There does not appear to be any new unrecognised cause for this very prevalent malady; but looking at a number of cases, it would appear that children who are ill-fed, and who but rarely are given any animal food, generally have green bilious evacuations; in such cases, mercury in any form is undesirable. Good animal broths, with rice and some aromatic, are then sufficient to restore a proper action of the bowels; whilst those who are more fortunate with regard to diet get the liver congested, and the secretion of bile is stopped. The motions are then clay-coloured, or even chalky; in these cases the mercury with chalk must, of course, accompany any other adjuvant that the predilection of the practitioner or the peculiarities of the case may require.

The cases in which blood and mucus are passed in the evacuations, constituting dysentery, and those where vomiting accompanies the diarrhoea, are not very numerous; and excepting one most severe case of purpura accompanying a relaxed condition of the bowels, all have hitherto done well. This case of purpura resulted from long-continued suckling—a baneful habit, which cannot be too highly reprobated, as it destroys the vigour of both parent and offspring, not for a time only, but permanently.

Our chief concern, however, is with diarrhoea, and its mode of destroying its victims. The following case will show that the real cause of death is remote from the bowels, and that the anæmic condition induced by the exhaustive diarrhoea tells principally upon the delicate nervous centres of the child. Diarrhoea, in some degree, takes away the blood; the natural stimulus of the brain and spinal cord is thereby lost, and hence arise deterioration of function, and perhaps structure. The secondary effects of diarrhoea, in the majority of cases, destroy the little patient.

Mary M., aged two years and a half, a pale, fair, anæmic child, was admitted, under the care of Mr. Weeden Cooke, July 23, 1850, suffering from a profuse diarrhoea, which had been going on for four days. The motions, from twelve to twenty during the day, had been green and mucous, but were now becoming very serous, containing only a small quantity of faecal matter, which gave them the appearance of having some fullers'-earth distributed through them. The abdomen was flaccid, the muscles altogether in a flabby condition, and the child lay in its mother's arms in a listless but peevish state. The head drooped, and the eyes were dull. Mr. Cooke ordered the little patient to have beef-tea with rice twice a day, also rice boiled in milk during the intervals; and an aromatic confection mixture was to be given every three hours. Three days afterwards, the purging considerably diminished, but the head had become hot, the child rolled it somewhat; the light seemed disagreeable; the patient moaned; constantly carried her hands to her head, and the pupils were sluggish. Ordered cold evaporating lotion to the head, to be kept constantly applied; and a warm bath for the lower half of the body, as the secretion from the kidneys was very scanty. The chlorate of potash mixture four times a day, and diet as before.

On the eighth day the stools were passed four times in the twenty-four hours; they had acquired some consistence and a more natural appearance, and the head symptoms were all much relieved.

The chlorate of potash was continued, and the mother desired to use cold to the head, if necessary. Bullock's semola with beef-tea, or mutton-broth, or as a pudding, twice a day, was also prescribed, and the child to have bread-and-butter, and milk-and-water occasionally. Three days after the above measures were prescribed, the diarrhoea returned slightly, but was soon checked by the aromatic mixture, and the child is now, although very weak, free from disease.

The indications in this case (which is one of a type by no means uncommon) were clearly to support the system under the great drain which had been going on; and at the same time to obviate that irritation of the brain and nervous system which is so constant a concomitant of anæmia. These two desirable ends may in general be attained by the means adopted in this case. The chlorate of potash is a most valuable remedy in all asthenic affections of children, but there are cases where the stomach is so irritable that it will not retain the necessary amount of nourishment; and unless a small blister will transfer this affection to the skin, it is probable that the poor little patient will sink under the effusion which is brought about in the brain, merely from the relaxation of all the tissues induced by the diarrhoea. In the case of purpura above mentioned, death arose from cerebral effusion, as evidenced most clearly by the symptoms, although the verification of a post-mortem examination was not permitted.

THE MANCHESTER MEDICO-ETHICAL ASSOCIATION AND THE POOR-LAW BOARD.

To the Editor of THE LANCET.

SIR,—We are instructed by the Council of the Manchester Medico-Ethical Association to request that you will publish the accompanying Memorial to the Poor-law Board in the columns of THE LANCET:—

We are, Sir, your obedient servants,

JOHN AIKENHEAD, } Hon.
Manchester, August 24, 1850. W. C. WILLIAMSON, } Secs.

To the Honourable the Poor-Law Board.

The Council of the Manchester Medico-Ethical Association beg respectfully to request the attention of your honourable Board to a resolution recently come to by the Manchester Board of Guardians, involving certain medical regulations of an objectionable character.

It is proposed that a very widely scattered district, containing at least 50,000 inhabitants, shall be assigned to one medical officer, whose remuneration shall be £150 per annum, out of which all medical and surgical appliances shall be supplied, he being at the same time barred from private practice; and further, that no extra fees shall be allowed for midwifery cases, or for surgical operations, except one shilling and sixpence for each successful case of vaccination, which latter, the Council have been informed, will probably not realize more than £50 yearly. There is reason for assuming that an annual average of more than 2000 cases of sickness will have to come under the treatment of the medical officer.

