

engaged in the work we are left totally uninformed. Disquisitions upon the modes of propagation, and the value of "Disinfectants as Auxiliary to Sanitary Measures," which formed the title of a pamphlet I published some years ago, are very necessary; but during the prevalence and abortive attempts to stamp out the plague, surely our first efforts should be directed to the safe conduct of the sick invaded, throughout its stages and sequelæ. Zymotic disease, indeed, generally must claim more of our attention; for whilst during the last six years, from 1864—9, the proportion of deaths from this class to the total mortality registered is 22·5 per cent., the years 1870—1, when computed, will disclose a vast increase, and any contribution to the stock of knowledge in this department will be, *quantum valeat*, hailed with satisfaction.

From epidemic scarlatina we have lately suffered very severely, and found it very fatal and intractable in malignant forms. From variola, in West Yorkshire, we have for many years had a comparative exemption, an individual case now and then presenting itself of a sporadic character. But in my earliest years of practice it was a common endemic, perpetuated, I recollect, by the not uncommon practice at that time of variolous inoculation, in substitution for the present method of prevention. The attacks in severe cases were, in my experience, invariably ushered in by obstinate and persistent vomiting, and in all such instances in which I procured a *sectio cadaveris*, either absolute lesion or a highly congested condition of the stomach, with discoloured patches along the alimentary tube, led me to treat this early stage, with moderate and increased success, by the repeated application of leeches to the epigastrium, followed by emollient poultices and a bland farinaceous diet. The utter failure and aggravation by the purgative treatment, then in vogue, led me early to abandon that method; and for the distress and irritation of the skin I found nothing so refreshing and cooling to the surface as the linimentum calcis frequently applied by means of a good-sized, soft varnish-brush. Probably a little carbolic acid or glycerine to this liniment would not be an inert addition. What would have proved confluent cases, I think, became of the distinct form under this management, which I can confidently recommend.

I am, Sir, yours faithfully,

Halifax, May 30th, 1871. WM. ALEXANDER, M.D., F.R.C.P.,
Senior Physician, Halifax Infirmary.

GOVERNMENT CHEMISTRY.

To the Editor of THE LANCET.

SIR,—Dr. Angus Smith's latest report, just issued under the Alkali Act of 1863, contains no fewer than twelve tables of "albuminoid ammonia," and affords a very striking example of the uses which an accomplished chemist can find for the method which Chapman, Smith, and I (fortunately perhaps for chemists generally, but unfortunately for ourselves) put forward in the year 1867.

Notoriously the ammonia process is valid, and notoriously it is practicable. Still it was visited with the formal and official condemnation of Drs. Frankland and Odling, in their report to the Royal Commissioners on Water-supply in the year 1868; and, bearing this fact in mind, I desire to call public attention to the high moral courage displayed by Dr. Smith in venturing to use for public purposes a method which labours under such tremendous disabilities as the ammonia process.

I am, Sir, your obedient servant,

London, June 27th, 1871. J. ALFRED WANKLYN.

HYDRATE OF CHLORAL.

To the Editor of THE LANCET.

SIR,—As a belief in the perfect harmlessness of chloral seems to be still widespread, perhaps you will allow me to add my word of warning to those already given, and to call attention to some alarming symptoms I have seen produced by it. On four or five occasions, after giving twenty or thirty grains of chloral, I have found that the patient slept for about a quarter of an hour, and then awoke in a state of deadly faintness; the lips livid, the face pale, and the pulse almost imperceptible. There was a sense of intense

exhaustion and impending death, mingled with an indescribable delirious feeling; this lasted for about five or ten minutes. Curiously enough, one patient, as he was rallying from this state said, "don't give me any more of that chloroform." He had taken chloroform a day or two before, and the sensations produced by the chloral so closely resembled his feelings on that occasion, that he thought I had given him chloroform again. Another of these patients, in addition to the other symptoms, saw figures dancing wildly round the foot of her bed. This patient had mitral disease, and was the only one of the four or five who had heart affection. As has already been indicated in THE LANCET by Drs. Fuller and Crichton Browne, chloral has a depressing action on the heart, and should therefore be avoided in all cases where the activity of that organ is impaired.

While it occasionally produces ill effects, chloral also frequently disappoints us, especially when it is given to relieve pain, or when the patient has been accustomed to opium—by acting very inefficiently, or by producing no effects at all.

For my own part I have found it most serviceable in cases of simple insomnia, and in the sleeplessness of phthisis and some nervous disorders.

I am, Sir, your obedient servant,

Jersey, June, 1871.

ANDREW DUNLOP, M.D.

BIRMINGHAM.

(FROM OUR OWN CORRESPONDENT.)

THE annual meeting of the Birmingham and Midland Branch of the British Medical Association was held last week in this town, when Dr. Thomas Underhill, of Great Bridge, the retiring president, vacated the chair in favour of Mr. Oliver Pemberton. Mr. Bartleet, the secretary, read the report, which stated that the branch continued to make progress. The number of members was 252; 40 had been elected during the past year, and 35 had resigned, left the neighbourhood, or been excluded for non-payment of subscriptions, and 4 had been removed by death. The Pathological and Clinical section had continued its work, and greatly relieved the branch meetings, at which time often failed for the exhibition and discussion of pathological specimens and living cases. The Council suggested that, should its resources permit, some portion of the funds of the British Medical Association should be annually set aside for the encouragement of original research in medicine, surgery, and the allied sciences, and earnestly represented the claims of Dr. Norris, Professor of Physiology in Queen's College, to such a recognition of his labours. There was every probability that the invitation of the Branch to the British Medical Association to hold its annual meeting in Birmingham in 1872 would be accepted, and for that year Mr. Ebbage, of Leamington, was elected president. Mr. Pemberton gave an interesting address, in which he touched upon a great variety of professional topics, mentioning with satisfaction, as a Birmingham man, the liberal way in which the appointments at the various charities were thrown open to medical men coming from a distance and educated in other medical schools. He strongly disapproved of the present mode of settling claims for compensation after railway and other accidents, and suggested the appointment in all cases of a medical arbitrator, whose duty it would be to receive the medical evidence from the claimant's ordinary medical attendant, and from the company's medical adviser, and then to report on the character and extent of the injury, leaving it to the jury to determine the money value of the damages. Mr. Pemberton advocated the formation of convalescent hospitals in connexion with the present institutions, and also the establishment of a special asylum for incurables. He desired to restrict the admission to hospitals to a great degree, and to discourage the formation of separate institutions for various diseases. He made an unsparing attack on the homœopaths, which appears to have excited no little stir among them. Angry denunciations of Mr. Pemberton and the "old school" have been heard on all sides, and the usual charges of illiberality, jealousy, *et hoc genus omne*,