

Correspondence.

"Audi alteram partem."

TOXIC EFFECTS OF CANNABIS INDICA.

To the Editors of THE LANCET.

SIRS,—In connexion with the subject of the therapeutical uses and toxic effects of cannabis indica raised by the letter of "W. W." in THE LANCET of March 15th, and continued by Dr. Russell Reynolds in the following number, my recent experience of some toxic symptoms may be of interest. In the course of the morning I had prescribed for a gentleman of the age of forty-eight a mixture containing twenty minims of the Pharmacopœial tincture of cannabis indica for migraine and lassitude. He was of an excitable temperament, nervous about himself, and particularly anxious not to be laid up just then, on account of some important business engagements. In the early afternoon I received a telegram, asking me to see him at his residence as soon as possible, and then learnt that after leaving my house he had gone to the city, had had the prescription made up, and had taken "a dose." Very shortly afterwards he had felt giddy and faint, and had had great difficulty in reaching the underground railway even with assistance. He had complained of much palpitation and anxiety, and said he was almost unable to stand. After telegraphing to me, he had gone to bed and fallen into a deep sleep. When I saw him he was excited and nervous, although saying he felt better than on going to bed; the pulse was still rapid and compressible, but there were no indications of any other disturbance of the nervous system; upon being reassured about the cause and prognosis, he speedily became quieter, and complained of hunger, got up, dressed, and went down to dinner. I was at first much puzzled at such marked effects from an ordinary dose, but upon asking to see the medicine bottle found the explanation. Having no glass at hand when taking the medicine, he had recklessly drunk from the bottle and had swallowed about two doses and a half, equivalent to about fifty minims. He has since taken the ordinary dose on several occasions, not only without any toxic effects, but with marked relief of migraine and of the ordinary symptoms of business worry.

I am, Sirs, yours faithfully,

NESTOR TIRARD, M.D. LOND.

Weymouth-street, W., March 22nd, 1890.

"ON A SUBJECTIVE SENSATION OF THE MOUTH IN WOMEN."

To the Editors of THE LANCET.

SIRS,—Dr. W. B. Hadden published, in THE LANCET of Jan. 25th, notes of three cases under the above title. I have waited for some time in the hope of seeing notes of similar cases in the experience of others; but either these cases are very rare, or medical men will not take the trouble to contribute their experiences. On Dec. 9th, 1889, I made the following notes of a case of the kind, though until I saw Dr. Hadden's article I had not thought it possible that the case was out of the common except to my own limited experience.

Mrs. T—, aged fifty-two, has complained for years of "bearing down pains," "opening and shutting of the back," pains in the groins, &c., and has worn various pessaries at intervals for a prolapse which has never been serious. She still menstruates, but recently the periods have come on irregularly and at longer intervals. For five weeks she has had pain on the tip of the tongue, "at first like a cold in the teeth and gums." The pain is described as a "tingling and burning." She insisted that there was a prominent spot there, but careful examination with a lens and a needle failed to show any one part more tender than another, the whole area of tenderness being about the size of a threepenny piece. The teeth were somewhat crusted with tartar, and dyspepsia has been a frequent complaint; so I directed my attention to that with some apparent success, though at the end of February she said the tongue was still tender. She has the florid colour on the malar prominences mentioned by Dr. Hadden.

Surely some of our gynecologists must have met with

cases of the kind, and be able to suggest some treatment. I feel sure that my patient would have visited half the doctors in London had her means permitted, so miserable was she for some weeks with this pain.

I am, Sirs, yours faithfully,

A. OGIER WARD, M.D.

Low, Tottenham, March 19th, 1890.

THE TREATMENT OF APOPLEXY.

To the Editors of THE LANCET.

SIR,—Dr. Charlton Bastian in his instructive post-graduate lecture on Hemiplegia (THE LANCET, March 8th) has given a strong caution against active treatment in apoplexy, basing it on the acknowledged difficulty of diagnosis between hæmorrhage into the brain and thrombosis or embolism. Dr. Bastian states further on that in certain cases it is clear that we are dealing with embolism; and I venture to suggest that there are not a few cases in which it is equally clear that we are dealing with hæmorrhage, and in which only active treatment can save life. For example, a stout florid middle-aged or elderly person, after over-excitement or exertion, and perhaps a period of constipation, falls suddenly "in a fit," unconscious. Such a case occurred to me some years ago in the person of a lady aged nearly seventy. Acting on the clear indications of hæmorrhage, I bled to thirty-five ounces. She regained consciousness in eight hours, had slight right hemiplegia for two or three months, and is now quite well. There was in this case a quite unusual degree of blood tension (arterial and venous), and hence the removal of so much as thirty-five ounces. Much smaller venesections appear to exert an indirect tranquillising effect on the heart and circulation. It will not be denied that such an effect is most desirable in the presence of cerebral hæmorrhage, and I fail to see in what way it can be injurious in thrombosis or embolism. Where instant depletion is not requisite, the same result may be attained more gradually. A gentleman, aged seventy-six, has had two faint hemiplegias. On the second occasion a dose of calomel and jalap at the commencement of the symptoms certainly appeared to prevent their development. Is it not the case that cerebral attacks, slight or severe, with a hard pulse and constipation, always demand "active treatment" of one kind or another?

