features was thus rendered so perfect that the body was positively identified as that of Charles T. Hill, a man twenty-seven years of age, and a native of the State of New York. The report before us from the *Alta California* says that as soon as the body had been changed in appearance by the chemicals it was recognised by a young gentleman connected with the press, who was cognisant of the fact that, several weeks before, the deceased had arrived at Alta in company with a female whose acquaintance he had made in New York, and who was then residing in the town. The girl was soon found, and deposed that she had not seen Hill for some time, but that she knew he had been residing at what was called the Mansion House. Inquiries at the Mansion House (evidently an inn or boarding-house) led to the statement by the landlady that Hill had left on the 20th of February, and had never returned; but that on the 24th a young man came for the trunks of Hill, saying he had been deputed by their owner to remove them; the landlady, however, refused to let them go. Further research proved that this man was a person called Byrne, a man of very bad character, and who had already been tried for burglary. He was at once arrested; his lodgings were examined, and some keys and an imitation diamond pin, with other articles belonging to the murdered man Hill, were disclosed. Pressed on all sides by the evidence against him, and brought face to face with the murdered man, Byrne confessed that he had been out for a drive with Hill on the 20th, and accounted for his own possession of the property in a manner that only tended to implicate himself the more seriously. He was forthwith committed for trial on the charge of murder. Whether or not the true murderer has been detected, the case is one which shows in a remarkable manner the important aid which science may render to justice by this procedure, for it is clear that without it the man who was murdered would never have been known, and that all inquiry would have been stopped at the outset. Our readers will remember that Dr. Richardson, in his original description of his process in these columns, stated that his plan admitted of much improvement; it may be so, but in the case related the process was nevertheless so effective that the object for which it was performed was fully realized.

TREATMENT OF THE POOR IN WORKHOUSE HOSPITALS.

It is gratifying to know that the inquiry which we are instituting on this important subject is awakening much interest, and is likely to procure valuable information. Those philanthropic persons who have so long, under so many discouragements, given their personal care, time, and attention to the visiting of the sick poor in workhouses are best aware how much a broad and independent public inquiry is needed. They are themselves fully alive to the existence of evils inherent in the present system, of which they have, by individual exertion, done much to alleviate the incidence, and which they have long been anxious to see removed. A valuable step in this direction is now being taken by the Workhouse Visiting Committee, who have recently, in conjunction with several members of the House of Commons and other influential persons, resolved to press upon the Government the necessity for a medical element in the Poor-law inspection of workhouses. We entirely approve of this step, of which, indeed, our inquiries, so far as they have been conducted, already indicate the desirability. The state of the beds; the personal condition of female and other patients; the dispensary and drug arrangements; the details of nursing in disease; the condition and arrangement of puerperal patients; the dietaries; and the general sanitary management, urgently require systematic medical inspection.

THE ROYAL ISLE OF WIGHT INFIRMARY is about to be enlarged. The estimated cost is about £1000.

Correspondence.

"Audi alteram partem."

CHEMISTS AND DRUGGISTS BILL.

To the Editor of THE LANCET.

SIR,—This Bill is designed to improve the scientific education of chemists and druggists, a matter of considerable public importance if physicians and surgeons are to write their prescriptions in English instead of Latin, as seems to be the wish of the General Medical Council. But, as prescriptions are at present written, I doubt whether the "grossly ignorant" and inexperienced ever attempt to compound them. I have known mistakes to be made in dispensing by surgeons' pupils and assistants, but never by a chemist. It may be asked, whence the necessity then for legislation on the subject? Probably the design of the Medical Council in recommending it was to promote the study of botany, materia medica, and pharmaceutical chemistry, a study which is as much needed by doctors as by chemists. Unfortunately those registered as licensed chemists and druggists will be strongly tempted to practise medicine. In fact, members of Parliament say that they are favourable to the Bill because it will constitute a species of doctors who are competent to treat "trifling ailments." In order to arrest this danger of having another grade of practitioners, and another licensing body in the profession, the Parliamentary Committee of the Metropolitan Counties Branch of the British Medical Association are endeavouring to get clauses inserted in the Bill, and with this view have presented the subjoined petition to the House of Commons. If medical corporations and individual practitioners will make their views known to the House, I am sanguine that some amendments may be introduced into the Bill.

I am, Sir, your obedient servant,

SEPTIMUS GIBBON, M.B.,
Hon. Sec. to the Parliamentary Committee.

Finsbury-square, May, 1865.

To the Honourable Commons of the United Kingdom of Great Britain and Ireland, in Parliament assembled,

The humble petition of the Metropolitan Counties Branch of the British Medical Association,

Sheweth—That two Bills entitled "Bills to regulate the qualifications of chemists and druggists," are now depending in your honourable House.

