

the Mussulmans, for a period of several days; and usually during the continuance of a *melè*, the people do not partake of food till after sunset. The consequence of this custom is, that at the time allotted for eating, the natives gorge themselves with food, and their stomachs thus becoming overloaded with aliment of a very deleterious, indigestible kind, cholera, and other bowel complaints, make their appearance, and thousands generally perish, affected with symptoms exactly similar to those produced by poison, before the *melè* has terminated.

The circumstances under which the cholera has recently appeared at Madrid, are, in almost every respect, similar to those that mark the appearance of the disease during the celebration of a *melè* in India. The malady, it seems, broke forth during the festival of St. Peter, and of course the inhabitants of that city, engaged in religious ceremonies, were fasting, according to custom; and then, in order to satisfy the cravings of nature, as in Hindoostan, having suddenly filled their stomachs with bad food (for it is declared by a correspondent of the *Morning Herald*, that the markets of Madrid are filled with unripe fruit and bad food), many of them perished, and precisely in the same manner as, over and over again, has happened in India.

It will not, Sir, be denied that the markets of the European Peninsula are, at this moment, filled with deteriorated rice from the East Indies. That rice must inevitably find its way to the places where troops are assembled, and, accordingly, having done so, we are told that the plague has reappeared at Smyrna. Is, Sir, this circumstance not deserving of most profound attention? And ought not every precaution which the faculties of man can suggest, to be adopted to prevent the poisonous rice in the shape of flour, biscuit, or otherwise, gaining admission into the food of the British troops in that quarter?

In conclusion, I beg to observe, that since I last addressed you, I have had an opportunity of obtaining some information regarding the cholera cases which have lately occurred in London. This disease, I am decidedly of opinion, has been occasioned by an acrid matter, of some description or other, admitted, along with food, into the stomach. To dispute this fact, would be, according to my apprehension, to deny the plainest principles of medicine. I am, Sir, your obedient servant,

R. TYTLER, M.D.

London, July 30, 1834.

NEW DENTAL FORCEPS FOR EXTRACTING STUMPS OF TEETH.

To the Editor of THE LANCET.

SIR,—As I am aware of the spirit of impartiality with which you conduct your Journal, I address a few lines to you to inform you that “The Dental Stump-Forceps” which Mr. Sheppard states in your LANCET, No. 9, Vol. II. May 1834, to have been invented by him, were, in point of fact, invented and manufactured by myself. In proof of the truth of this assertion I may refer to Mr. Lemale, dentist, of St. Martin’s Lane, with whom, upwards of twelve months ago, I left a small instrument, precisely similar to the one which Mr. Sheppard now claims as his original invention; excepting that, as he doubtless thought it absolutely necessary to make some alteration, however trivial, he has done so, and produced a difference which all must regard as a detriment, instead of an improvement, *his* forceps being smooth in the mouth or grip, whereas *mine* are teethed. Now, as the first object is to take the firmest hold possible of the stump, I leave it to the common sense of any reader to determine which forceps are the best, the smooth or the teethed.

It is worthy of remark, that in a letter which Mr. Sheppard has addressed to the editor of the *London Medical Gazette*, detailing *his* discovery, Mr. S. confesses that Mr. Lemale, on his conversing with him on the subject of these forceps, “immediately produced a small instrument, somewhat similar in principle, but differing in certain essential points from the one I had contemplated making; with *this*, therefore, and suggesting certain improvements to the instrument-maker, I produced a forceps,” &c. &c.

If Mr. Sheppard will state what those “essential points of difference” are, I, for one, should feel obliged to him. The instruments are precisely similar, with the exception of the rough and smooth surfaces of which I have just spoken, as may be ascertained by any gentleman who feels a doubt on the subject, by applying to Mr. Still, surgical instrument-maker, Leicester-place, Leicester-square, or at the residence of, Sir,

Your obedient servant,

JAMES HUNTER,
Surgeon-Dentist.

13, Stanhope-street, Regent’s Park.

