respectable practitioner, under any circumstances whatever, should dispense medicine for his patients? What would become of those inhabitants of our numerous small villages, situated, as many are, some miles from a town where they could find a chemist to dispense a prescription given them by their medical man for some urgent case? "Oh," says your correspondent, "Dr. Apothecary Brown or Smith would be practising in such places." How could we expect the poorer classes, the artisans, or the mechanics to pay not only the doctor's charges for visits, advice, and prescriptions, but also the druggist's bill for medicines required for one of their children, say, during an attack of rheumatic fever? "Oh," says your correspondent, "Mr. Apothecary Brown or Smith would attend such as those!"

Again, how would the country general practitioner, who represents such a large proportion of our profession, fare if for all his club patients and his paupers, to say nothing of his other patients among the poorer classes, he had to make arrangements with some chemist to dispense all his prescriptions? "Oh," says your reforming correspondent, "Mr. Apothecary Brown or Smith would hold such appointments." So, Sir, the inhabitants of our hundreds and thousands of country villages are to be handed over to the tender mercies of men who are content with having passed the examination for a licence to act as an apothecary, and all other practitioners must search for new fields afar or betake themselves straight, with their wives and families, to the nearest union, there to be supported at their country's expense until the utter idiocy of such a reform were found out. These and numerous other difficulties rise up before me on reading such an effort to bring about what is considered by your correspondent as a necessary social reform. Anyone starting such an utterly unfeasible and impracticable theory should surely be prepared with the ways and measures necessary to carry such out, and unless he can conscientiously do so, I for one take it that he had better employ his time and his pen in some more worthy and essential form of social medical reform.

I am, Sir, yours truly,
LIONEL A. WEATHERLY, M.D.

Portishead, Somerset, July 3rd, 1882.

To the Editor of THE LANCET.

SIR,—Your correspondent "M.D." has hit upon a subject of great interest to the body of general practitioners of this country. But he has not considered the difficulties that surround a general practitioner with a large number of lower middle-class and poor patients, who are able to pay a fee inclusive of charges for medicine, but utterly unable to find money for a fee for the doctor, and also for the cost of the medicine at ordinary prices. For instance, an artisan with an income of thirty shillings per week cannot possibly pay a daily fee of half-a-crown, and a further sum of a shilling or eighteenpence every two days for medicine. And however much we may appreciate our professional dignity, it is well to have an eye to the practical bearings of the subject. For myself, and I find it the usual custom in this town, I make an arrangement with a druggist to dispense medicine for me at a moderate rate, and I supply my patients and make an inclusive charge. With the better class of patients, who are able to pay both doctor and chemist, I write prescriptions, and they send them where they please.

The system of provident dispensaries, which are a great boon to the working classes, tends to throw the bulk of that class of practice into the hands of a few men who are lucky enough to obtain the appointments. To obviate this, the rest of the junior practitioners are bound, in self-defence, to form medical clubs at about the same rate of pay. Under these circumstances it is impossible to make money at all without some arrangement of charges with a chemist or supplying medicine from a surgery. And as to the question of medical men dispensing their own drugs, I have heard from several friends in country districts that they are literally obliged to do so, owing to the absence of druggists, or to the unsatisfactory dispensing of those that exist, and that their patients prefer to have their medicine from the much-abused surgery.

It is surely hardly fair to class all practitioners who dispense their own medicine with the individuals who parade the cheapness of their physic, and who send round circulars calling attention to their giving advice at sixpence, visits at

a shilling, and night visits, according to a recent production here, from two shillings. No expression of public opinion can touch such men, and it is to be hoped that they have their reward, for they eat much dirt in their attempts.

A great objection has been made to the giving of prescriptions to patients, owing to the habit which obtains of their not only dosing the members of their own family with the same medicine under apparently similar illnesses, but of their handing over the prescription to any of their suffering friends. Thus, a medical man may be the means of rendering benefit (?) to a vast number of his fellow creatures with the gain to himself of, perhaps, a five-shilling fee. Now, this is decidedly philanthropic, but hardly lucrative. When we are all physicians or surgeons pure and simple, and all obtain large fees for our advice, then we shall be able to throw up all contact with the base drugs; but until that time many of us who have to attend the poor and needy will have to shape our arrangements accordingly, for surely it is better to allow the poor members of the community to pay a fee in accordance with their circumstances, and thus to feel independent, than to pauperise them or make them recipients of public charity, which is the only alternative.

With regard to the sneer at a certain licence, your correspondent should remember that many English students take a journey to Edinburgh so as to avoid some of the regulations of the body that examines for and grants that same licence.

