upon the skillless authorities, and, refusing to admit to their membership unqualified boys, demand the removal of the impediments which bar the service of the State to every man of high and honourable feeling.—I am, Sir, your obedient servant,
Nov. 1854. ONE WHO HAS SEEN FOREIGN SERVICE.

THE REVIEW OF THE WORK OF DR. HASTINGS.

To the Editor of THE LANCET.

SIR,—I cannot but think your reviewer has borne harshly and unfairly upon Dr. Hastings in the recent review of his work in *THE LANCET*, and has expressed an unwarranted contempt for the tendency of some minds to search after mere remedies, as a means of advancing medicine. It is to the empirical method, (I do not use the word in its bad or mean sense,) and not to the study of doctrine or theory, that we owe the use of mercury and bark. The greatest English physician, Sydenham, set up the empirical search for remedies as one of the very highest things which could occupy the attention of the practitioner. Nor does this sentiment and its results belong merely to former times. We of the present day must refer the use of hydrocyanic acid, (a medicine certainly as dangerous as oxalic acid,) creasote, the use of ether as an anæsthetic by Morton, the great discovery of the use of chloroform, cod-liver oil, &c., to empirical sources. They certainly did not flow from the study of doctrine or theory. The late Dr. Williams spent much of his time at St. Thomas's Hospital in mere experimentation in remedies, and to this we owe the use of the iodide of potassium, almost as a specific, in periostitis. At the present time Dr. Simpson, of Edinburgh, is engaged in a trial of the salts of nickel, cerium, and other metals, from which he expects, and believes he has already realized, great advantages. It may be mortifying to admit that many of our great resources in physic have arisen, not so much from patient thought and theory, as from bold experiment, and from hints taken from popular practices, but I think all must admit that the fact is so.

I cannot join with the contempt of your reviewer for the use of naphtha in the early stages of consumption. Since the publication of the book of Dr. Hastings upon the subject, the tendency of all our knowledge has been to show that highly carburetted substances, including cod-liver oil, are those most effectual in the treatment and prevention of consumption. It does not appear, then, that Dr. Hastings made a mere guess when he advocated the use of naphtha. It is now known that in some cold countries the inhabitants ward off consumption by the free use of animal oils; in others, by the use of spirits. It has been found, too, that drunkards, though they get other diseases, are comparatively free from pulmonary consumption. Naphtha is still used by many, and will probably always be used, in the treatment of phthisis.

Dr. Hastings may be wrong in his recommendation of the oxalic and fluoric acids, but he *may* be right; and I have certainly seen a case in which his treatment was of remarkable efficacy in the arrest of undoubted phthisis. I should hope, sir, that you would at least give Dr. Hastings the opportunity of publishing in your pages any cases in which the new remedies advocated by him have been found useful. We certainly ought not to check any honest attempts to enlarge the *armamentarium medicum*, for as yet we have derived very little comparative benefit from the vast advances of chemistry in the knowledge of organic and inorganic substances.

I remain, Sir, your obedient servant,

Nov. 1854.

M. D.

P.S. I enclose my name as a guarantee of my good faith.

* * Should Dr. Hastings forward to us any reports of cases, showing the results of his treatment, we shall publish them without hesitation. The doctor may be assured that we have no personal feeling on the subject of his work or his practice.—
Ed. L.

UNQUALIFIED PRACTITIONERS.

To the Editor of THE LANCET.

SIR,—Now that the subject of illegal practice is on the tapis, I wish much to mention my case:—

An individual, without any qualification, is practising in my neighbourhood, having two of the best clubs in the place, and several very excellent patients, and I blush to add that qualified medical men meet him in consultation. If these gentlemen were asked why they meet him? they would answer—“Poor fellow! he has a large family to keep, and what can one

do. It seems unkind not to do so,” &c. So in this way they suffer one of their own fraternity to be robbed right and left out of false pity for this person, who unhesitatingly places “Surgeon” on his door, and assumes a title he has no more right to than the pen I now hold. I say false pity, because I feel certain that the little smattering of knowledge he obtains by their prescriptions can but prove a curse to him who daily lives with the fear of prosecution over his head, and I should think a curse to those who employ him, from his want of decision and knowledge in the treatment of diseases. If I am wrong in this my judgment, for what purpose are we forced to expend so much time and money by apprenticeship and years in London, attending the hospital medical and surgical practice, lectures, dissecting, &c., and finally obliged to pass one or two severe ordeals before we are allowed to gain our own living? To speak in the mildest language, it is most unfair. It may be asked—Why do I not stop such proceedings? I can only say that if I were to do so, I should raise such a nest of hornets about my head, that it would be more bearable to give up my practice and retire elsewhere. The person in question would be looked upon as a martyr, and I as a tyrant, who had turned a man, his wife, and family out of doors, and perhaps into the workhouse, to gratify my avarice, or something of that sort.

Are there no members of the profession sufficiently rich, independent, and spirited to give a decided opinion upon this momentous question?—with perseverance enough to weed out these tares? We have men who will labour during their lives for the benefit of mankind in general; surely there are some who have the time and the energy to become good soldiers in the cause of their sadly abused profession, and who will work patiently until they have placed their supreme science on that pedestal where it should stand amongst the noblest and the best, not contaminated and associated, as it too often is, with illegal practitioners, midwives, and nurses.

