the heart and a rapid pulse. He was relieved by bismuth and columbo, and Dr. Thomson believed it was a case of auto-infection. The third case was that of a gentleman, 54 years of age, who had had gout for twelve years. He was troubled with a watery diarrhoea which had a definite relation to certain head symptoms. When he had diarrhoea, he was affected with mental cloudiness, and whenever constipation could be induced his mind was clear. He was relieved by salol, benzoate of soda and charcoal. The fourth patient was also a gentleman of fifty-four, and he was troubled with peptic insomnia. For a time he took salicylate of soda with some benefit, but it had to be given up on account of its unpleasant effects, and more recently better results had been obtained from creoline, with charcoal as an excipient. The fifth case was one of epilepsy, in a lad of seventeen, who had had the trouble ever since he was three years old. The attacks are always preceded by pain in the stomach, and a comatose condition always continued for a number of hours, when it terminated with the appearance on the body of a general eruption resembling urticaria. The seizures were often as frequent as two a day, and he found that they were invariably preceded by a watery diarrhoea and fetid breath. After trying various other agents Dr. Thomson employed picrate of ammonia and digitalis with such good effect as to prevent the attacks altogether. After a time these remedies were discontinued, but the attacks coming on again, about once a week they were renewed. This time, however, they failed to control the disease, and salol, nitrate of silver and other agents were substituted for them with good results.

Dr. Thomson then went on to say that it could no longer be doubted that the intestinal canal might be the seat of the generation of violent poisons, the result of bacterial action, which were as powerful as any poisons which could be introduced from without. This was clearly shown in typhoid fever and cholera, and it was indisputable that many disturbances of the economy, and especially functional derangements of the nervous system, were primarily due to this agency. Much light had been thrown on this subject during the last ten years by the investigations of Brieger, Selmi and others in regard to the ptomaines. While many of these were inert, there were others possessing every variety of deleterious influence, and which closely resembled some of the vegetable alkaloids in their qualities.

A priori, he said, we would expect that the intestinal canal, from the conditions known to exist there, would be likely to admit of such changes in its contents as would evolve products such as would give rise to many distinct forms of nervous disturbance. For a long time he had been convinced that there must be an essential difference

between those forms of nervous disease which were intermittent and those which were constant in their character, and that this consideration had a bearing on the matter of treatment. If the symptoms were constant, the disease must be organic, while if they were intermittent he did not believe that there could be any organic lesion; and hence epilepsy was to be regarded as a functional affection.

Since there was this constant tendency to fermentations and the generation of poisons in the intestines, it might be asked what, then, is our safeguard? The answer was, the character of the natural secretions. They were, in the first place, digestive; and secondly, promptly antiseptic. In so-called uræmia the condition was due rather to the excretion of intestinal alkaloids than to the excretion of urea; and from his belief in the liability to the generation of such poisonous products in various states of the system, Dr. Thomson said he had been led to employ antiseptic agents very largely in his practice. In looking back over the past few years in his own experience he could observe, therefore, a marked change in the treatment which he adopted in various conditions, the tendency being constantly towards the more general use of antiseptics; and among the agents which he had found most useful were bismuth, resorcin, naphthol, benzoate of soda with salol, and creoline with charcoal as an excipient.

At this meeting the annual election of officers took place, and Dr. Page, who by his indefatigable and self-sacrificing efforts has maintained the Section in a high state of efficiency, was given the well-deserved compliment of a unanimous reelection to the chairmanship.

P. B. P.

LETTERS.

Medical gentlemen writing to the Editor of THE JOURNAL will please conform to the rule requiring MS. to be written on one side of the paper, to take pains to write the names of persons and places legibly, and to send their own names as a guarantee of good faith. In changing address subscribers will please give old address.

An Ambitious Needle and a Benign Bullet.

To the Editor:—Dr. Kime, in the issue of January 19, reports a case of the "Migration of a Needle." I offer a companion case.

Some time during the winter of 1885-6 I was called to see the 3-year old son of Mr. Henry Cook, of this place. I found the child busy with his toys and not complaining of anything. His mother informed me that, while creeping over the floor, he had suddenly cried out, and going to him she found a needle protruding, *point out*, from the inner aspect of the knee. I made a careful examination and, aside from a small prick-point of the skin, I found nothing to indicate any foreign body being imbedded, and so informed Mrs. C. She said she knew it was there, for she had, in her effort to remove it, broken off the point. As the

child suffered no more, I advised that nothing be done. I heard no more from the case until January 1, 1889, when the child was brought to me to examine a tender spot in the lumbar muscles, about 1½ inch to the left of the spine and about 3 inches above the crest of the ilium. I found a slightly darkened spot, and the "feel" indicated some foreign substance to be enclosed. Upon cutting through the skin I removed a piece of a needle 1 inch long, with the eye perfect and point gone. Was it the needle that punctured the flesh at the knee three years ago?

