

worth while to make a gratuitous attack upon me, which, founded as it is upon error, can only prejudice the cause he seeks to advance. I have thought it right to correct the mistakes he has made, but shall enter into no further controversy upon the subject.

I beg to remain, Sir, your obedient servant,  
Norwich, March 15th, 1859. E. COPEMAN, M.D.

## DR. HASSALL ON GERMAN YEAST.

To the Editor of THE LANCET.

SIR,—Having been frequently requested to express my opinion of German yeast, and much misconception prevailing in regard to it, I am induced to offer the following remarks upon the subject:—

Some persons believe that it is most unwholesome, and even that it produces disease. These opinions are founded in ignorance of the real nature of the substance in question; and their fallacy is best expressed by an explanation of the nature and properties of German yeast.

It has now been fully determined that yeast, of which there are several varieties, is an organized living vegetable production, belonging to the tribe of fungi, the species being that known as the sugar fungus, and consisting of myriads of sporules of different sizes, and which, during fermentation, become multiplied to an extraordinary extent.

The ordinary descriptions of yeast, such as brewers' and patent yeast, consist of the sporules of the sugar fungus, diffused through more or less of the liquid from which it is obtained; in the case of beer yeast, mixed with the constituents from which the ale or porter is made; and in that of patent yeast, with the malt, hops, quassia, mashed potatoes, &c., with which it is prepared.

Now, German yeast consists of *the sporules only* of the sugar fungus, the fluid in which it was generated being drained away; and hence it is obvious that this description of yeast is purer than the other yeasts, and, in using it, nothing is introduced into the bread or pastry made with it which can by any possibility injure the flavour of, or spoil those articles.

German, or as it is sometimes called, dried yeast, is a spirit yeast, being obtained principally from the gin distilleries of Holland. It is of a pasty consistence, and is imported in large canvas bags, for when placed in casks it is apt to burst them, owing to the evolution of carbonic acid gas. Received in this country, the contents of each bag are divided by the importers into many small parcels of a quarter and half pound each.

Not only is yeast a living production or plant, but it is one of a highly delicate and sensitive nature, as shown by the following particulars:—Falls, bruises, rough handling, heat, cold, and some poisons, destroy and kill it. Its life or vitality being impaired, it soon spoils and loses its power of inducing fermentation. Hence it follows that it would be useless to employ damaged or spoiled German yeast, as the bread or pastry would be thereby sacrificed. This single fact is in itself sufficient to ensure the non-employment of this yeast when in an unsound condition.

German yeast differs from other yeasts likewise in its properties and effects. Not only is it purer and cleaner, but it is more certain and rapid in its action; and hence it is almost universally employed in making fancy bread, buns, and some other descriptions of pastry, and but for its being more expensive than ordinary yeast, it would also be generally used in making family or household bread.

The notion, then, that German yeast is possessed of injurious properties—that it is the cause of boils and other eruptive disorders—is sheer surmise, and is unsupported by a single fact or observation. On the contrary, not only is there no reason for any such belief, but it is certain that German or dried yeast is purer and more wholesome, as well as surer and more rapid in its action, than the commoner yeasts. I have made many observations upon, and experiments with, German yeast, and never yet have I been able to trace the slightest ill effects resulting from its use.

I am, Sir, your obedient servant,  
Wimpole-street, March, 1859. ARTHUR HILL HASSALL, M.D.

## THE LUCKNOW SURGEONS.

To the Editor of THE LANCET.

SIR,—I cannot but think the "*vox populi*" would speak decidedly on the subject of the Lucknow assistant-surgeons were the simple facts only understood.

Can anything be more absurd than the reason given for not

rewarding these five gentlemen? Lord Stanley admits they deserve reward, (and who of the Lucknow garrison do not?) but these gentlemen are assistant-surgeons, rank as subalterns, and, therefore, are not considered worthy to receive the C.B. They cannot, as Lord Stanley says, be rewarded because they are not promoted; they cannot be promoted, because the medical service is systematically snubbed. Why should not these gentlemen at least have brevet rank?—if such be necessary to fit them for the C.B.

This naturally leads to the consideration of the subject of promotion in the Indian medical service. It takes fifteen or sixteen years to attain the rank of full surgeon—equal to that of captain. Two of the Lucknow garrison served but a very short time, and, therefore, will have to wait nearly that period before they receive any reward for their services. Dr. Bryden, who was not only in Lucknow, but also formed one of the "illustrious garrison of Jellalabad," and was the only man who escaped from the disastrous Affghan campaign,—this officer took part in the two most memorable sieges recorded in history, and performed most onerous duties with credit, yet if he had not served his period of fifteen or sixteen years, and got his promotion, he could not have been rewarded. As it happened, he had just done so after coming out of Lucknow.

The medical officers of the Queen's army get promotion to full surgeon in about seven or eight years. It takes double that time to promote the Indian officer.

