6. Rub the external fauces with compound iodine ointment night and morning; and where erysipelas may appear, apply the stick, and lay on a plaster of strong mercury ointment.

7. Keep the room and all else sweet and clean.

8. A nutritious diet is necessary. A little mutton every day; boiled milk, rich gruels, and beef-tea, with hot portwine-and-water, (half wine, with sugar and lemon,) for all above ten years; and warm milk-and-water for minors. All things should be taken warm. Cold drinks are an exciting cause.

The disease is not infectious, except, perhaps, under extraordinary circumstances.

I could illustrate these remarks with a few cases of different intensity; but I fear to encroach upon your space.

I am, Sir, yours most truly,

Bennington, Boston, Sept. 1858.

RICHARD CAMMACK, Jun.

P.S.—Since I wrote the above remarks, I have seen many cases. I am convinced the malady is herpetic, and, therefore, would have it called so. It is malignant frequently, therefore herpes malignus anginosus would fully specify the disease. I have no wish to encroach on your space, but beg to observe, that the medical gentlemen of this neighbourhood are much at variance as to the nature of the disease, and that it has been very fatal. I have THE LANCET from the commencement, and have read the lectures of most since Sir A. Cooper's and Mr. Abernethy's; but I have never seen a full description of this epidemic.

R. C.

To the Editor of THE LANCET.

SIR,—I was much pleased to see that intelligent physician, Dr. Semple, had directed the attention of the Medical Society, last week, to that fatal disease, diphtheria, and can fully corroborate his opinions respecting the distinguishing characters and treatment, having had many cases under my care; and since I have pursued the plan of applying the solid nitrate of silver, with the use of strong chlorine gargles, and the timely administration of emetics and purgatives, I have been most successful in arresting the disease.

I am, Sir, your obedient servant,

Bardney, October, 1858.

HORACE RAINBIRD, M.R.C.S.

ON A CASE OF "HYSTERICAL PARALYSIS OF THE HAND."

[LETTER FROM MR. RICHARD BARWELL.]

To the Editor of THE LANCET.

SIR,—Mr. Christopher Heath, Demonstrator of Anatomy at the Westminster Hospital, has been so good as to make some remarks in your journal of last week upon my case of "Hysterical Paralysis affecting the Hand," and as many of those remarks, and the conclusion to which he arrives, are hardly consistent with the facts of the case, I must beg a little space to reply.

In speaking of this case to the surgical pupils, it was my intention simply to point out its plainly anomalous facts. In the report furnished to the "Mirror," some inaccuracy has crept in, owing to the unskilful amalgamation of two paragraphs, which ought to have been kept distinct, and thus has an error arisen, whereon Mr. Heath has founded a different diagnosis to mine, together with some courteous doubts concerning the knowledge of one who has also been a teacher of anatomy; yet if he had looked at the report, and considered the text and context with a candid spirit, he would hardly have failed to observe the correctness of the diagnosis.

In the first place, Mr. Heath "begs to remind me that the median nerve does not supply all the muscles of the ball of the thumb"—a fact whereof I assure Mr. Heath that I need no reminder. In speaking of this part of the subject, I mentioned each muscle and its proper nervous supply, showing their intact condition; but in print, and in the absence of the patient, such an enumeration would have been long and pragmatical. It is, therefore, only affirmed that the median nerve supplies the muscles of the ball of the thumb, and, as all those muscles acted perfectly, this was quite sufficient to prove my point, (the active condition of this portion of the median,) without singling out the one and a half muscle supplied by the ulnar. All flexors and pronators of the forearm were perfect in action, except the flexors of the fingers and long flexor of the thumb. These facts are, as I before stated, anomalous, since, whatever nervous interruption at the elbow paralyses the flexors of the fingers and long one of the thumb, must also deprive of action

the flexor carpi radialis and both pronators, and virtually the ball of the thumb. The sensation of parts was in nowise diminished. The injury to the elbow was far to the inner side of the median nerve, much more nearly corresponding to the course of the ulnar; and it was, in reality, to prove the unhurt condition of that nerve that the abductor indicis was mentioned in the mixed and mistaken paragraph to which Mr. Heath refers. That gentleman will, therefore, reconsider his judgment, and would, I am sure, change it if he were to see the man. I shall be happy, if Mr. Heath will do me the favour of a visit, to examine the hand with him, as at present, in forming his diagnosis without seeing the case, he stands at a somewhat unfortunate disadvantage.

I have the honour to remain, Sir, your obedient servant,

Old Burlington-street, Oct. 1858.

RD. BARWELL, F.R.C.S.

REMOVAL OF A COIN FROM THE TRACHEA.

To the Editor of THE LANCET.

