had shown themselves during her stay in the County Hospital had been scrutinized, and that some distilled water, with which they had been carefully washed, gave with chemical tests abundant evidence of the presence of hydrochloric acid; that a little hydrochloric acid which he had up from the surgery, and applied to her skin, had produced a whitish and gangrenous spot, a miniature fac-simile of the others; and lastly, that on searching her clothes, a vial had been found containing the remains of some hydrochloric acid.

The woman, after many denials and prevarications, at length admitted her guilt; and further, that she had been practising the deception for a period of nearly three years, four months of which she had spent in the Colchester Hospital, and nine weeks in University College Hospital, London, without the imposture being discovered. While begging for mercy, she stated that she had been induced so to act, in the hope of obtaining a better home than a workhouse.

THE MEDICAL PROFESSION AND THE LICENSED VICTUALLERS' INSURANCE COMPANY.

To the Editor of THE LANCET.

SIR,—Permit me to occupy a short space in your journal, for the sake of putting my brother practitioners on their guard, when applied to by the Licensed Victuallers' Insurance Company.

A short time since, I received a letter, with the usual request to reply to the queries respecting the health of Mr. J. R.—I replied, that I was not in the habit of filling up such forms without a fee, and that if the company did not forward me a fee, I must call upon Mr. J. R.—to see if he was willing to be subject to such an imposition. I called upon my patient, and explained to him the cause of delay, at the same time telling him not to insure with any company which did not pay a fee for the opinion of the medical referee.

Mr. J. R.—very properly refused to be saddled with payment of a fee, and so, as I thought, the matter ended. In a few days, however, Mr. J. R.—requested me to fill up the form, and volunteered to be answerable for my fee.

Now, Sir, pray mark the result. I did as my patient requested, when, to my surprise,—for I had not written anything unfavourable to my patient, although strictly in truth,—the liberal company surcharged him £5 per annum on his premium, to which, when he objected, they replied, that the extra £5 was on account of my report. So much for confidential communications. I have to apologize for the length of this letter, but believing it may prevent my fellow practitioners from being betrayed in a similar manner by the worthy Licensed Victuallers' Insurance Company, I have given the statement at length, and faithfully.

I beg to subscribe myself, your humble servant,
Hatfield-place, Bermondsey, May 9, 1850. R. SHARPE, M.D.

P.S.—If I can make a company, however unjustly, pocket £5 per annum, is it not worth a guinea?

CONDITION OF THE SALIVA IN GOUT.

To the Editor of THE LANCET.

SIR,—A letter from your talented correspondent, Mr. Levison, leads me to forward you the following particulars regarding the diagnostic property of Saliva in Gout.

It is the usual practice to examine the urine in search of the calculous diathesis, but we do not look to the teeth as exhibiting any token of the presence of those concretions which, generally, in some constitutions, lead to stone in the bladder, and in others, to earthy deposits in joints. These concretions are of variable nature, but they have more or less lithic acid in their composition as a predominating ingredient.

For many years I have looked at these deposits on the teeth of persons, with great interest, inasmuch as they appear and disappear with more or less rapidity, according to particular changes of diet. One gentleman, in particular, of this kind of diathesis, used to afford me a good deal of amusement by his remarking, whenever I proceeded to look into his mouth, that he hoped that I should not "catch the Tartar," that he had strictly observed the regimen I had recommended—but too frequently the too rapid reproduction of the tartar told the tale of his neglect of the orthodox rules. I am led to believe that the parotid sub-lingual and sub-maxillary glands, all eliminate the calculous materials—viz., ammonio-magnesian phosphates, calcareous phosphates, lithic acid, and some urea—to this latter substance I attribute much of that offensive odour which is present in the breath of

those persons who have these accumulations in a large degree) in the same manner as the kidneys in some idiosyncrasies—and that the dyspeptic symptoms of these individuals, in some measure, are to be traced to the presence of these substances in the stomach, brought into it by the insalivation of the food. As we are told that from fifteen to twenty ounces of saliva are daily secreted—a large portion of which is necessary to incorporate with our aliment, it appears no great stretch of imagination to believe the possibility of the circumstance. I was induced to employ the acetic and citric acids internally, on finding them the best means of detaching the laminae of tartar, which usually fix themselves on the molar teeth and posterior part of the incisors of persons who are peculiarly subjected to gout and its modifications; the great relief afforded to urgent symptoms by these remedies, has fully warranted the opinion I entertained of their efficacy—and I believe that the same chemical action is brought about on the secretions by the administration of the lemon-juice as by the acetic acid. It is a rare circumstance to find much or any tartar on the teeth of persons who are of the *leucophlegmatic temperament*; and I wish to draw the attention of the scientific dentist to this important subject—and if my position be confirmed, it will be one more proof of the unity of medicine and surgery—a point so strongly urged by you for years.

I am, Sir, your obedient servant,
Westminster, May, 1850. J. C. ATKINSON, M.D.

ON THE PROPRIETY OF STIMULATING THE SALIVARY GLANDS ALTERNATELY WITH THE KIDNEYS.

To the Editor of THE LANCET.

