salivation was the object aimed at. The new plan had many prejudices to contend against; and I remember seeing an officer delirious, and far gone in fever, to whom his attendant positively refused to give quinine, notwithstanding all that could be urged, and the admission of his extreme danger. Fortunately for the patient, I was the recusant's superior officer, and, for the only time in my life, enforced my prescription by military authority, so that I had double satisfaction in seeing the delirium subside and the desired remission take place under the influence of the remedy. For many years past the practice has been universal in Ceylon, and, no doubt, in many other quarters also. I found it perfectly successful during the second summer of the Bengal mutiny, when we had hundreds of cases on the banks of the Ganges, and the mortality from fever in some corps was excessive. The mode of treatment was, of course, regularly reported, year by year, to the Director-General; and, in 1849, Sir James M'Grigor communicated to the *Edinburgh Quarterly* a special report on the subject which I addressed to him. Since those days, and in the course of an extensive practice, civil as well as military, I have become convinced that quinine is the master key to the treatment of nearly every tropical disease, in nearly all of which *attention, once directed to the point*, will rarely fail to detect a periodic type—that is, a distinctly recurring exacerbation of symptoms, but not necessarily involving increased heat or rise of pulse. Thus in dysentery, the most dreaded disease of the tropics, a patient will have a rapid succession of bloody stools, with aggravation of tenesmus, and great prostration, at some certain period of the twenty-four hours; and, in such cases, one or two ten-grain doses of quinine, given in the interval, will often ward off the attack, just as it would that of ague, and usher in recovery.

The malarious type of dysentery is one of its most fatal forms, and should be regarded, in a great measure, as essentially fever, with disease of the bowels superadded, though unfortunately the urgency of the local symptoms too generally occupies the whole attention of the physician. This is the form of the disease constantly seen in woody, marshy countries like Ceylon, and which, asthenic in itself, becomes deadly if treated, *merely for its name*, by the usual routine of aperients, leeches, calomel and opium, particularly when it appears amongst a body of men weakened, as soldiers so often are, by constant solar exposure, night duties, and want of proper nourishing food. In such cases, after a dose of oil, quinine should be given to the extent of twenty or thirty grains in twenty-four hours, with as much ipecacuanha as the stomach can be got to bear, aided by opiates, astringents, counter-irritation, and plenty of nourishment suitable to the disease. The acute capillary bronchitis, which, treated on the old system, used to cause great mortality amongst infants and young children in those countries, is in like manner essentially fever, and its most alarming symptoms, when the tubes are stuffed with mucus, and the child half asphyxiated, will often subside with astonishing rapidity after a smart emetic, followed by frequently repeated doses of quinine, combined, if it can be done, with ipecacuanha or James's powder. The youngest infants can take with benefit from two to five grains of quinine in twenty-four hours, and in their case this mode of treating fever is a particularly great improvement, as the dosing such little creatures with calomel, antimony, &c., on the old system was most distressing to all parties concerned, and too frequently ended in death. Few people have any idea of the fearful amount of mortality amongst the children of our soldiery in the tropics, particularly in regiments not blessed with a kind-hearted, patient assistant-surgeon, who will take pity on the neglected women and children, and devote some attention to the little folks' ailments. Nor do I believe that the powers of quinine to overcome such (apparently) acute forms of disease are at all limited to the tropics. During the last three years I have used it very freely in the same way in England, and often with rapid relief to the patient, particularly in catarrhal and bronchitic affections during the last severe winter.

When one reflects on the vast number of valuable reports which have necessarily been furnished to the respective medical boards, embodying the experience and knowledge acquired by thousands of educated men in all corners of the globe, it is clear that a separate bureau for practical medicine ought long ago to have formed a special department of each office. At its head should be an able officer, charged to keep the scattered members of the corps acquainted with all discoveries and improvements in their art, and to *digest* and publish for general information the detailed observations on climate, topography, disease, and its treatment, which are furnished from our immense possessions. To do this effectually and permanently, he

would require to send forth, not a tardy volume, like the recent "Army Medical Reports," dealing in crude generalities, through which readers must wade to conclusions, and containing flimsy "Annual Reports," which it would be a libel on the Department to consider the best specimens furnished amongst several hundreds; not a ponderous tome of this sort, but a military medical journal, a regular bi-monthly or quarterly periodical, the very establishment of which would call forth a general *esprit-de-corps*, and induce many of its ready-made body of subscribers to become frequent contributors. With this there should be given at stated periods, say of three or five years, an analytical retrospect of the advances made and results established in its pages during each interval. In this way we should have always available an immense body of information on all countries and climates, now scattered and buried, no one knows where. We should also see established on the sure foundation, not of clever theory, but of successful practice, a definite system of treating climatorial diseases; so that when a young officer landed in one of our colonies he would be enabled to begin where his most experienced predecessors left off, instead of being left, as now, either to grope his way to their conclusions at a great waste of human life and suffering, or perhaps never to reach them at all.

I am, Sir, your obedient servant,

J. C. CAMERON, M.D., Deputy Inspector-General.

Nottingham-place, October, 1861.