I am, Sir, yours, &c.,

July 3rd, 1882.

A GENERAL PRACTITIONER.

URÆMIC CONVULSIONS AND COMA SUCCESSFULLY TREATED BY HYPODERMIC INJECTIONS OF PILOCARPINE, CHLORAL, AND BENZOIC ACID.

To the Editor of THE LANCET.

SIR,—An account of the treatment pursued in the following case may be of interest to certain of your readers, taken in connexion with a similar case described in your issue of June 24th. The patient, a boy of twelve, was suffering from acute nephritis, urine so scanty as almost to approach complete suppression, deeply tinged with blood, and highly albuminous. The treatment adopted at the outset consisted of a brisk purge of compound jalap powder, leeches to the lumbar region, warm blanket bath, and mild diuretic mixture. For two days the case progressed fairly well, but on the early morning of the third day being hastily summoned I found my patient in convulsions, perfectly unconscious, pupils dilated and insensible to light. At this juncture the treatment resorted to was the hypodermic injection of a third of a grain of the nitrate of pilocarpine and an enema of chloral hydrate. Copious perspiration was thus produced; the convulsions continued, however, as frequent but not so severe. On the forenoon of the following day the pilocarpine was repeated, likewise the chloral; similar diaphoretic effects resulting, with decided abatement of the convulsions. With considerable difficulty I now managed to give a dose of jalapine. As soon as the ability to swallow returned, benzoic acid in two-grain doses was administered every hour, and the strength supported by small enemata of beef-tea, to some of which was added a little brandy. From the time the power of swallowing returned benzoic acid was the only remedy used, and its use was continued for six days. It was given as above for the first forty-eight hours of that period and after that in five-grain doses every three hours. During these six days the patient, though free from convulsions and able to swallow, lay in a semi-conscious state, requiring to be spoken to loudly and shaken to get him to take anything. His vision was completely lost. He knew no one, could see nothing held up before him, not even a bright light, pupils still continuing slightly dilated. Under the steady use of the acid the urine increased in quantity, grew lighter in colour, and the albumen lessened daily. His mind became clear and vision once more distinct, convalescence being gradually established. Whether the theory regarding carbonate of ammonia circulating in the blood being the cause of uræmia be correct or not (and the recent experiments of Oppler and Zalesky seem to indicate that it is not), this is the second time within my own limited experience of such cases in which benzoic acid has done good service. Whether its mode of action be the conversion of the

poisonous alkali into a harmless acid and salt, or in what other specific way it acts, I am not prepared to say, but the above is strictly in accordance with facts.

I am, Sir, yours truly,

W. BROWN MOIR, M.D.

Belford Hospital, Fort William, N.B.

EDINBURGH MORTALITY RETURNS.

To the Editor of THE LANCET.

SIR,—Your intelligent criticism of these returns has already borne fruit. The Registrar-General has acknowledged the inaccuracy of the weekly statement issued from his office, and he explains that, *per incuriam*, the clerk in charge failed to recognise a certified case of diphtheria and one of whooping-cough. The discrepancy in the population return is accounted for by the fact that the annual increase is made by us in the first week of July; and further, that for registration purposes a portion of the extra urban population is included by the Registrar-General in the population of Edinburgh.

I differ from you as to your objection to our custom of eliminating the deaths of strangers in our infirmary, which, from its world-wide reputation, attracts all and sundry, and I submit that, in a small population like ours, it would be misleading to debit Edinburgh with these deaths, which have no connexion with the sanitary state of the town. As to the definition of diseases, which appears to you to be imperfect, it must be remembered that the statement is issued weekly, and that the only abdominal disease of interest to the sanitarian—viz., diarrhoea,—is specially noted.

Your space is too valuable to admit of a discussion of what to officers of health and the public is important—viz., the structure of these weekly reports, and the advisability of similar documents being issued on Monday mornings in all the large centres of population. It is, in my opinion, simply a question of time. I trust to live to see these returns as eagerly scanned by the ratepayers as the price of stocks and the state of the funds.—I am, Sir, yours truly,

HENRY D. LITTLEJOHN, M.D.

Edinburgh, July 11th, 1882.

PERSONATION AT MEDICAL EXAMINATIONS.

To the Editor of THE LANCET.

