avoidable mishap, but to the ignorant parsimony and prejudice of chemists who have refused to adopt an effective and simple safeguard. The safety bottles introduced by Messrs. Savory and Moore, and employed in their own and several other large dispensing establishments, and in medical departments of the public service, have received the *cachet* of approbation from the most eminent authorities in and out of the medical profession. They are too well known to our readers to need further description. Some of the leading chemists who guide the proceedings of the Pharmaceutical Society, after first taking the part of denying that any such safeguards are required, have, since the repeated publication of such catastrophes, and the energetic reprobation with which their neglect has been met on the part of those best informed, adopted that more fatal form of opposition which consists in recognising the general demand for the reform, but insisting on the necessity for minute investigation of the means. The report of the Committee appointed to consider the possible safeguards against accidental poisoning will, perhaps, ultimately resolve upon certain conclusions. Meantime we point practically to the dishonour which the Society has incurred by so long resisting this essential reform, and the dangers which dispensing druggists inflict upon the public by omitting simple precautions, so necessary to the general safety.

The particulars of the mode of death of the Lord Lieutenant of Monmouthshire do not differ in any respect from those which we have so frequently recorded. Two duly-labeled bottles were supplied for his use, one containing a lotion and the other a mixture. His valet hastily poured out for him a glassful of the liniment instead of the mixture. The error was discovered ere half the glass was emptied, but still too late to prevent a fatal result.

It was stated at the Pharmaceutical Society that anyone who poisoned himself under such circumstances "served himself right," for he ought to have looked at the label. It is difficult to apply this theory (which was enunciated, by the way, by the chemist to the Queen's household) to the vicarious suffering resulting from the valet's error. We point, however, to the fact, that had these fluids been dispensed in bottles of different shape, and had the liniment been put in one of the safety narrow-necked bottles, it could only have dropped slowly from the bottle, and the valet's carelessness would not have been punished by the manslaughter of his master.

THE ARMY MEDICAL SCHOOL.

WE understand that there will be no further admissions to the Army Medical Service for at least a year, as so many assistant surgeons are on half pay. The Director-General has taken advantage of the interregnum to send to the School at Chatham some assistant-surgeons who could be spared from their regiments. In this way the work of the Army Medical School is not only continued, but extended; and as the lectures will aid the officers in their preparations for the examination on promotion, which every assistant-surgeon has now to undergo, the instruction at Chatham will doubtless be appreciated.

Correspondence.

"Audi alteram partem."

ON "ABDOMINAL SHOCK."

To the Editor of THE LANCET.

SIR,—In THE LANCET of the 3rd of August, p. 105, there is an interesting lecture, by Dr. Barnes, on the above subject. The very day that that number came into my hands, I had had occasion to make a post-mortem examination of a patient whose case well illustrates some of Dr. Barnes's positions. As you

may think a short record of it worthy of being preserved in your pages, I place the following account at your disposal:—

J. R—, aged twenty-four at the time of her death, had, for at least two years previously, a right ovarian tumour, which did not attract much attention until she became pregnant in the early part of the year 1860. In October of the same year, about a fortnight before the time of her expected delivery, I examined her carefully, and found an ovarian sac of the size of a six months' gravid uterus, occupying the right half of her abdomen. The rest of the available space was filled by the fetus, whose breech lay upwards and back to the left side of the mother. Though the sac could be felt as a soft fluctuating tumour per vaginam, it did not protrude downwards sufficiently to threaten any great impediment to the passage of the child. On the 13th of October, after a somewhat tedious labour, Mrs. R— was safely delivered of a child, that I did not think full grown, and only lived a few days. Immediately after the birth, the ovarian tumour shifted over to the middle of the abdomen. It was soft and flaccid to the hand, and fluctuation was very distinct in it. The woman made a good recovery.

On the 3rd of the present August, I was informed by Dr. Marston, R.A., that Mrs. R— was again "about seven months gone;" but that the sac this time was in front of the womb. I had intended going to see the patient, in order to verify the above statement; but she was too quick for me, for on the morning of the 5th her husband came for me, and though I was on the spot in half an hour, the child was born, the placenta expelled, and the patient seemed very comfortable. Her friends informed me that the labour had been very easy, and that the pains were hardly like pains. The child seemed about seven months old; it was cold and livid, and died in a few hours. The ovarian tumour lay in the middle of the abdomen; its upper border reached as high as the umbilicus, and it was very little if at all altered since I had seen it in October, 1860. On the night of the 5th, the patient, though complaining of a little cough and some difficulty of breathing, was going on well. Some castor oil which she had taken before I saw her in the morning, had acted twice. On the morning of the 6th she was still going on well. In the evening, the *discharge had quite ceased*; her pulse was 120, weak. She complained of severe pain in the abdomen, chiefly in the right iliac fossa; the bowels were becoming tympanitic above the level of the tumour; and the distended transverse colon was easily made out. On the morning of the 7th, pulse 130, weaker; pain much less, but said to exist in the lumbar region, and to extend down the right thigh; tympanitis greater; no discharge; feet getting cold; bowels moved two or three times. In the evening the patient was evidently collapsing; pulse 140; lower extremities cold as high as the knees; pain not complained of. Early on the morning of the 8th she died.

