wall; secondly, we should have the facilities for immediately performing the operation of cholecystotomy should any symptoms of general peritonitis &c. threaten. Next, as to the dangers of intra-cystic injections: (1) Inflammation and suppuration of the gall-bladder and its sequelæ; (2) the needle prick might possibly (the obstruction not yielding) lead to extravasation within the peritoneal cavity, though probably adhesions would ere this have been contracted or lymph have closed the aperture. How might these dangers be obviated? (1) By being careful not to inject too irritating a solvent; (2) by, if possible, removing some of the fluid from the gall-bladder previously to injecting the solution. I have always intended injecting a mixture of ether in olive oil with the hope that the oil would do away with the risk of causing inflammation &c. To this a little chloroform might be added. I should feel inclined always to employ a solution containing some alcohol in addition to the above. For when bile stagnates for any length of time the bilirubin is transformed into biliverdin, which is only slightly soluble in ether and not at all in chloroform. But biliverdin is soluble in alcohol, whereas cholesterin is soluble in either ether, chloroform, or warm alcohol, and bilirubin is soluble in chloroform.¹ And the composition of gall-stones is well known to be either pigment or cholesterin separately; or both these combined.

I feel that the method of treatment which I have thus endeavoured to explain may be at least worthy of a trial; and I cannot but think that had Mr. Walker's patient been subjected to intra-cystic injections of such a solvent as I have suggested it might have so lessened the obstructing stone as to have allowed it to pass into the intestine; and that even possibly under repeated injections the remaining calculi might have gradually been dispersed; and thus the operation of cholecystotomy not been required. (Of course, experience only can show whether or not intra-cystic injection would not be more dangerous than cholecystotomy.) The fact that there is no reference whatever to intra cystic injections for gall-stones in the standard works of medicine, or in Dr. Neale's "Digest," may be a sufficient apology for the above suggestions which I offer for the consideration of your readers.

I am, Sirs, yours faithfully,

MARCUS M. BOWLAN.

Workhouse Hospital, Newcastle-on-Tyne, April 22nd, 1891.

TACHYCARDIA.

To the Editors of THE LANCET.

SIRS,—In an article appearing in the March number of the *University Medical Magazine* (Philadelphia) Professor H. C. Wood has effectively delineated a class of cases interesting alike by reason of rarity and obscure origin. They are the more worthy of note at the present time, when the general subject of angina, to which they are akin, has in the Medical Society of London elicited so various opinions. Dr. Wood proposes the restriction of the name "tachycardia" to those cases in which very violent heart action occurs without obvious reason, and remarks that "most of them belong to one of three classes: first, those in which there is paralysis of the pneumogastric or inhibitory nerve; second, those in which the cardiac disturbances are reflex; third, those in which the affection may be considered as strictly a neurosis. Of the second variety he observes that he has never himself seen a case, "though Rommelaere reports one in which he asserts that an extremely rapid action of the heart was due to the irritation caused by biliary calculus." An instance of this form of tachycardia came under recent observation in the person of an American lady visiting the family of a friend in my immediate vicinity. She was an intelligent woman of middle age, of healthy configuration, but at the moment of my entrance in apparently great distress. Orthopnoea and a degree of cyanosis were present, and her account was rendered in whispers, delivered in an ejaculatory manner.

This was her fourth attack, all of them occurring within a period of two years. They had come on always immediately after a hearty meal, *which had included pickles or fruit, and which followed upon considerable physical fatigue.* She had had skilled attendance, and a variety of treatment during the attacks, but nothing availed until the stomach was emptied medicinally. The pulse was hardly to be felt at the wrist, and was estimated under auscultation at 200. Respiration was hurried and short, and the dyspnoea was

painful to witness. At her urgent request I administered emetine in full dose, with a draught of warm water. Upon the first copious emesis the pulse reappeared in full beats, giving five or six impulses at a rate of 48, then, within a half minute, falling into a rhythm of 80, which continued during my observation. All difficulty of respiration passed away with this recovery of the pulse, and in a very short time the patient expressed herself as being "perfectly comfortable." Careful examination detected no evidence of organic disease of the heart, and no other diagnosis now appears so appropriate as that of "reflex tachycardia."

I am, Sirs, yours truly,

H. WEBSTER JONES, M.D.,

2 Langham-street, W., April 27th, 1891.

Yale University.

INTERNATIONAL CONGRESS OF HYGIENE AND DEMOGRAPHY.

To the Editors of THE LANCET.

