found to contain, in rather large quantity, a preparation of antimony. A very minute portion of arsenic was also detected; but as arsenic was not found deposited in the viscera, and is an occasional impurity in ordinary tartar emetic, we consider that the presence of this poison in the stomach of deceased may have been owing to such impurity. There was no trace of any other poison.

2. The coats of the stomach were examined, and yielded antimony.

3. The large and small intestines contained antimony.

4. The orange-red deposit on the rectum, or lower bowel, was removed and separately examined. Antimony was found in this, in larger proportion than in the stomach or other parts of the body. The colour of this substance was found to be owing to the partial conversion of the mineral to oxysulphuret of antimony, as a result of putrefaction. The coats of the rectum also yielded antimony.

5. The thickened bile, removed from the gall-bladder and separately tested, yielded antimony in a proportion nearly as large as that found in the rectum.

6. About two ounces of the liver yielded antimony in well marked quantity.

7. The spleen contained antimony, but in smaller proportion than the liver.

8. The kidney contained a small quantity of antimony.

9. Antimony was detected in the substance of the heart.

10. Antimony was also detected in the substance of the lungs, but in smaller proportion than in the other viscera.

11. The drainings of the jars Nos. 2 and 3, consisting chiefly of blood, were tested, and found to contain antimony.

12. A portion of the lining of the shell, and part of the dress of deceased were examined. They yielded no trace of antimony or of any mineral poison.

In this investigation fifteen different analyses were made, occupying us from the 26th to the 31st of December. No other poison but antimony was detected in any part of the body. The conclusions at which we have arrived from this analysis and examination, are as follows:—

1. That all parts of the body of deceased examined by us contained antimony. In the stomach and intestines, the antimony was partly in a soluble form, while in the liver, heart, spleen, kidney, and lungs, it had been deposited as a result of absorption during life.

2. The largest quantity of antimony was found in the rectum, next in the stomach and its contents, then in the bile taken from the gall-bladder, and the smallest quantity was found in the lungs.

3. The presence of antimony in the contents of the rectum, proves that the discharges from the bowels of the deceased contained antimony up to the time of her death; that she was passing antimony by purging when she died; and the presence of this mineral is sufficient to account for the vomiting or diarrhoea, or both, from which deceased is stated to have suffered.

4. From the discovery of antimony in the contents of the stomach, we infer that a preparation of antimony must have been taken by deceased within a few hours of her death.

5. From the discovery of antimony in the stomach and intestines, especially in the rectum, we infer that the antimonial compound, if not taken by deceased as the result of a series of accidents, was improperly administered to her either through ignorance or by design.

6. That in our opinion the antimony found by us in the body of deceased, has not been the result of one large dose, but of several doses, taken at intervals some days before death, and to within a few hours of her death.

7. That the antimonial preparation taken by deceased was what is commonly called tartar emetic, and this may or may not have acted as a poison according to circumstances. It may or may not have been the cause of death. In the event of the existence of any natural cause for the illness of deceased it may have accelerated her death by producing great depression and exhaustion of the powers of life.

8. In the examination of the stomach, bowels, and other organs of deceased we could not detect any changes as a result of natural disease. There was nothing to account for death. On the other hand, there was nothing in these appearances inconsistent with the death of the deceased from frequent doses of tartar emetic.

ALFRED S. TAYLOR, M.D., F.R.S.
G. OWEN REES, M.D., F.R.S.

Chemical Laboratory, Guy's Hospital, Jan. 4, 1856."

ARMY MEDICAL AND SURGICAL REPORTS.

To the Editor of THE LANCET.

SIR,—The profession at large, especially army and navy medical officers, will gratefully acknowledge the aid of the reviewing pages of your periodical in extending the circulation of Mr. James Ranald Martin's recent admirable publication on "The Influence of Tropical Climates on European Constitutions." Based upon the original excellent work composed by the late Dr. James Johnson and himself, it is enriched by large additions, the fruits of Mr. Martin's own experience and the observations of others, the latter drawn chiefly from the works of that most eminent army physician, Dr. Robert Jackson, and the posthumous publication of another distinguished army physician, the late Dr. William Fergusson. Containing so much additional matter, Mr. Martin has very judiciously issued this volume from the press as an entirely new work, instead of adding another to the many preceding editions of the original.

Medical topography and health statistics are important features in Mr. Martin's labours, and by stimulating other residents in tropical regions to follow his example, will lead to vast improvements.

Dr. Robert Jackson's treatise "On the Fevers of Jamaica," published in 1791, has an Appendix, containing "Hints on Preserving the Health of Soldiers in Hot Climates," which, notwithstanding the lapse of time, statesmen and war ministers of the present day would do well to peruse. This early publication laid the foundation of that excellent man's great professional fame. It has gone through many editions in the United States, is there a standard book of reference, and is in the hands of every American practitioner.