Under such circumstances, the Council submit that the salary proposed will not defray the necessary outlay in medicines and leeches; and as no other source of income will be available (private practice being prohibited), the conclusion is certain, that the pauper patients will sustain the wrong.

The Council would further submit, that the physical capabilities of one man, whose means will neither enable him to employ a dispenser of medicines, to use a conveyance, nor to engage the occasional services of an authorized substitute, will be utterly unequal to the conscientious discharge of the duties imposed upon him.

For the foregoing reasons, amongst others that might be advanced, the Council of the Manchester Medico-Ethical Association most respectfully call upon your honourable Board to withhold your sanction to the resolution in question, as being one which must inflict certain hardship upon the poor, and involve the degradation of an honourable profession, should any one be found unscrupulous enough to accept the appointment upon the terms proposed.

Signed on behalf the Council,

J. L. BARDSLEY, M.D., President.

J. AIKENHEAD, } Hon. Secs.
W. C. WILLIAMSON, }

Manchester, Aug. 2, 1850.

SCARIFYING THE TONSILS IN SCARLATINA ANGINOSA.

To the Editor of THE LANCET.

SIR,—In the few medical works in my possession I nowhere find the above treatment recommended. I am induced, therefore, to give it publicity, but more especially as I have generally observed marked benefit from it, so much so, as to induce me to believe that by its timely use the fatality of scarlatina (which greatly depends upon its anginose complication) would at least be diminished.

It has these advantages over leeches and cupping, that it unloads the congested tonsils themselves, instead of drawing blood from the neighbouring parts, that it is always at hand, is not expensive, at once relieves the difficulty of swallowing, and lessens the tendency of the inflammation to spread to the larynx (a most fatal complication when it occurs); it, moreover, is attended with little or no pain.

After scarifying the tonsils, which I have rarely repeated beyond the next or perhaps following day, I have generally ordered large poultices to the throat, to be followed by a stimulating liniment, and perhaps a sinapism to the nape, with some cooling gargle or inhalation of the steam of hot water, with or without vinegar in it.

Hoping that others may be induced to make trial of the same treatment, and to record their opinion of it in your valuable periodical,

I am, Sir, your obedient servant,
Manchester-square, August 7, 1850.

CHARLES JONES, M.D.

THE LATE MR. CARMICHAEL'S VIEWS ON SYPHILITIC DISEASES.

A FEW REMARKS ON DR. MACCORMACK'S COMMUNICATION.

To the Editor of THE LANCET.

SIR.—Permit me to make a few observations respecting a short communication from Dr. MacCormack, which appeared in THE LANCET of the 10th ultimo, relative to the treatment of iritis by the internal administration of turpentine—a line of practice which did not originate with the late Mr. Carmichael, as Dr. MacCormack has correctly shown, but was first suggested by Mr. Hugh Carmichael, at present a practitioner in this city. As regards the first paragraph of Dr. MacCormack's note, in which he discusses the merits of the terebinthinate treatment of iritis, I shall on this occasion content myself with stating, that in the majority of instances in which I had an opportunity of testing its effects in the Lock Hospital, the results fell far short of the specific influences which by anticipation I had been led to attribute to that medicament; but as this is a point beside the object of my present communication, I shall not trespass upon your space with any theoretical speculations as to the *modus operandi* of that drug, or its supposed practical utility in the particular class of cases to which allusion has been made, but proceed at once to the second part of Dr. MacCormack's letter, in which reference is made to the late lamented Mr. Carmichael, and to which I would in a special degree invite attention. "I may here likewise remark," observes Dr. MacCormack, "that though Mr. R. Carmichael, in his earlier years, attempted the cure of syphilis without mercury, I have good reasons to know that there was no person in the later years of his life who knew better the value of mercury in the treatment of every form of that disease, and employed it more extensively in his private practice; and it is certainly to be regretted that he did not before his untimely death publish another edition of his work on Syphilis." In pronouncing the foregoing critique on the practice and opinions of that illustrious surgeon, whose name is deservedly cherished, as his untimely end is regretted, by all who appreciate talent, scientific improvements, and laborious research, I cannot but suppose that Dr. MacCormack composed these lines without due deliberation, and most decidedly, as I shall presently demonstrate, without the possession of facts which were absolutely requisite before he ventured to pronounce such a verdict. I should wish, however, to acquit Dr. MacCormack of a desire to attribute to Mr. Carmichael the character of inconsistency in practising at variance with the rules he himself so carefully and explicitly inculcated, and I should rather hope that the imputed censure which might be construed from the remarks just cited was never so intended by the writer. But as Dr. MacCormack refers more particularly to, and lays italic emphasis on, the "*later years* of his (Mr. Carmichael's) life," I shall confine my remarks, and limit my proofs of the position for which I contend, to that period, as I believe it will be universally conceded that a man's last acts, or recorded sentiments, must ever of necessity be the true criterion of his opinions. On the 8th of June, 1849, Mr. Carmichael's earthly career was suddenly arrested, and on the evening of the 15th of March, little more than four years previous to his death, he presided at an unusually large and influential meeting of the Surgical Society of Ireland, on which occasion I had the honour of reading a paper, entitled "Clinical Observations on the Diagnosis and Treatment of Syphilitic Diseases," on the conclusion of which, after giving a *resumé* of his published opinions, Mr. Carmichael made the following observations, which, with the paper referred to, were subsequently published in the *Dublin Medical Press* of the 2nd of April:—

