Correspondence.

"Audi alteram partem."

CONSULTATIONS WITH HOMŒOPATHS.

To the Editor of THE LANCET.

SIR,—My attention has been again directed to the letter of Dr. Clay in your impression of May 31st. Dr. Clay, without denying that he did consult with a homœopathist at Hanley, offers to supply "Inquirer" with all the information he seeks, if he will make a distinct charge and give his real name. As yet "Inquirer" has not replied to the challenge thrown out by Dr. Clay. After the appearance of this communication I trust he will hasten to do so.

In THE LANCET of May 24th appeared a short note from "Respondent," stating his knowledge of an instance where Dr. Clay deliberately consulted with a homœopathist. Now, as I am responsible for that note, I feel that Dr. Clay's challenge is directed to me as well as to "Inquirer," although Dr. Clay makes no specific reference to the communication of "Respondent."

Dr. Clay has certainly a right to the particulars when he is charged with what most medical men would consider a grave breach of medical etiquette, so that he may have an opportunity of explaining away or rebutting that charge. And for myself, I shall have the utmost satisfaction in making the *amende honorable* to Dr. Clay if he can do the one or the other.

The circumstances within my knowledge are these:—On the 14th of May I was requested by a Mr. Doherty to see his wife. Mr. Doherty informed me that his wife had been under the care of Dr. —, a gentleman who gives himself out as practising homœopathy, and who is one of the medical officers to a homœopathic institution in this town. Mr. Doherty further informed me, without any solicitation on my part, that Dr. — had called in Dr. Clay, and that the two gentlemen had seen the patient together in consultation. He also mentioned that Dr. Clay had met the same homœopathist in consultation in other instances within his knowledge—a proceeding, as he said, which surprised him, as he knew that ordinary practitioners altogether refused to meet homœopathists in consultation.

When I mentioned this circumstance to some medical friends, I was told that the fact was notorious; and two practitioners of this town informed me of other positive instances within their knowledge where Dr. Clay had met a homœopathist in consultation.

There is not the least doubt that the belief that Dr. Clay meets homœopathists in consultation is current amongst the profession in Manchester; and many have felt hurt that one claiming the standing that Dr. Clay claims should run counter to the general course of the profession in this particular.

Dr. Clay's proceeding, supposing my information correct, is the more extraordinary coming after the recent exposure of this pretended system of practice. It has now been made clear by my own investigations, and still more positively by the admissions of two so called homœopathists of this town, who have published replies to my pamphlet on the subject, that modern homœopathy has ceased to be a new system of practice, and is now only the old thing with a new name. All that is required of a would-be homœopathist now-a-days is, not to depart from the usual routine of ordinary practice, but to believe, or profess to believe, a universal theory. The question between us and the homœopaths is not, in my view, one of doctrine and practice, but one of ethics or medical etiquette.

I have received communications from Edinburgh, Leeds, Cambridge, Bristol, Birmingham, London, and several other localities, all giving evidence that there is in those places the same breaking up of what has hitherto been regarded, on the faith of their books, as the essential features of homœopathic practice, as I have discovered to exist in Manchester.

For my part, I pay no heed to any man's medical creed; and if a regularly qualified practitioner believed that cholera could be cured by tincture of sunbeams, or phthisis by the excreta of reptiles, I see in that no reason why he should not be met in consultation. I can pardon homœopathists their absurd theory; but when a body of men place themselves in deliberate antagonism to scientific medicine, while at the same time they eagerly use all its resources, having a new theory in their mouths and an old practice in their hands, I say that those

men have placed themselves outside the pale of professional courtesy. This appears to be the all but unanimous opinion of the profession, not only in England, but throughout the world. Everywhere homœopathists are treated as irregular practitioners.

If Dr. Clay can show that the impression prevailing in Manchester is without foundation, no one will rejoice more than myself. If, on the contrary, he holds that to meet homœopathists is a right and proper course for scientific physicians and surgeons to pursue, then I can only say that I wholly differ from him.

Manchester, July, 1862.

Yours, &c.,

WM. ROBERTS, M.D.

MR. SYME'S LATE CASE OF ILIAC ANEURISM.

To the Editor of THE LANCET.

SIR,—Professor Syme, in his paper on the case of Iliac Aneurism, read before the Royal Medical and Chirurgical Society, London, on the 27th May last, and published in THE LANCET on the 7th June, states that the case having been admitted into the hospital of Dumfries, operative interference was there declined. As the case was under my care when in the Dumfries hospital, I think it due to my colleagues and myself to affirm that, on the contrary, not only was every effort tried to persuade the man to submit to an operation, but that after leaving repeated attempts were made, by calling upon him personally, to prevail upon him to return to be operated upon.

By inserting the above, you will oblige

Your most obedient servant,

Dumfries, July, 1862.

ALEX. BORTHWICK,
Surgeon to the Dumfries Infirmary.

PROFESSIONAL TITLES.