Considering the many able, skilful men belonging to the Army Medical Department, the peculiar means they enjoy of acquiring knowledge at the various stations of our forces, distributed over almost every clime of the habitable globe, with the opportunities of pursuing, in military hospitals, clinical observations unfettered by prejudices which often shut up avenues to professional improvement in civil life, it is matter of regret, if not reproach, that their contributions to the recorded stock of knowledge should have been hitherto so scanty. But this may have arisen from deficient opportunity of making their observations known.

During my superintendence of the health concerns of the Mediterranean army in the late war, it was my duty occasionally to transmit to the Director-General in London observations or essays by zealous officers serving at various troop stations in Sicily, Malta, the Ionian Islands, the east coast of Spain and Genoa; but as these were not particularly noticed or commented upon by the Director-General,* I took the liberty of submitting to him a plan for encouraging zealous medical officers, and preserving their written observations, by publishing annually, or half-yearly, a volume of ARMY MEDICAL AND SURGICAL TRANSACTIONS, compiled from the most meritorious of such communications as reached his office from the principal medical officers or inspectors of the different stations or colonies of the empire. My suggestion was not responded to, but I still think it deserved consideration; and if a similar arrangement were adopted by the Director-General of the Medical Department of the Navy, the officers of the two services combined, scattered on duty all over the world, would not fail to supply a mass of information, which, carefully selected, and published under the title of "Army and Navy Medical and Surgical Transactions, or Reports," would find purchasers ample to defray the expense, and carry very valuable scientific information to eager readers in every quarter or colony over which the British flag flies. Should the opinion of an old army medical officer, of more than sixty years' standing in the service, and of much tropical experience, be conducive to the circulation throughout the services of the work you have so justly advocated, these remarks are at your service.

I am, Sir, yours obediently,

JAMES BORLAND,

Inspector-General of Hospitals.

Teddington, Jan. 1856.

** We have great pleasure in publishing Dr. Borland's letter respecting our recent review of the excellent work of Mr. J. R. Martin. The testimony of such a man furnishes the best evidence of the value of Mr. Martin's services to the science of the prevention and cure of disease within the tropics—services the highest praise of which is to say, that they were

* The Army Medical Board at that time (Sept. 18th, 1813) consisted of—John Weir, Esq., Director-General; Sir Charles Ker and Sir Wm. Franklin, Principal Inspectors.

equal to the long and ample opportunities which Mr. Martin enjoyed. Dr. Borland is the only living representative—the friend and the assistant—of Dr. Robert Jackson. He is now, we believe, in his eighty-fourth year, but in full possession of his mental energies; and it is refreshing to see such a man still taking a warm interest in the department of which he was long a distinguished member. We can conceive no more certain means of knitting together the minds of army and navy surgeons in our dependencies in distant countries than the plan suggested by Dr. Borland. The annual volume of Reports would be of inestimable value to the health of our fleets and armies, and would tend greatly to raise and dignify the army and navy medical departments. Scattered reports, such as those, for instance, of Dr. Bryson, have been published; but what is wanted is an annual publication of a series of reports. Such a publication would stimulate the exertions of the medical officers of the public services; and there is no reason why we should not, in a few years, be better acquainted with the medical topography of our remote colonies than we are with that of the marshes of Essex or the fens of Lincolnshire.

THE COLLEGE COUNCIL.

To the Editor of THE LANCET.

SIR,—Being one of the many driven rather unwillingly into the ranks of the reformers and malcontents by the harsh and unnatural conduct of my “Alma Mater,” who has acted the part of a stepmother to most of us, I must confess to have read the *Times* of Friday last with unusual zest and pleasure. Never was there a close corporation more worthy of being stimulated by a smarting application, and, as it happens, seldom has there been a better cause than that which made the *Times* growl—viz., the proposal to clip Professor Owen’s salary.

As you have long been one of the foremost in promoting reforms of surgical abuses, I write to suggest to you that it is to the greatest degree desirable to find out the name of that spirited member of the council who so successfully proposed, instead of Professor Owen’s salary, to cut off the council’s periodical dinners. His name ought to be recorded, and I trust that you or some one of your readers may be able to supply it. He is doubtless the man to redress a grievance and to listen to reason.

It is interesting to notice that the mysterious, but, as far as it went, the confuting hint of Sir J. P. Kay Shuttleworth, respecting a new medical organization, comes, by a curious coincidence, exactly at the right time.

In conclusion, I must be allowed to express my dissent from the doctrine that the fellows have the remedy in their own hands. The fact is that the majority of the younger fellows who take the trouble, or who have the time to go and look for the councillors, are the younger men connected with the London hospitals, to whom the countenance and aid of the undivided members of the council is invaluable, and they are brought up to vote when occasion requires.