Knowing the deep interest you always evince in the welfare and honour of our calling,—I am, Sir, yours very truly,

November, 1854.

M.R.C.S.E. & L.A.C.

P.S.—Could not a Society be formed (with the sanction and authority of the Examining Boards) to prosecute persons practising without a diploma of some sort? The funds to be raised by every gentleman giving, on passing his examination either at the College or Hall, one guinea over and above his diploma fee for the purposes of this Medical and Surgical Protection Society.

DR. AYRE'S TREATMENT OF CHOLERA BY CALOMEL.

To the Editor of THE LANCET.

SIR,—Should the following letter be deemed worthy of a place in the pages of your far-famed, widely-circulated, and re-published *LANCET*, please insert it.

I am, Sir, your obliged and obedient servant,

Hamilton, Canada West, Oct. 1854.

W. CRAIGIE.

[TO DR. AYRE, OF HULL.]

DEAR SIR,—Having, in our visitation of cholera in July and August last, tried your plan of treating that formidable disease, I feel it my duty to report to you the results. In only eleven cases could I succeed in getting the treatment fairly and honestly carried out, from the difficulty of getting proper attendants for the sick during the panic. Of these eleven cases, eight recovered from the stage of collapse, but one of them died on the sixth day after, from consecutive congestive fever. In all the cases, collapse had fairly set in before the treatment was begun, and in two of the cases (both of which recovered) was so far advanced as to leave very little hope of recovery. The treatment consisted in giving a two-grain calomel pill every ten minutes, with a tablespoonful of cold or iced water to wash it down. A bit of ice was allowed to dissolve in the mouth in the intervals, if it could be got, and was required to relieve the thirst. Mustard was in most cases applied to the stomach and bowels, or fomentations with turpentine; and warmth by bottles or sacs of hot water to the body and extremities. Nothing else was allowed till reaction was fairly established; but when reaction commenced—when the pulse could be felt, and the breath became warm—the pill was given only every fifteen or twenty minutes.

The largest quantity of calomel taken was, in one case, 200 grains in twenty-four hours, and, in another, 160 grains in sixteen hours. In the former case, the medicine was continued three or four hours longer than necessary; but neither in this nor in any other case of recovery did salivation result from the medicine, nor any other effect than reaction and change of the

character of the stools from rice-water to dark, often black, discharges.

It was very different with the premonitory diarrhoea, for which I tried calomel and opium, two grains of the former to one of the latter. This was successful; but salivation frequently occurred when only four or five doses of the medicine had been taken.

Sulphuric acid, with and without laudanum, was also tried, with very uncertain results. In some cases, it speedily checked the diarrhoea; in others, it seemed to have no effect; and I was unable to judge by the symptoms when it was likely to succeed, and when to fail. What I found most certain and most effectual in checking the diarrhoea, and of course preventing the cholera, was a mixture of laudanum, tincture of rhubarb, and ammonia; but even this was not always successful.

During the prevalence of the cholera, there was a strong tendency to bowel complaint. A moderate dose of castor oil, without or with twenty or twenty-five drops of laudanum, or a teaspoonful of salts—even a seidlitz powder—would produce hypercatharsis, and end in cholera. I also observed many anomalous cases: for instance, a patient was apparently recovering from an attack of *bilious* diarrhoea, when collapse suddenly set in, and death in from four to six hours, the discharges both from the stomach and bowels being *bilious* to the last. Would you call this Asiatic cholera? Again: a patient would have a violent fit of vomiting, followed by one very copious feculent discharge from the bowels, and be so prostrated as to die in four or five days, there being no collapse, no subsequent vomiting, and very little bowel complaint. I saw four such cases. What were they?

In two of the three fatal cases referred to, I am quite certain the treatment was fairly carried out as long as the patients could swallow. One of them was the last case I saw. A young woman was affected with diarrhoea in the morning. Vomiting and cramps came on at three P.M., with collapse. Treatment commenced in half an hour after. Death at nine P.M. In a great number of cases where the treatment was only continued till symptoms of reaction occurred, and then abandoned, relapse followed; and though the treatment was resumed, death followed. I particularly recollect two cases of this kind, where I feel confident recovery would have resulted had the treatment not been intermitted, in the one case for nearly three, and in the other for four, hours. It is not prudent or safe to relax the treatment till bilious discharges are produced.

Consecutive fever occurred in four of the eight cases of recovery from collapse; two of these were very severe; one of them fatal.

The result of my experience has produced the greatest confidence in your plan of treatment, and the profession, as well as humanity, owes you a debt of gratitude for suggesting the most successful mode of treatment yet proposed.

I have the honour to be, most respectfully, dear Sir,

Your very obedient servant,

W. CRAIGIE.

THE WAR.

HEALTH OF THE TROOPS BEFORE SEBASTOPOL. — The French Minister of War has received the following letter from Dr. Michel Levy, chief physician to the army in the East:—

“Under Sebastopol, October 27th.