SIR.—Presuming that the following case is sufficiently interesting and rare to warrant an insertion in your journal, I herewith forward it to you for publication:—

Mr. J. P. Cole, a professor of music, of Arundel, having by chance, on Monday, the 11th inst., a fourpenny-piece in his mouth, it was suddenly drawn into the trachea. Not being able to remove it by violent coughing, he applied to a neighbouring surgeon, who administered an emetic and other remedies, but to no effect. His professional engagements bringing him the following day to Chichester, and being unable, from pain and natural anxiety, to attend to his duties, he called and consulted me on the subject. As there were no urgent symptoms whatever, I at first doubted his tale, but, on auscultation, I could easily detect the coin lying at the bottom of the trachea, just over the bronchial tubes, there being a perceptible rle, as from the presence of a foreign body, in that locality. Bearing in mind the case of Mr. Brunel, I advised a similar mode of treatment, not, however, proceeding to open the trachea, as I did not consider the symptoms sufficiently urgent to require it; but I simply placed a cushion on the floor, and placing Mr. Cole on his head, I, with the aid of my assistant, suspended him by his legs, at the same time violently striking him several times on the back, between the shoulders, with the palm of my hand. In the course of two or three minutes, during a slight fit of coughing, the coin was dislodged, and fortunately expelled from its perilous position.

I am, Sir, yours obediently,

Chichester, Oct. 1858.

C. STURGES JONES, M.R.C.S.

P.S.—Before I close this letter, I should like to ask of anyone who from experience may be able to reply to me, whether it is advisable to administer chloroform before proceeding to the operation of tracheotomy or laryngotomy, where either of those operations is rendered necessary, in a case of partial asphyxia from the impaction of a foreign body in the wind-pipe? I should rather think *not*; although in the case reported in THE LANCET of the 16th inst., no prejudicial effects seem to have arisen therefrom.

C. S. J.

ARSENIC IN DENTISTRY.

To the Editor of THE LANCET.

SIR,—I shall feel obliged by your giving publicity to the following case, which ought to be made known to members of the dental profession:—

A gentleman, suffering from a decayed wisdom tooth, applied to a country dentist for advice. Instead of resorting to extraction, which is mostly preferable when the wisdom teeth are decayed, arsenic acid was copiously applied to deaden the nerve of the tooth. This process was repeated for several days, when severe spasms, vomiting, and diarrhoea came on. These symptoms resembled those where arsenic had been administered in large doses. Fever afterwards set in, attended with delirium, and it was only after extreme care and watching that the patient's life was saved. The cessation of fever left extreme debility of the system, and the parotid and sub-maxillary glands continued much swollen. At the end of eighteen months my opinion was again asked as to this case; abscesses of the jaws had come on, the hair fell off, sores broke out over the head and neck, and the sufferer's description of himself ran thus:—"I feel I shall never recover the effects of the quantity of arsenic which was put in the tooth."

Now, Sir, as the use of arsenic was copied from the Americans, and as they often resort in practice to many other violent remedies, which all dentists of experience must repudiate, it is to be hoped that the dental profession, whose education has

not been medical, will consider well remedies said to be American, but virtually opposed to all laws of physiological science. The nerve of a tooth has ever a tendency to die when once exposed to air. Its destruction may be accelerated by simple means, such as the use of nitric acid. Morphia and caustic, in quantities of the twentieth of a grain each, may be safely applied; pain may ever be relieved with fomentations of warm water; chloroform and opium may be applied externally and internally; camphor and mastic combined may be used as a stopping; it will often ward off pain, and prepare a tooth for a permanent stopping, but sound judgment and discretion are necessary in all such cases, which too often are aggravated by constitutional disturbance and regimen.

The cases operated on this week with the electro-galvanic machine have been mostly successful. We have not operated on delicate children, and have regulated in all instances the force of shock to age and strength.

I have the honour to be, Sir, yours faithfully,
Old Burlington-street, Oct. 1858. GEORGE WAITE, M.R.C.S.

THE USE OF GALVANISM IN TOOTHACHE.

To the Editor of THE LANCET.

SIR,—As the anæsthetic power of galvanism, as employed in dental surgery, is at present attracting much attention, it may be interesting to some of your readers to learn that its application, in cases of toothache, will, as far as I am at present able to judge, instantly and effectually remove pain.

I have lately used this remedy in a bad case: the patient suffered excruciating agony, lost her rest, and was unable to attend to her domestic duties in consequence. The tooth was so much excavated and decayed, that I do not suppose any dentist would have attempted the operation of plugging. A slight touch of the conducting-wire instantly removed the pain; and its subsequent application for a few seconds was attended with complete relief, which appears to be permanent, as there has been no return of suffering for the period of five weeks which has elapsed since the operation.

I am, Sir, your obedient servant,
Walton Lodge, near Liverpool, Oct. 1858. CHARLES TAYLOR, M.D.

SMALL-POX.

To the Editor of THE LANCET.

SIR,—Amongst the various cases of small-pox (raging with unusual violence at this place) which have come under my notice, two have occurred wherein *inoculation* was effectually performed in early life.