I made the autopsy with Drs. Marston and Hopwood, R.A., and found, on laying open the abdomen, the ovarian sac lying across from right to left iliac fossa, and completely hiding the uterus from sight. It was of a livid purple colour, and showed on the anterior inferior portion of its right extremity, just above the corresponding ovary, and in a line with the ovary and its ligament, one large and two small rents in its peritoneal coat. These rents lay one above the other, and the largest, which was also the lowest and close above the ovary, measured about an inch and a half long. About each of the three rents there was some subperitoneal extravasation of very dark blood, and through the lowest and largest rent this blood protruded in the form of a fringe. On lifting up the tumour, the remains of the right ovary were found flattened out on its under aspect. Around the ovary in the wall of the sac there was some gelatine-like effusion. The sac was attached to the uterus by a pedicle two inches long, which was twisted spirally on itself; we could make out one twist and a half. The pedicle was of the colour of port wine from intense congestion, and the ovary above was full of dark extravasated blood. There was not a trace of peritonitis, and the tumour was absolutely free from adhesions. The sac contained not less than eight pints of a claret-like fluid (the quantity was not measured); its walls were thin and tough, and in the substance throughout their whole extent were spots and patches of purple discolouration, due to extravasations of different ages. The womb was pale and exsanguine, and filled with a dark, firm clot, moderately adherent. It was in every respect healthy. The left ovary had a few small sacs, about the size of peas, attached to it by long pedicles. The other organs, as far as they were examined, were perfectly healthy.

I attribute the death in this instance to collapse caused by the ruptures of the peritoneum, and the order of events occurred probably in this wise:—Twisting of the sac, unrestrained by

adhesions, on its own axis by the expulsive action of the uterus, thus causing twisting and strangulation of the pedicle; consequent congestion and extravasation above the strangulated part, and later successive ruptures of the peritoneum.

I am, Sir, yours very truly,
Malta, August, 1861. ST. JOHN EDWARDS, M.D.

TREATMENT OF SEA-SICKNESS.

To the Editor of THE LANCET.

SIR,—I beg to forward you, as tersely as possible, the results of my observation and experience on sea-sickness, recorded whilst surgeon of the *Great Britain*, and extending over two voyages round the world.

Viewed as an almost necessary accompaniment of a sea-voyage, this distressing malady has received but little attention at the hands of naval medical men, though it is well-known that some cases are most obstinate and severe, and have even proved fatal. Some people, again, are compelled to take refuge in their berths upon each recurrence of rough weather, and thus to them are largely denied the pleasures and advantages of a sea-voyage. Determined to examine the nature, symptoms, and treatment of this complaint, I divided my patients into sections, purposing to treat each section (numbering, perhaps, ten individuals) differently.

The symptoms of the malady are these: Considerable fever, accompanied by a soft, quick pulse, averaging 90 beats in the minute; a hot and usually moist skin; severe tensive headache; urine scanty, red, and of high specific gravity; unquenchable thirst, the swallowed matter being vomited immediately; the tongue flabby, very moist, and perfectly white; the bowels highly constipated; constant retching and vomiting are present, especially of a bilious character. Moreover, a thorough listlessness and mental depression overcome the patient. In some cases the ultimatum of desire is to be thrown overboard, and so "to have done with it." In the above category we meet with certain peculiarities. Although the symptoms are generally those of simple fever, we find here a *soft* pulse, perspirable skin, and a peculiar tongue—a sea-sick tongue, very moist, smooth, and white. The malady usually disappears about the fourth or fifth day, much depending, of course, on the state of the weather.

I will not now enter into the particulars of a theory I have formed as to the pathology and *secondary* causes of sea-sickness,—the primary, of course, being the rolling motion of the vessel,—partly because they would extend this letter to too great a length, and partly because they require some revision. Age and temperament seem to vary the disorder but little; those, however, of the bilious temperament were most obnoxious to it. Old people and infants, too, were comparatively free, though children of four years old and upwards suffered severely for a short time.

The treatment I observed at first was in accordance with the sectional division previously referred to. Thus to one class I administered chloroform—Dr. Landerer's treatment; to a second, creosote; to a third, the effervescents, and so on through the list, administering hydrocyanic acid, alkalies and their carbonates, morphia, brandy, and porter; to eat as *little* as possible, and, again, to drive away the incipient symptoms by eating as much as possible.

