

wall; secondly, we should have the facilities for immediately performing the operation of cholecystotomy should any symptoms of general peritonitis &c. threaten. Next, as to the dangers of intra-cystic injections: (1) Inflammation and suppuration of the gall-bladder and its sequelæ; (2) the needle prick might possibly (the obstruction not yielding) lead to extravasation within the peritoneal cavity, though probably adhesions would ere this have been contracted or lymph have closed the aperture. How might these dangers be obviated? (1) By being careful not to inject too irritating a solvent; (2) by, if possible, removing some of the fluid from the gall-bladder previously to injecting the solution. I have always intended injecting a mixture of ether in olive oil with the hope that the oil would do away with the risk of causing inflammation &c. To this a little chloroform might be added. I should feel inclined always to employ a solution containing some alcohol in addition to the above. For when bile stagnates for any length of time the bilirubin is transformed into biliverdin, which is only slightly soluble in ether and not at all in chloroform. But biliverdin is soluble in alcohol, whereas cholesterin is soluble in either ether, chloroform, or warm alcohol, and bilirubin is soluble in chloroform.¹ And the composition of gall-stones is well known to be either pigment or cholesterin separately; or both these combined.

I feel that the method of treatment which I have thus endeavoured to explain may be at least worthy of a trial; and I cannot but think that had Mr. Walker's patient been subjected to intra-cystic injections of such a solvent as I have suggested it might have so lessened the obstructing stone as to have allowed it to pass into the intestine; and that even possibly under repeated injections the remaining calculi might have gradually been dispersed; and thus the operation of cholecystotomy not been required. (Of course, experience only can show whether or not intra-cystic injection would not be more dangerous than cholecystotomy.) The fact that there is no reference whatever to intra cystic injections for gall-stones in the standard works of medicine, or in Dr. Neale's "Digest," may be a sufficient apology for the above suggestions which I offer for the consideration of your readers.

I am, Sirs, yours faithfully,

MARCUS M. BOWLAN.

Workhouse Hospital, Newcastle-on-Tyne, April 22nd, 1891.

TACHYCARDIA.

To the Editors of THE LANCET.

SIRS,—In an article appearing in the March number of the *University Medical Magazine* (Philadelphia) Professor H. C. Wood has effectively delineated a class of cases interesting alike by reason of rarity and obscure origin. They are the more worthy of note at the present time, when the general subject of angina, to which they are akin, has in the Medical Society of London elicited so various opinions. Dr. Wood proposes the restriction of the name "tachycardia" to those cases in which very violent heart action occurs without obvious reason, and remarks that "most of them belong to one of three classes: first, those in which there is paralysis of the pneumogastric or inhibitory nerve; second, those in which the cardiac disturbances are reflex; third, those in which the affection may be considered as strictly a neurosis. Of the second variety he observes that he has never himself seen a case, "though Rommelaere reports one in which he asserts that an extremely rapid action of the heart was due to the irritation caused by biliary calculus." An instance of this form of tachycardia came under recent observation in the person of an American lady visiting the family of a friend in my immediate vicinity. She was an intelligent woman of middle age, of healthy configuration, but at the moment of my entrance in apparently great distress. Orthopnoea and a degree of cyanosis were present, and her account was rendered in whispers, delivered in an ejaculatory manner.

This was her fourth attack, all of them occurring within a period of two years. They had come on always immediately after a hearty meal, *which had included pickles or fruit, and which followed upon considerable physical fatigue.* She had had skilled attendance, and a variety of treatment during the attacks, but nothing availed until the stomach was emptied medicinally. The pulse was hardly to be felt at the wrist, and was estimated under auscultation at 200. Respiration was hurried and short, and the dyspnoea was

painful to witness. At her urgent request I administered emetine in full dose, with a draught of warm water. Upon the first copious emesis the pulse reappeared in full beats, giving five or six impulses at a rate of 48, then, within a half minute, falling into a rhythm of 80, which continued during my observation. All difficulty of respiration passed away with this recovery of the pulse, and in a very short time the patient expressed herself as being "perfectly comfortable." Careful examination detected no evidence of organic disease of the heart, and no other diagnosis now appears so appropriate as that of "reflex tachycardia."

I am, Sirs, yours truly,

H. WEBSTER JONES, M.D.,

2 Langham-street, W., April 27th, 1891.

Yale University.

INTERNATIONAL CONGRESS OF HYGIENE AND DEMOGRAPHY.

To the Editors of THE LANCET.

SIRS,—Will you allow us to draw the attention of the readers of THE LANCET to the forthcoming International Congress of Hygiene and Demography which will be held in London in August next under the presidency of H.R.H. the Prince of Wales. The last meeting of the Congress took place in Vienna in 1887, where members from all countries were most hospitably received and entertained. Experience of former congress meetings shows that the necessary expenses of the arrangements for the reception of from 3000 to 4000 members, the printing of transactions, correspondence and postage, cannot be kept lower than £6000 or £7000. We venture to appeal therefore to all those who are interested in the progress of hygiene, the improvement of public health, and the amelioration of the conditions under which the inhabitants of towns and other groups of population exist, to aid the committee in their endeavours to make the London meeting of the International Congress not only a success, but worthy of the country which has always been distinguished not only for its hospitality, but as a power in the work of practical sanitation. All donations from members of the medical profession will be acknowledged in THE LANCET.—We are, Sirs, yours faithfully,

DOUGLAS GALTON,

Chairman of the Organising Committee.

W. ROBT. CORNISH,

Chairman of the Finance Committee.

G. V. POORE,

Hon. Sec. General.

N.B.—Full particulars and list of donations will be found on pages 63 and 64 of our advertisement columns.

CLINICAL INSTRUCTION IN INFECTIOUS DISEASES.

To the Editors of THE LANCET.

SIRS,—As you are drawing attention to the facilities afforded to medical students for becoming acquainted with the symptoms and treatment of infectious diseases, I think it opportune to remind your readers and the President of the Society of Medical Officers of Health, who also has been alluding to this important subject, that no difficulties have ever attended instruction in this department of medical study so far as Edinburgh is concerned. From the first the corporation insisted on clinical instruction being given in the City Hospital. Classes have been successfully carried on during the last five years, and nearly 200 students annually take advantage of them, from six to eight separate courses being given during the session. I am informed by Dr. Wood, the medical superintendent, that "two years ago it seemed highly probable that one student contracted scarlatina." This is the only case in which there has been any suspicion of infection having been contracted in connexion with these classes.

I am, Sirs, yours faithfully,

HENRY D. LITTLEJOHN,

Edinburgh, April 29th, 1891.

Medical Officer of Health.

"THE VALUE OF TUBERCULIN IN THERAPEUTICS."

To the Editors of THE LANCET.

SIRS,—I should feel obliged to you if you would kindly allow me to refer in a few lines of the next issue of

¹ Vide Landois and Stirling, 3rd edition, pp. 268-9.