“M. le Maréchal,—The siege is proceeding with vigour. The daily number of wounded, however, is not considerable. It varies from 16 to 22, and the killed from 6 to 8. From the opening of the siege to the 23rd of October the total number of wounded, including cases of mere contusions and slight wounds, which constitute the majority, amounts to 718, and that of killed to 98. On the 25th, 320 sick were embarked for Constantinople, and there remain at present 1008 sick in the ambulances. Of these 137 only are wounded. Thus the duties of the medical department are more arduous under the fire of the batteries of Sebastopol than those of the surgical department. I visited in detail all the sick, and have ascertained 1st, that one-third only are seriously ill; 2ndly, that the other two-thirds are in a debilitated state, but certain of recovery. The General-in-Chief has ordered measures necessary to improve as much as possible the position of our sick. The Turkish wounded are attended in our ambulances. I visit as often as possible the ambulance in the trenches. It is placed under the care of the different surgeons of the army ambulances, who relieve each other daily. This service, which is not without danger, is a post of honour, and a practical school of military surgery. Our wounded, and those

who have undergone operations continue to furnish a remarkable proportion of cures, thanks to the care taken of them and the skill of their operators, the most distinguished of whom are Messrs. Scrive, Thomas, Marmy, Gœury, Secourgeon, Perier, Bourguillon, Colmant, &c. No army ever received medical and surgical assistance more prompt, more methodical, more complete, or more assiduous. Under the walls of Sebastopol and at Constantinople we have a number of talented practitioners vying with each other in skill for the benefit of our sick and wounded. The ambulances, installed on the tableland above Sebastopol, amid the roaring of the artillery, exhibit, by their regularity and excellent organization, the best specimens of those temporary establishments. Not a single case of cholera or lock-jaw had manifested itself of late amongst the wounded. The internal diseases are chiefly diarrhoea, dysentery, devoid of intensity, light intermitting fevers, and gastric fevers, some of which are accompanied by cerebral congestion. The cold of the nights produced a few cases of bronchitis. The fleet reckons between 500 and 600 scorbutic patients, of whom the most seriously attacked have been landed. The army is completely free from that affection, and the daily distribution of fresh bread, and the very frequent distribution of fresh meat, preclude the possibility of its manifestation. The *morale* of the army is also a protection against it. Notwithstanding the toils attending the duties in the trenches and certain privations, the soldiers continue in high spirits. The General-in-Chief is constantly amongst them, seeing after their wants, and the certainty of an approaching triumph is another element of hygienic preservation.”

THE STAFF-SURGEONS IN THE ARMY.—A new dress has just been decided upon for staff-surgeons. It will consist of a tunic or frock, similar in shape to the new line dress, with a slight display of gold lace. The facings and cuffs are covered with black velvet, turned up with lace. The dress trousers are black, with a stripe of gold cord; the undress of the similar colour, but with a small scarlet cloth stripe. The cocked hat will be retained, with a small green plume. The regimental medical officers' uniform will be almost similar to the foregoing, save in regard to the facings and cuffs, which will be regulated in regard to the shade and pattern used by each corps. An addition will be made to the foregoing in the shape of pouch, &c.

Dr. HALL has returned from Scutari, and has resumed his duties as principal medical officer of the army before Sebastopol. The medical staff is represented as being inadequate to the present wants, owing to the number of deaths that have occurred in the medical department from cholera.

APOTHECARIES FOR THE FORCES IN THE EAST.—The following warrant has been issued:—

“Victoria R.—Whereas it has been represented to us that great benefit will result from re-establishing the rank of Apothecary to the Forces, our will and pleasure is that apothecaries to the forces shall form part of the regular establishment of the army, and that they shall rank as lieutenants, according to the dates of their commissions, for the first 15 years of their service, and after that time as captains, but as juniors of that rank.

“The pay of an apothecary to the forces shall be:—Upon first appointment, 9s. a day; after 5 years' service, 10s. 6d. a day; after 10 years' service, 12s. a day; after 15 years' service, 13s. 6d. a day; after 20 years' service, 15s. a day; after 25 years' service, 16s. 16d. a day; after 30 years' service, 18s. a day. He will receive an allowance for a servant, and for lodging and fuel, if not provided with quarters, and forage for one horse, if kept.

“The rate of half-pay of an apothecary to the forces shall be, after 10 years' service, 5s. a day; after 15 years' service, 6s. a day; after 20 years' service, 7s. a day; after 25 years' service, 8s. a day; after 30 years' service, 9s. a day.

“But no apothecary to the forces shall be entitled to claim retirement after any period of service under 30 years' duration, upon the ground of ill-health contracted in the service, unless such unfitness for service shall be supported by medical certificates satisfactory to our Secretary-at-War.

“Every apothecary to the forces who shall have served upon full pay for 30 years and upwards, shall have the right to retire upon half-pay, provided that the Secretary-at-War shall be satisfied with the manner in which such apothecary shall have performed his duty.

“Given at our Court at St. James's, this 23rd day of October, 1854, in the 18th year of our reign.

“By her Majesty's command,

“SIDNEY HERBERT.”