

## HEALTH OF DUBLIN.

The death-rate in Dublin, which had been 23·8 and 19·2 per 1000 in the preceding two weeks, further declined to 17·3 during the week ending Sept. 13th. During the past twelve weeks of the current quarter the death-rate in the city averaged 20·2 per 1000, the rate for the same period being 18·4 in London and 16·6 in Edinburgh. The 117 deaths in Dublin showed a decline of 13 from the number in the previous week; they included 11 which resulted from diarrhoea, 2 from "fever," 1 from measles, 1 from whooping-cough, and not one either from small-pox, scarlet fever, or diphtheria. Thus the deaths referred to the principal zymotic diseases, which had been 22 and 11 in the preceding two weeks, rose again last week to 15; they were equal to an annual rate of 2·2 per 1000, the rate from the same diseases being 2·9 in London and 2·7 in Edinburgh. The deaths from diarrhoea, which had been 13 and 6 in the previous two weeks, rose again last week to 11. The fatal cases of whooping-cough, which had been 3 and 4 in the previous two weeks, declined again last week to 1. The 117 deaths in Dublin included 27 of infants under one year of age, and 29 of persons aged upwards of sixty years; the deaths of infants showed a slight increase, while those of elderly persons were fewer than those recorded in any recent week. Five inquest cases and 4 deaths from violence were registered during the week; and 32, or more than a fourth, of the deaths occurred in public institutions. The causes of 13, or more than 11 per cent., of the deaths were not certified.

## THE SERVICES.

ARMY MEDICAL STAFF.—Surgeon William Henry P. Lewis, from the Seconded List, to be Surgeon (dated Sept. 4th, 1890).

MADRAS MEDICAL ESTABLISHMENT.—Brigade Surgeon Alexander Porter, M.D., to be Deputy Surgeon-General (dated July 25th, 1890).

INDIAN ARMY.—The Queen has approved of the retirement from the Service of Brigade Surgeon John Martin Coates, M.D., Bengal Medical Establishment (dated July 6th, 1890).

ADMIRALTY.—The following appointments have been made:—Staff Surgeon Samuel Keays to the *Briton* (dated Sept. 28th, 1890). Surgeons George Allan and Richard Barnard to the *Vivid*, for the Royal Naval Barracks (both dated Sept. 15th, 1890).

VOLUNTEER CORPS.—*Artillery*: 1st Norfolk (Eastern Division, Royal Artillery): Acting Surgeon T. J. Compton to be Surgeon (dated Sept. 13th, 1890).—1st Gloucestershire: Acting Surgeons J. S. Carleton and J. H. Wathen to be Surgeons (both dated Sept. 13th, 1890).—6th Lancashire: Acting Surgeon J. B. Oliver to be Surgeon (dated Sept. 13th, 1890).

## Correspondence.

"Audi alteram partem."

## "A GRAVE NOVELTY IN LICENSING."

To the Editors of THE LANCET.

SIRS,—I can scarcely presume that you are ignorant that by the Wine and Beerhouse Act, 1869, and with reference to the provisions of 9 Geo. IV., chap. 61, "no application for a certificate under this Act in respect of a licence to sell by retail beer, cider, or wine, not to be consumed on the premises, shall be refused except upon one or more of the following grounds: 1. That the applicant has failed to produce evidence of good character. 2. That the house or the locality of the house is of a disorderly character, or frequented by thieves, prostitutes, or persons of bad character. 3. That the applicant having previously held any licence has forfeited it by misconduct, or has been previously disqualified. 4. That the applicant's house is not duly qualified as to rental," &c.

Now the Excise say that these beef and malt wines, and even quinine wines that do not contain a grain of quinine to the ounce, shall not be sold without such licence as above; but make the proviso that any chemist who is

licensed to sell methylated spirit cannot also have an "off" licence to sell these wines. With regard to the question you raise of chemists selling brandy and beer, you see there is not any option so far as beer is concerned, if license is applied for subject to the four points. No one was more astonished than I when the first application was made to me for one of these licences, but there is really no alternative.

If we are to look forward to any revising, amending, or codifying of the licensing law, than which no body of law requires all these three processes more, it must be by educating everyone on lines quite apart from faddism and confiscation, and with a desire to largely limit facilities which are now from various causes outside the power of the authorities. If this revising, amending, and codifying could be dissociated by mutual consent of parties from political complications, I doubt not but that the cause of true temperance would gain largely, and the process of education in moderation of all kinds be greatly forwarded.

I am, Sirs, your obedient servant,

FRED. ED. MANBY, F.R.C.S. Eng.,

Sept. 16th, 1890.

Deputy Mayor of Wolverhampton.

## "A MEDICAL MAN CENSURED BY A CORONER'S JURY."

To the Editors of THE LANCET.