THE REDUCTION OF STRANGULATED HERNIA.

To the Editor of THE LANCET.

SIR,—In your journal of October 26th I notice a communication from Mr. Rugg, alluding to the paper I published in October, 1860, on the Method of Reducing Strangulated Hernia by Raising the Pelvis, &c. If that gentleman will favour me by turning to THE LANCET of Dec. 15th, 1860, he will find that I quote the curious paragraph in question, and refer to it as supplied to me by Dr. Wilson, of this town, who happened at the time to be reading the life of Lord Dundonald.

In noticing this last communication on the subject, I trust that I may be permitted to remark on the numerous successful cases which have been published in the various serials, and to the sanction which has been given to the practice by some of the first surgical authorities of the day. Mr. Bowman, of King's College, and Mr. Power, of the Westminster Hospital, have both adopted the practice successfully; and Mr. Pound, of Odiham, has lately, in conjunction with Dr. Hall, published an exceedingly important case in point. The subject is certainly one of interest, and I beg your permission to record in your pages the accompanying communication, received a few weeks since from Melbourne. I should observe that Mr. Gillbee has made a slight error in the date of the publication of my paper.

"Melbourne, July 25th, 1861.

"DEAR SIR,—Having read in THE LANCET of Nov. 17th, 1860, your paper upon Strangulated Hernia, and having availed myself of your valuable suggestions with success, and which has been published in the *Australian Medical Journal*, I have taken the liberty of enclosing a slip containing the case, thinking you may feel interested in the success of your line of treatment even at the antipodes.

"I remain, dear Sir, yours truly,

"W. GILLBEE, M.R.C.S.

"W. Jessop, Esq."

"Surgeon to the Melbourne Hospital, Victoria.

"On the 13th of May last, I was called in to visit Mr. R—, of Collingwood, whom I found suffering from strangulated hernia. He is a man of forty-five years of age, and of spare habit. He stated that he had suffered from inguinal hernia of the left side for the last twelve years, which he had always been able to return, and for which he had not worn a truss until the last three weeks. That on Sunday morning, about two A.M., the hernia came down, and he was unable to reduce it as usual. That at six A.M. great pain ensued, and vomiting set in, which symptoms continued to increase, and for the relief of which he took castor oil, and had fomentations, being reluctant to call in medical assistance. The symptoms, however, became so alarming that I was sent for on Monday evening. Forty-three hours after the strangulation had occurred, I found him suffering intense pain over the whole of the abdominal region. There were hiccough, stercoraceous vomiting, and great prostration, almost amounting to collapse. The hernia was about the size of an ordinary egg, and extremely tense. I endeavoured to reduce it by careful manipulation,

which I continued for ten minutes or a quarter of an hour, and finding no indication whatever of its reduction, I sent an attendant for chloroform, by the use of which I trusted I might be more successful in my endeavour at reduction. While awaiting the return of the messenger, the thought occurred to me of trying Mr. Jessop's method. I accordingly drew the patient over the side of the bed, and so placed him that his body rested upon his head and shoulders, an attendant meanwhile flexing his legs, thereby relaxing the fibres of the abdominal muscles. In less than two minutes I succeeded in reducing the hernia. I adjusted his truss, gave the patient a couple of grains of opium; the vomiting, hiccough, and pain ceased, and the following morning he was convalescent."

Comment on this interesting case is unnecessary. The subject hardly admits of controversy. No practice can be invariably successful; but a sufficient number of successful cases have occurred to strengthen my conviction that no surgeon can be justified in resorting to an operation until he has fairly considered and attempted the method I have ventured to advocate, and reintroduce to the notice of the profession.

I am, Sir, your obedient servant,

WALTER JESSOP, M.R.C.S.E.

Royal-crescent, Cheltenham, Oct. 1861.

CONSERVATIVE SURGERY.

To the Editor of THE LANCET.

SIR,—I send the following case as an addition to those of conservative surgery recorded in some of the late numbers of THE LANCET, and also because it bears on the subject of Poor-law medical matters, showing how imperfect the law at present is in things relating to us:—

On the 7th of September last, J. P——, a hearty man of about fifty-five years of age, came to me, having "chopped his hand." On examination, I found the left thumb almost cut off. The wound extended from the digital side of the metacarpophalangeal articulation along the dorsal aspect towards the wrist, to the ulnar side of the line marking the ball of the thumb, completely dividing the bone, and leaving so little on the palmar surface undivided, that I could easily have laid the thumb into the palm of the hand. I got a friend to help me; and we came to the determination to try conservative surgery. We took up what arteries we could see, brought the wound together with sutures, plaster, and lint, well padded the palm of the hand, and put on a splint. In a few days it was doing well, its progress was unchecked, and in about six weeks the patient was able to resume his work with a perfect hand. The thumb was saved, but not well at the quarter's end. I therefore, in my bill of extras to the guardians, put down the item thus:—"J. P——, of — parish: surgical attendance to compound fracture of left thumb-bone and other severe injuries to hand," leaving the charge blank; and so it remained, for I received a note saying "no fee was allowed in such a case by the order of the Poor law Board, therefore the guardians could not pay any." I wish to be understood, I am not complaining of the guardians particularly. They, I know, have a somewhat discretionary power; but they acted up to the law, and therefore actually are not to blame. Had I amputated this thumb, and taken the remainder of the metacarpal bone out at its carpal articulation, I could have claimed £2 (!), and put a permanent pauper with his family on the poor-rate; as it is, I save the poor-rate, and get nothing. The law that remunerates for mutilating, and not for saving, cannot be right.