IMPERFECT CORONERS' INQUEST.—The following instance of the manner in which Coroners' Inquests are conducted in Cumberland, has been furnished to us by Mr. C. Wilkinson, surgeon, of Aspatria in that county:—"An inquest," he observes, "was held at a village distant about two miles from Aspatria, on the body of a female who died very suddenly on the 24th of May last. The medical gentleman, Mr. Poole, who was called in, was the first person who found her dead in the house; the body was discovered 'sitting on a chair,' there being no one in the house but the deceased at the time of her death. Yet, strange as it may appear, the coroner did not request Mr. Poole's attendance at the inquest." The following is a notice of the inquest and verdict, copied from the *Carlisle Journal* of May 31st:—"The same day, in view of the body of Sarah Pearson, at Westnewton, aged 28, who had the day previous been found in a room she occupied at that place, quite dead, sitting upon a chair. Verdict—'Died by the visitation of God.'" Rumours were soon spread respecting this woman's death, and various dark suspicions excited, but nothing of course was elicited at an inquest held in so imperfect a manner.

MR. PRIDEAUX'S SCALE OF CHEMICAL EQUIVALENTS.—*To the Editor of THE LANCET.*—Sir, On perusing the paper in No. 566, on the Atomic Theory, by Mr. Hiley, I observed that in his notice of scales of chemical equivalents he omits to mention the most modern and comprehensive, viz., that of Mr. John Prideaux, of Plymouth. Having found this scale extremely useful to myself, I cannot but regret, both as respects the advancement of chemistry, and the convenience of its votaries, that its name should have been omitted in a periodical of such extensive circulation as *THE LANCET*. I remain yours, most obediently,

A CONSTANT READER.

ST. GEORGE'S HOSPITAL.

CONCUSSION.—ERYSIPELAS.—DEATH.

A MAN was admitted under Mr. Brodie's care, labouring under symptoms of concussion, for the relief of which he was bled and purged freely with the greatest benefit, when suddenly the arm in which he was bled (the right) became tumefied and painful. To relieve these symptoms the arm was fomented and enveloped in a poultice, and saline medicines were admi-

nistered, but without much effect. On the following day the painful tumefaction of the limb was increased, and the skin was covered with a vivid blush of erysipelas. It was now evident that the cellular membrane beneath the skin was affected; most probably infiltrated with serum, and to save the skin and prevent the further rapid progress of the disease, Mr. Brodie, in accordance with his usual treatment in such affections, made several deep incisions down through the skin to set the cellular membrane free; poultices were ordered to be continued, and the patient's strength supported with bark and ammonia, with the addition of wine or spirits with his usual diet if they were required. This plan was continued for some days, but without any good effect, and the man died.

On a *post-mortem* examination being made, there were found (as was to be expected) several purulent deposits in various parts of the body.

We regret to add that *erysipelas* is again making its appearance in the hospital, and the cause to which it is generally ascribed is the circumstance of the floors being so frequently washed, the permission for which has been given by the chaplain. Mr. BRODIE very properly remarked that with reference to this he considered the question more a medical than a clerical one.

PROLAPSUS UTERI.—SUB-ACUTE PERITONITIS.

Hannah Salter was admitted into Drummond ward, under the care of Mr. BRODIE. The house-surgeon, Mr. PATTEN, was ordered to examine her (as it appeared that the duty was too delicate a one for Mr. BRODIE himself to undertake), who reported that she had prolapsus uteri, complicated with slight prolapsus of the vagina. On hearing this, Mr. BRODIE remarked, that in such cases it was usual to introduce a common pessary to support the relaxed parts, and to keep the patient quiet in the recumbent position for a certain time. All this was, no doubt, very good practice as far as it went, but in his experience, he found that the pessary commonly used (which was made of box) generally served to relax the parts; and when it was left off, why down came the uterus as bad as ever; therefore, in truth, the pessary proved of little or no service to the patient. He (Mr. B.) had been in the habit of using a pessary composed of powdered oak-bark, inclosed in a muslin bag, and made to suit the parts accurately in size and shape. The danger or benefit from the use of such a pessary consisted in the astringent nature of the