factory. On questioning the boy, he informed me, with great coolness, that at the time of the accident he saw the detached portion of his finger being carried round three large printing cylinders, and then it fell on the ground; he himself picked up the piece, wrapped it in paper, and walked to the hospital, a distance of nearly half a mile, accompanied by two of his "mates."

I use the term "Adjunctive Surgery" to this class of cases—i.e., where a part is completely separated from the body, and is afterwards united—because I think the word "adjunctive" implies something more than "conservative."

I am, Sir, your obedient servant,

Woburn-square, Sept. 1861.

FRANCIS MASON, M.R.C.S. Eng.

URTICARIA TROPICUS.

To the Editor of THE LANCET.

SIR,—As steamboats and railways are bringing daily diseases of this kind nearer to our shores, I thought a few remarks from one who has frequently passed through the tropics in charge of troops and passengers would not be unacceptable in your valuable journal.

When coming home from Melbourne a few weeks back with about three hundred passengers, I was much struck with the great change in type of this disease. At other times I found it give way with large doses of Dinneford's solution of magnesia, and generally without medicine; but not so during my last voyage. Immediately on getting into the tropics, most of the children under ten years of age were seized with great sickness and other febrile symptoms, and in the space of half an hour all the body was covered with a pustular eruption like small-pox: first, pointed; second, umbilicated; and lasting until the eighth or ninth day, and disappearing like varicella, leaving only a little discoloration of the skin. It is to be observed there were no premonitory symptoms; but the eruption and the sickness, unattended by pain in the loins, appeared at once and disappeared suddenly. Adults did not suffer severely, but only young children. After the first day there was great prostration of strength, with brown tongue, and frequently blindness, from the confluent state of the eruptions, generally ending in ophthalmia, and also dysentery, which made the life of the little sufferer very precarious. One attack did not prevent the child having a repetition, and often several attacks while sailing through the tropics, which made the little patient quite prostrate. With the following treatment I did not lose one. I gave during the first twenty-four hours a saline mixture with bicarbonate of potash and citric acid (the former being in excess); at bed-time, two or three grains of grey powder and three of rhubarb. In consequence of the great prostration of strength on the second day, I gave Battley's solution of bark, with ammonia, and syrup of orange-peel and water. I find that this preparation of bark is not disagreeable to children's taste; they take it readily. In order to alleviate the child's sufferings, I had a lotion prepared consisting of two drachms of chloroform, four drachms of glycerine, and three ounces of water, to be smeared occasionally over the child's face and body, with lead lotions and bread poultices to the eyes, which were to be excluded entirely from light. If dysentery came on, I applied stimulating embrocations to the abdomen, and gave preserved bael fruit *ad libitum*. This treatment I continued more or less throughout the attack, with generous diet, beef-tea, port wine, &c.

I remain, Sir, your very obedient servant,

E. WILLIAMS, M.D., L.S.A.;

Member of the Royal Medical Board, Victoria;
Late Surgeon to the *Agincourt*.

Bracknell, Sept. 1861.

MEDICAL DESTITUTION AT GLASGOW.

To the Editor of THE LANCET.

SIR,—In a notice with the above heading in your journal of the 24th August, statements are attributed to me which I certainly did not make, and which, therefore, I beg you will allow me to correct. What I did say amounted to this: that in Glasgow we had no "consulting physicians or surgeons" properly so called; no gentlemen devoting themselves exclusively to consultations; none who did not also attend to "family practice;" and therefore none whom other medical men could introduce to their patients without the fear of being supplanted. From cases which came under my own observation I showed that this fear was not altogether groundless; I showed that he whom we brought in as consulting surgeon might now and

then be found taking our place as family attendant; but in so doing I made no allusion, "pointed" or otherwise, to any particular person in the profession. I only stated general facts. If personal allusions were made, I cannot charge myself with them; to some of the gentlemen who followed me must they be credited.

Whilst speaking of the profession in Glasgow, perhaps you will allow me to state a fact or two concerning it, equally curious with that contained in your notice. Those who have been accustomed to consider our good city as a cheap and ready manufactory of medical men, will no doubt be surprised to hear that in no important town of the empire is the profession so poorly represented, as far as numbers are concerned. While the average of other cities, as Edinburgh, Liverpool, Manchester, Dublin, Belfast, &c., gives one medical attendant to every thousand persons, in Glasgow we can only show one for every two thousand. But this fact will cease to be wondered at when it is considered that in scarcely any—the smallest or poorest—village of Scotland are medical men so wretchedly ill-paid as in rich, prosperous, flourishing Glasgow.

It would be easy, and perhaps not uninteresting, to dilate upon such facts—to attempt to show their causes, and to suggest remedies. But fear of trespassing on your indulgence, not less than an unwillingness to anticipate the efforts of those who have taken the matter in hand, restrains me, and warns me to draw my letter to a close.

I am, Sir, yours respectfully,

Belgrave-street, Glasgow,
September, 1861.

J. M'CARRON, L.F.P.S. Glas.

TETANUS IN CENTRAL AMERICA.

To the Editor of THE LANCET.

SIR,—Happening to be passing through the State of Nicaragua in the year 1846, during a period of civil warfare, so common in those unhappy republics, I was requested to take charge of the hospital belonging to the besieging army under Malespin, then president of San Salvador and commander-in-chief of the Allied Forces of Honduras and San Salvador. On arriving, I found Leon closely invested. The hospital for the wounded occupied several large houses in the suburbs of that capital, and contained about 200 patients, a great proportion of whose injuries consisted of compound fractures of the femur from gun shots. The suppuration was very profuse, and most of them threatened to turn out badly. One man had been hit by a spent ball in the frontal sinus, and although he recovered from the injury he became unable to express his wants in language, yet otherwise appearing to be well. But the most painful and unsatisfactory part of our duty was felt when called to any of our wounded patients who showed the least incipient symptom of that dreadful disease, traumatic tetanus. Although from that moment the unfortunate patient was, in our minds, considered a doomed man, no means were spared that experience or reading could suggest to ward off the fatal event. There were thirteen cases of attack, and all died.

The first case was that of a young man with a gun-shot wound in the thigh, implicating the bone, but who seemed to be slowly improving. He was placed near a window, which in those countries have shutters, but no glass. Having had his hair closely cut, he evidently took cold, and in the morning called my attention to a slight difficulty in opening the jaws and stiffness about the throat. In spite of the most active treatment by narcotics, antispasmodics, &c., the severe spasms ceased only with life. There is a popular conviction throughout all these parts of Central America that this spasmodic disease is always brought on by exposure of the patient to currents of cold air, or sudden and unexpected application of cold water, such as being overtaken by a shower of rain or having to cross a stream, &c.; and certainly all the above cases would seem to corroborate the truth of this impression. The native doctors place great faith in the application of balsam of copaiba to the wound, and, when heated, to the spine.

Not long ago a lady in Panama was relating to me the death of her son, a fine boy of twelve years of age. A nail had penetrated the sole of the foot. The wound was nearly well, so much so that he begged to be allowed to go and look at a procession of the church. The mother unwillingly consented. He was overtaken by a slight shower of rain; that night tetanus set in, and proved fatal.

A case of idiopathic tetanus came under my care in Granada, in a boy about eight years of age. His mother attributed the attack to prolonged bathing in the Lake of Nicaragua. Morphine was applied to a blistered surface over the spine. He recovered. Tetanic attacks are also very common after the ex-