SIR,—In reply to the question proposed by Mr. Levison, "whether in the effusion of the cellular membrane it would be judicious to stimulate the action of the salivary glands alternately with the kidneys?" I should say, that it is very doubtful if any vicarious evacuation, such as sometimes spontaneously occurs, can ever be successfully imitated by art. Pustularization rarely affords the relief that is experienced from a pustular eruption, nor does leeching the verge of the anus remove hepatic or cerebral congestion like an effusion of blood from the hæmorrhoidal vessels. The case mentioned by Mr. Levison is certainly a very curious instance of vicarious discharge of calcareous material. In this case it is probable, if the lady had been restricted to the use of distilled or rain water filtered—i. e., to water containing no earthy or neutral salts, in all probability, the supply of such salts being stopped, they would soon have ceased to abound in the secretions. Instead of taxing the kidneys by diuretics, or the salivary glands by sialogogues, both of which class of evacuants will add to the existing debility, I would suggest the expediency of following the natural indication by evacuating the fluid in the direction of the effusion, through the skin, by acupuncture, by the application of blisters above the calf of the leg, dressing them with the water-dressing, or by promoting a free transpiration by means of the oil-silk vapour-bath to the feet and legs.

The decoction of senega-root is a remedy which combines the threefold action of a sialogogue, a diuretic, and a diaphoretic, and therefore admirably suited for a case of this kind. A strong decoction of the fibrous roots of the leek in chicken-broth, or a strong decoction of parsley-roots, or of the pyrola umbellata, in milk, have each been successfully used in removing the dropsical effusion from the lower extremities consequent upon heart affection. But I would further suggest, that it should be borne in mind, that the effusion in these cases is the natural mode of relief, and not a part of the disease, and therefore not so much the object of cure as of prevention.

The necessity for this mode of relief is caused by an overloaded state of the capillary vessels, true *plethora ad vires*. All that is necessary to prevent this state is to restrict the patient to a very moderate allowance of food, both solid and fluid. In order to avoid the inconvenience of thirst, the patient should abstain from those heating articles of diet which excite thirst, substituting ripe fruits, particularly strawberries, and well-dressed vegetables, for a more solid and liquid diet.

I am, Sir, your obedient servant,
J. PIDDUCK, M.D.

P.S.—The fact that the iodide of potassium exerts but little, if any, control over cutaneous eruptions, unless its administration is preceded by that of mercury, suggests the inquiry, is not the iodide remedial of the mercury, and not of the original disease? and are not these eruptions rather mercurial than syphilitic, or perhaps the result of a combination of the metallic with the animal poison? If this question be answered in the affirmative, does it not suggest another question, not how much mercury the consti-

tution of a patient is able to bear, but how small a quantity of the remedy may suffice for the cure of the original disease, so as to avoid those intractable complications? The consideration of this important question, and the rules to guide us in the administration of this almost universal remedy, so as to gain the good and escape the evil, might well engage the attention of some of our most eminent surgeons.

UNIVERSITY OF ST. ANDREW.

MEDICAL EXAMINATION PAPERS.—MAY, 1850.

The examiners for medical degrees are, the Chandos Professor of Anatomy and Medicine, the Professor of Chemistry, and the Professor of Latin, assisted by some recognised medical lecturer, nominated by the Chandos Professor.

The present Board consists of—

George E. Day, M.D., Chandos Professor of Anatomy and Medicine;

Arthur Connell, F.R.S.E., Professor of Chemistry;

William Pyper, LL.D., Professor of Latin; and

Andrew Anderson, M.D., Professor of Medicine in the Andersonian University, Glasgow.

On the first morning, candidates are examined in Latin, chemistry, and materia medica; on the first afternoon, in anatomy and physiology; on the second morning, in pathology and practice of medicine; on the second afternoon, each candidate undergoes an oral examination, the extent of which depends considerably on the mode in which he has answered the printed paper. It includes surgery and midwifery.

Although every candidate is submitted to the same form of examination, gentlemen who have been for many years engaged in active practice are not required to exhibit the same amount of knowledge on minute anatomy, animal chemistry, &c., which is expected from younger candidates, provided their examination in the essentially practical department of medicine be deemed satisfactory.

FIRST EXAMINATION.

Translate into English.—Medici vero est, cognita natura et causa morbi, judicare quid mutationis requiratur, ut morbus in sanitatem mutetur. Hæc quidem est medicina rationalis sive *Dogmatica*. Est et altera, *Empirica* nimirum, quæ, missus hujusmodi ambagibus, sola remedia quærit et profert certa et definita vi prædita ad certos morbos delendos.

Hujusmodi remedia omnis circumforaneus medicus jactat, omnis anus se credit possidere; populusque, qui fere decipi quam sapere mavult, talibus remediis semper fidit; neque profecto, postquam sanitatem cum re amiserit, facile sinit gratissimum menti errorem eripi; scilicet quem nolit intueri, adeo blanda est sperandi pro se cuique dulcedo. Quam pauca vero istiusmodi remedia adhuc reperta fuerint, peritissimi medici fatentur et dolent. Quod si remedia quædam fuerint quæ vi nondum explorata aut intellecta in corpore humano pollent, id minime mirum; quippe quia tot existant morbi quorum natura et causæ prorsus lateant. Cæterum, quo perfectior fuerit scientia medica, eo facilius erit medicamentorum virium, et modi quo corpus afficiant, variisque in morbis prosint, rationem reddere.

