exceeded by 1.5 the mean rate during the same period in the twenty-eight large English towns. The rates in the Scotch towns last week ranged from 13.3 and 14.0 in Perth and Dundee, to 19.0 in Leith and 19.3 in Glasgow. The 424 deaths in the eight towns included 25 which were referred to diarrhoea, 11 to scarlet fever, 8 to whooping-cough, 6 to diphtheria, 7 to "fever" (typhus, enteric, or simple), and 2 to measles; in all, 59 deaths resulted from these principal zymotic diseases, against 84, 66, and 54 in the preceding three weeks. These 59 deaths were equal to an annual rate of 2.4 per 1000, which was 0.2 above the mean rate from the same diseases in the twenty-eight English towns. The deaths referred to diarrhoeal diseases in the eight towns, which had been 51, 29, and 28 in the preceding three weeks, further declined to 25 last week, which were less than half the number returned in the corresponding week of last year. The 11 deaths from scarlet fever showed a further increase upon recent weekly numbers. The 8 fatal cases of whooping-cough, however, showed a further decline from the numbers in recent weeks. The 6 deaths from diphtheria exceeded the numbers in any recent week. The deaths referred to diseases of the respiratory organs in the eight towns, which had been 48, 57, and 64 in the preceding three weeks, were 59 last week. The causes of 49, or 11.6 per cent., of the 424 deaths in the eight Scotch towns last week were not certified.

HEALTH OF DUBLIN.

The rate of mortality in Dublin, which had been equal to 26.7 and 22.9 per 1000 in the preceding two weeks, further declined to 22.0 in the week ending the 26th ult. During the first twelve weeks of last quarter the death-rate in the city averaged 23.1 per 1000, the rate during the same period not exceeding 18.3 in London and 15.5 in Edinburgh. The 149 deaths in Dublin last week showed a further decline of 6 from the numbers returned in the previous two weeks, and included 17 which were referred to the principal zymotic diseases, against 27 and 21 in the previous two weeks; 8 resulted from diarrhoea, 5 from scarlet fever, 2 from measles, 1 from "fever," 1 from whooping-cough, and not one either from small-pox or diphtheria. These 17 deaths were equal to an annual rate of 2.5 per 1000, the rate from the same diseases being only 1.8 in London and 1.2 in Edinburgh. The fatal cases of diarrhoea in Dublin, which had been 14, 18, and 9 in the previous three weeks, further declined last week to 8. The 5 deaths from scarlet fever exceeded the number returned in any recent week; and the two fatal cases of measles were the first since the middle of August. Five inquest cases and 4 deaths from violence were registered; and 42, or nearly one-third of the total deaths, occurred in public institutions. The deaths both of infants and of elderly persons showed a further decline from the numbers in the preceding two weeks. The causes of 19, or nearly 13 per cent., of the deaths registered during the week were not certified.

THE SERVICES.

INDIA OFFICE.—The Queen has approved of the following promotions, appointments, and retirements authorised by the Government in India:—Surgeon-Major J. F. P. McConnell is appointed to be Civil Surgeon of Rungpore, but will continue to act in his present appointment as Officiating Professor of Materia Medica and Clinical Medicine, Medical College, Calcutta, until further orders. Surgeon-Major J. Bennett, Civil Surgeon of Rawalpindi, is appointed Medical Officer to his Highness the Maharajah of Patiali in succession to Surgeon-Major A. Skeen, deceased, from such date as he may assume the duties of the appointment. Surgeon-Major J. J. L. Ratton, Professor of Surgery, Madras College, to act as Principal, Medical College, during the absence on leave of Brigade Surgeon J. Keess. Surgeon-Major C. H. Joubert is appointed to be Civil Surgeon, Burdwan, but will continue to act in his present appointment as Officiating Professor, Medical College, Calcutta, and Obstetric Physician, Eden Hospital Calcutta, until further orders. Brigade Surgeon W. Farquhar, M.D., to be Deputy Surgeon-General, vice Ogg, retired. Deputy Surgeon-General G. W. S. Ogg, M.B., is permitted to retire from the service on a pension of £700 per annum. Brigade Surgeon J. Ross, M.B., is permitted to retire from