I am, Sirs, yours obediently,

Stratpeffer Spa, N.B., March 18th, 1890. FORTESCUE FOX.

MEDICAL PHARMACY.

To the Editors of THE LANCET.

SIRS,—The custom of dispensing medicines is so universal in general medical practice that most doctors have no choice in the matter. The College of Physicians, however, while leaving its Licentiates at liberty, forbids its Members to dispense medicines. This rule creates an artificial distinction and prevents men engaged in general practice from becoming Members. The Membership of the College of Physicians confers many advantages, and therefore it is unfair to debar from it all general practitioners. A Fellow of the College of Surgeons is at liberty to dispense drugs. Why is that lawful for a surgeon which is unlawful for a physician? Such anomalies are discreditable and productive of much harm.

There is no doubt considerable room for discussion as to the desirability of medical men dispensing medicines, but it should either be forbidden altogether or left to the judgment of the individual. The dispensing of medicines produces a practical knowledge of drugs, which prevents errors such as those which often enough prove a source of merriment to dispensing chemists making up the prescriptions of eminent physicians; but, on the other hand, the desire to save time, and similar considerations, are apt to lead the dispensing doctor to use ready-made mixtures and pills without sufficient regard to their precise ingredients. Dispensing is convenient in case of night visits, and it enables a doctor to be sure what medicine his patient is taking; but the dispensing of medicines is burdensome, if done by the doctor himself, and the responsibility of leaving it to an imperfectly trained dispenser is a very serious one. Dispensing prevents the great evil of patients indefinitely repeating prescriptions without advice, or ignorantly transferring them to others; but the consideration of the cost of

drugs, the actual stock in hand, or the time required for dispensing, is less obtrusive in simple prescribing. Considerable saving of money results to the patient from medical dispensing, but the scantiness of his remuneration may induce the medical man to use the cheaper drugs too exclusively. A horror of dispensing medicines simply because it appears to partake of the nature of that degraded thing called "trade" seems best suited to the exalted notions of incipient general paralysis.

At all events, I think that the College of Physicians ought to repeal a by-law which excludes all doctors engaged in general practice from the Membership of that College.

I am, Sirs, yours faithfully,

Highgate, North, March, 1890.

HUGH WOODS, M.D.

"PROLAPSE OF THE WALL OF THE STOMACH OF A HORSE INTO THE DUODENUM."

To the Editors of THE LANCET.

SIRS,—Professor Walley has criticised in his letter to you a passing remark in my communication to the Pathological Society. He says that I have been misinformed, or have come to a wrong conclusion in my statement that the horse hardly ever vomits except when the stomach is ruptured. I need not say that my communication was from the point of view of comparative pathology, and since vomiting is so common in the pyloric obstruction of man, I wished to imply that the absence in this unique specimen might be due to the peculiarity of the animal. In my paper I referred for my authority to Williams,¹ and the considerable experience of the veterinary surgeon to the Brown Institution agrees therewith. I must therefore leave Professor Walley to settle the question as to the fact with his Edinburgh colleague. Further, from the *a priori* view, he fails to see how a horse with ruptured stomach can vomit. I cannot see the force of this objection. He appears to lay stress on the active contractions of the stomach in vomiting. But this opinion has been discarded since Majendie and Schiff showed that the stomach of the dog, including the cardiac orifice, might be replaced by an inert bladder and yet vomiting be produced. The relaxation of the cardiac orifice and the contractions of the abdominal muscles, including the diaphragm, are held to be the factors in vomiting. Although rupture of the stomach is rare, vomiting certainly occurs in man. A case is given in Erichsen's Surgery and another by Poland.² The same view is held abroad. Von Nussbaum speaks of the "almost never-failing vomiting" in wounds of the stomach.³ The rareness of vomiting in the horse would appear to be due to the non-relaxation of the lower end of the oesophagus. Meade Smith says:⁴ "In most cases it [vomiting in the horse] will be found due to the partial rupture of the walls of the oesophagus"—i.e., as I understand, in addition to that of the stomach. I am, Sirs, yours truly,

Wimpole-street, W., March 22nd, 1890. WALTER G. SPENCER.

