east of China to the west of Africa. It is also bounded by the largest tract of water—the great Pacific Ocean.

Now, there is a current of electricity passing round the world from west to east, (see Faraday;) and electricity is conducted better by water than by land. Electricity, then, will be positive on the western, and negative on the eastern coast; or on the one it will be plus, and on the other minus. Now we have pretty good proof, that where electricity is negative, vitality is depressed; where it is positive, it is excited. The hand placed in the negative current becomes cold, in the positive, warm; and many practitioners in India have remarked, that there are peculiar diseases in connexion with peculiar electric states of any locality; that there is a remarkable difference in the biliary secretion; the liver is excited where the electricity is positive, depressed where it is negative. Now, in diseases on the coast of Africa, the practitioners complain of excess in the secretion of bile; on the coast of China, of deficiency. In the diseases of China, there was a complaint that no bile was secreted. This is directly the reverse of the diseases on the coast of Africa: an excess of the action of the liver is complained of in the same latitude with the same heat of climate. Bleeding is more resorted to on the coast of Africa, and calomel in large doses, to act as a sedative. In China, bleeding was seldom resorted to with good effects; and calomel was found beneficial in small doses, to act as an excitant. From these reflections, I question if the coast of China will ever be a healthy place, either for Europeans or for natives of India; both seem equally to suffer from disease.

Men are more local beings than they are apt to be aware of; and Nature seems to have formed peculiar races of men for peculiar localities. On the eastern coast of the great continent, the men are all Mongolian; on the western, they are a directly opposite race. There, the African becomes the strongest amongst the human race—there, the European cannot live and generate.

I may offer a few remarks on the great difference between the African and Mongolian race. If we take the same latitude, the same heat of climate—the tropic of Cancer, for instance,—we find on the eastern coast the race is fair; where protected from the sun, they are of waxy-white complexions. Some of them appeared as much whiter than our Europeans as the Europeans were whiter than natives, of which I could give instances. The eye is generally angular—the caruncula is always hidden by the upper eyelid. I found no exception to this in a true Chinaman. Every hair of the head, beard, eyelashes, and eyebrows, is straight; the eyelashes hang downwards to the eye; the beard is scanty and straight, and confined to the upper lip and chin; scarcely any of what is called whiskers by us grows on the cheeks and throat. The men appear deficient in virility: they often marry many wives, but have few children. Early marriages are encouraged, to keep up the population. They appear to resemble those Scythians mentioned by Hippocrates, amongst whom there were many natural eunuchs. One of the reasons they give for smoking opium is, to excite sexual desire, or the “golden passion,” as they call it.

These peculiarities of the Mongolian race are directly opposite to those of the African. The African is black in the same latitude that the Chinaman is deadly pale; his every hair is curled—his eyes are full—his caruncula is exposed—his beard, more on the throat and cheeks, and less on the lips and

chin, is bushy and curled. The men have excess of virility; they are stronger. We find them a match for the English pugilist. Whilst we have these extremes on the eastern and western coasts, we find the centre of the continent occupied by the Caucasian feature, varying in colour with the latitude. As a proof that there is some cause for this, we find that races change their colour and feature, in a few generations after they have changed their localities. The Portuguese at Calcutta and Madras are many of them blacker than the natives, though of white origin. At Macao, the same race are assuming the Chinese features, although they boast of a pure descent; yet, after a few generations, they have straight hair, angular eyes, beard confined to the lips and chin, and pale-yellow wavy-looking complexions. If, according to a late learned writer, the more or less activity of the biliary organs is the cause of the dark or fair complexion, the biliary secretions are certainly deficient on the whole eastern coast of the eastern continent, and in excess on the western coast. Longitude, as well as latitude, seems to affect us in disease. Electricity, as well as heat, has its peculiar effect on the constitution: both, in excess, appear to be excitants. I may add, that I do not believe positive and negative electricity to be proper terms. It is as improper to call a deficiency of electricity negative, as to call cold, negative heat. Electricity, like heat, is everywhere seeking equilibrium, but appears to find this equilibrium with greater rapidity.

George-street, Euston-square, June, 1846.

OFFICIAL CORRESPONDENCE

ON THE POOR-LAW COMMISSIONERS' "MEDICAL ORDER OF MARCH, 1842." WHAT IS "DISLOCATION OF THE ARM"?

By DAVID CORBET, M.D., Orsett, Essex.