the service on a pension of £500 per annum. Surgeon-Major D. H. Roberts, M.D., to be Brigade Surgeon, vice Ross, retired. Surgeon-Major R. E. Pearse to be Brigade Surgeon, vice Farquhar, promoted. Surgeon-Major L. C. Nanney to be Honorary Surgeon, South Indian Railway Volunteer Rifle Corps. Surgeon Donald Elcum, Acting Secretary to the Surgeon-General with the Government of Madras, to be Zillah Surgeon and Superintendent of the Gaol, Berhampore, but to officiate as Civil Surgeon, Tinnevely, during the employment of Surgeon-Major Hyde on other duty. Surgeon C. M. Thompson, I.M.S., to act as Secretary to the Surgeon-General with the Government of Madras. Surgeon F. F. Perry, Civil Surgeon, 2nd class, is transferred from Jullundur, and appointed to officiate as Professor of Anatomy and Surgery in the Lahore Medical School, vice Surgeon-Major E. Lawrie. Surgeon-Major F. A. Smyth, in Medical charge of the 27th Bengal Infantry, to be in Civil Medical charge of Moradabad in addition to his military duties. Surgeon-Major G. Griffith, of the 18th Bengal Cavalry, has gone to Suakin to take over Medical charge of the field hospital for native troops. Surgeon-Major H. De Tatham, M.D., to be Civil Surgeon, Nasik, but to act as Civil Surgeon and Superintendent of the Medical School, Hyderabad. D. Macdonald, M.D., is appointed to be substantive *pro tem.* Professor of Botany in the Grant Medical College, vice Assistant-Surgeon Sakaram Arjun, deceased, in addition to his own duties as Curator, Victoria and Albert Museum, and Professor of Biology, Elphinstone College. Surgeon-Major Sibthorpe to be Statistical Secretary to the Surgeon-General, Madras, vice Macrae, deceased. Surgeon J. Clarke, M.D., to act as Civil Surgeon, Barisal. Surgeon S. Little to act as Civil Surgeon, Jessore. Deputy Surgeon-General Webb, Mirat Division, exchanges with Deputy Surgeon-General Fox, principal medical officer of Cairo.

ADMIRALTY.—The following appointments have been made:—Staff-Surgeon George Kell, to the *Brilliant*, for temporary service; Staff Surgeon A. G. Delmege, M.D., to Portsmouth Dockyard; Staff Surgeon Solomon Kellett, to the *Valorous*; Fleet Surgeon Nicholas F. Connolly, additional, to the *President*; Staff Surgeon Henry J. Madders, M.D., additional, to the *President*; and Staff Surgeon William R. White, to the *Sylvia*.

RIFLE VOLUNTEERS.—1st Ayrshire: William McAlister, Gent., M.B., to be Acting Surgeon.—1st London (City of London Rifle Volunteer Brigade): Surgeon William Edward Ramsden Wood resigns his commission; Acting Surgeon James Jackson Gawith, to be Surgeon.

Correspondence.

"Audi alteram partem."

THE BRITISH PHARMACOPŒIA.

To the Editor of THE LANCET.

SIR,—Apart from all other merits or demerits of the new Pharmacopœia, the revisers have failed to take advantage of a golden opportunity of relieving the overtaxed memory of medical men by not equalising, as far as possible, the doses in the different groups of preparations. For example, we find there are 72 tinctures, of which 23 have doses ranging from a half to two drachms, 9 from half to a drachm, 5 from one to two drachms, 10 from five to fifteen or twenty minims, and the remainder various. At the same time there is no compensating advantage to the manufacturing chemists, as in the simple tinctures the quantity of the crude material varies from a quarter to ten ounces per pint. Neither does any relation exist between the original drug and the tincture, for the dose of assafoetida is 5 to 15 grains, while that of the tincture is 30 to 120 minims, instead of the equivalent dose, 40 to 160 minims. The dose of jalap is 10 to 30 grains, and the tincture is 30 to 120 minims, instead of 80 to 240 minims. There is a still greater divergence in the case of cubebs, the dose being 30 to 120 grains, while the tincture, instead of having a corresponding dose of 240 to 960 minims, has only 30 to 120 minims. Quick absorption of the drugs, owing to their being in the liquid state, cannot account for all these differences in doses. Besides, we have an anomaly in the opposite direction with digitalis; the dose being, in