"These are the views I entertained more than thirty years ago, as appears from my various publications on the subject; and it surprises even myself not a little that after so long an experience I have felt no occasion or necessity to depart from them. But I have often been pained at finding that many of the profession, particularly in the army, rank themselves under the denomination of mercurialists or anti-mercurialists—*i.e.*, they exhibit mercury in all venereal cases, or refrain from it in every instance, regardless of the characters of the symptoms and stages of the disease." And again—"In fine, from my publications as well as what I have stated this night, it is obvious that although in the greater majority of cases I consider the exhibition of mercury unnecessary or injurious, yet in one form of disease—that which produces the scaly eruption, lepra, or psoriasis—it is the remedy upon which I place my sole reliance; and in other forms of venereal, which produce the papular, pustular, tubercular, or rupia eruptions, there are stages and states in which it will be found a most useful auxiliary."

In the too-short interval which elapsed between the expression

of these his last recorded published opinions and his departure from amongst us, I had the honour of having been frequently associated with him in consultation, and on these occasions I had the pleasure of witnessing the practical adaptation of those views to which he had been so long and ardently attached. But Dr. MacCormack does Mr. Carmichael (unconsciously, I doubt not) a serious injustice when he states that "he attempted the cure of syphilis without mercury." No man repudiated more than did Mr. Carmichael the narrow-minded prejudices of those who, from strong partizan feelings, denied the utility of mercury, and consequently discarded its application as a remedial agent in any of the forms or stages of syphilitic disease. His mind was of too enlarged and scientific a nature to be wedded to opinions which, from their nature and tendency, must be ever empirical. The groundwork of his observations was based upon an extensive and unusually protracted hospital experience; his text-book was the book of Nature; and although the reformer of gross abuses, his anxiety was only to act the part of the pilot, by directing in a safe and judicious channel, and by endeavouring to enlist the co-operation of those to whose care was entrusted the health of thousands, both in civil and military life. How far his example was followed, with what success his instructions were attended to, with what fruits his labours were crowned, would be superfluous for me to say.

Enough has now, I trust, been adduced in proof of the untenable position assumed by Dr. MacCormack, and sufficient to point out the mistake into which he has fallen respecting the views and practice of one of the brightest ornaments the school of surgery in Ireland was ever called upon to deplore. I might dilate at length upon the happy results of the improvements in this special branch of surgery, more particularly as introduced by Mr. Carmichael; but lest in doing so I might be regarded in the light of a panegyrist rather than that of one actuated by a laudable degree of jealousy for the well-merited reputation of a departed fellow-workman, incorporated as his name must ever be with the best interests of the profession, I forbear.

"Can storied urn or animated bust
Back to its mansion call the fleeting breath?
Can honour's voice provoke the silent dust,
Or flattery soothe the dull cold ear of death?"

I am, Sir, your obedient servant,

JOHN C. EGAN, M.D., M.R.I.A., F.R.C.S.

Formerly Surgeon to the Westmorland Lock Hospital.

Dublin, August 17, 1850.

THE MEDICAL PROFESSION AND THE ASSURANCE OFFICES.

To the Editor of THE LANCET.

SIR,—As the officer of one of those life assurance companies who are in the habit of remunerating medical referees, I beg your permission to submit to the profession, through the columns of THE LANCET, a few remarks upon the proper amount of the fee.

Some of the companies in the list of "paying offices," which you publish from time to time, announce, that the fee which they allow is never less than a guinea; but when they have to decide upon a small proposal, they avoid the charge, by dispensing with the testimony of the referee, if they can satisfy themselves, by questions put to the patient, that he has had no very serious ailment to require medical advice. Other companies *bonâ fide* apply to the referee in every instance, but where the amount of the proposal is small they pay but half the fee which they allow in the case of a large assurance. The latter practice appears to me to be more correct than the former, and it is generally acquiesced in by the profession. Still it is occasionally objected to, and I am therefore desirous of pointing out the evils which would result from the establishment of a rule that the fee for this particular service shall never be less than a guinea.

Insurances for small sums are so unprofitable that no company of any magnitude would grant them, except for the sake of encouraging provident habits among the humbler classes. Independently of the special risks to which these classes are exposed, you will find, if you take the balance-sheet of almost any company, and divide out the ordinary annual expenses of management, at so much per policy, that the proportion of charge is enough to swamp all profit on a small assurance. If to this you add the special expense incurred on granting the policy, for stationery, postage, and the fee of the company's own examiner, it is clear that in tendering a fee of but half a guinea to the medical referee, they are doing more than they can properly afford.

If this latter charge is to be raised to a guinea, one of three things must follow: