of British cholera? Again, Dr. Illingworth asserts that he has not said that opium is harmful in the early stages of cholera. He certainly has not used these words. But what am I to infer from his statement, "that opium should be avoided both in the early and late stages of the disease (English cholera, which, according to him, is one and the same thing as its Asiatic namesake), inasmuch as it is a cardiac depressant in the highest degree, both in small and large doses"? Dr. Illingworth wants my opinion regarding the action of opium. Well, I am sorry to say I cannot agree with him that it is a cardiac depressant in the highest degree; at most it is a cardiac sedative, resembling, in its physiological action on the vascular system, digitalis, rather than aconite or tartrate of antimony, and can even, by oft-repeated doses, be made to act the part of a cardiac stimulant. After all, the action of opium on the heart is perhaps the least of its many important physiological actions; and I have no doubt the beneficial effect of opium in the early (pre-collapse) stages of Asiatic cholera is to be ascribed mainly to its astringent action on the intestinal secretions, though its diaphoretic and sedative effects are not to be lightly considered. On the other hand, I do not deny that chloral hydrate is a serviceable remedy in cholera; it certainly can be administered when opium cannot, and that is in the collapse stage, its anti-spasmodic action making it specially useful in severe cases of cramps. It seems to me strange that though Dr. Illingworth objects to opium on account of its supposed depressant action on the heart, yet he nevertheless advocates two notable remedies which are apt to produce cardiac depression in large doses, or even in small doses if repeated frequently, which is pretty sure to be the case—viz., carbolic acid and chloral hydrate. Regarding Dr. Illingworth's bold assertion, that chloral hydrate is a safer and better sedative than opium or morphia, I look upon it merely as a matter of opinion, unless Dr. Illingworth had the treatment of young children in view when he penned those lines.

My object in writing to you, Sir, was not, as Dr. Illingworth imagines, to enter into a full and thorough criticism of his letter, but merely to point out—(1) the value of opium in the early (not collapse) stages of cholera, and (2) the importance of dietetic treatment. It was never my intention to take up the treatment of cholera in all its stages. Had such been my object I would at least have devoted a few lines to suppression of urine, which is of frequent occurrence in the collapse stage, and the occasional good effects of spirit of nitrous ether in that condition. Dr. Illingworth feels aggrieved, because I called his considerations "theoretical." He certainly cannot consider them practical, as he has evidently never seen a case of true Asiatic cholera (cholera maligna). Further, the "considerations" on which he bases his treatment—e.g., action of opium—are liable to be called in question.

I am, Sir, your obedient servant,

Brixton, Sept. 15th, 1885.

GEO. CARRINGTON PURVIS.

To the Editor of THE LANCET.

SIR,—Kindly allow me, what for myself must be a final word at present on this subject, space to answer Dr. Illingworth's letter which appeared in your issue of Sept. 5th. In my first letter I had no desire to open any discussion, nor encroach upon your valuable space, but merely wished to correct a slight misunderstanding as to a statement made by my brother, who has had large experience of malignant cholera in India.

What evidence is there that the premonitory diarrhoea is not the predisposing cause of cholera proper? Dr. Sanderson's experiments with mice have proved that the poison of cholera is contained in the dejecta. Cholera has been spread by persons suffering from the premonitory diarrhoea as well as by that diarrhoea following in the course of convalescence. Most recorded epidemics have sent forth, so to speak, the signal of their near approach by the onset of a somewhat severe epidemic of diarrhoea, and this lasts also during the presence of this plague, for such it may be termed. The statistical tables of the Registrar-General show that at this period two days are about the average duration of fatal cases, as compared with sixteen when cholera is not present. Where dispensaries have been established on board ship, in barracks, and other establishments where a certain amount of supervision is carried out (diarrhoea cases being early cared for), the number of cases

have been stated to be considerably less, and the ravages of cholera have been kept somewhat in abeyance, as compared with their surroundings where no such supervision has existed. Then, again, there is much to be learnt from the sudden outburst of cholera at the religious affair of Hurdwar given in the report of the Sanitary Commissioner with the Government of India in 1867. With all this evidence, may we not fairly look upon a large proportion of cases as cholera in a mild form, or a premonitory diarrhoea which, if not checked, runs on to cholera in its worst form?

Dr. Illingworth must not be hard on me, for I had been speaking largely from my own experience of the disease, so why bring a charge of impartiality and inaccuracy? The statement on his own part that "there can be no true cholera, be it English or Asiatic, without vomiting" is in itself inaccurate, so therefore his criticism is not safe. It has fallen to my lot to see at least three patients succumb to the disease without either vomiting or purging; furthermore, there is a report of such a case in the records of the Middlesex Hospital, together with a description of the post-mortem examination. The most fatal—that is to say, of severe collapse—cases are those without any discharge whatever during life.