SIRS,—Will you allow us to draw the attention of the readers of THE LANCET to the forthcoming International Congress of Hygiene and Demography which will be held in London in August next under the presidency of H.R.H. the Prince of Wales. The last meeting of the Congress took place in Vienna in 1887, where members from all countries were most hospitably received and entertained. Experience of former congress meetings shows that the necessary expenses of the arrangements for the reception of from 3000 to 4000 members, the printing of transactions, correspondence and postage, cannot be kept lower than £6000 or £7000. We venture to appeal therefore to all those who are interested in the progress of hygiene, the improvement of public health, and the amelioration of the conditions under which the inhabitants of towns and other groups of population exist, to aid the committee in their endeavours to make the London meeting of the International Congress not only a success, but worthy of the country which has always been distinguished not only for its hospitality, but as a power in the work of practical sanitation. All donations from members of the medical profession will be acknowledged in THE LANCET.—We are, Sirs, yours faithfully,

DOUGLAS GALTON,

Chairman of the Organising Committee.

W. ROBT. CORNISH,

Chairman of the Finance Committee.

G. V. POORE,

Hon. Sec. General.

N.B.—Full particulars and list of donations will be found on pages 63 and 64 of our advertisement columns.

CLINICAL INSTRUCTION IN INFECTIOUS DISEASES.

To the Editors of THE LANCET.

SIRS,—As you are drawing attention to the facilities afforded to medical students for becoming acquainted with the symptoms and treatment of infectious diseases, I think it opportune to remind your readers and the President of the Society of Medical Officers of Health, who also has been alluding to this important subject, that no difficulties have ever attended instruction in this department of medical study so far as Edinburgh is concerned. From the first the corporation insisted on clinical instruction being given in the City Hospital. Classes have been successfully carried on during the last five years, and nearly 200 students annually take advantage of them, from six to eight separate courses being given during the session. I am informed by Dr. Wood, the medical superintendent, that "two years ago it seemed highly probable that one student contracted scarlatina." This is the only case in which there has been any suspicion of infection having been contracted in connexion with these classes.

I am, Sirs, yours faithfully,

HENRY D. LITTLEJOHN,

Edinburgh, April 29th, 1891.

Medical Officer of Health.

"THE VALUE OF TUBERCULIN IN THERAPEUTICS."

To the Editors of THE LANCET.

SIRS,—I should feel obliged to you if you would kindly allow me to refer in a few lines of the next issue of

¹ Vide Landois and Stirling, 3rd edition, pp. 268-9.

THE LANCET to a remark made in one of your leading articles to-day.

The first sentence of the paragraph, beginning half-way down page 943 of THE LANCET, runs thus: "It is somewhat remarkable that the most damaging criticism upon the use of tuberculin as a remedy—that, namely, which was made on the authority of Professor Virchow—should have been passed over in silence by Dr. Heron." Whatever Professor Virchow may say concerning a matter of importance in pathology is entitled to be received by every medical man with the greatest respect. My reason for passing over in silence his criticism, to which you refer, is that I have never seen such cases as those mentioned by Professor Virchow. Until I have seen such cases, or until the evidence touching them is completed, it would, I think, ill become me to express any opinion about them.

I am, Sirs, yours faithfully,

Harley-street, W., April 25th, 1891.

G. A. HERON.

THE ARMY MEDICAL STAFF.

To the Editors of THE LANCET.

SIRS,—Mr. Stanhope having intimated his willingness to confer military and medical titles upon officers of the medical staff in accordance with the recommendation of his own committee, the earlier request of Sir Andrew Clark, and presumably with the concurrence of the Director-General, it is to be hoped that you will use your powerful influence in protesting against the refusal of a concession which must have cost "my military advisers" a considerable twinge. The ranks would be better defined, and, as a first step in the direction of a corps of Royal Surgeons, these titles would be of undoubted advantage in familiarising the public and the army to a change which must come sooner or later. The concession would satisfy a large proportion of the officers, and, if substantive titles with the present limited command, were distinctly laid down, should allay agitation in a profession which can point to quite as honourable a history as that of the profession of arms.

I am, Sirs, yours faithfully,

April 26th, 1891.

SENIORES.

BIRMINGHAM.

(FROM OUR OWN CORRESPONDENT.)

Small-pox.

AFTER having had no cases of small-pox for two years, the Health Committee report an outbreak in one quarter of the city occurring in four houses. Seven patients were implicated; these were promptly removed to the Borough Hospital and the houses disinfected. It is believed to have been introduced by a traveller, who brought it from Lisbon in his clothes, one who himself escaped the disease. Of course this is somewhat difficult of proof. The outbreak has caused some consternation, and has elicited a series of letters in the local press.