That chemists and druggists are neither qualified by law, nor competent by education, to practise medicine.

That injury to health, and not unfrequently loss of life, result from chemists and druggists undertaking the duties of medical practitioners.

That the sale of patent, quack, and other secret medicines, has an injurious influence on the health of the community, more especially on the infantile portion of it.

That the traffic in secret remedies, which is repudiated by the qualified practitioner, enables the unqualified pretender, and the uneducated quack, to victimise her Majesty's subjects to an incredible extent, as well in person as in purse.

Your petitioners therefore humbly pray that in the said Bill adequate provision may be made—

1st. For preventing the registered chemists and druggists from practising medicine and surgery.

2nd. For preventing the sale of any patent, quack, or other medicine, unless a sworn certificate of its composition be lodged with the registrar appointed under the Bill, or be otherwise made accessible to the public.

And your petitioners will ever pray, &c.

(Signed on behalf of the Branch Association)

CHARLES F. J. LORD, President.

A. P. STEWART, M.D.

ALEXANDER HENRY, M.D.

SEPTIMUS GIBBON, A.B. and M.B. } Hon. Secs.

THE DELIRIUM OF NERVOUS EXHAUSTION.

To the Editor of THE LANCET.

SIR,—Will you allow me space to assure Dr. Weber that I had not the slightest intention, in my letter concerning his paper, to impute to him that he had brought forward familiar facts as

his discoveries. Not having had the advantage of hearing his paper, and judging of it only by the reports in the journals, I could not know what reference he had made to others who had written upon the subject; all I could do was to recognise in his description of the delirium of collapse the account of familiar facts that had already been fully and clearly set forth, especially by Griesinger in his well-known Manual of Mental Diseases. Let anyone refer to sect. 105 of the fourth chapter of that book, and then say whether the discussion at the Medico-Chirurgical Society (at the character of which, and not at Dr. Weber's paper my surprise was expressed) did not fall somewhat short of what might have been justly expected from so learned a body.

I might, indeed, fairly claim Dr. Weber's own words in favour of the justice of the remarks which I incidentally made; for in his letter of last week he is careful to point out that the facts were not considered new, and thereupon proceeds to indicate how new they are generally considered, by adducing the ignorance of "a man of the large experience and wonderful power of observation of the late Dr. Addison." Dr. Weber, therefore, participates in my well-grounded surprise, in the expression of which he has indeed surpassed me; and that which was his reason and justification for bringing the subject before the Society—namely, the want of acquaintance with a definitely described form of disease—is the reason and justification of the remarks in my letter. The question is in reality a very simple one: it is not whether this person or that person who was present at the meeting had met with one or two cases of this delirium, but whether it has already been so clearly recognised as to have its due place and description in the manuals treating of mental diseases. It appears to me that it has. Dr. Weber, however, goes on to quote Grisolle, who only met with a single such case after pneumonia. Permit me, on the other hand, to say that not only does Griesinger describe cases that came under his own observation, but he gives references to cases described by other authors—Jacobi, Thore, and Snell. He furthermore quite agrees with Dr. Weber that this delirium occurs when the active symptoms of fever have subsided, when the temperature of the body is low, and the pulse usually feeble and intermittent; and specially declares, as Dr. Weber does, that the peculiar delirium arising during and at the decline of rheumatic fever is different from the delirium of collapse.

Whether the proximate cause of the delirium is a failure of the heart's action, as Dr. Weber believes, seems to be exceedingly doubtful: such theory being probably guilty of mistaking the concomitant effects of a common cause for cause and effect. One speaker at the discussion, indeed, argued that it could not be due to collapse, because it did not occur in cholera, which might be said to afford the very type of collapse, and that it must be due to cardiac syncope. Independently of an inherent vagueness and viciousness in such argument, one might, in the first place, ask if cardiac syncope or failure, like a cardiac inflammation, usually gives rise to delirium? In the second place, this kind of mental disorder or fugitive delirium does sometimes occur after cholera, though not in the collapsed stage; instances thereof being recorded by Delasiauve, Fischell, and Neumann. Probably Prof. Griesinger is most near the truth when he places it in the same category with the other temporary nervous affections, such as partial anaesthesia or paralysis, which sometimes follows acute diseases. Cerebral exhaustion may occur without cardiac syncope, and the delirium which expresses such exhaustion after acute diseases is strictly comparable with that which notably sometimes follows great mental and bodily exhaustion.