To the Editor of THE LANCET.

SIR,—The subject of professional titles is one which hitherto has scarcely received that attention on the part of the profession and the public which its importance demands. It must often happen to physicians and surgeons in extensive practice to be consulted, each both in medical and surgical cases, while the former professes to be competent to treat medical cases only, and the latter surgical cases only. At the present time professional titles are so little understood by the general public, that it suffices for any man to be spoken of as a clever practitioner, and, whether he be physician or surgeon, everyone requiring professional aid is anxious to consult him. What is the consequence? Unless a gentleman be strictly conscientious, he is tempted, perhaps, to undertake a case which rightly belongs to the other branch of the profession, and which he himself is not competent to treat. Thus not only is a gross injustice done to the patient, but the brother practitioner is deprived of that which is his due.

My remarks refer more especially to hospital physicians and surgeons; and since it is the duty of the profession to instruct the public how to select an adviser from the branch appropriate to any individual case, let the title of "Dr." appertain still to the M.D. and member of a College of Physicians; while the prefix of "Surgeon," instead of "Mr.," is given to the duly qualified practitioner in pure surgery. If the latter gentlemen would thus inscribe themselves both on their door-plates and visiting-cards, the public would soon learn discrimination. I can see no reason why this practice should not be adopted as well in this as in the sister isle.

July, 1862.

I am, Sir, yours, &c.,

C. F. MAUNDER, F.R.C.S.

THE MUSEUM OF PATENTS AND THE INTERNATIONAL EXHIBITION OF 1862.

To the Editor of THE LANCET.

SIR,—Having supplied you with woodcut engravings of my tin plate splints at your request, I feel bound to enter on explanation of their non-appearance in the Exhibition, as they are named in the official catalogue.

The space of three feet frontage was required by me, and granted by Mr. Sandford, for tin-plate splints, which were applied on two casts from nature; one of them was three feet in length, and many others for different parts of the body were also deposited in the case. The superintendent of Class 17, Mr. Traer, a surgeon, would have the space altered to two feet frontage, an impossible space for fair examination of the whole

in a crowded state; at the same time, assigning as a reason, that other exhibitors had no more. He also told me, by letter, that my articles would be very well seen where he had appointed them. Not having seen them, how could he be so assured? Occupation of my place was held for several days, when Mr. Traer removed the case, splints, &c., to a safe part in the building. It now appears that three, four, six, and even nine or twelve feet frontage are appropriated, with three feet in depth, to many surgical instrument makers in the Exhibition.

The frivolous objections of colour, bad arrangement of splints and labels, were immediately and repeatedly offered to be remedied to meet the fancy of Her Majesty's Commissioners without avail. This alteration of the space was effectual; consequently, removal on the 25th ultimo from the building, and transferring the same to the Museum of Patents were effected, where the invention for an entire new system of surgery was gladly accepted for free public examination.

The simplicity of the application and adaptation to every part of the body, in wounds and fractures of the extremities, by the aid of a strap of leather, without a pin, buckle, or knot, and dispensing with all pads, bandages, plasters, and poultices, are worthy of publicity for the benefit of our fellow-creatures. I hope you will grant me space in your widely circulated journal for this explanation.

I am, Sir, faithfully yours,

Daniel-street, Bath, July, 1862. WM. PARKER, M.R.C.S.

PARISIAN MEDICAL INTELLIGENCE.

(FROM OUR SPECIAL CORRESPONDENT.)

THE success of M. Nélaton's ovariectomy case has had the effect of dispelling the uncomfortable conviction which had for some years been prevalent in Paris among surgeons, relative to the fatality attending certain important operations when performed within the town limits. Neuilly, the suburb selected by M. Nélaton as the patient's residence, lies just beyond the fortifications, and is situated with regard to this capital much as Kensington is to London, enjoying an average reputation for salubrity. In the case operated on by M. Demarquay ten weeks ago, the patient was conveyed to St. Germain; the result, nevertheless, was unsuccessful. The strong will and courageous pertinacity of the distinguished French surgeon have achieved a signal triumph, and the possibility of successfully performing ovariectomy under the climate of Paris is now fully established. As the first successful case of ovariectomy conducted *more Britannico* in this capital, this particular operation is highly interesting to the English medical public; and the frankness with which M. Nélaton avows his obligation to his *confrères d'outremanche* is as creditable to himself as it must be gratifying to them. M. Nélaton's case is only the fourth success which France can count in this particular branch of surgery since 1781: the first being that of Laumonier, in that year; the second, that of Dr. Vaullegeard, in 1847; and the third, that of Dr. Kæberlé, occurring a fortnight before M. Nélaton's operation, and referred to in your issue of July 5th.

