

I freely refer to M. Diday on the subject, but if he thinks my references not sufficiently marked, I can only regret it, as I had no wish otherwise than to do M. Diday full honour and justice.

In my Preface, I claim a scientific character for the *subject* of venereal diseases, elucidated as it has been by the works of recent authors. I claim nothing for myself. In writing the work which has given rise to this discussion, my aim was simply to produce a work which might be useful to young practitioners. In it I endeavour to explain what I considered established doctrines, giving at the same time my own experience, illustrated and corrected by that of the best and most recent writers.

I am, Sir, your obedient servant,  
Albany Court-yard, June, 1860. JOHN HARRISON, F.R.C.S.

## THE LATE MR. ALBERT SMITH.

(NOTE FROM DR. RUSSELL REYNOLDS.)

To the Editor of THE LANCET.

SIR,—There is an error in your account of the illness of the late Mr. Albert Smith, which, although slight, is yet in regard of a fact of so much pathological significance that it is important it should not pass uncorrected.

In describing the illness of Mr. Smith in December last, it is stated that "the severity of the convulsions, coma, and excitement continued until two o'clock P.M.; the patient passing through a series of them, about eight in the hour." There was nothing like this extreme frequency of convulsion in the case referred to. The "series" of symptoms—cerebral excitement, convulsion, and coma—occupied about an hour, so that not more than *one* fit occurred during that period of time. There were about eight fits altogether.

I have the honour to be, Sir, your obedient servant,  
J. RUSSELL REYNOLDS, M.D.  
Grosvenor-street, Grosvenor-square, June 6th, 1860.

## PARISIAN MEDICAL INTELLIGENCE.

(FROM OUR OWN CORRESPONDENT.)

THE proceedings of the Academy of Medicine were commenced on May 29th by M. Depaul's termination of the interesting paper, begun at the previous meeting, upon Occlusion of the Os Uteri during Pregnancy necessitating the Use of the Bistoury in order to effect Delivery. A striking feature present in all the three cases detailed was the completeness of the obliteration of the uterine outlet, and also the solidity of the cohesion between the parts. Neither could the smallest trace of the os be detected by the finger, nor did the most powerful uterine efforts, though continued for many consecutive hours, in any way tend to re-establish the normal state of things.

After the reading of this communication, M. Velpeau rose; but as previous notice had been given by M. Blache, physician to the Hôpital des Enfants, of an intention to bring forward a claim of priority in favour of M. Delau over M. Bize, of Montélemart, in the administration of perchloride of iron in purpura hæmorrhagica, that surgeon waived his right in M. Blache's favour. This latter gentleman stated that several years ago, at the suggestion of M. Delau, he undertook a series of experiments with this remedy, all more or less confirming the successful results detailed in M. Bize's essay. The statement called forth a reply from the reporter of the committee, M. Devergie, in which he maintained that a full investigation of the question of priority had been instituted, and that though M. Delau seems to have been the first to turn his attention to the subject, yet as M. Bize had been the first to *publish* his experiment, the palm must remain in his possession—on the principle, I suppose, of "*Palmarum qui (non) meruit ferat.*"

Much time having been frittered away in this tiresome and bootless discussion about priority, it was late when M. Trousseau rose to reply to some of the charges made in M. Devergie's report on the influence of the perchloride of iron, against the partizans of the vitalist or dynamist theory of the mode of action of iron on the economy. The learned professor said that the reporter had treated two questions in his critique: one, the action of the drug; the other, a question, and a most im-

portant one, of general therapeutics. As regarded the action of the drug in purpura hæmorrhagica, he did not consider that the cases were sufficient to prove its curative power, and he believed that medical men would be disappointed if they adopted its use and relied upon speedy and certain results. He extolled its merits as a topical hæmostatic, but said that the theory of the *chemical* action of the perchloride was absurd; that its administration in hæmorrhage from the lungs or womb was beyond measure ridiculous; and, in a clever bantering way, followed the course of a supposed dose through the system, from its administration by the mouth to its ultimate distribution, or rather diffusion, amongst all the capillaries of the body, and dwelt upon the improbability of its having reserved the employment of its styptic power until its arrival at the required destination. The sedative effects noted by the author of the paper, M. Trousseau attributed to the cessation of reaction from natural causes, foreign to the action of the remedy administered, and said that he did not believe that any drug possessed both a styptic and at the same time a sedative power. Diverging now into the general question of the mode of action of ferruginous preparations on the system, the professor argued with much power against the views of the chemical theorists, who maintain that iron, when taken, is absorbed directly into the blood and there precipitated as an oxide, and that it restores to that fluid the amount of material necessary for the reconstitution of its globules. By citing the experiments of M. Reveil, who found that in chlorosis the administration of iron, although followed by rapid increase in the quantity of blood-globules, produced no increase in the amount of that mineral in this fluid, M. Trousseau introduced his own theory concerning its therapeutical action,—namely, that of excitation. In chlorosis, where the effects of the iron are best seen, there is no lack of it in the system, but as the globules are few, it is condensed, not diminished; and the special property of the ferruginous compounds is to produce distribution by stimulating the system, and exciting the re-formation of the globular ingredient of the blood.

Here the meeting was adjourned till the 5th June.

I was at the Hôpital de la Charité this morning (June 4th), and I find that M. Piorry has authorized a medical gentleman, of the name of Guirette, from Lyons, to institute in his wards a series of experiments in order to test the value of a new plan proposed by the said Dr. Guirette, for the radical cure of *phthisis pulmonalis*, during its third or suppurative stage.

Such a proposition, at first sight, is unpromising, and especially at the Charité, whose wards are still echoing with the cruel humbugs and deceptive professions of the Docteur Noir; nevertheless, I am disposed to think M. Piorry quite justified in giving the present scheme a fair trial. The method of treatment consists in the establishment of a fistulous opening through the integuments of the thorax and the pleura into the lung at its diseased part, and in the free admission of atmospheric air into the cavity of the abscess, which at the same time discharges its contents externally. Dr. Guirette was led to believe in the feasibility of such a plan by a pure accident. Having at the hospital at Lyons applied an issue to the chest of a phthical patient, over the site of a cavity, and having inserted a pea in order to keep up the counter-irritation, this practitioner found that the foreign body had worked its way into the lung, and caused the pus contained in the abscess, which was a very superficial one, to escape at the artificial opening. The result, so far from being fatal to the patient, was so beneficial as to lead to complete recovery. He left the hospital apparently cured, and emigrated to Rio Janeiro.

Since the occurrence of this case, Dr. Guirette has applied the penetrating cautery in three instances, and each time with the best success. Encouraged by this experience, he has come to Paris to submit his plan to public criticism; and although he has met with many rebuffs, is now enabled, by the kindness of M. Piorry, to plead his own cause, or rather that of his new system of treatment of this most incurable complaint. Operations have been already commenced; and a lad aged about eighteen years, with all the symptoms of an abscess under the left clavicle, has been handed over to Dr. Guirette, who applied, on the 3rd inst., a cautery of Vienna paste in the third intercostal space, towards the axilla. This, when the eschar falls, will be replaced by a pea attached to a thread of silk. I shall report progress in my next.

The following are a few of the practical truths insisted on by M. Desmarres, in his clinical remarks on the results of his experience in ophthalmic medicine, and are worth mentioning:—

1. When you see, in an obstinate case of conjunctivitis, an elongated clot or streak of mucus adhering to the surface of