JUNUS, in the dedication of his letters to the English nation, truly affirms, "One precedent creates another. They soon accumulate, and constitute law. What yesterday was fact, to-day is doctrine. Examples are supposed to justify the most dangerous measures; and when they do not suit exactly, the defect is supplied by analogy." Anxious, therefore, that no precedent injurious to the general interests of the profession, which could be evverted, should be established in any case of mine, the following correspondence is forwarded to THE LANCET for publication:—

A few preliminary observations may be necessary. A man, named Joseph Green, applied at my surgery on the afternoon of a Board day, with a dislocation of the shoulder-joint, which had occurred the previous evening. He stated, that he had applied at the Board, and had been refused relief, (this I have reason to believe was not the case; the Board had broken up ere he made the application to some individual guardian,) that he was without money, and had no prospect of being able to pay for the reduction of the dislocation. Well, of course the poor fellow could not be sent away unrelieved, and accordingly, with the assistance of Mr. Borthwick, the end of the humerus was placed in situ. Next day, I found, from Mr. Joseph Spurgeon, of the Bell Inn, Horndon, where Green was lodging, and where the accident had occurred, that the allegation of Green's utter destitution was strictly true; "Joe of the Bell" had himself, with his accustomed humanity, prevented the man from starving; and on laying the case before the overseer, Mr. G. West, an *ex post facto* "medical order" was immediately granted. Christmas came, and my accounts were forwarded to the clerk of the union, including the usual charge in such cases for Green; this charge was disallowed, and hence the correspondence.

1. To North Surridge, Esq., Clerk to the Orsett Union.

Orsett, Feb. 12th, 1846.

MY DEAR SIR,—Be kind enough to state in writing the precise grounds upon which I have been refused payment by our guardians in the case of Joseph Green.—I remain, yours truly,

DAVID CORBET, M.D.

2. To David Corbet, Esq., M.D.

Romford, Feb. 14th, 1846.

MY DEAR SIR,—The ground upon which the Board disallowed the fee for reducing the dislocation of the shoulder in the case of Green was, that the operation is not one of those enumerated in "the medical order," for which you would be entitled to extra-remuneration. A case very nearly resembling this has just occurred in the Romford Union: Mr. Collin, one of the medical officers, having attended without an order, claimed the fee, which was disallowed by

the Romford Board, on the ground that the patient was not a pauper. Mr. Collin then appealed to the commissioners, who held that a dislocation of the shoulder is not a dislocation of the arm, and that he was therefore not entitled to extra-remuneration. The decision of the commissioners (whether right or wrong I know not) applies, of course, to your own case.—I am, my dear Sir, yours faithfully,

NORTH SURRIDGE.

3. *To the Poor-law Commissioners, Somerset House.*

Orsett, Feb. 15th, 1846.

GENTLEMEN,—I have been refused payment by our guardians for the reduction of a dislocated shoulder. I had an overseer's order in the case, and I believe there is no doubt the patient was in circumstances requiring relief. That there may be no mistake as to the grounds upon which payment has been refused, I enclose you the original letter I had from our clerk—that the commissioners held that a dislocation of the shoulder was not a dislocation of the arm! There is such an evident mistake here, that I am really ashamed to trouble you; but some crotchet has entered the head of our worthy functionary, and he has led the Board into the injustice of refusing me the usual fee.—Yours truly,

DAVID CORBET, M.D.

4. *To Dr. Corbet.*

Poor-law Commission Office,
Somerset House, Feb. 18th, 1846.

SIR,—I am directed by the Poor-law Commissioners to acknowledge your letter of the 15th instant, complaining that the Board of Guardians of the Orsett Union had refused you payment for the reduction of a dislocated shoulder, in a case which you attended under an order from an overseer of the poor. The commissioners desire to explain to you, that the general medical order does not specify a "dislocation of the shoulder" as a case for the treatment of which a fee is payable to a medical officer, and therefore, the claim, in the shape it was made upon the guardians, was one which they were justified in refusing. If you had made a claim for a "dislocation of the arm," of course your demand, at least as regards its terms, would have been different.

The commissioners request you will inform them what bones were dislocated in the case which you refer to.

I am, Sir, your obedient servant,
L. OXFORD, Assistant Secretary.

5. *To the Poor Law Commissioners.*

Orsett, Feb. 18th, 1846.

GENTLEMEN,—I have to inform you that it was the principal bone of the arm (humerus) which was dislocated in the usual way, downwards and forwards, from the cavity of the blade-bone. The medical order seemed clearly worded to me, but your explanation now renders it so vague that it should be instantly altered; for, depend upon it, medical men, in recording declarations of what you call the arm, will invariably be characterizing them as of the shoulder, elbow, or wrist, as the case may be. There can be no doubt of the humerus (the bone from the shoulder to the elbow) being a bone of the arm.—Yours respectfully,

DAVID CORBET, M.D.