NIGHT ATTENDANCE AT HOSPITALS.

To the Editors of THE LANCET.

SIRS,—I notice in THE LANCET of March 15th, in the article on the Hospital Saturday Fund movement, you have stated that I suggested that "*the hospital authorities should arrange so that out-patients might be seen after the nominal working day was over—that is, of course, at night.*" The last six words were not mine, and are misleading. I never proposed that hospitals should be opened all night, which seems to be your conclusion from the above words. My suggestion was that a working man should be able to attend at a hospital in the evening, after his work—say, between the hours of five and eight on one or two days of the week.

I am, Sirs, yours faithfully,

Lennox-gardens, S.W., March 22nd, 1890.

COMPTON.

* * Earl Compton puts a construction on our words which they were not intended to bear. We never imagined that his lordship proposed to keep them open all night for out-patients. We still are strongly of opinion that the

facilities for getting out-patient treatment at hospitals are in great excess of the necessity, and need curtailment and not extension. Men at work all day are not a class on whom hospital funds should be expended.—ED. L.

THE EFFECT OF THE BINDER ON LYING-IN WOMEN.

To the Editors of THE LANCET.

SIRS,—Having read the discussion on Dr. Herman's paper (Obstetrical Society), as reported in your last issue, I quite agree with the statement "that the main utility of the ordinary binder was as a means of comfort to the patient," and I fail to see how it can ever restore the abdominal shape which has been lost by over-distension. I have always held that it would be much wiser to support the abdominal walls during pregnancy—say, from the fourth month onward—and have noticed the marked difference in the time occupied by the labour in those who have adopted this plan. Indeed, I venture to say if the abdomen of each primipara were supported during pregnancy, before labour on all occasions, there would be little need for the "binder" afterwards, except with regard to comfort, the abdominal walls being assisted in time and their strength husbanded till labour set in. My rule is, During pregnancy bind from below up; after labour from above down.

I am, Sirs, yours faithfully,

ALEX. DUKE, F.C.P.I.,

Dublin, March, 1890.

Ex-Assistant-Master, Rotunda Hospital.

LIVERPOOL.

(FROM OUR OWN CORRESPONDENT.)

The New Mortuary.

A long-delayed and greatly needed work has at last been commenced. A new mortuary is being erected by the Dock Board, the City Council contributing half the cost both of erection and maintenance. The new buildings will consist of ante-room, mortuary proper, and detached post-mortem room. The mortuary will be so arranged that those who may come for the purpose of identifying any body will be able to do so from outside without entering. The plans have been prepared from some originally suggested by a sub-committee of the Medical Institution, and the new building will be very convenient to all those whose duty takes them there.

The Strike among Dock Labourers.

For some weeks past Liverpool has experienced the inconvenience of a strike among the dock labourers, a large body of men, not regularly employed, whose labour is chiefly unskilled. The result has been the importation of many labourers from other places, more or less distant, and already there is much distress among the wives and children of the unemployed. These strikes are not without their significance to medical practitioners, seeing that they mean too often fever, disease, and gratuitous medical attendance. It was computed that the first week's strike involved a loss to the men of £20,000.

Death of Mr. Cavanagh, Surgeon.

Mr. James Walter Cavanagh has been a resident in Liverpool for thirty years, having come as one of the resident surgeons to the Liverpool dispensaries on his return from serving in the Crimean War. He was until very recently Surgeon-Major in the Militia, and at the time of his death held the office of surgeon to the Liverpool Main Bridewell. He was a native of Ireland, was educated in Dublin, and many old fellow-students and friends will learn of his death with sorrow.

The Assizes.

The case of special interest at the Assizes now sitting is what is known as the Atherton tragedy, in which a pawnbroker's assistant named Walter Davies was murdered on July 22nd, 1889. The case was one of purely circumstantial evidence, the deceased being insensible when found, and no one having seen the murder committed. The latter was of a very atrocious character, the deceased having been a quiet inoffensive man in charge of a branch establishment, his employer placing much confidence in him. On the morning

¹ Veterinary Medicine, fifth edition, p. 658. Edinburgh, 1888.

² Guy's Hospital Reports, 1858, third series, vol. iv., p. 134, Case 3.

³ Deutsche Chirurgie, Lief 44, 1880, p. 106.

⁴ Physiology of Domestic Animals, Philadelphia, 1889, p. 336.