If there is cardiac depression, why will not stimulants relieve? Alcohol makes matters worse. Bleed a patient with cardiac depression, and the result is directly opposite to that obtained in the collapsed stage of cholera. Venesection in cholera will at times restore a patient for a short time to apparent health. Would it be so if there was cardiac depression?

Of the salts of ammonia I have had experience in cases treated by myself, and found them useless. (I refer, of course, to the time when the disease is fairly established.) Again, I find Dr. Illingworth inaccurate when he states "that carbolic acid has been found by him to have no appreciable effect." I never administered carbolic acid internally, for the reason that during the terrible epidemic which swept through China and Japan towards the end of the summer of 1877 I saw it extensively given in the town I was then stationed at, with but poor results; in fact, "no appreciable effect," and this in nearly two hundred cases, hence my unsettled faith in it. What I had gleaned from various authors, together with my own experience of the disease, led me to state that as yet no specific had been discovered. Certainly, if the thousand and one remedies had failed, I quite agree there is no reason why the thousand and second should not prove equal to the occasion; but if the thousand and second is named in Dr. Illingworth's letter, then I again say there is at present no specific discovered that will be of much benefit in the collapse stage of Asiatic cholera. What the evidence? 100,000 deaths in a few weeks not many miles from our own shores.

Pathologically considered, the collapse stage should be relieved, or even cured, by nitrite of amyl inhalations, considering that the inhalation of the vapour of this drug relaxes the muscular arterioles—but such is not the case; or by the eliminative treatment as practised by Dr. George Johnson at King's College Hospital, and afterwards by Dr. Macnamara (who was house-physician at that hospital during the epidemic of 1866) in India, where it proved a complete failure. Treating the disease according to its pathological conditions has not been, to say the least, encouraging. With Mr. Purvis, I know of no remedy which can stay the progress of the disease when the stage of collapse has set in.

Dr. Illingworth will find that carbolic acid, chloral, belladonna, ammonia, &c., have been frequently tried in London. If he refers to the Statistical Red Book of the Health of the Army (published yearly), morphia, apomorphia, nitroglycerine, cotoin, paracotoin, and rumicin have all shared the same fate—condemnation. This, again, brings me to the verdict that but little is to be expected from our craft in the collapse stage. I am, Sir, yours faithfully,

Devonport, Sept. 5th, 1885.

M.R.C.S.E., L.R.C.P. ED.

SWALLOWING A SCARF-PIN.

To the Editor of THE LANCET.

SIR,—On Sunday, Sept. 13th, 1885, I was called in at 9.30 A.M. to see M. J—, aged fourteen months, who had just swallowed a scarf-pin (herein enclosed). The drawing annexed gives the exact size of the pin and a fair idea of its formidable aspect.

The history of the case is as follows. An elder brother,

about eight years of age, handed to his baby sister the pin, which she put into her mouth. The mother attempted to extract it with her finger and thumb, but it fell into the gullet and passed into the stomach. When I arrived the

child was in no distress. I advised the parents to leave matters alone, and to resist the temptation to give either purgatives or emetics. About 6 P.M. on the same day the scarf-pin was passed by the bowel. The child was quite well, and free from pain from first to last.

There are points of interest to be noted in this case. 1. The apparently formidable character of the foreign body, and its satisfactory expulsion without interference. 2. Its passage along the whole course of the alimentary canal within ten hours, from which we may gauge the pace of the intestinal peristaltic motion. 3. The confidence with which the natural fears and anxieties of parents may be allayed by informing them that as a matter of fact children are constantly swallowing all sorts of such things with impunity, when their parents or nurses are in blissful ignorance of what has happened.

I am, Sir, your obedient servant,

ARTHUR T. H. TREVOR, M.R.C.S., L.R.C.P. Lond.
Beaumaris, Sept. 14th, 1885.

THE PRELIMINARY EXAMINATION.

To the Editor of THE LANCET.

SIR,—In my capacity as Dean of the School I find that students about to enter do not appear to be aware of the fact that on and after October 1st no person will be allowed to be registered as a medical student unless the subject of elementary mechanics has been included in the Preliminary Examination. Heretofore students could pass in this subject after registration.

I am, Sir, yours faithfully,

F. DE HAVILLAND HALL.

Westminster Hospital Medical School, Sept. 23rd, 1885.

EDINBURGH.