When a medical man attains to an independent charge of a regiment, as the Indian officer does after about five or six years' service, is he not performing duties of greater moment than the captain who commands a company, just a tenth part of such regiment? Yet, until sixteen years have passed away, he is not the captain's equal. Why should not the term assistant-surgeon be done away with? All medical officers are surgeons by virtue of their diploma. Why should they not be called such, and receive their due share of pay, C.B., or other honours? Why should the medical officer remain sixteen years a subaltern?

I am, Sir, yours, &c.,

March, 1859. A GREY-HEADED INDIAN ASSISTANT-SURGEON.

## THE USE OF HEATH'S SPLINT IN EXCISION OF THE ELBOW-JOINT.

To the Editor of THE LANCET.

SIR,—In your journal of Dec. 25th last, under the heading "Reports of Cases at Fort Pitt Hospital," it is stated that the splint made by Mr. C. Heath for excision of the elbow-joint was found not to answer the purpose, &c. &c. As I consider the splint most useful and ingenious, I shall feel obliged by your publishing the following case, performed by Mr. J. Soden, at the United Hospital, Bath. Heath's splint alone was used in this case, and with the greatest success.

George W—, aged sixteen, employed in a cloth factory, of strumous habit, was admitted into the Bath United Hospital on the 5th March, 1858, suffering from disease of the right elbow-joint. He stated that this had been coming on for three years, having commenced with great pain and swelling about the joint; lately he had been unable to bend his arm, and had lost the use of his hand. Upon admission, it was found that the arm could not be bent, even when some force was used; all the fingers were extended and perfectly rigid, and there was a sinus on the inner side of the joint, over the head of the radius. There was no great amount of thickening about the joint, nor any wasting of the limb; but the pain was severe and constant, and the general health impaired.

On the 12th March, excision of the joint was performed by Mr. Soden. The patient being under chloroform, a single longitudinal incision of six inches was made at the back of the joint; the olecranon process of the ulna was removed with the bone forceps, and the articular surface of the humerus was sawn off, leaving the internal and about half of the external condyles. The upper end of the radius being found diseased, the head was removed, but the coronoid process of the ulna was left. No artery was tied; the edges of the wound were brought together by sutures, and water dressing applied; and the arm was placed in the extended position on a pillow.

13th.—Patient doing well; wound seems inclined to heal by first intention. Chloroform given, and a bandage placed from the hand to the lower end of the wound, and another from the shoulder to the upper end. Heath's splint was now applied, with pads under each end of it, to take off pressure. The arm was kept straight, and the screws turned till the ends of the

bones were half an inch apart. Water dressing was again applied, and the arm placed on an inclined plane, resting on two small pillows, with the wound depending between them, the one placed above, the other below, so as to keep off all pressure from it.

25th.—The upper part of the wound has healed by first intention; the lower is discharging healthy pus and granulating; the old sinus is also discharging. There has been no great amount of swelling in any part of the limb, and the splint has only occasionally been taken off for the purpose of changing straps, &c. Under chloroform, the arm was flexed and extended twice; it is still kept extended on the inclined plane.

April 7th.—Motion kept up in the joint every day under chloroform; the arm still kept extended. There has been no bad symptom up to this period, nor any great amount of swelling; in fact, the joint is gradually getting smaller.

21st.—The patient is now able to touch his mouth and the back of his head without even the assistance of his other hand. The use of Heath's splint discontinued, and the arm supported at a right angle in the ordinary arm rest. Wound healed, but the sinus still discharges slightly.

May 3rd.—To attend as an out-patient. Still keeps his arm in the rest, but can flex and extend it perfectly; he has also recovered the use of his fingers.

December 1st.—The patient was again seen to-day. He is quite recovered, and motion is almost as good in the right arm as in the left, even to rotation. He can now lift a heavy weight, and has returned to his employment.

*Remarks.*—In this case the coronoid process of the ulna, not being diseased, was left, in order not to disturb the insertion of the brachialis anticus, which partly accounts for the perfect flexion of the joint. It is also to be noticed that as much as possible was left of both the external and internal condyles of the humerus; and although but little bone was removed, no difficulty was found in keeping the ends apart, from the admirable construction of Heath's splint.

I cannot conclude without referring to the great advantage of being able to dress and examine the parts without removing the splint; also that during flexion, it prevents the arm bending in a lateral direction.

I am, Sir, your obedient servant,

DAVID MICHAEL,  
House-Surgeon.

United Hospital, Bath, 1859.

## NOVEL SUBSTITUTE FOR A FEMALE CATHETER.

To the Editor of THE LANCET.

SIR,—I beg respectfully to differ from Mr. Park in giving the preference to the short pipe, so strongly recommended by him, and think you will agree with me that the round head of the needle not only prevents the quill from lacerating the mucous membrane of the urethra, but greatly facilitates its introduction.