M. Leperdriel has recently introduced to the notice of the profession, in a thesis sustained before the Montpellier School of Pharmacy, a so-called advantageous substitute for the ergot of rye,—namely, the ergot of wheat. The latter is said to be possessed of greater power and of less poisonous qualities than the former, and should, according to the writer, be made entirely to supersede the older drug both as regards obstetric and general purposes. As, however, the differential analyses of the ergots, obtained from either source, do not in any way account for a superiority of action on the part of the ergot of wheat—this variety, on the contrary, being less rich in the fatty resinous oil on which part of the medicinal action of the drug depends,—the critics agree in ignoring the plea of M. Leperdriel, and in leaving to the ergot of rye undisputed possession of its appointed corner in the "obstetric bag."

A letter from Dr. Buez, now doing duty with the French expeditionary corps in Mexico, gives some interesting details regarding the yellow fever as witnessed in that country this year by himself. "In a town," says the writer, "so unhealthy as is Vera Cruz yellow fever prevails almost constantly in a sporadic form, but the seasons at which the regular epidemics occur are the months of May and September. This year, however, in consequence most probably of the influx of non-

acclimatized strangers, the malady commenced its ravages in the month of March." Dr. Buez observed some difference in the type of this year's fever as compared with that recorded by M. Dutrouleau in his work on the "Diseases of Europeans in Tropical Climates." On the present occasion, the ataxic and congestive types, as well as the marked periods of remission, were wanting. The adynamic form was most frequently met with, accompanied by a moderate amount of fever, tending to the typhoid character. The general duration of the fever was from twenty four to thirty six or forty-eight hours; and when it exceeded this last limit, it was followed by vomiting—first bilious, then black; and usually terminated fatally. If by the third or fifth day the fever remitted, stupor resembling that of typhoid fever mostly set in—a condition which, if not actually attended by death, was at least the forerunner of an almost interminable convalescence. The disease, as is the case with cholera, not unfrequently assumed an insidious character; and some patients died without jaundice, vomiting, or suppression of the urine. The treatment resorted to was mainly that of free purgation by castor oil, administered at the outset of the disorder, and repeated frequently at short intervals. Efforts were likewise made, by the use of tea and other warm drinks, to keep up the circulation in the skin. Bleeding was sparingly practised, and when employed was found decidedly unsuccessful. The mortality up to the 30th of May averaged 22 per cent. of the number attacked.

In a report read by M. Briquet at the Academy of Medicine on the forms of continued fever observed in the military hospitals of Constantinople, the question of the identity of typhoid and typhus fever is referred to. M. Cazalas, author of the memoir, maintains that the difference between the two forms of fever as observed by himself is one of degree and not of kind, and states that in thirty-one out of thirty-five autopsies of typhus cases he found ulceration of Brunner's glands and Peyer's patches. Two of the conclusions of M. Cazalas, readily endorsed by M. Briquet, are worthy of attention—the one establishing the fatal tendency of the let-alone treatment, the other the equally fatal effects of treatment by tonics and stimulants in the commencement of the disorder.

In mentioning in a former letter the large amount of hypophosphites of lime and soda yearly exported to America by the single house of Swann and Co., of Paris, I omitted to notice another preparation of a somewhat similar nature, likewise emanating from the same laboratory, for the almost exclusive use of our transatlantic brethren, and which is, I am informed, highly appreciated in America as an antichlorotic. Of this drug, the hypophosphite of manganese, beyond the fact of its existence, to within a few days back I knew nothing. I have, however, been informed by a very competent therapist—*un homme de progrès*, as the expression is—that in those cases in which steel is indicated, but inadmissible from the fact of its producing headache, constipation, or any other bad effect, the hypophosphite of manganese is found to answer admirably.

A second edition of M. Velpeau's "Treatise of the Diseases of the Breast" has appeared. In this new issue of his deservedly famous monograph, M. Velpeau maintains the opinion he had already expressed at the Academy of Medicine relative to the fallibility of the microscope as a diagnostic agent in the detection of malignant disease. "Many tumours," he reiterates, "which have by the microscope been acquitted of malignity, are subsequently condemned as cancerous by clinical experience."

The coal-tar dressing of MM. Corne and Demeaux, so long the subject of experiment at the Charité in the wards of the illustrious Professor just mentioned, is apparently destined to have many rivals, or rather successors. M. Desmarts happening on one occasion to make use of a mixture of lard and extract of logwood (*Hæmatoxylon Campechianum*) in the dressing of a cancerous sore, was surprised to find that all feidity disappeared so long as the unguent remained in contact with the ulcerated surface, and he consequently commenced a course of experiments with this preparation. The result has been so satisfactory that M. Desmarts has thought the discovery of sufficient importance to be communicated to the Academy of Sciences. This gentleman also goes so far as to say that in cases of mortification and hospital gangrene the same remedy causes the disorder to vanish as by enchantment. Let us hope that it may be so.

July 15th, 1862.

RETIREMENT OF PROFESSOR M. FARLANE.—This gentleman is compelled by declining health to resign all the appointments he held at Glasgow. During the month of August the Chair of Practice of Physic will be vacant.