SIR,—I am sorry to be obliged to inform you that in a paragraph in your issue of July 8th, you have been misinformed as to the statement of facts. The real condition of affairs is as follows: A person wrote me from Dublin offering me the amounts mentioned if I would personate him at an examination. I thought it my duty to the profession and also to the public to communicate with the Secretary of the General Medical Council at Oxford-street; and, he having referred me to the Branch Council in Ireland, I wrote to them, and the Secretary requested me to continue the correspondence on behalf of the Council there, which led to an exposure of an individual assuming a false name (though I believe a registered medical student) in order to gull me into the belief that he was really the person so registered—e.g., Smyth is very like Smith, and if Smyth were registered as Albert Smyth in the students' register, an Albert Smith might easily pass himself off as the former.

My sole object in exposing this contemptible affair was to save some unfortunate and impecunious brother professional from disgracing himself by receiving a bonus for a contemplated fraud.

I venture to hope this may be a warning to others engaged in like practices.—I am, Sir, your obedient servant,

York, July 8th, 1882.

G. DE COURCY MORRIS, M.D.

EDINBURGH.

(From our own Correspondent.)

MORISON LECTURES ON INSANITY.

IN his fifth lecture Dr. Hamilton completed his exposition of the connexions between the several parts of the brain and between these and the spinal cord. He then proceeded to sum up, in the form of an elaborate diagram, the principal points to which he had directed attention. Passing then to

speak of the functions of the basal ganglia, so far as they are at present known from the results of experiments on the lower animals and pathological lesions in man, he said he could not help thinking that the functional importance of all these ganglia had been very much over-estimated. They were formed in exactly the same way as the convolutions were, simply by thickening of the walls of the various cerebral vesicles. In the lower animals they were very much more highly developed than in man, relatively to the extent of the cortical substance. Destruction of the caudate nucleus produced, so far as was known, very little effect, provided that the inner capsule was uninjured. In one case in which he made a post-mortem examination nearly the whole of the nucleus was destroyed, the inner capsule, however, remaining untouched. The person had no paralysis of motion. The symptoms were of the most obscure nature, and there was nothing in them to indicate that the lesion was situated in that particular part. He thought therefore that the statement which had often been made, that the corpus striatum, or the caudate nucleus, was the centre for motion, was incorrect. With respect to the lenticular nucleus there was a case under the care of the late Professor Sanders in which both lenticular nuclei were destroyed. The person suffered from partial paralysis of the lower extremities, but what was extremely curious was that there was very considerable atrophy of the optic nerve on both sides, and also of the olfactory. The explanation of that was the band connecting the optic nerve with the lenticular nucleus loop. With regard to the optic thalamus, there was a case in which the whole of the ganglion on one side was destroyed except the posterior part. There was no loss of sensation; nothing to indicate that the thalamus was the seat of disease. What, then, Dr. Hamilton asked, could be said of these ganglia? All that could be said was that certain functions, which, apparently, were situated in the basal ganglia, had been transferred to the cerebral cortex by a process of evolution. When it was considered that these ganglia were produced simply by thickening of the brain vesicles, it surely was not a very great stretch of imagination to say that in process of evolution a certain thickening would occur in the cortex, and that gradually functions, which primarily were situated in the basal ganglia, became transferred to that particular part of the brain. It had been found that if the motor centres of the cortex in the dog were excised the animal in the course of time recovered, if not the whole of its motor power, a considerable deal of it. Now, in the dog the basal ganglia were of enormous thickness; and he thought it was by no means unreasonable to suppose that in the lower animals the ganglia had a very much higher function than in man, that they had certain motor functions which in man were transferred to the cortex. He thought everything showed that in man the motor centres had been in great part transferred to the cortex of the cerebrum, whereas in the lower animals the basal ganglia have to be looked upon as discharging, if not the whole, at least a considerable part of that service. The higher we got the more evidence there was that the motor centres, which were seated in the basal ganglia in the lower animals, were transferred to the cortex in man, the monkey, and other animals high in the scale.

The sixth and concluding lecture consisted of a demonstration by means of the limelight of a series of preparations illustrative of the different points which had been described in the previous lectures. It is impossible to speak too highly of the beautiful preparations, and Dr. Hamilton deserves the greatest credit for having introduced a method which promises to clear up many obscure points in the coarse anatomy of the brain. I am glad to hear that Dr. Hamilton intends shortly to publish his method in full, and to lay the results of his researches before the profession in the form of a book.

GLASGOW.

(From our own Correspondent.)

DR. ANDREW BUCHANAN, late Professor of Physiology in Glasgow University, died on Sunday last, at the advanced age of eighty-four. One of the best known and most highly respected of the members of the medical profession in the city has thus passed away. He graduated in Glasgow University exactly sixty years ago, and thus may be said to belong to that past generation of surgeons