SIRS,—I have heard that any crime may be committed with moral impunity if it has the sanction of the cause of liberty, any baneful superstition may be indulged with applause under the shield of religion, and any imputation allowed on the character and conduct of a man if it can only be made under the pretext of the cause of humanity.

That the last of these conceptions should find expression in the verdict of a coroner's jury is an experience familiar to everybody acquainted with the miraculous deliverances of that tribunal, but that the same sentiment should find an echo in what is presumed to be the cultured intelligence of a professional organ is not, I think, so perfectly intelligible.

In the annotation in which you discuss the subject that stands at the head of this letter you enunciate a doctrine which is, so far as it applies to me, equivalent to this: that I, finding myself confronted with the alternative of treating a case of puerperal peritonitis in circumstances in which I had come under an obligation not to treat it, and passing it over to the charge of the Poor-law medical officer, was bound to treat it. And this doctrine you support on the basis of "professional responsibility and humanity." I think your view of the nature of professional responsibility and humanity extremely curious. Are what you deem professional responsibility and humanity to be reckoned paramount in their obligation to the sentiment of fidelity to one's word, to the need of discharging your trust in the terms of its contract—to the force, in a word, of truth and justice? Such a conception is, in my opinion, a travesty alike of common sense and common honesty, and when made the basis of a grave imputation on character and conduct comes perilously near being simply disgraceful.

I am, Sirs, yours obediently,

Tunbridge Wells, Sept. 17th, 1890.

F. S. CONNAN.

To the Editors of THE LANCET.

SIRS,—Kindly allow me space to say that I think your remarks in the above case about Mr. Connan unfair. The patient, Mrs. Camfield, was not able to pay the fee settled by the Tunbridge Wells Club to Mr. Connan, and, in my opinion, the case became one for parish relief. It seems the husband obtained the necessary order for Dr. Starling to attend, and he, in not doing so, I think, was most deserving of censure. Had the jury who returned the verdict censuring Mr. Connan for not acting charitably been put to the test by being asked to put their hands in their pockets to pay the doctor's fee, I wonder how many would have been ready to do so. There is no class who, according to their means, act more generously to their fellow creatures than the medical profession, and when they object to exercise their charity, why should they be censured more than other mortals? If Mr. Connan had attended the woman Camfield, I am afraid in the future he might have had occasion to repeat his charity, for many other members of the above club would have taken such an

attendance as a precedent, and only have sought his attendance when a case was really urgent. This is, indeed, the only public recognition we get for our charity; the more we exercise it the more we are obliged to, or else stand the chance of being called inhumane by a coroner's jury.

The remuneration of the profession generally now is most inadequate, and the work such that the ordinary medical man is never at rest night or day. I think, therefore, the professional journals should do everything in their power consistent with fairness to uphold him.

I am, Sirs, yours truly,

September, 1890.

JUSTICE.

\* \* We insert the above letters. It cannot be too well known that society generally and its various associations throw jauntily on the medical profession the weight of dealing with urgent diseases of the poor, with little praise when they do their beneficent work and plenty of abuse if they fail. We are still of opinion that Mr. Connan should have continued his attendance on the patient he saw, at least until the Poor-law medical officer was in full charge. But for such a case to fall between the two stools of a provident association and the parish was a sad miscarriage of benevolence. It is no reply to say that the censuring jury would not have put their hands into their pockets to pay the doctor's fees. So much the worse for the jury. Perhaps if they had seen the patient, which is the case of the medical man, they would have been moved to this effect. Whether or not, medical men must be guided by their own deep lights and by the traditions of the profession.—ED. L.

## SUSPENSION IN LOCOMOTOR ATAXY.

To the Editors of THE LANCET.

SIRS,—In THE LANCET for August 9th, 1890, an article appeared on the above subject, in which the opinion is expressed that before long the suspension apparatus will be relegated to obscurity, along with Perkin's metallic tractors of a past generation &c. It is also stated that Rosenbaum recently brought before the Berlin Medical Society the result of the treatment of 85 cases treated in Mendel's clinique, with improvement in 25 only.