Of another letter in last week's LANCET, in regard to an entirely different question on which I had made some remarks, I do not think it necessary to say anything: its author has in his haste failed to appreciate what he was writing about, and has attributed to me a blunder which is entirely his own.

I am, Sir, your obedient servant,

Queen Anne-street, May, 1865.

HENRY MAUDSLEY, M.D.

DR. M. SIMS ON HYSTEROTOMY.

To the Editor of THE LANCET.

SIR,—I am sure that my friend Dr. Marion Sims will not be offended if I state why I think his mode of incising the os and cervix uteri, as described by him in THE LANCET of April 1st, p. 338, requires careful consideration before we adopt it in this country. His papers are so valuable, and he is so

thoroughly well able to "hold his own," that I feel certain he will be rather pleased than annoyed by a little discussion; and I, therefore, venture to ask for his attention and that of your readers to the following remarks.

1. The use of the *speculum* is advocated by Dr. Sims because he never selects a plan of operating by the touch alone and in the dark "if it be possible to aid the manipulatory process by the sight." And he asks, if any of us wanted to cut off part of a long uvula, "would it be judicious to run one finger down the throat and guide by it some machine for performing the operation in the dark? or would it be more surgical and more precise to look into the throat, seize the part with a proper appliance, and amputate it where our judgment would determine to be right and best?" There is something so captivating in this style of argument that we may be led to assent at once, and overlook the essentially different nature of the two cases. It would be impossible to feel the uvula with a finger, and guide an instrument for cutting part away, without exciting such convulsive spasms of the fauces as would mar the success of the operation. There is no such difficulty encountered in performing any operation on the uterus "by the touch alone and in the dark." Nor is there any sort of objection to looking down a woman's throat. But it makes an immense difference in the sufferings of a modest woman if an operation can be done under the bed-clothes without any exposure, or if the speculum has to be used, and held, as Dr. Sims directs, by an assistant, the patient "having been, perhaps, eight or nine minutes (!) on the table." But I would go further than this, and say to anyone who regards the fears of his patients little and their modesty still less, that the operation can be much better done with a proper instrument in a second or two by the touch alone than it can be by the complex process of speculum, assistant, hook, scissors, knife, and plugs, as advised by Dr. Sims, and I say this after trying both methods.

2. The extent of incision recommended by Dr. Sims is, in my opinion, too great, unnecessary, and the cause of the bleeding which leads to such precautions in his practice. The bleeding, he says, is "usually unimportant, but sometimes it is furious." He divides the whole of the vaginal portion of the cervix quite through on both sides with scissors, and then with a knife carries on the scissor-cuts on each side "up to the very cavity of the womb." This is a far freer incision of the cervix than that recommended by Dr. Simpson, and even his incisions appear to me to be unnecessarily free. I have seen many women in whom, after such complete incision, the vaginal portion of the cervix has curled up and almost disappeared, while the remains of the cervical canal or the os internum have become nearly impervious.

Yet, putting aside the cases where we incise the cervix on account of fibroid tumours, I believe all the good that can be gained by hysterotomy in the cure of uterine flexions and of obstructive dysmenorrhœa and the sterility which is so often associated with these conditions, is certainly gained by an incision which only passes through the mucous membrane and the innermost layer of muscular fibres. I believe it to be not only unnecessary, but dangerous and injurious, to cut into the thicker middle layer of muscular fibres—containing as it does large vessels, especially veins,—and *à fortiori* into the outer layer which is so intimately connected with the peritoneum. Indeed, I cannot see any possible object that can be attained by making a freer incision than is necessary to admit a No. 8 catheter easily into the uterine cavity and to imitate the transverse fissure into which the circular os of the virgin is converted in a woman who has borne a child. By the small incision chronic congestion of the mucous membrane and follicles of the cervix is relieved, and any existing stricture is divided as well as the circular fibres immediately beneath the mucous membrane called by Kölliker the *sphincter uteri*; while all important bloodvessels are avoided. I have incised the cervix very often, and I only remember one case in which there was any bleeding of consequence. In this patient I cut quite through the cervix as recommended by Dr. Sims, and plugged with cotton; but there was a dangerous recurrence of bleeding when the plug came away forty-eight hours afterwards. I have never seen a peri-uterine abscess in my own practice, but I have seen two fatal cases after free incision in the practice of others; and I have seen so many cases in which the cure of obstructive dysmenorrhœa, of obstinate flexions, and of sterility has followed the small incision, that I am confident very free incisions are as unnecessary as they are dangerous.

I am, Sir, your obedient servant,

T. SPENCER WELLS, F.R.C.S.

Upper Grosvenor-street, April 3rd, 1865.