January 20 I was called to see Harry Metzger, æt. 5 years, son of John Metzger, of Granger, Ind. I found the little fellow playing with his brother, and upon asking for information as to why I was called, I was informed that Harry had shot himself. The little fellow had found in a trunk a 22-calibre Smith & Wesson revolver. He said he was blowing in it, when he "saw fire in the handle, and it went pop." Upon examination I found that the ball had passed through his tongue, struck the right central incisor tooth, which was broken off square and close to the gum; from the tooth it had deflected to the centre of the palatine arch, bruised the mucous covering, and from there it again deflected, passing through the palate into the throat, and was then swallowed. Two days after the ball was found in the fæces. *Not a powder mark* was found on his face or in his mouth; he suffered no greater inconvenience from his wounds than a slight soreness in swallowing solid food for not over twenty-four hours. A trial of the weapon with cartridges from the same box showed a force sufficient, at a distance of 10 feet, to penetrate a 1-inch (dry) fence board.

Query. Will the absence of powder stains of the skin prove that the weapon was, necessarily, a certain number of feet from the victim?

J. B. GREENE, M.D.

Mishawaka, Ind.

Medical Registration in England.

To the Editor :—Some of your readers may be unacquainted with the fact that foreign and colonial graduates can register in this country without passing any further examination, under certain conditions.

"Her Majesty in Council will from time to time define the Colonies and Foreign Countries to which the law is to apply."

Though this Act is in force since June, 1887, yet it is a fact that New Zealand is the only country that has taken advantage of the same. It is true that certain American schools have applied for recognition, but not according to law, therefore their claims could not be entertained.

The Colony, Foreign Country or State must make application to be recognized first, and this,

in the case of foreigners, must be done through their Government, and their respective Minister, in London; and then, if favorably received, the college or university could send in its application for recognition. I presume very few Americans will ever take advantage of the new Act, even if they are allowed to practice here.

A YANKEE M.D.

Liverpool, Jan. 18, 1889.

Is it not Simpson's Acupressure Improved?

To the Editor :—In THE JOURNAL of January 19, under the head of "Original Articles," appears a well written article by C. S. Muscroft, M.D., of Cincinnati, viz.: "Results in Eleven Cases of a *New Method* for Arresting Bleeding in Surgical Operations," a paper read before the Section of Surgery, A. M. A., 1888.

In December, 1859, the late Sir James Y. Simpson, in a communication to the Royal Medico-Chirurgical Society, of Edinburgh, presented the same method of hæmostasis, under the name of "acupressure."

Does Dr. Muscroft mean by calling his method *new*, that it is not "acupressure" applied; not after the operation, in the flap, but before the flap is made? Is it not Simpson's "acupressure," improved by Muscroft? I do not wish to criticise, but ask for information.

Respectfully,

F. S. THOMAS, M.D.

Council Bluffs, Iowa.

BOOK NOTICES.

THE PATHOLOGY AND TREATMENT OF DISPLACEMENT OF THE UTERUS. By DR. B. L. SCHULTZE, Professor of Gynecology, Director of the Lying-in-Institution, and of the Gynecological Clinic in Jena, etc. Translated by J. J. MACAN, M.R.C.S., Eng., A. V. MACAN, M.Ch., etc., Master of the Rotunda Hospital, Dublin. 8vo, cloth, pp. 378. New York: D. Appleton & Co. Chicago: A. C. McClurg & Co. 1878. Price \$3.50.

This is one of those books that are not born to die, for it is devoted to a special subject. The text-book comes and goes, it serves to fill a space for a brief period, but the monograph is quoted forever. We look at the text-book while it is fresh, but when preparing a lecture, or writing an article for the medical society, we seek the monograph, however mouldy it may have become, or whatever the thickness of the dust upon it. Therefore those who seek fame in medical literature must do so by circumscribing their literary ventures, and concentrating their powers upon a single class of ideas. How few text-books have survived their times?