In one, the eruption, small and very numerous, seemed scarcely to come to maturity, the patient, however, suffering great pain, with ultimate desquamation. In the other, the disease went through its natural stages; both, eventually, doing well.

I think they are worthy of record.

I am, Sir, your obedient servant,
Pembroke Dock, Oct. 1858. W. THOMAS, F.R.C.S.

MEDICAL ASSISTANTS' ASSOCIATION.

To the Editor of THE LANCET.

SIR,—In THE LANCET of September 18th, there is a letter signed "P. P., Hackney-road," which contains a suggestion too important to pass unnoticed. There can be no doubt that a Medical Assistants' Association, for the purpose of enabling those who have been engaged for some years in the duties of the profession (some of them already practically qualified), to complete their curriculum and obtain their diploma, would be an extremely valuable institution.

Many would be glad to have an opportunity of placing a few pounds where they would be directly instrumental in leading to the attainment of their wishes. We should not require to seek for extraneous aid, but if donations were offered by members of the profession, or others, I do not see why we should refuse them. An association of this kind would stimulate its members to become economical, steady, and persevering, as the only means by which they could obtain the improved position they desire. I hope the medical assistants of the metropolis will not allow the scheme to fall through; and I trust, Sir, that we shall have the advantage of your approval and counsel.

I am, Sir, your obedient servant.
Bethnal-green-road, Oct. 1858. E. NICHOLAS.

HYDROCHLORATE OF AMMONIA IN NEURALGIA.

To the Editor of THE LANCET.

SIR,—I have recently been favoured with communications on this subject, and some of your readers will probably accept the information with the feelings of gratitude with which they are wont to hail any addition to their means of alleviating suffering. Lest, however, any should suppose that this remedy for neuralgia is one newly discovered, may I be permitted to refer them to Dr. Watson's Lectures, from which I learned the practice some years ago? I see the passage stands unaltered in the new edition (vol. i., p. 732), wherein is described this treatment for a *faceache*, which most probably is neuralgia, though in that passage said not to be so. My experience supports the testimony in favour of the remedy.

I am, Sir, your obedient servant,
Dorchester, Oct. 1858. CHARLES COWDELL, M.D. Lond.,
Physician to the Dorset County Hospital.

NAVAL MEDICAL SERVICE.

To the Editor of THE LANCET.

SIR,—The promulgation in THE LANCET of the 23rd inst. of the new Medical Warrant for the Army, is a piece of intelligence that must be very joyfully received by the whole military medical service.

There is a rumour current, that a somewhat similar warrant will shortly issue from the Naval Medical Department—in fact, that such has been for some time in contemplation. We trust that when it does appear it will be equally comprehensive and just as that now issued to the army. Much alteration in rank, pay, and half-pay is required in the naval medical service, and more especially now, since these new regulations will prove so attractive as to divert the medical current entirely into the military direction.

It behoves, then, the Naval Medical Director-General, equally talented and popular as his military cotemporary, to endeavour, by the issue of some such encouraging manifesto as we now allude to, to render the naval service equally popular as its sister one—"the army."

I am, Sir, your obedient servant,
October, 1858. A NAVAL SURGEON (ON HALF-PAY).

Medical News.

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

Thursday, October 21st, 1858.

EMMERSON, CHARLES, Sandwich, Kent.
HALLEY, EBENEZER, Manchester.
M'EWEN, JOHN, Piccadilly, Manchester.
NICHOLSON, JOSEPH METCALF, New Wortle, near Leeds.
PEARCE, GEORGE.
RICHARDS, RICHARD, Harlech, North Wales.

Thursday, October 14th, 1858.

CLARK, SAMUEL, Forfarshire.

In addition, on the 21st inst., eight gentlemen passed their first examination.

UNIVERSITY OF ST. ANDREWS.—The following is a list of the gentlemen on whom the degree of Doctor of Medicine was conferred on the 22nd inst.:

ADDISON, GEO., M.R.C.S. & L.A.C., Uxbridge.
ASHURST, WM. ROBT., M.R.C.S., Farningham.
BARKER, ALF. JAS., M.R.C.S., Upper Holloway.
BARKER, SAM., M.R.C.S. & L.A.C., London.
BUSS, HEN., M.R.C.S. & L.A.C., London.
CAREY, FRANCIS EDW., M.R.C.S. & L.A.C., Guernsey.
CONSTANT, FRED. GEO., M.R.C.S. & L.A.C., Ramsgate, Kent.
CROUCHER, ALEX. RICH., M.R.C.S. & L.A.C., London.
DAVIES, WM. BROUGHTON, M.R.C.S., Wellington, Sierra Leone.
DAY, HEN., M.R.C.S., Stafford.
DIVER, THOS., L.A.C., Hampstead, London.
FLETCHER, JAS. OGDEN, M.R.C.S. & L.A.C., Manchester.
GIRDLESTONE, CHAS., M.R.C.S. & L.A.C., Downton, Wilts.