Mr. Griffin, in his evidence given before the Select Committee on Poor-law Relief last summer, amply shows how misgoverned we are; and it is much to be hoped another session of Parliament will not pass without the laws governing us being remodelled. Let us be made Government servants, under local inspection, fairly and, according to our duties, equally paid, and give us, after a proper period of service, a superannuation allowance, the same as other Government officials have; but let it be seen that those who become candidates for Poor-law appointments are fit to be trusted with them. By means such as these the present half sneer belonging to parochial medical appointments would subside into respect for, and confidence in, the holders of them; and we should be stimulated to endeavour to retain our offices, and faithfully and efficiently to discharge the duties entrusted to us, by the knowledge of the facts—first, of being remunerated for our services; and, secondly, of being provided for in old age—ends few of us are able to attain. The duties that devolve on us are surely of sufficient importance to be well looked after and well paid for. The army, the navy, the merchant service, and

the working population are all supplied largely from those who come under our care, particularly the latter, of whom far the greater part are at some period of their lives the charge of Poor-law medical officers. I am, Sir, yours obediently,

Sussex, October, 1861.

W. E. P.,
A Poor-law Medical Officer.

FEVER AND DIRT.

To the Editor of THE LANCET.

SIR,—Will you permit me to address a few lines in reference to a short article which appeared in THE LANCET of last week on the subject of the epidemic fever lately so prevalent at Darwen, and which the writer of that article appears to trace *exclusively* to the bad drainage and dirty habits of the population. Now, whilst these two causes certainly favour the development and increase the intensity of fever, they cannot be said to be its *vera causa*. The facts against this conclusion are innumerable and overwhelming; nor can I believe that this theory of the origin of fever will ever become established, except in the imagination of the theoretic physician, who always bends his facts to suit his views, and will not allow the clear light of truth to shine into his mind. At the present time we have an unusual amount of fever in this city; but its *locale* is by no means, so far as I know, confined to the low and badly-ventilated parts of Bristol, for its course has run most rife on some of our highest ground and amongst the better classes of the population. The same fact obtains in a neighbouring village in Somersetshire, and also at a popular bathing place in this locality, the cases there being chiefly amongst the inhabitants of villas situated on high ground, and well placed as far as ventilation and general sanitary arrangements are concerned. I will not be tedious, or many incontrovertible facts might be stated distinctly contradicting the supposed origin of fever from bad drainage or open cesspools. Of course I do not deny the value of good sanitary measures; but I say, we must look for the *fons et origo* of fever from another cause, and that, as I think, *atmospheric*. Call it malaria, or terrestrial emanations, or anything you please, it is of little consequence practically; but this mysterious atmospheric visitant is essential to the development of fever, and without it no putrefactive decomposition, no cesspools, no stench whatever can of itself develop the disease we call fever, be it enteric or typhus.

I conclude these short observations by an extract from Dr. Ferguson, who remarks that "putrefaction, under any sensible or discoverable form, is not essential to the production of pestiferous miasmata. It is in truth unnecessary," as this writer adds, "to multiply facts and illustrations of the same kind to prove that putrefaction and the matter of disease are altogether distinct and independent elements, that the one travels beyond the other without producing the smallest bad effect; and that however frequently they may be found in company, they have no necessary connexion."

I remain, Sir, yours respectfully,

Cotham-road, Bristol, Nov. 1861.

E. HUMPAGE, M.R.C.S.

SYMPTOMS OF TYPHOID AND BRAIN FEVER INDUCED BY WORMS.

To the Editor of THE LANCET.

SIR,—Owing to local causes, the children of the coloured classes in this colony are very much troubled with worms. Lumbrici occasionally are vomited in large numbers from the stomachs of delicate infants; and so great is the nervous irritation produced by their presence in the intestinal canal, that I beg to forward the following cases to prove how perplexing they may render the aspect of disease.

On the 18th of January last I was called to see a little girl—Hannah C——, aged three years, and previously in very good health—for presumed typhoid fever. I found her with surface pale and cold; tongue black and covered with sordes; pulse 110, weak and fluttering; bowels costive; motions scanty, tarry, and very offensive. As some cases of this fever had been reported in Cape Town—which was then, as now, in a very dirty condition indeed,—I ordered her a mercurial purge, a warm bath, quinine, ammonia, and subsequently chlorate of potash drinks.

On the 20th, she became suddenly and violently delirious; with burning skin, strong pulse, hot scalp, and intolerance of light and sound. She refused all food; screamed continuously and piteously; and never seemed to get a moment's peace. There was no tenderness anywhere, and no vomiting. The