Chloroform, in my hands, was certainly anything but efficacious; it occasionally allayed the vomiting for a time, but more usually seemed to increase rather than diminish the extreme sensitiveness of the stomach, although the doses were regularly repeated. Hydrocyanic acid and creosote were the most reliable remedies. Effervescents and soda-water, though very grateful, were speedily vomited. Doses of carbonate of soda were also useful. Some professed faith in the stimulant method—plenty of brandy. This remedy, perhaps, cut the disorder short; but more usually increased its severity. The treatment I adopt, and the one that has proved highly successful in my hands, was founded upon the case of a lady, in whom the sicknesses of the sea and of pregnancy were combined. With this lady all treatment, dietetical and medicinal, was useless; nothing was retained on the stomach. She became thinner and weaker daily. A month's voyage was yet before her, and the induction of premature labour seemed alone to offer any chance of recovery. Prior to proposing this, I examined her case still more carefully, if possible, than before, and decided on prescribing the nitro-hydrochloric acid with sulphate of magnesia every two hours. This produced a most excellent effect, and my patient gradually recovered. I subjoin the formula I now

use:—Dilute hydrochloric acid, two drachms; dilute nitric acid, one drachm; hydrocyanic acid (Scheele's), sixteen minims; sulphate of magnesia, six drachms; water to eight ounces. Two tablespoonfuls to be taken every three or four hours.

I always premise to its administration a sound purge of calomel and colocynth, or of croton oil on sugar, taken with as little water as possible. The most proper diet consists of gruel, sago, or arrowroot, with a little brandy, and dry toast and tea. Soon a little chicken- or flesh-broth may be allowed; then a little mutton, and so on until the patient eats his way to the regular diet scale of the ship. All persons about to undertake a voyage—especially a protracted one—should take, two days before going on board, a sound purgative, followed up by the medicines just named. When on board they should resolutely refuse to yield to the temptations of sea-sickness, constantly pacing the upper deck, and so becoming accustomed to the vessel's disagreeable roll. Otherwise Neptune is pretty certain to demand payment of the customary impost.

I am, Sir, your obedient servant,

THOS. MORLAND HOCKEN, M.R.C.S.

S.S.S. *Great Britain*, Liverpool, Sept. 1861.

THE NAVY MEDICAL WARRANT.

To the Editor of THE LANCET.

SIR,—It may be a matter of surprise to your readers that at a time when our brethren in the army are actively bestirring themselves in endeavouring to induce the Horse Guards to rescind the late revocation of part of their Medical Warrant, and have even had an interview with the Secretary-at-War on the subject, the naval medical officers should appear to rest on their oars, contented with their lot. But such is not the case. However unjustly army surgeons have been treated, however reluctantly the provisions of even the mutilated Warrant are carried out with them, it is still worse in the navy. With us, rank carries no precedence, uniform no respect. It has actually arrived at this pass, that the naval officer is ashamed to go on shore in his uniform, knowing as he does, from sad and humiliating experience, that when he is recognised as a "doctor" all the marks of respect due to his rank are ostentatiously withheld. We feel most bitterly our position, knowing that we could demand a certain precedence and respect if the Queen's orders are to be obeyed, but are afraid to do so. I repeat, we are *afraid* to demand boldly our due. We dare not act in a body, as the right, allowed to all other British subjects, of memorializing Government when redress for supposed injustice is sought, is denied by the Admiralty to naval officers. We cannot do so individually, because the officer making such demand will be pronounced a troublesome litigious character; a black mark will be placed against his name at the Admiralty; and on his ship being paid off, after a service of three years, he, if a senior, is doomed to perpetual half pay—if a junior, he is sent in a small ship on a bad station, as a token of the Admiralty's displeasure. We cannot with safety state our grievances in the public prints, an Admiralty circular forbidding such proceeding. Your readers will therefore understand how we are situated, and that the only way in which we naval medical officers can make our complaints known, and warn those about to enter the service, is by writing anonymously to the medical press, and asking its conductors to make public the injustice done us, and once more advocate our cause, as they have so ably done before.

I will now briefly enumerate a very few of the many disadvantages we labour under.

1st. *The Assistant-Surgeon*.—These officers, in many of our ships in the Channel, Mediterranean, and West Indian fleets, are still without cabins. The senior, as a general rule, is allowed one in the fore cockpit or steerage, as the case may be, but even to him only conditionally, not as a right,—though, perhaps, in virtue of his seniority, ranking with a lieutenant in the navy. The junior, however, sleeps either in a hammock or cot, while his inferiors in rank, the subalterns of marines, the boatswain, gunner, and carpenter, are all in possession of cabins, and that by right; as also the captain's steward, and in many cases the band-master.

2nd. *The Surgeon*.—This officer reaps no advantage whatever from increased rank; he very rarely indeed receives the military salute he is entitled to. His being allowed a servant depends on the whim and caprice of the senior lieutenant. He still shares prize money with subalterns of marines, sub-lieutenants, and, lower still, warrant officers; while his widow's pension remains unaltered, notwithstanding the order to the contrary.