(From our own Correspondent.)

EDINBURGH UNIVERSITY BUILDINGS FUND.

A subscription of £250 to the University New Buildings Fund has been intimated by Mr. Alexander Tod, of St. Mary's Mount, Peebles. The object of this fund is to further the completion of the handsome buildings in Teviot-row, which accommodate the Medical Faculty. The sum required for this purpose is nearly £100,000, of which about one-tenth is already subscribed; and the additions to the present buildings, which it is intended to carry out in completing the original plan, are a lofty tower and a spacious hall. The latter is particularly a desideratum, as the University has at present to go far afield to obtain a hall of dimensions suitable for graduation ceremonies, meetings for University business, and other academic functions. Of the sum of £220,000 already expended in bringing the buildings to their present stage of completion, £140,000 was raised by private subscription within a period of less than ten years, and £80,000 was contributed by Government. The funds already in hand are allowed to accumulate until a sufficient sum shall have been acquired to warrant the recommencement of building operations. The building was designed by Mr. Rowand Anderson, architect, and it is one that, when completed, will form a striking addition to the many examples of chaste architectural conceptions with which Edinburgh is already so richly endowed.

PUBLIC BATHS FOR EDINBURGH.

The Town Council has resolved to devote a sum of £11,000 to the construction of public swimming and plunge baths, upon the site of land which was till recently occupied by the Old Edinburgh Infirmary. The plan which has been

accepted provides separate premises for men and women, and in each department there will be a spacious swimming-pond and a series of plunge baths. Edinburgh has of late displayed a most wholesome interest in this important hygienic question, and this year has already witnessed the opening of a very complete series of baths of all descriptions under the auspices of the Drumsheugh Baths Company, whose premises, situated at the west end of the city, constitute a clubhouse for bathing purposes. In the last few years the Municipality of Glasgow has expended a quarter of a million in the construction of public baths and wash-houses, and other Scottish cities are now displaying a similar activity.

UNIVERSITY GRADUATION ADDRESS, 1885.

The annual address delivered to the graduates at the ceremonial on August 1st has been published as a small pamphlet. Professor Greenfield has done well in acceding to the urgent request of many of his friends, who desired to possess in a permanent form the text of his impressive address, and many besides those who were present at the ceremony will find in it matter of considerable interest.

Edinburgh, Sept. 22nd.

THE ABERDEEN ROYAL INFIRMARY.

(From our own Correspondent.)

LET us hope that we have heard the last of "that infirmary scandal," and that the managers will now settle down to the carrying out of the reforms so much required to put the institution in such a state as to command the confidence and support of the public. At their quarterly meeting, held last week, the managers had under consideration the report of the House Committee, giving the result of their investigations into the special charges brought against them by Dr. Angus Fraser in his memorable after-dinner speech and long letter published in the local papers. The case that caused the greatest sensation was that of the patient who died from secondary hæmorrhage on the fourth day after amputation at the thigh. The operation was performed by Dr. Garden, who declared that, on arriving at the bedside of the patient, to which, on account of the bleeding, he had been summoned by telephone, he found neither nurse nor house-surgeon in the ward. This statement he afterwards modified to the effect that he believed he "did see a girl there who was a probationer." That she was a probationer he only afterwards learned, and it seems she was one of sixteen months' training. Towards the conclusion of the long report, which is based on evidence showing an amount of cross-swearing not very creditable to the parties involved, the House Committee say that they "are not of opinion that blame is attachable to any one, or that the fatal conclusion might not have happened in the most favourable circumstances." A motion that the report be approved and adopted was carried by 55 votes to 17. There it was hoped the matter would drop, and it was, to say the least of it, disappointing to find the *Free Press* characterise the result as one of those victories which are worse than defeat, thus encouraging people to believe that there was something kept back which it would not do to make public, and so helping to undermine what little confidence in the infirmary there still exists. The fact remains, however, that nothing short of what will practically be a new hospital will put the institution upon a proper footing. There is no lack of money in and about Aberdeen for this purpose, and this the new Committee, appointed on the motion of Prof. Struthers, may see its way to ask for with a reasonable hope that it will be forthcoming. This new "Committee appointed to consider the whole system of the hospital" has power to call in the aid not only of one but of as many "experts from a distance" as may be deemed advisable to help it in deciding what reforms are necessary and how they should be carried out.

A WARD FOR THE DISEASES OF WOMEN.

On the motion of Professor Stephenson, at the same meeting, it was unanimously resolved "That the Committee of Management be instructed to provide in the plans for the extension of the infirmary a special ward for the diseases of