the crude state, half to a grain and a half, while that of the tincture is 10 to 30 minims, instead of an equivalent of 4 to 12 minims. Similar discrepancies appear in the other preparations. The dose of chloroform is 3 to 10 minims, and, when dissolved in spirit, only 1 to 3 minims. Again, the dose of lime is $\frac{1}{2}$ grain to 2 grains in liq. calcis; but sugar, the only other ingredient in liq. calcis sacch., reduces the dose over 50 per cent. Many similar instances might be quoted. Which dose of digitalis, $1\frac{1}{2}$ grain of the crude drug or the active principle of 2 grains, would be received in a law court as evidence, as each are "by authority"? What criticism would the book receive had it been the work of a single compiler. To wait ten or twenty years for a new edition is a long time, so I would suggest that in the first appendix all the tinctures of which the smallest dose is less than half a drachm should have a corresponding dilute one, and all those having a larger initial dose should be made stronger, so that the smallest dose—viz., half a drachm—be the same in all tinctures (excepting, of course, the present ones, which would have an affix, fortior or diluta, as the case may be). Then in nearly every case the maximum dose will be two drachms. Similarly with the fluid extracts, which represent, with one exception, opium, the virtues of the same weight of the crude drug, the dose of which in nearly every case not quoted might be made to correspond with the tinctures. With this slight alteration a prescriber would have eighty isolated facts less to remember, and if the other groups of preparations were treated in a similar manner the doses of over 200 preparations might be equalised to five or six, each one corresponding to the particular group of preparations. An alteration of the Pharmacopœia in this spirit would, without doubt, meet the approval of a very large proportion of the medical profession. Apologising for so long a letter, I am, Sir, yours truly,

WALTER J. KILNER, M.B., M.R.C.P.

Ladbroke grove-road, W., Sept. 27th, 1885.

APOMORPHIA AND THE BRITISH PHARMACOPŒIA.

To the Editor of THE LANCET.

SIR,—Some of the directions given in the new Pharmacopœia are certainly inexplicable. Take the case of the injectio apomorphiæ hypodermica, for example. We are told that "the solution should be made as required for use," but surely there are no pharmacological grounds for the assertion. Years ago it used to be said that the solution should be freshly prepared, but that idea is long since exploded. The chief use of apomorphia is as an emetic in cases of poisoning, and its great advantage is the marvellous promptness with which it acts. Fancy being called out in the middle of the night to a case of opium-poisoning, and then wasting the precious moments in weighing out two grains of hydrochlorate of apomorphia, and waiting till they dissolve in a hundred minims of camphor water. The whole thing is absurd, and would be laughable were it not for the fact that, unless some protest is made, many a valuable life will be sacrificed to a blind belief in the wisdom of a Pharmacopœia. The right thing is to keep the solution ready made. I have before me an apomorphia solution which has been in constant use for the last two years, and it is as active and free from irritating properties as it was on the day it was made. It has turned green, of course, but there is no harm in that, and the patient who would object to an antidote or emetic on account of its colour would indeed be hypercritical. I ought to say, perhaps, that my solution was not made according to the formula given in the new Pharmacopœia; in fact, it would not, I think, occur to most medical men that camphor water was at all a good solvent to employ. Martindale's solution contains 1 per cent. of absolute phenol, and will keep any length of time. The "compressed tabloids" of apomorphia, a tenth of a grain in each, are excellent and are uniformly trustworthy. It is not for me to suggest the use of any particular formula; but if the official pharmacists cannot provide us with something that will keep, the sooner the matter is reinvestigated the better. Take an analogous case. What would be said of a corporation which advocated the use of a fire-escape which was never ready, but had to be constructed when required for use?