Now, if this latter statement were strictly accurate, it would yet show improvement in 29 per cent. of the cases of a malady which is acknowledged to be most intractable; and this could hardly be considered a very bad result. It appears, however, from Rosenbaum's paper, which is published *in extenso* in the *Deutsche Medicinische Wochenschrift* for Sept. 13th, 1890, that the treatment had had a fair trial only in 61 cases of locomotor ataxy, as, out of the 85 treated altogether, 9 patients were suffering from other diseases, and 15 affected with tabes were only treated for such a short time that their cases could not be utilised. Out of these 61 cases 25 were improved, which gives the higher rate of 40 per cent., and this is probably as good as that obtained by any other mode of treatment of tabes taken by itself. In all these cases no medicine was given, so that the objection of your reviewer, "that a number of the cases reported appeared to have been actively treated by drugs such as iodide of potassium whilst undergoing suspension," does certainly not apply to the practice of Mendel. The opinion of your reviewer "that the improvement observed is in the main due to the mental effect produced by the novelty of the method and the imposing apparatus employed"—an opinion previously expressed by Hanshalter and Adam of Nancy—is not shared by Rosenbaum, who states that the effects of suggestion may have been called into play at Nancy, but were certainly not so at Berlin. It is notorious that in the latter city the population, and more especially those strata of it which furnish the hospital patients, have always been remarkable for a highly developed critical faculty, which would not be favourable for suggestion being particularly active there. In connexion with this I may draw your readers' attention to a paper on the same subject by Dr. Allan MacLane Hamilton, which appears in the *New York Medical Record* for Aug. 30th, 1890, and in which the conclusion is expressed that the suspension treatment "certainly effects decided amelioration of all the symptoms of tabes, excepting the lost knee-jerk and ocular degenera-

tion." Dr. Hamilton gives the details of five well-marked cases of tabes in which decided improvement was caused by this treatment. In these cases likewise no medicine had been given. Suspension will probably survive the destructive criticism which has been directed against it.

I am, Sirs, yours faithfully,

Harley-street, September, 1890.

JULIUS ALTHAUS, M.D.

## PICROTOXIN AND ITS USES.

To the Editors of THE LANCET.

SIRS,—The recommendation of picrotoxin for admission into the forthcoming Addendum to the British Pharmacopœia has once more directed attention to a useful but much-neglected remedy. Although isolated by Boullay as far back as 1812—six years before the discovery of strychnine,—it has of late failed to maintain its position as a therapeutic agent, its name not appearing once in the indexes to the volumes of THE LANCET for the last ten years. It is official in the United States and in the French Pharmacopœias, but not in the others. As it is not an alkaloid, it will presumably be introduced into our Pharmacopœia under the name of picrotoxinum, in accordance with the system of nomenclature adopted in the case of other neutral principles, such as elaterinum, santonium, and salicinum. It will probably be defined as a neutral principle prepared from the seeds of *anamirta paniculata*, the *cocculus indicus* plant. It has been found that *cocculus Plukenetii* and *cocculus lacunosus* contain the same principle, but it is hardly likely that they will be recognised as official sources. Whether the *cocculus indicus* seeds themselves—the old *coccole di Levante*—will be introduced into the Pharmacopœia remains to be seen.

It is somewhat doubtful whether picrotoxin is or is not a simple body. Barth and Kretschy assert that it is a mixture of three different substances, which they name "picrotoxin" (a bitter poisonous principle), "picrotin" (a bitter non-poisonous principle), and "anamirtin." Paternò and Ogialoro question the correctness of these statements, and assert that "picrotoxin" and "picrotin" are merely decomposition products. They object strenuously to the new use of the term "picrotoxin," and rename the picrotoxin of Barth and Kretschy "picrotoxinin," to distinguish it from the true picrotoxin contained naturally in *cocculus indicus*. They also take objection to the "picrotin," which they believe to be identical with a substance named by them "hydrate of picrotoxin." As to anamirtin, they simply deny its existence in pure picrotoxin, and state that it is never found when the drug is purified by repeated crystallisation. Schmidt and Löwenhardt confirm the observations of Paternò and Ogialoro, but they have somewhat complicated matters by discovering a new active principle which they provisionally name "cocculin." Their opponents, however, are disinclined to admit the validity of their claims, and assert that cocculin is only anamirtin under another name. Whether picrotoxin is or is not a simple substance is a matter of very little importance from a purely pharmacopœial point of view, for it is well known that digitalin, which was at one time official, was composed of quite a collection of neutral principles. Moreover, atropine, like the other mydriatic alkaloids, is not a simple body, but can be resolved into tropine and tropic acid.

Picrotoxin has well-marked physical characters, and is usually met with in the form of colourless feathery crystals having an intensely bitter taste. It is soluble in water in the proportion of 1 in 240 at a temperature of 60° F., but the solution is not stable, for when the temperature falls below 40° nearly half of it crystallises out. It is much more readily soluble in a mixture of acetic acid and water, and it is to be hoped that a liquor picrotoxinini made with acetic acid will be rendered official. Picrotoxin does not form salts, and it is the picrotoxin itself which is employed.

Fortunately, the pharmacological action of picrotoxin has been thoroughly worked out, and we deal with a substance having a very definite physiological action. The peculiar convulsions produced by it in the lower animals were accurately described by Glover more than forty years ago. They differ essentially from the tetanic condition caused by strychnine, and are due to stimulation of the motor centres in the cerebrum, or in the medulla and cord.

It is a curious fact that most of our writers on therapeutics are silent on the subject of picrotoxin. Wood, for example, does not mention it, and Ringer refers to it only