1. What are the proximate and ultimate elements of limestone, sal ammoniac, and common alum?
2. What constitutes a neutral salt? What is the meaning of the term, compound radical?
3. What are the principal ultimate elements of vegetable and animal substances? and in what do they mainly differ?
4. State the ordinary mode of preparing tartar emetic, muriate of morphia, prussic acid, and chloroform. How may the strength of dilute prussic acid be chemically ascertained?
5. Mention the most important purgatives, arranging them according to their different modes of action.
6. Name the different preparations of opium occurring in the pharmacopœia, stating their various degrees of strength.

SECOND EXAMINATION.

1. Describe the chemical composition and the microscopical characters of human venous blood; mention the various conditions which accelerate or retard coagulation; explain how the buffy coat is formed; name the different forms of disease in which it is likely to occur; and state whether you regard its presence as a certain indication that venesection is necessary.
2. Explain the changes which respiration produces in the atmospheric air, and in the blood.

3. Describe the circulation within the cranium; mentioning any points in which you think it presents peculiarities, and naming the vessels which convey arterial blood to, and remove venous blood from, the brain.

4. Describe the position, form, and structure of the stomach, and mention the changes which the food undergoes in it. Is there any anatomical reason why the act of vomiting is more easy in infant than in adult life? Mention the sources from which the stomach and intestines derive their nerves.

5. Give a brief description of the male urethra, in reference to its length, direction, structure, and relation to adjacent parts.

6. Describe the structure of the ovary. Explain the formation and appearance of the *Corpus luteum*, and state what inferences you draw from the presence of one or more of these bodies in the ovary.

THIRD EXAMINATION.

1. What are the ordinary symptoms of Suppuration? Explain how Pus is formed, and describe its general and microscopical characters.
2. Describe the symptoms and treatment of Delirium tremens.
3. Describe the structural changes, symptoms, physical signs, and treatment of the different stages of Pneumonia.
4. Mention the leading points of distinction between Gout and Rheumatism. Describe briefly how you would treat a Gouty patient during the paroxysms and during the intervals, and prescribe (without any abbreviations) a draught containing Colchicum, and a warm aperient draught suitable to the assumed case.
5. Point out the leading differences between Rubeola and Scarlatina, in reference to the latent period, the appearance and form of the eruption, the principal complications, and the sequelæ. Describe the general characters of the Dropsy that frequently follows Scarlatina, and state how it should be treated.
6. What treatment must be adopted in cases of poisoning by Arsenic, Corrosive Sublimate, Sugar of Lead, Oxalic Acid, and Opium?
7. Explain the pathology and treatment of Phlegmasia dolens.
8. Specify the causes, symptoms, and treatment of Retention of Urine.

Medical News.

ROYAL COLLEGE OF SURGEONS.—The following gentlemen having undergone the necessary examinations for the diploma, were admitted members of the college at the meeting of the Court of Examiners on the 10th inst.:—

DARWEN, JOHN, Birmingham.

DYAS, JACOB EDWARD, Kells, county of Meath.

FAIBLESS, WILLIAM DEAN, Hexham, Northumberland.

MACMURDO, HOWARD HOLLAND, New Broad-street.

OWEN, WILLIAM CHARLES, Hon. East India Company's Service, Bengal.

SHORTHOUSE, JOSEPH HENRY, Tonbridge, Kent.

SKINNER, WILLIAM, Stockton-on-Tees, Durham.

SKIPTON, DANIEL PITT, Lansdowne-circus, South Lambeth.

WARRILOW, LUCIUS, Birmingham.

APOTHECARIES' HALL.—Names of gentlemen who passed their examination in the science and practice of medicine, and received certificates to practise, on

Thursday, May 9, 1850.

BAYLDON, WILLIAM, Royston.

COOKE, ROBERT THOMAS, Elms.

CRISP, JAMES HENRY, Bath.

DOYLE, EDWARD, Irishtown, Dublin.

GAYE, HENRY SEARLE, Minehead, Somerset.

KEAN, HARWARD, Marlborough, Wilts.

MOYLES, THOMAS, Queen's County.

SKINNER, WILLIAM, Stockton-on-Tees.

PARFITT, HENRY, Bruton, Somerset.

SWEETMAN, MICHAEL, St. John's-street.

WADE, WILLIAM SWIFT, Leeds.

WEBB, HARRY SPEAKMAN, Oxford.

WILDBORE, DANIEL HENRY GEORGE, Old-street.

WILLIAMS, JOSEPH, Portloe, Cornwall.

WOTTON, WILLIAM GORDON, King's Langley.

THE WESTERN GENERAL DISPENSARY, LISSON-GROVE.—Dr. Robert Barnes has been elected to the office of Obstetric Physician to the above Dispensary, vacated by the resignation of Dr. Henry Bennet.