Dr. Koch's Treatment.

A largely attended meeting was recently held at the Medical Institute to hear the results of various local experiments of this treatment. The discussion was opened by Mr. Barling, who gave an interesting series of cases treated by him in the General Hospital. Various other speakers also gave instances, and their respective views were received with considerable attention. On the whole, the tendency of the discussion showed that though in many instances marked benefit had been obtained, there was yet not sufficient evidence of the remedy affording permanent cure. *Apròpos* of this meeting, indignation has been freely expressed at a report of it appearing in an evening paper of the following day.

Midland Counties Idiot Asylum.

The annual meeting of this useful institution was held this year at Shrewsbury, under the presidency of the Mayor. According to the most recent figures, the number of idiots and imbeciles in Shropshire was 1730, in Warwickshire 1515, Leicestershire 1341, Worcestershire 1169, and Staffordshire 1164. The institution is situated at Knowle, near Birmingham, and receives fifty patients. A sub-committee was appointed to consider the question of enlargement, and it was resolved to proceed as soon as £2000 had

been raised. The financial report was fairly satisfactory, and much good had been done towards improving the condition of the patients.

Prosecution under the Medical Act.

An important prosecution undertaken by the Medical Defence Union took place at Aston on the 28th inst. A Mr. S. E. L. Smith, whose name is on the Register as an L.S.A., was the defendant. It was shown that he had on many occasions signed himself as M.D.; on a brass plate outside his house he is described as "Physician and Surgeon," and on another plate as "Dr." Smith. The defence set up was that the Act was not meant to punish duly qualified practitioners from assuming a higher title than that possessed, but for the prevention of quackery and against those holding no qualification at all. Defendant passed the examination of the Society of Apothecaries in 1885, and in addition obtained the degree of M.D. of Indianapolis. Some amusement was caused in court by the reading of a testimonial in favour of a certain wine being suitable for invalids, and signed with the defendant's name, and the initials of M.D., L.R.G.P., L.M., and L.S.A. (Eng.). On being asked the meaning of the second series, the defendant replied that it meant Legally Registered General Practitioner. Some discussion followed, and eventually the defendant was fined the maximum penalty of £20 without costs. In two other cases defendant was also fined 40s. and advocate's fee, and in each instance a case for appeal was granted.

Birmingham, April 27th.

MANCHESTER.

(FROM OUR OWN CORRESPONDENT.)

The Infirmary.—Nurses' Pensions.

AT present there has been no new development with regard to either the proposed extension of the infirmary or the erection of a new hospital upon the site offered by the College; in fact, both bodies are, in Yankee phrase, for the time being, "lying low." But all those interested in the question are looking forward with considerable interest to the next move on either side, and periodically communications appear in the daily papers, not unfrequently in strongly worded epistles. Thus one gentleman, speaking evidently from the college standpoint, asks whether "there is less smoke and sulphurous acid in the neighbourhood of the infirmary now than some few years ago, when the site was unanimously condemned by the staff and governing body? Whether it has been discovered that the conditions which have killed the hollies and shrubs around the infirmary are favourable to human invalids? Is fog found to be a wholesome counter-irritant, or are the noise and racket of Piccadilly excellent tonics for weak nerves?" That the Infirmary Board feel they owe their constituents a more explicit statement of the reasons which have led them to decline the College offer was practically admitted by the chairman at the board meeting held yesterday, for he said that a statement was in course of preparation defending their position, and would shortly be placed in the hands of the whole body of subscribers. At the same meeting the Board established a scheme of pensions for their nurses which provides an annuity of £25 per annum to those who have been on the staff for twenty-five years, and who shall have attained the age of fifty-five. It also provides for gratuities or pensions to nurses of ten years' service whose health shall break down whilst in the discharge of their duties so as to unfit them for further nursing work. Hitherto the pensioning and relief of old servants have been carried out in a rather haphazard way, without any fixed or definite rules being laid down.

Air Pollution.

A further report upon the impurities of our atmosphere has been issued by the "Noxious Vapours Abatement Association." Samples of rain water were examined from the centre of the city and from the middle of Ancoats, one of the murkiest and most air-polluted of our districts. The analyses show that the suspended matter is three times more in Ancoats than in the centre of the city. Of the matters in solution, the organic matter was much greater in the city than in Ancoats, but the free ammonia, sulphurous and other acids were largely in excess in the latter district. The figures, for which Mr. William Thompson,