6. *To Dr. Corbet.*

Poor-Law Commission Office,
Feb. 23rd, 1846.

SIR,—I am directed by the Poor-Law Commissioners to acknowledge the receipt of your letter of the 18th instant, respecting your claim for payment of a fee for the treatment of a dislocated shoulder, as adverted to in your previous communication of the 15th instant, and I am to state, that if you give such an explanation of the case to the Board of Guardians of the Orsett Union as you have now furnished to the Commissioners, and make your claim for the treatment of a "dislocation of the arm," the Commissioners have no doubt that it will be duly considered by the Guardians.—I am, Sir, your most obedient servant,

E. CHADWICK, Secretary.

I attended the Board in person, and read to the Guardians the several communications, and was thanked for explaining what the medical order really meant—that there was in truth no such thing as a dislocation of the arm, but dislocations of the various joints did occur. In justice to Mr. Surridge, the acute, indefatigable, and courteous clerk of the Union, I must add, that he read a copy of the communication from the Commissioners to Mr. Collin, which clearly maintained the doc-

trine that dislocation of the shoulder was not included in the medical order, allowing an extra fee for the treatment of a dislocation of the arm! I have applied to Mr. Collin for a copy of this document, with a view to publish it as an appendix to my own correspondence, but I regret much he declines complying with my request.

The moral of all this is, that the Commissioners clearly mean "the arm," in its most extended signification, synonymous with the upper extremity, but insist on the technical term in the order being complied with; I therefore recommend my brethren always to charge for the "arm," whether in fractures or dislocations of the bones or joints of the upper extremity, from the clavicle to the little finger.

Orsett, Essex, 1846.

DAVID CORBET, M.D.

MEDICAL JURISPRUDENCE.

REMARKS ON A SUSPECTED DEATH FROM QUACKERY.

By WILLIAM HARDING, Esq., M.R.C.S. London.

IN THE LANCET of May 23rd is a short report of an inquest, held by Mr. Bedford, coroner for Westminster, at the Falcon Tavern, Lisle-street, Soho, on the body of a child, supposed to have died from the administration of improper medicines. Should you consider my communication deserving of publication, you must, if you please, permit me to detail the particulars of the case, the facts of which are shortly these:—Elizabeth C—, nine years of age, residing in Leicester-street, complained of indisposition and sickness. Vomiting, fever, sore throat, with imperfect redness of the skin, followed in the train. The father of the child applied to a chemist in Little Newport-street, who first prescribed an opening powder, then visited the child; ordered an emetic, leeches, and blister to the throat, and afterwards sent eight white powders, one to be placed on the tongue every four hours. These medicines were all duly administered.

At the expiration of about a week, the parents discovered that the druggist was not a qualified medical man, and seeing the child was doing badly, dismissed him, and sent for a qualified practitioner residing in Great Newport-street, who attended for somewhat less than three weeks, when the child died. An opinion having been expressed that the symptoms were produced by mercury, and that death resulted from the action of that poison, the injured parents instituted an inquiry. The evidence went to show that scarlet fever had previously existed in the house, that the druggist had attended and been paid for his medicines, that the parents of the child believed him to be qualified to practise medicine, and dismissed him on discovering their error.

The medical man who had attended after the druggist, and also examined the body after death, detailed the history of the case, his own treatment, the post-mortem appearances, &c., and gave an unqualified opinion that death had been the result of some mercurials improperly administered. He based his opinion on the symptoms presented during life, the post-mortem appearances, and the mercurial fœtor of the salivation, which he stated was characteristic and distinctive, and could not be mistaken. On the part of the chemist, it was stated that the eight powders contained only antimony and sugar, and that no mercury had been administered, save and except in the calomel and jalap at the commencement of the disease. The medical man repeated his assertion, that the peculiar fœtor could be produced by mercury alone, and that it could not be mistaken by an experienced practitioner. Now, I throw overboard the chemist. I have nothing to do with him; however skilful he may suppose himself in physic, he cannot

"Raze out the written troubles of the brain," nor

"Pluck from the memory a rooted sorrow;"

he cannot, therefore, devise a sedative to allay the mental agony that reigns in the bosoms of the parents of that poor child, who live to grieve over their accidental error in selecting an unqualified practitioner, and who have the pain of believing (however erroneous the impression may be) that that error deprived them of their child. My business, on the present occasion, is with the medical witness, with the evidence he gave before the coroner and the jury assembled, with his facts and his inferences, that the profession may judge whether conclusions so formed are sufficiently rigorous to assist a non-medical coroner and jury in forming a correct judgment.

First, then, for the evidence from symptoms. It is, perhaps, almost superfluous for me to say that symptoms are not, in the