I beg to enclose my card for your private satisfaction, but for politic reasons prefer to subscribe myself,

Your obedient servant,

January, 1856.

A PROVINCIAL FELLOW.

THE MEDICAL OFFICERS OF THE TURKISH CONTINGENT.

To the Editor of THE LANCET.

SIR,—As numerous articles have appeared in the periodicals of the day, reflecting or attempting to reflect discredit on the Medical Staff of the Turkish Contingent, and the scale and working of the arrangements adopted by the heads of that department, and as it is a matter admitting of little doubt that these animadversions have emanated from the pen of officers in her Majesty’s army, it is but fair that the following instances of timely aid, afforded by one of the medical staff of the Turkish Contingent, to an *English* soldier, be recorded, to prove at least that our staff has been consulted with advantage, and that in all respects the Contingent can boast of as well educated, disciplined, and efficiently supplied a body of medical men as the now much-improved regular staff of her Majesty’s army.

A soldier in one of the British corps now stationed at

Kertch, after suffering from retention of urine for some hours, was in a very dangerous state when the medical attendant in charge applied to the Inspector-General of Hospitals of the Turkish Contingent. Notwithstanding his high rank, this gentleman immediately visited the patient. As the surgeon in charge was not at home at the time of his visit, no interference was judged advisable, and I was appointed to meet the medical gentleman as soon as he should return and call for me. He did so soon, but did not wish any more attempts at passing the catheter to be made then. I was again called therefore at about nine o’clock in the evening; the patient had passed no urine for thirty-eight hours, with the exception of a little that had come away after one of the attempts at passing the instrument. These had been again and again renewed without success; the bladder was much distended, the man was in agony, and rupture, extravasation of urine, and death were imminent. I found the officer whom I was appointed to meet affable and willing to accept my advice; the catheter was passed, and the poor man instantly relieved, after a few suggestions on my part. We thus (together, it is true) rescued from the jaws of death a man whom officially, I, at least, was not at all bound to visit (until ordered by my own supreme officer in the Contingent), a man belonging to that army, whose officers seize every opportunity of underrating our corps and casting unmeaning taunts into our faces. The stores of the Turkish Contingent are freely supplied out of kindness and charity to the troops (British) stationed here; our blankets, our medicines, our instruments, are at their service; and lastly, our professional aid is freely given: the case in point will prove that it is equal to effect what may be required of it.

Despite the difficulties of having nothing but Turkish orderlies, and the immense consequent increase of labour for the medical men of this force, the hospitals of the Contingent are superior in neatness, warmth, and comfort, to any in the Crimea. Our men cannot (*as yet*) tell one medicine from another, or read a label as English hospital corporals and sergeants do, and yet, by the unremitting personal industry of surgeons, assistant-surgeons, and acting-assistant-surgeons, hundreds of patients are daily supplied with medicines, and this with regularity and precision, the doses being explained and the administration superintended. I could say much more in favour of the Turkish Contingent Medical Staff, but space will not permit.

Kertch, Crimea, January, 1856.

CHIRURGICUS.

REMINISCENCES OF HOSPITAL PRACTICE.

To the Editor of THE LANCET.

SIR,—I must be allowed to correct a grave error committed by Mr. Skey, in his “Reminiscences of Hospital Practice,” published in your last number.

Referring to some observations which I lately published in THE LANCET, impugning the propriety of arterial deligation on the cardiac aspect for the arrest of hæmorrhage from palmar wounds, he remarks, “The practitioner of surgery, who expressed his views with some force and no little confidence, failed mainly on the ground of his not having made himself master of the details of the case on which he founded his objections to my treatment. Had he done so, he would not have suggested local treatment on a hand largely swollen and distended by foetid pus to an extent that renders the recovery of this member almost surprising.”

Strange to say, I am here accused of what I never did. I never suggested “local treatment on a hand largely swollen and distended by foetid pus;” I should, on the contrary, have well known it much too probable to prove unavailing. Thus it may, singularly enough, with more truth, be observed, that Mr. Skey (and not Dr. Arnott) “fails” not only “mainly,” but entirely, “on the ground of his not having made himself master of the details of the case.”

It is true Mr. Skey and myself are not agreed respecting the treatment of these cases, Mr. Skey, as he still avers, advocating “ligature of the two supplying vessels,” with the not improbable contingency of an interesting series of arterial deligations even up to the axillary trunk—“the safe practice guaranteed to the profession by the highest authorities it possesses;” I, on the contrary, repudiating such “safe practice” as highly dangerous, quite unnecessary, and by every means to be avoided in cases such as that in which we lately saw all this actually occur.

This short explanation is necessary. It is not quite agreeable to myself, however much so it might be to Mr. Skey, to be thus found guilty of failure in statements and opinions which