In these days of smoking, I think with him, the *short pipe* (not often found unsmoked) can generally be easily procured; but amongst unmarried females, for whom assistance is more often required, the quill and needle are, I should say, the more readily obtained.

I am, Sir, your obedient servant,

Chichester, March, 1859.

ALLEN DUKE, M.D.

## THE ANATOMY ACT.

To the Editor of THE LANCET.

SIR,—Since Mr. Hawkins has thought proper to impugn the correctness of my statement, I trust your well known love of fair play will induce you to allow me a few lines in reply.

It would seem strange to say that the Inspector of Anatomy is misinformed, but, after further inquiry, I can assure him of the fact that, when I wrote my former letter, only twenty-five subjects had been received in our dissecting-rooms; and that now, at the end of the session, there have been only twenty-nine bodies to satisfy the urgent claims of at least 150 men.

When Mr. Hawkins writes that "there are not 200 registered students at any hospital in London," he is perfectly correct; but he must remember that, according to the new rules, only two years' registration in anatomy is required, so that by taking the number of dissectors from the college registration list, he is likely to leave out all the third-year's students and upwards.

I cannot suppose that the Inspector of Anatomy would scout the idea of a scarcity of subjects, and treat the complaints of

the medical students of the metropolis as unfounded and the mere fancies of a heated imagination (the result, perhaps, of the arsenical fumes they inhale from the injected bodies).

A reform movement is taking place with regard to the Anatomy Act, and if Mr. Hawkins will kindly publish in your journal his statistics, he would either allow the reformers some authoritative facts on which to act, or else give the hundreds of infatuated and mistaken students more enlightened ideas on the matter, and prevent them migrating to Dublin, Paris, or Vienna, under the supposition that the schools of those cities are better supplied.

I am, Sir, your obedient servant,

March, 1859.

B. M. W.

## COLLEGE OF DENTISTS OF ENGLAND.

### ON THE MEDICAL HISTORY AND TREATMENT OF DISEASES OF THE TEETH.

DIET and modes of life in their influence on the organs of mastication formed the subject of Dr. Richardson's tenth lecture. Much of the matter relating to this topic had been incidentally introduced into the preceding lectures. On this occasion, therefore, the lecturer undertook rather to fill up the omissions of former lectures than to compass a survey of the whole subject in one.

Some introductory observations opened, in a pleasant vein, the question whether the teeth of uncivilized people were or were not less subjected to disease than those of civilized communities. The view that the ancient Egyptians were less affected by dental disease than modern nations was combated. It was urged that the history of Egypt, as given by Herodotus, showed, not only that the practice of dentistry was carried on as an art in ancient Egypt, but that dental art was carried to a high degree of perfection. It was also stated that the preserved bodies of Egypt showed evidence of dental disease, and of various artifices for stopping and otherwise preventing decay. Facts were also narrated in reference to the aboriginal tribes of American Indians, whose teeth were affected by caries as markedly as in civilized tribes. From these data, the lecturer argued that the general notion as to the perfect state of teeth in the uncivilized was wrong. At the same time, this in no way told against the fact that the teeth were perfect in exact proportion to the regular and simple obedience that was paid to the natural laws of life. Uncivilized nations were in some cases given to modes of life which were injurious to health, and in these the results were the same as in more refined nations. In describing the effects of foods on the teeth, the lecturer discussed the differences occurring at different periods of life. In the earliest periods—namely, when the first set of teeth or the second set are being developed, the effects of diet relatively must be considered as acting through the system. In adult life, the tooth being fully developed, the organ by its construction is so far intended for permanency, is so slowly modified in its nutrition, that its destruction by constitutional causes is of necessity much reduced. Hence we are bound to admit in these periods the influence of external agencies. A variety of these agencies were now enumerated, which may be considered as chemically influencing the dental structure, and several experiments were related bearing on external agencies, the experiments being illustrated by the exhibition of teeth that had been subjected to different chemical solutions. From these experiments it was rendered clear that even feeble acid solutions placed in contact with the enamel exert a decided solvent power over that structure. In health, the influences of the acids taken as foods or condiments were prevented from acting injuriously by the rapid removal of the solutions, and by the neutralizing power of the saliva; but in some varieties of dyspeptic diseases the reaction of the saliva is modified, and an acid condition of the salivary secretion may be considered as favouring external caries. The effect of saccharine substances on the teeth was considered as harmless, unless acetous change were developed; while putrefying animal matters were considered as not having any direct power in the destruction of the enamel.

Some curiously interesting points were also noticed in regard to the cause of dental decay amongst men engaged in the naval service, and in persons resident on some parts of the sea-coast. The hypothesis that this condition is due to exposure of the teeth to a peculiar air was met by the statement that the carious condition of the teeth referred to was not universal amongst seamen nor yet amongst sea-coast residents. The effect, when it occurred, was more likely due to diet,—i. e., to