I am, Sir, yours truly,

Weymouth-street, W., Oct. 1885. WILLIAM MURRELL M.D.

THE "VAPOURS" OF THE BRITISH PHARMACOPŒIA.

To the Editor of THE LANCET.

SIR,—The therapeutic value of medicinal agents used as vapours seems to some extent to be recognised by the addition of six "Vapores" to the new Pharmacopœia. From the directions given for the use of these agents it will be seen that the conditions proper for such use have probably not been sufficiently well considered. With regard to the first—the Vapor acidi hydrocyanici—it may be asked, what advantage is there in adding the 10 to 15 minims to a drachm of water; and what is intended by a suitable apparatus? In the case of the Vapor chlori, it is suggested by the directions that heat is to be avoided. It may be asked, Does the chlorine vapour escape in such a way as to be of therapeutic value without increased temperature?

In regard to the Vapor coninæ, it may be asked, What proof is there that the active properties of hemlock juice are volatilised under the conditions given; that is to say, whether this "vapor" is of any value whatever?

The fourth of the series, the Vapor creasoti, is as follows: Twelve drops of creasote are ordered to be mixed with eight ounces of boiling water; that is to say, in the proportion of one drop and a half to the ounce—that is, 1.5 min. to 480 min., or .312 per cent. Assuming that the creasote evaporates with the water equally, the whole eight ounces of water must be evaporated in order that the twelve drops of creasote should be vaporised. In the directions, however, it is arranged that only air is to be drawn through this mixture. It would be interesting to know what idea was in the minds of those who prepared this "vapor." The Vapor iodi may be passed over with the remark that it is more reasonable than the last mentioned.

The last of the series, the Vapor olei pini sylvestris, requires some notice. Practically, it is as follows: Forty drops of the oil of fir wood are to be added to water to make one ounce—i.e., 40 min. to 480 min. One-eighth of this—that is, five drops of the oil—are to be added to half a pint of cold and half a pint of hot water—that is, in the proportion of 5 min. to the pint of water (9600) or 1 to 1920. Enough has been said to show that this subject requires a little more consideration in the next edition of the British Pharmacopœia.

Yours, &c.,

Savile-row, Sept. 17th, 1885.

ROBERT LEE.

"MESMERISM AT OWENS COLLEGE."

To the Editor of THE LANCET.

SIR,—In the first place, permit me to challenge both the facts and inferences contained in the letter of your Manchester correspondent, which appeared in your issue of Sept. 19th, and to express my opinion that you have not exercised your usual discrimination and discernment in allowing space for such thinly-clothed personal animosity. I find, from one of your annotations in THE LANCET of last Saturday you express indignation that "the responsible members of a teaching university" should have gone to the extent of lending a hall for the purposes of an American expert in mesmerism. Allow me at once to claim absolution for the responsible members of the Owens College, who granted me, as President of the Manchester Medical Society, the use of the chemical theatre for that particular evening without knowing anything whatever about the object for which it was to be used. If an error so grave as to merit your solemn condemnation has been committed, permit me to assume the entire responsibility, and to explain all I can in mitigation of your censure. For the evening of Sept. 5th, I invited the whole of the profession in this district to witness a practical demonstration by an American, who was reported to have unusual mesmeric powers, and who, I had been informed, had succeeded in his native country in creating an extraordinary amount of professional interest and public controversy. To investigate the merits of a man who enters a town with a substantial reputation of being able at will to lower the pulse to 40 or raise it to 150, to influence the temperature, abolish or intensify all the senses, and to augment or suspend sensation, is, I think, a subject fit and proper for immediate investigation by any body of scientific men, and in any hall, academic or otherwise, and certainly a subject